

2025 CANDIDATE BENEFIT SUMMARY



provided to you by
deumenSM



Enrollment & Eligibility

Am I eligible for benefits?

If you are classified as a full-time or part-time benefit eligible employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. Also eligible are your spouse and child(ren) as long as the child is under age 26, an unmarried full-time student enrolled in accredited educational institution, or an unmarried child who is totally and permanently disabled (see coverage manual for further qualifications to cover disabled children).

When am I eligible for benefits?

Newly Eligible Employees: You have 30 days from your eligibility date to enroll in coverage and your coverage will be effective the first of the month coinciding with or following your date of hire. If you do not enroll at this time, see below for when you can make changes.

Annual Open Enrollment: You may make changes to your benefit elections during your open enrollment period. Your open enrollment period begins with your open enrollment meeting and ends when forms are due to be turned in. The benefits you elect during open enrollment will be effective from January 1, 2025 - December 31, 2025.

Qualified Change in Status: If you experience a qualifying event, you may be eligible to enroll in coverage. Examples of qualifying events include: loss of other coverage, marriage, divorce, birth or adoption, death, change in employment status or change in coverage under another employer sponsored plan. To make a change due to a qualifying event, you must notify HR of any changes within 30 days.

How do I enroll in benefits and when are my benefit elections due?

Newly Eligible Employees: If you are enrolling as a newly eligible employee, you will receive an email notification from HR when it is time to make your elections. You will need to complete your benefit elections within 30 days of your effective date.

Annual Open Enrollment: If you are enrolling or making a change at open enrollment, you will receive an email notification from HR when it is time to make your elections. Your open enrollment period is November 12, 2024 - November 22, 2024. The annual open enrollment deadline is **November 22, 2024**. Remember, unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Therefore, now is the time to review your current benefit elections and make any necessary changes.

Qualified Change in Status: If you experience a qualifying event, please contact HR. They will open your enrollment and provide further instruction on how to change your election online.

Area Substance Abuse Council

Medical Benefit Summary

January 1, 2025 - December 31, 2025

| Plan Name | Wellmark / Auxiant OBS 230178-59 / 230188-51 Plan A | | Wellmark / Auxiant OBS 230178-58 / 230188-50 Plan B | | Wellmark / Auxiant OBS 230178-58 / 230188-50 Plan C | |
|---|---|----------------|---|----------------|---|----------------|
| Network | Wellmark Blue PPO | | Wellmark Blue POS (Point of Service) | | Wellmark Blue POS (Point of Service) | |
| | In | Out | In | Out | In | Out |
| Deductible | | | | | | |
| Individual | \$1,000 | \$6,350 | \$1,000 | \$6,350 | \$2,500 | \$6,350 |
| Family | \$2,000 | \$12,700 | \$2,000 | \$12,700 | \$5,000 | \$12,700 |
| Coinsurance | 30% | 40% | 30% | 40% | 30% | 40% |
| Out of Pocket Maximum | | | | | | |
| Individual | \$2,000 | \$7,900 | \$2,000 | \$6,350 | \$5,000 | \$7,900 |
| Family | \$4,000 | \$15,800 | \$4,000 | \$15,800 | \$10,000 | \$15,800 |
| Copays | | | | | | |
| Preventive Care | \$0 | Ded / 40% | \$0 | Ded / 40% | \$0 | Ded / 40% |
| Office/Virtual Visit - Designated PCP | \$25 | Ded / 40% | \$20 | Ded / 40% | \$20 | Ded / 40% |
| Office/Virtual Visit - Non-Designated PCP | \$25 | Ded / 40% | \$25 | Ded / 40% | \$25 | Ded / 40% |
| Office/Virtual Visit - Specialist | \$50 | Ded / 40% | \$50 | Ded / 40% | \$50 | Ded / 40% |
| Doctor on Demand | \$25 | \$25 | \$25 | \$25 | \$25 | \$25 |
| Urgent Care | \$25 | Ded / 40% | \$25 | Ded / 40% | \$25 | Ded / 40% |
| ER | | Ded / 20% | | Ded / 30% | | Ded / 30% |
| Prescription Drugs (In Network) | | | | | | |
| Tier 1 | \$8 | | \$8 | | \$8 | |
| Tier 2 | \$35 | | \$35 | | \$35 | |
| Tier 3 | \$50 | | \$50 | | \$50 | |
| Biosimilar & Generic Specialty | \$75 | | \$75 | | \$75 | |
| Preferred Specialty | \$100 | | \$100 | | \$100 | |
| Non-Preferred Specialty | \$150 | | \$150 | | \$150 | |
| Deductible | \$100 / \$200 | | \$100 / \$200 | | \$100 / \$200 | |
| | Monthly | Per Pay Period | Monthly | Per Pay Period | Monthly | Per Pay Period |
| Employee | \$211.84 | \$105.92 | \$145.78 | \$72.89 | \$54.51 | \$27.25 |
| Employee / Spouse* | \$516.15 | \$258.07 | \$381.09 | \$190.54 | \$194.65 | \$97.32 |
| Employee / Child(ren) | \$483.20 | \$241.60 | \$358.29 | \$179.14 | \$182.16 | \$91.08 |
| Family* | \$691.55 | \$345.77 | \$490.01 | \$245.00 | \$236.16 | \$118.08 |
| *Spousal Surcharge Affidavit Required - \$150 per month / \$75 per pay period surcharge may apply | | | | | | |

Electing Plan A: The Wellmark Blue PPO Network includes statewide & national network of providers.

Electing Plan B or Plan C: The Wellmark Blue POS Network includes providers in Iowa & bordering counties in the network of providers. You are encouraged to designate a primary care provider for yourself and any family members. Not only will your preventive care be covered, but your office visit copay is reduced when seeing your designated PCP for a sick visit. To designate or change your Designated PCP or OB/GYN you will need to login to your myWellmark.com account online or via the mobile app or call Wellmark Customer Services at 1-800-990-1106.

Infertility Treatment (\$15,000 Lifetime Maximum) included on all plan options

Acumen has prepared this presentation based on information available to us. The financial information included in this presentation is preliminary and subject to change. Presentations are intended for educational purposes only and do not replace independent professional judgment. The information contained in these documents is confidential, privileged and only for the information of the intended recipient and may not be used, published or redistributed without the prior written consent of Acumen Advisors, Inc. This comparison summarizes certain provisions of the plan(s) illustrated. Complete plan information is included in the legal documents and brochures that govern each plan. If there is a difference between this handout and the legal documents, the documents, which are available upon request, will govern.





Partial Self-Funding

how it works

Your employer has entered into a Partial Self-Funded arrangement in order to better manage the cost of the Health Insurance Plan.

What does that mean?

The plan provided to the employees and their dependents and the plan purchased from the Insurance Company are different.

Your employer has elected to self-fund portions of the deductible, coinsurance & out of pocket maximum. Your employer has contracted with a Third Party Administrator (TPA) to process the claims that fall between the benefits you receive and the benefit plan that is purchased from the Insurance Company.

Refer to the attached Frequently Asked Questions for additional information.

Generally, the Partially Self-Funded plan only applies to the deductible, coinsurance & out of pocket maximum.

Do not make a payment to your provider based upon any EOB. These are not bills. They are simply Explanations of Benefits.

You will receive a bill from your health care provider based upon the adjusted EOB from the TPA. If you have any questions about your EOBs or bills, please contact:

1. Insurance Company – Refer to your ID Card
2. The Third Party Administrator (TPA)

To the right is a flow chart to help better explain this new process.

The Participant visits a Health Care Provider who provides the services and then codes the claim and submits it to the Insurance Company for processing.

The Insurance Company processes the claim and sends an Explanation of Benefits (EOB) to the Provider, TPA and participant reflecting the higher deductible, coinsurance and out of pocket maximum.

When the TPA receives the EOB from the Insurance Company, they reprocess that EOB and adjust the EOB to reflect the lower deductible, coinsurance and out of pocket maximum.

The TPA sends the revised EOB to the provider and the participant. The Participant should retain both the Insurance Company EOB & TPA EOB.

The provider may receive payment from both the Insurance Company & TPA. The Provider will then send a bill to the participant for their portion of the deductible and/or coinsurance.



Frequently Asked Questions

regarding partial self-funding

Why would an employer use this strategy to fund a health plan?

There are several reasons an employer uses this strategy. First, it should generate cost savings over time. Second, it allows for more flexibility in plan design & third, it allows the employer to capture relevant data about the total cost, utilization trends, and distribution of claims which can be used in negotiating renewals.

How does the process work?

You will go to your medical provider and present your card just as you always have. If a copay is due, you'll pay that. If the claim is applied to the deductible, then the Insurance Company will pay their share, the self-funded plan (administered through a TPA) will pay their share, and you pay the difference.

How will I know everything is being processed correctly?

When you have a claim that applies to the deductible, you'll get an Explanation of Benefits (EOB) from the Insurance Company. Shortly following, you will receive another EOB from the TPA explaining how the self-funded plan processed the claim.

Who determines how the claim is processed?

Claims are processed according to the language in your Insurance Company Plan Document. If you have a question about how a claim was handled, you should contact the Insurance Company.

After the Insurance Company has made a determination on a claim, then the TPA will process the claim according to the self-funded portion of the plan. If you have a question on how the TPA processed a claim, please contact them.

Will this be confusing?

This is a different process than what you are used to and there will certainly be questions.

To contact your Insurance Company-refer to your ID Card or contact the Third Party Administrator (TPA).

My provider is asking for payment for services because Wellmark shows my deductible as higher than what is reduced by the self-funded portion of the plan. What do I tell them?

You can share with your provider that there is a buy-down plan that makes additional payments toward claims to lower your deductible and out of pocket maximum. They can confirm this with Auxiant by calling them directly at 800-475-2232 and use the policy holder's social security number as the ID number.

Auxiant®

VISIT US ON THE WEB
auxiant.com

With AuxiantHealth you can:

- Link to network providers
- Contact customer service through Auxiant Live Chat
- View enrollment and claim information, print EOB's, and track claims
- View deductibles and out-of-pocket amounts
- Access plan documents and amendments
- Link to Prescription Benefit Manager
- Get information on the go via our mobile app



At Auxiant.com you have 24/7 access to your personal health care account information

Questions? Contact Auxiant at
1.800.475.2232



Live chat with Auxiant customer service, click Online Chat to begin

Auxiant®

Area Substance Abuse Council

Dental Benefit Summary

January 1, 2025 - December 31, 2025

| Wellmark | | |
|--|----------------|-----------------------|
| Network | Blue Dental | |
| Member Responsibility | | |
| Deductible | \$25 / \$75 | |
| Waived for Preventive Services | Yes | |
| Annual Maximum | \$1,000 | |
| Orthodontia Lifetime Maximum (per child, up to age 19) | \$750 | |
| Member Coinsurance for Services | | |
| Diagnostic and Preventive | 0% | |
| Basic Restorative / Oral Surgery | 20% | |
| Major Restorative | 50% | |
| Endodontic | 50% | |
| Periodontal | 20% | |
| Prosthetic | 50% | |
| Orthodontic (dependents to age 19) | 50% | |
| | Monthly | Per Pay Period |
| Employee | \$10.85 | \$5.42 |
| Employee / Spouse | \$19.00 | \$9.50 |
| Employee / Child(ren) | \$19.98 | \$9.99 |
| Family | \$45.00 | \$22.50 |

Acumen has prepared this presentation based on information available to us. The financial information included in this presentation is preliminary and subject to change. Presentations are intended for educational purposes only and do not replace independent professional judgment. The information contained in these documents is confidential, privileged and only for the information of the intended recipient and may not be used, published or redistributed without the prior written consent of Acumen Advisors, Inc. This comparison summarizes certain provisions of the plan(s) illustrated. Complete plan information is included in the legal documents and brochures that govern each plan. If there is a difference between this handout and the legal documents, the documents, which are available upon request, will govern.

Provided by:



Area Substance Abuse Council

Vision Benefit Summary

January 1, 2025 - December 31, 2025

| Mutual of Omaha Voluntary Vision | | |
|--|--|------------------------------|
| | | |
| Benefit Frequency | | |
| Contact Lenses or Lens | Once every calendar year | |
| Exam | Once every calendar year | |
| Frame | Once every calendar year | |
| | In-Network Member Cost | Out-of-Network Reimbursement |
| Exam | | |
| Exam Copay | \$10 | Up to \$37 |
| Retinal Imaging | Up to \$39 | N/A |
| Lens | | |
| Single Vision | \$25 | Up to \$20 |
| Bi-focal | \$25 | Up to \$36 |
| Tri-focal | \$25 | Up to \$64 |
| Standard Progressive Lens | \$65 | Up to \$36 |
| Premium Progressive Lens | | |
| Tier 1 | \$85 | Up to \$36 |
| Tier 2 | \$95 | Up to \$36 |
| Tier 3 | \$110 | Up to \$36 |
| Tier 4 | \$65 + 80% of Charge less \$120 allowance | Up to \$36 |
| Lenticular | \$25 | Up to \$64 |
| Frame | | |
| Frame | \$0 Copay; \$130 Allowance, 20% off balance over allowance | Up to \$58 |
| Lens Options | | |
| Standard Polycarbonate | \$40 | Up to \$32 |
| Standard Plastic Scratch Coating | \$0 | Up to \$12 |
| Tint | \$0 | Up to \$12 |
| UV Treatment | \$0 | Up to \$12 |
| Standard Anti-reflective (a/r) Coating | \$45 | N/A |
| Photochromatic/Transitions | \$75 | N/A |
| Other Lens Options | 20% off retail price | N/A |
| Contact Lenses | | |
| Contact Lens - Conventional | \$0 copay; \$130 allowance, 15% off balance over allowance | Up to \$89 |
| Contact Lens - Disposable | \$0 copay; \$130 allowance | Up to \$104 |
| Standard Fit And Follow up Exam | Up to \$40 | N/A |
| Premium Fit And Follow up Exam | 10% off retail price | N/A |
| Medically Necessary Contact | \$0 copay; paid in full | Up to \$210 |
| | Monthly | Per Pay Period |
| Employee | \$7.45 | \$3.73 |
| Employee / Spouse | \$16.68 | \$8.34 |
| Employee / Child(ren) | \$18.47 | \$9.24 |
| Family | \$28.81 | \$14.41 |

Acumen has prepared this presentation based on information available to us. The financial information included in this presentation is preliminary and subject to change. Presentations are intended for educational purposes only and do not replace independent professional judgment. The information contained in these documents is confidential, privileged and only for the information of the intended recipient and may not be used, published or redistributed without the prior written consent of Acumen Advisors, Inc. This comparison summarizes certain provisions of the plan(s) illustrated. Complete plan information is included in the legal documents and brochures that govern each plan. If there is a difference between this handout and the legal documents, the documents, which are available upon request, will govern.

Area Substance Abuse Council

Life & Disability Benefit Summary

January 1, 2025 - December 31, 2025

Life and AD&D

| Benefit | Mutual of Omaha |
|---------------------------|--|
| Employee Life and A D & D | \$100,000 |
| Reduction Schedule | To 65% at Age 65 To 40% at Age 70 To 25% at Age 70 |

Short Term Disability

| Benefit | Mutual of Omaha |
|------------------------|---|
| Benefit Percentage | 66.67% |
| Maximum Weekly Benefit | \$1,500 |
| Maximum Benefit Period | 12 weeks |
| Elimination Period | 7th day accident / injury 7th day sickness |

Long Term Disability

| Benefit | Mutual of Omaha |
|-------------------------|---|
| Benefit Percentage | 60% |
| Maximum Monthly Benefit | \$6,000 |
| Elimination Period | 90 days |
| Own Occupation Period | 2 years |
| Benefit Duration | Reduced benefit duration to social security normal retirement age |

Acumen has prepared this presentation based on information available to us. The financial information included in this presentation is preliminary and subject to change. Presentations are intended for educational purposes only and do not replace independent professional judgment. The information contained in these documents is confidential, privileged and only for the information of the intended recipient and may not be used, published or redistributed without the prior written consent of Acumen Advisors, Inc. This comparison summarizes certain provisions of the plan(s) illustrated. Complete plan information is included in the legal documents and brochures that govern each plan. If there is a difference between this handout and the legal documents, the documents, which are available upon request, will govern.

Provided by:



Area Substance Abuse Council

Voluntary Life and AD&D Benefit Summary

January 1, 2025 - December 31, 2025

| Mutual of Omaha | |
|--------------------------|---|
| Employee | |
| Increments | \$10,000 |
| Benefit Maximum | 5 X Annual Salary or \$300,000 |
| *Guarantee Issue | 5 X Annual Salary, up to \$100,000 |
| **Annual Increase Option | 1 Increment, up to Guarantee Issue Amount |
| AD&D | Matches voluntary life benefit |
| Spouse | |
| Increments | \$5,000 |
| Benefit Maximum | 100% of Employee's Benefit, up to \$150,000 |
| *Guarantee Issue | 100% of Employee's Benefit, up to \$30,000 |
| Child | |
| Increments | \$2,000 |
| Benefit Max | 100% of Employee's Benefit, up to \$10,000 |
| *Guarantee Issue | \$10,000 |

*Guarantee Issue amount applies to newly eligible employees only.

** Annual Increase applies only to employees only and those currently enrolled in coverage. You can increase your employee coverage amount by one increment without providing EOI up to the guarantee issue amount. Any amount over the guarantee issue and those that did not enroll when first eligible, EOI would be required to increase.

If you are required to complete EOI, please visit: <https://www3.mutualofomaha.com/eoi/#/home>

Acumen has prepared this presentation based on information available to us. The financial information included in this presentation is preliminary and subject to change. Presentations are intended for educational purposes only and do not replace independent professional judgment. The information contained in these documents is confidential, privileged and only for the information of the intended recipient and may not be used, published or redistributed without the prior written consent of Acumen Advisors, Inc. This comparison summarizes certain provisions of the plan(s) illustrated. Complete plan information is included in the legal documents and brochures that govern each plan. If there is a difference between this handout and the legal documents, the documents, which are available upon request, will govern.

Provided by:



Voluntary Term Life Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.

4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

| EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR) | | | | | | | | | | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Age | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 |
| 0 - 29 | \$0.25 | \$0.50 | \$0.75 | \$1.00 | \$1.25 | \$1.50 | \$1.75 | \$2.00 | \$2.25 | \$2.50 |
| 30 - 34 | \$0.30 | \$0.60 | \$0.90 | \$1.20 | \$1.50 | \$1.80 | \$2.10 | \$2.40 | \$2.70 | \$3.00 |
| 35 - 39 | \$0.45 | \$0.90 | \$1.35 | \$1.80 | \$2.25 | \$2.70 | \$3.15 | \$3.60 | \$4.05 | \$4.50 |
| 40 - 44 | \$0.65 | \$1.30 | \$1.95 | \$2.60 | \$3.25 | \$3.90 | \$4.55 | \$5.20 | \$5.85 | \$6.50 |
| 45 - 49 | \$1.00 | \$2.00 | \$3.00 | \$4.00 | \$5.00 | \$6.00 | \$7.00 | \$8.00 | \$9.00 | \$10.00 |
| 50 - 54 | \$2.05 | \$4.10 | \$6.15 | \$8.20 | \$10.25 | \$12.30 | \$14.35 | \$16.40 | \$18.45 | \$20.50 |
| 55 - 59 | \$3.25 | \$6.50 | \$9.75 | \$13.00 | \$16.25 | \$19.50 | \$22.75 | \$26.00 | \$29.25 | \$32.50 |
| 60 - 64 | \$3.75 | \$7.50 | \$11.25 | \$15.00 | \$18.75 | \$22.50 | \$26.25 | \$30.00 | \$33.75 | \$37.50 |
| 65 - 69 | \$6.55 | \$13.10 | \$19.65 | \$26.20 | \$32.75 | \$39.30 | \$45.85 | \$52.40 | \$58.95 | \$65.50 |
| 70 - 74 | \$16.00 | \$32.00 | \$48.00 | \$64.00 | \$80.00 | \$96.00 | \$112.00 | \$128.00 | \$144.00 | \$160.00 |
| 75+ | \$62.15 | \$124.30 | \$186.45 | \$248.60 | \$310.75 | \$372.90 | \$435.05 | \$497.20 | \$559.35 | \$621.50 |

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

| SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR) | | | | | | | | | | |
|---|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Age | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
| 0 - 29 | \$0.13 | \$0.25 | \$0.38 | \$0.50 | \$0.63 | \$0.75 | \$0.88 | \$1.00 | \$1.13 | \$1.25 |
| 30 - 34 | \$0.15 | \$0.30 | \$0.45 | \$0.60 | \$0.75 | \$0.90 | \$1.05 | \$1.20 | \$1.35 | \$1.50 |
| 35 - 39 | \$0.23 | \$0.45 | \$0.68 | \$0.90 | \$1.13 | \$1.35 | \$1.58 | \$1.80 | \$2.03 | \$2.25 |
| 40 - 44 | \$0.33 | \$0.65 | \$0.98 | \$1.30 | \$1.63 | \$1.95 | \$2.28 | \$2.60 | \$2.93 | \$3.25 |
| 45 - 49 | \$0.50 | \$1.00 | \$1.50 | \$2.00 | \$2.50 | \$3.00 | \$3.50 | \$4.00 | \$4.50 | \$5.00 |
| 50 - 54 | \$1.03 | \$2.05 | \$3.08 | \$4.10 | \$5.13 | \$6.15 | \$7.18 | \$8.20 | \$9.23 | \$10.25 |
| 55 - 59 | \$1.63 | \$3.25 | \$4.88 | \$6.50 | \$8.13 | \$9.75 | \$11.38 | \$13.00 | \$14.63 | \$16.25 |
| 60 - 64 | \$1.88 | \$3.75 | \$5.63 | \$7.50 | \$9.38 | \$11.25 | \$13.13 | \$15.00 | \$16.88 | \$18.75 |
| 65 - 69 | \$3.28 | \$6.55 | \$9.83 | \$13.10 | \$16.38 | \$19.65 | \$22.93 | \$26.20 | \$29.48 | \$32.75 |

| ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)* | | | | |
|---|---------|---------|---------|----------|
| \$2,000 | \$4,000 | \$6,000 | \$8,000 | \$10,000 |
| \$0.07 | \$0.14 | \$0.21 | \$0.27 | \$0.34 |

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

Voluntary AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

You have the ability to elect AD&D coverage for yourself and your eligible dependents in an amount equal to the amount of your and your eligible dependents life insurance. However, there are some guidelines you need to consider when choosing this coverage.

COVERAGE SELECTION GUIDELINES

- 1) You and each of your eligible dependents must be covered by some level of voluntary term life insurance to be eligible for AD&D coverage.
- 2) AD&D coverage is not required for you or your eligible dependents, even if you have voluntary term life coverage.
- 3) Dependent AD&D benefit amounts cannot exceed 100% of your AD&D benefit amount.

COVERAGE SELECTION AND PREMIUM CALCULATION

To select your benefit amount and calculate your premium, do the following:

- 1) Locate the benefit amount equal to your amount of life insurance from the top row of the employee premium table.
- 2) Locate the corresponding premium amount in the row below.
- 3) Enter your benefit and premium amounts into their respective areas in the AD&D section of your enrollment form.

If the benefit amount is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount that equals your amount of life insurance. For example, if your amount of life insurance is \$150,000 in coverage, you obtain your AD&D premium amount by multiplying the rate for \$50,000 times 3.

| EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR) | | | | | | | | | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 |
| \$0.07 | \$0.14 | \$0.21 | \$0.28 | \$0.35 | \$0.42 | \$0.49 | \$0.56 | \$0.63 | \$0.70 |

Follow the method described above to calculate premiums for optional dependent spouse and/or child(ren) coverage.

| SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR) | | | | | | | | | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
| \$0.04 | \$0.07 | \$0.11 | \$0.14 | \$0.18 | \$0.21 | \$0.25 | \$0.28 | \$0.32 | \$0.35 |

| ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR) | | | | |
|--|---------|---------|---------|----------|
| \$2,000 | \$4,000 | \$6,000 | \$8,000 | \$10,000 |
| \$0.02 | \$0.03 | \$0.04 | \$0.06 | \$0.07 |

*Regardless of how many children you have, they are included in the “All Children” premium amounts listed in the table above.



Member Services

Mutual of Omaha

Mutual of Omaha offers several services to members. Some of the services listed below may not be available to all members, depending on the details of each employer's benefit plan.

Employee Assistance Program

When you need someone to talk to

- Professional, confidential, quality consultation, 24 hours a day, at no cost to employees and their eligible dependents
- Assistance with personal and job-related concerns including: emotional well-being, family and relationships, legal and financial, healthy lifestyles, work and life transitions
- Information and referral services, network of licensed and/or certified mental health professionals, three face-to-face sessions with a counselor
- Visit mutualofomaha.com/eap or call 800-316-2796 to speak directly to an EAP professional to receive immediate support and guidance

Will Preparation Services

Easy, free and secure online will preparation services provided by Epoq, Inc.

- Epoq provides the following free documents: last will and testament, power of attorney, healthcare directive, living trust
- Log on to willprepservices.com and use the code MUTUALWILLS to register

Travel Assistance

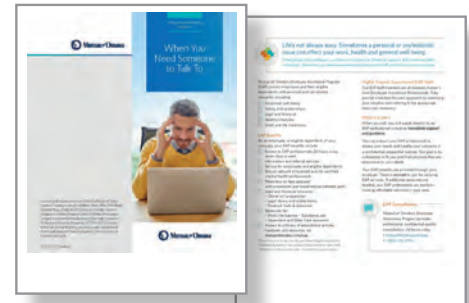
Worldwide travel assistance that travels with you

- Worldwide access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations
- For you, your spouse, and dependent children on any single trip, up to 120 days in length, more than 100 miles from home
- Pre-trip assistance, emergency travel support, medical assistance, identity theft assistance
- Within the U.S., call 800-856-9947, outside the U.S., call collect 312-935-3658

Identity Theft Solutions

Bundled with Travel Assistance so you have one less thing to worry about

- Education and prevention
- Recovery information/steps to recover from credit card and check fraud, social security number compromised, lost or stolen passport
- Sample dispute letters for credit bureaus, sample ID theft affidavit, contact list for financial institutions
- Case managers are available 24 hours a day: 800-856-9947



We're Here to Help



Life's not always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

We're Here to Help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial matters
- Healthy lifestyles
- Work and life transitions

EAP Benefits

- Access to EAP professionals 24 hours a day, seven days a week
 - Provides information and referral resources
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals
- Three face-to-face sessions* with a counselor (per household per calendar year)

*Face-to-face visits can also be used toward legal consultations

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions per six-month period.

- Legal assistance and financial resources
 - Online will preparation
 - Legal library & online forms
 - Financial tools and resources
- Resources for:
 - Substance use and other addictions
 - Dependent and elder care resources
- Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap

What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is **no cost** to you for utilizing EAP services. If additional services are needed, your EAP will help locate appropriate resources in your area.

Don't delay if you need help

Visit mutualofomaha.com/eap or call **800-316-2796** for confidential consultation and resource services.



Mutual of Omaha

Area Substance Abuse Council Inc

Flexible Spending Benefit Summary

January 1, 2025 - December 31, 2025

Medical FSA

| | iSolved |
|-----------------------------|---------|
| Maximum Contribution Amount | \$3,300 |
| Employer Contribution | N/A |
| Maximum Carryover* | \$660 |

At the end of the 2024 Plan Year, if you have unspent dollars, up to \$640 will be automatically carryover to the 2025 plan year.

*For the 2025 Plan Year, if you have unspent dollars remaining at the end of 2025, up to \$660 can be carried over to 2026.

Dependent Care FSA

| | iSolved |
|-----------------------------|---------|
| Maximum Contribution Amount | \$5,000 |
| Grace Period | N/A |

Acumen has prepared this presentation based on information available to us. The financial information included in this presentation is preliminary and subject to change. Presentations are intended for educational purposes only and do not replace independent professional judgment. The information contained in these documents is confidential, privileged and only for the information of the intended recipient and may not be used, published or redistributed without the prior written consent of Acumen Advisors, Inc. This comparison summarizes certain provisions of the plan(s) illustrated. Complete plan information is included in the legal documents and brochures that govern each plan. If there is a difference between this handout and the legal documents, the documents, which are available upon request, will govern.

Provided by:





The Health FSA Carryover.

The U.S. Treasury Department issued Notice 2020-33 for the Health Flexible Spending Account (FSA) Use-or-Lose rule to allow up to a \$640 carryover of Health FSA funds. The carryover is applicable only to Health FSAs (not to Dependent Care FSAs). Any unused amount above the carryover limit is subject to forfeiture and cannot be cashed out or transferred to other taxable or nontaxable benefits (e.g., HSAs).

If your organization offers the carryover option, it's great news for you because:



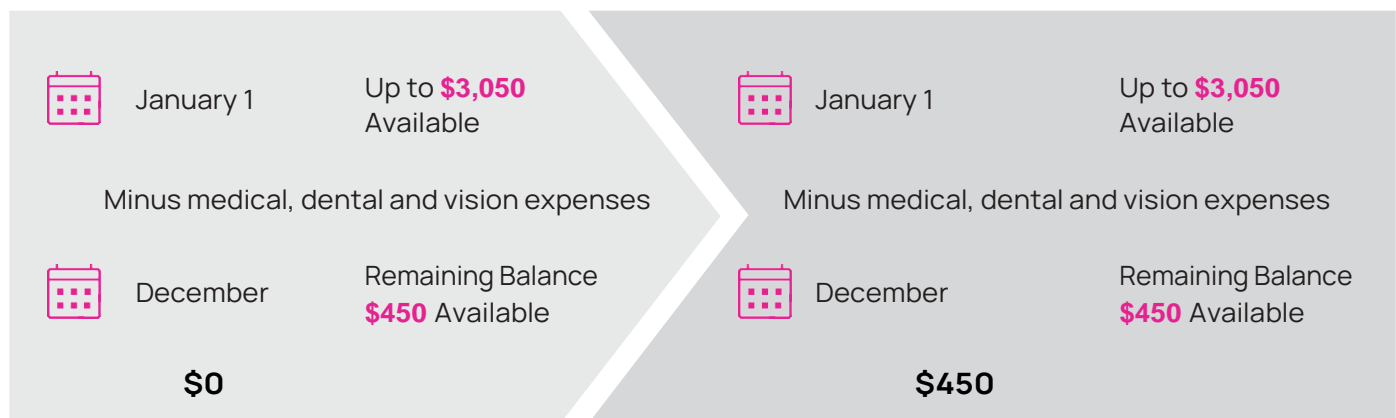
You can now carry over **up to \$660** of your unused Health FSA funds at the end of the plan year.



The money you put in a Health FSA is **not taxed**, so assuming you pay a combined 40 percent state and federal tax rate, you're saving 40 percent on health care expenses funded through the account.

Before Carryover

FSA Carryover



** This graphic is for informational purposes only. Plans vary by employer and this scenario may not be applicable for all employees.*

The Health FSA carryover option may also apply to Limited FSA, an employer-sponsored benefit that is often used in conjunction with a Health Savings Account (HSA), offered with a high deductible health plan.

If your organization offers carryover but you have chosen not to participate in the Health FSA program because of the Use-or-Lose rule, it's time to take another look.

Know Your Eligible and Ineligible Expenses

Estimated unreimbursed health care expenses

Eligible Expenses

Baby/Child to age 13

- Lactation consultant
- Lead-based paint removal*
- Special formula*
- Tuition: special school/teacher for disability or learning disability
- Well baby/well child care

Dental

- Dental x-rays
- Dentures and bridges
- Exams and teeth cleaning
- Extractions and fillings
- Oral surgery
- Orthodontia
- Periodontal services

Eyes

- Eye exams
- Eyeglasses and contact lenses
- Laser eye surgeries
- Prescription sunglasses
- Radial keratotomy

Hearing

- Hearing aids and batteries
- Hearing exams

Lab Exams/Tests

- Blood tests and Metabolism tests
- Body scans
- Cardiograms
- Laboratory fees
- X-rays

Medications

- Insulin
- Prescription drugs

Medical Equipment/Supplies

- Air purification equipment*
- Arches and other orthotic inserts
- Contraceptive devices
- Crutches, walkers, wheel chairs
- Exercise equipment*
- Hospital beds*
- Mattresses*
- Medic alert bracelet or necklace
- Nebulizers
- Orthopedic shoes*
- Oxygen
- Personal Protective Equipment (PPE)
- Post-mastectomy clothing
- Prosthetics
- Syringes
- Wigs*

Obstetrics

- Doulas*
- Lamaze class
- OB/GYN exams
- OB/GYN prepaid maternity fees (reimbursable after date of birth)
- Pre- and post-natal treatments

Practitioners

- Allergist
- Chiropracter
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Osteopath
- Physician
- Psychiatrist or Psychologist

Therapy

- Alcohol and Drug addiction
- Counseling (must be treating a medical condition)
- Exercise programs*
- Hypnosis*
- Massage*
- Occupational
- Physical
- Smoking cessation programs
- Speech
- Weight loss programs

Medical Procedures/Services

- Acupuncture
- Alcohol and drug/substance abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility enhancement and treatment
- Hair loss treatment*
- Hospital services
- Immunization
- In vitro fertilization
- Personal trainers*
- Physical examination (not employment-related)
- Reconstructive surgery (due to a congenital defect, accident or medical treatment)
- Service animals
- Sterilization/sterilization reversal
- Transplants (including organ donor)
- Transportation*

This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a note of medical necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact isolved Benefit Services.

Over-the-Counter (OTC) Medicines, purchased on or after January 1, 2020, were reinstated with the passage of the CARES Act (COVID-3 Stimulus Bill) for HSAs, FSAs and Archer MSAs (unless your plan excludes OTC items). OTC items can be purchased with funds from eligible accounts without needing a prescription. Additionally, the bill expanded OTC items to include menstrual care products.

Eligible Over-the-Counter Items

Note: Product categories are listed in bold face; common examples of products are listed in regular face.

The following is a high-level list of over-the-counter (OTC) items that are not medicine or drugs and are eligible for purchase with Health Care FSA dollars. You can use your benefits card for these items

Antiseptics, wound cleaners

Alcohol, peroxide, Epsom salt

Baby electrolytes

Pedialyte, Enfalyte

Denture adhesives, repair and cleansers

PoliGrip, Benzodent, Efferdent

Diabetes testing and aids

Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes, glucose products

Sunscreen (SPF 15 and over)

Diagnostic products

Thermometers, blood pressure monitors, cholesterol testing

Elastics/athletic treatments

ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts

Eye care

Contact lens care

Family planning

Pregnancy and ovulation kits

First aid dressings and supplies

Band Aid, 3M Nexcare, non-sport tapes

Hearing aid/medical batteries

Incontinence products

Attends, Depend, GoodNites for juvenile incontinence

Ineligible Expenses

Note: This list is not meant to be all-inclusive

The IRS does not allow the following expenses to be reimbursed the FSA, as they are not prescribed by a physician for a specific ailment.

Contact lens or eyeglass insurance

Electrolysis

Swimming lessons

Cosmetic surgery/procedures

Marriage or career counseling

Sunscreen (SPF less than 15 needs RX)





Dependent Care FSA

FAQ's

A Dependent Care FSA provides pre-tax reimbursement of out-of-pocket expenses related to dependent care. It's a great option for employees who have dependent children under the age of 13 who attend day care, after-school care or summer day camp, and/or provide care for a person of any age who is claimed as a dependent on the federal income tax return and who is mentally or physically incapable of caring for himself or herself.

Who is a qualified dependent under the Dependent Care FSA?

- Dependent under the age of 13
- Dependent or spouse of employee who is mentally or physically disabled and whom the employee claims as a dependent on their federal income tax return

Can an adult be a qualified dependent?

Yes, an adult may qualify as a dependent provided that the employee is providing more than half of that individual's support for the year and the dependent lives with the employee.

Do I have to use a day care facility?

No. You can be reimbursed for expenses of an individual providing care for your dependent in your home as long as the expenses are incurred for you and your spouse (if married), to work, look for work or attend school full time.

Does my day care provider have to be licensed?

No. However, you are required to submit their Tax Identification Number or Social Security Number when filing your federal income tax return.

My child attends camp during the summer. Is this eligible?

Generally, no. However, if the camp is a day camp and your dependent attends to allow you and your spouse (if married) to work, look for work or attend school full time, then yes, this would be an eligible expense. Overnight camps are specifically excluded.

Does my day care provider have to be 18?

No, but the individual must claim the money as income on their tax return.

When can I be reimbursed for dependent day care expenses?

Expenses are eligible for reimbursement when they have been incurred, not when you are billed or when you pay for the services.

Example: Your day care provider requires you to pay for the month of September on September 1. You can be reimbursed as the services are incurred, not when you paid for the services. You can submit claims after each week, every week or on October 1.

What support documentation must I file with each Dependent Care claim?

Complete the Dependent Care section of the Request for Reimbursement Form and have your day care provider sign and date. The receipt must include the following information:

- Name and address of provider
- From/through dates of service
- Amount of charge

Can I submit claims for dependent care expenses that are greater than the current balance of my Dependent Care FSA?

Yes. However, you will only receive reimbursement for the amount that you have contributed to your Dependent Care FSA. For example, if you contribute \$150 each month to your Dependent Care FSA, then you will only receive \$150 in reimbursement each month. The excess amount of expenses will be pended and automatically paid to you as contributions are posted to your account.

What happens if a claim exceeds the amount currently available in my Dependent Care FSA?

The claim will be processed and approved. The amount that is currently available will be disbursed and the remaining portion will be pended until you make another contribution.

Transforming employee experience for a better today and a better tomorrow.

copyright 2020 • www.isolvedbenefitservices.com



Area Substance Abuse Council

Supplemental Benefits for

Administered by Assurity



Area Substance Abuse Council offers supplemental benefits through Assurity. These benefits are designed to address financial vulnerabilities that may arise due to injuries, illnesses, surgeries, or pregnancies affecting you or a covered loved one. Assurity provides accident, critical illness, and hospital indemnity benefits to team members. All these benefits offer cash payments directly to you, which can be used for various purposes such as deductibles, everyday living expenses, childcare, treatment-related travel expenses, or any other needs you may have.

You can find your benefit summaries at the URL provided below, along with a URL and QR code to access an educational video about these plans. If you have any questions, please reach out to your agent. For filing a claim, please contact your claims advocate, whose details are also listed below.

Locate your benefit summaries visit link below:

<http://bit.ly/asacsupplementalbrochures>

Locate your education video visit link below or scan the QR code

<http://bit.ly/asacsupplementaleducation>

Contact Information

Agent

MATT REDNOUR

563-265-0122

Matt@waregroupga.com

m

Claims Advocate

JADE WOOD

855-535-4231 Ext. 213

Jade@waregroupga.com



Assurity Accident Expense Overview

| | | |
|--|---|---|
| OVERVIEW | <p>Accident insurance provides a cash benefit that can be used for any purpose, not limited to deductibles, out-of-pocket maximums, or everyday living expenses, when an employee or their covered loved one experiences an injury due to an off-the-job accident. There are many examples such as sports injuries, slips and falls, burns, dislocations, and more. To qualify for benefits, seek treatment at a physician's office, urgent care, or emergency room; thereafter, it pays cash benefits for the specific injury, treatments, services, and more. Please contact your claims advocate for assistance with filing a claim. This plan is portable, meaning you can take it with you upon leaving employment, and it does not require any networks; benefits will be paid directly to you. Please refer to your benefit summaries for full plan details.</p> | |
| WELLNESS | <p>Pays \$50 once per date, up to two times per calendar year per person and four times family maximum which will reset every January 1st. Applicable screenings or exams you may submit are blood screening for triglycerides, cholesterol, HDL, LDL, fasting blood glucose, annual physical exam, routine eye exam, and immunization.</p> | |
| EMERGENCY CARE | <p>Physician's Office for Accident: \$150 Urgent Care for Accident: \$150 Emergency Room for Accident: \$300 Telemedicine Treatment: \$60 Ambulance Ground/Air: \$300/\$900</p> | <p>X-Ray: \$300 Diagnostic Exams: \$150 Blood/Plasma/Platelets: \$900 ER Observation: \$150</p> |
| SUPPORTIVE & SPECIFIC INJURY CARE | <p>Follow-Up Treatment: \$100 Physical/Occup./Speech Therapy: \$60 Chiropractic/Acupuncture: \$60 Epidural Pain Management: \$100 Medication or Medical Supplies: \$10</p> | <p>Appliance: \$250 Prosthetic Devices: \$1,000 Residence or Vehicle Modification: \$1,000 Transportation Ground/Air: \$200/\$500 Lodging: \$200</p> |
| SPECIFIC INJURY CARE | <p>Burns: \$1,125 Burns Skin Graft: 50% of Burn Benefit Child Organized Sports: Up to \$1,000 Coma: \$22,500 Concussion: \$56.25 Dental Emergency Crown/Extraction: \$225 Dislocation/Fracture Closed/Open Reduction: \$2,250/\$4,500</p> | <p>Ear/Eye Injury: \$225 Gunshot Wound: \$1,125 Laceration: \$112.50 Paralysis: \$16,875 Poisoning: \$56.25 PTSD: \$450 Traumatic Brain Injury: \$675</p> |
| HOSPITAL ADMISSION CARE | <p>Hospital Admission: \$1,000 Hospital Confinement: \$200 Intensive Care Unit: \$400</p> | <p>Sub-Acute Intensive Care Unit: \$300 Rehabilitation Unit: \$200 Hospital Confinement-Child Care: \$40</p> |

Assurity Accident Expense Overview

| | | | |
|--|--|--|--|
| SURGICAL CARE | Open Abdominal/Thoracic/Cranial Surgery: \$1,500 Tendon/Ligament/Rotator Cuff/Knee Cartilage Surgery: \$750 Ruptured Disc Surgery: \$750 | | Hernia Surgery: \$375 Exploratory Surgery: \$375 Misc Outpatient Surgery: \$150 Anesthesia: \$150 |
| ACCIDENT, DEATH & DISMEMBERMENT | Employee: \$40,000 If Seatbelt Was Used: +\$10,000 Common Carrier: \$100,000 | Spouse: \$20,000 If Seatbelt Was Used: +\$5,000 Common Carrier: \$50,000 | Child(ren): \$10,000 If Seatbelt Was Used: +\$2,500 Common Carrier: \$25,000 |

| Semi-Monthly Rates | Plan 1 |
|-----------------------|---------|
| EMPLOYEE | \$6.98 |
| EMPLOYEE + SPOUSE | \$12.17 |
| EMPLOYEE + CHILD(REN) | \$15.26 |
| FAMILY | \$22.42 |

Assurity Critical Illness Benefits Overview

| OVERVIEW | Critical illness insurance provides a cash benefit for a range of covered serious illnesses such as cancer, stroke, and heart attack, in addition to the conditions your medical insurance may cover. Payments can be used for any purpose, not limited to deductibles, out-of-pocket maximums, or everyday living expenses. If you or a covered loved one is diagnosed with one of the covered illnesses listed below while coverage is in force, please contact your claims advocate to assist you in filing a claim. This plan is portable, meaning you can take it with you upon leaving employment, and it does not require any networks; benefits will be paid directly to you. Please refer to your benefit summaries for full plan details. | | |
|---|---|--|---|
| | Employee Coverage Options | Spouse Coverage | Child(ren) Coverage |
| MULTIPLES OF MINIMUM ELECTION GUARANTEE ISSUE MAXIMUM ELECTION | \$10,000 \$10,000 \$30,000 \$30,000 | 50% of Employee's Amount | 25% of Employee's Amount (coverage is automatically included when employee coverage is elected) |
| COVERED CRITICAL ILLNESSES *Percents Shown Reflect Percent of Lump Sum Benefit | Heart Attack: 100% Stroke: 100% Invasive Cancer: 100% Kidney Failure: 100% Major Organ Transplant: 100% Alzheimer's Disease: 100% Coma: 100% Paralysis: 100% | Loss of Sight: 100% Loss of Speech: 100% Loss of Hearing: 100% Parkinson's Disease: 100% ALS: 100% Benign Brain Tumor: 100% Occupational HIV: 100% Severe Burns: 100% | Bone Marrow Transplant: 100% Multiple Sclerosis: 50% Coronary Bypass Surgery: 25% Sudden Cardiac Arrest: 25% Angioplasty: 10% Non-Invasive Cancer: 25% Skin Cancer: \$250/cal yr Loss of Independent Living: 25% Schizophrenia: 10% TIA: 10% |
| Cardiopulmonary Rider *Percents Shown Reflect Percent of Lump Sum Benefit | Cardiopulmonary Rider Mitral Valve Replacement or Repair 50% Aortic Valve Replacement or Repair 50% Surgical Treatment of Abdominal Aortic Aneurysm 50% Pulmonary Embolism 25% Idiopathic Pulmonary Fibrosis 25% Angio Jet Clot Busting 10% | Cardiopulmonary Rider Atherectomy 10% Stent Implementation 10% Cardiac Catheterization 10% Automatic Implantable Cardioverter Defibrillator 10% Pacemaker Placement 10% Valvuloplasty 10% | |

Assurity Critical Illness Benefits Overview

PRE-EXISTING CONDITIONS

Assurity will not pay benefits for a specified critical illness that is caused by a pre-existing condition unless the specified critical illness starts after the coverage has been in force for 12 months from the issue date. Pre-existing condition means a sickness or physical condition for which, during the 12 months before the issue date, the insured person had symptoms which would cause an ordinary prudent person to seek diagnosis, care of treatment, or received medical consultation, advice or treatment from a physician or had taken prescribed medication.

The pre-existing condition clause will be waived during the initial enrollment for new hires. Late entrant employees enrolling during the annual re-enrollment will be subject to the normal pre-existing condition clause.

| Semi-Monthly Attained Age Rates | Employee Only and Employee + Children Rates Below | | | | Employee + Spouse and Employee + Family Rates Below | | |
|---------------------------------------|--|----------|----------|--|--|----------|----------|
| Benefit Amounts | \$10,000 | \$20,000 | \$30,000 | | \$10,000 | \$20,000 | \$30,000 |
| 18-24 | \$1.33 | \$2.63 | \$3.94 | | \$1.94 | \$3.86 | \$5.78 |
| 25-29 | \$1.70 | \$3.36 | \$5.04 | | \$2.46 | \$4.88 | \$7.31 |
| 30-34 | \$2.25 | \$4.47 | \$6.70 | | \$3.31 | \$6.56 | \$9.82 |
| 35-39 | \$3.06 | \$6.06 | \$9.09 | | \$4.52 | \$8.95 | \$13.40 |
| 40-44 | \$4.11 | \$8.16 | \$12.22 | | \$6.12 | \$12.11 | \$18.11 |
| 45-49 | \$5.95 | \$11.80 | \$17.66 | | \$8.91 | \$17.62 | \$26.35 |
| 50-54 | \$9.21 | \$18.29 | \$27.36 | | \$13.84 | \$27.40 | \$40.96 |
| 55-59 | \$14.85 | \$29.48 | \$44.12 | | \$22.35 | \$44.27 | \$66.21 |
| 60-64 | \$19.01 | \$37.79 | \$56.59 | | \$28.62 | \$56.78 | \$84.95 |
| 65-69 | \$26.18 | \$52.11 | \$78.05 | | \$39.38 | \$78.29 | \$117.19 |
| 70+ | \$76.21 | \$151.86 | \$227.50 | | \$114.60 | \$228.06 | \$341.54 |

IMPORTANT: This is a fixed indemnity policy,

NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Assurity Hospital Indemnity Benefits Overview

| | | | |
|---|---|---|--|
| OVERVIEW | Hospital Indemnity insurance provides a cash benefit for hospital admissions, not limited to deductibles, out-of-pocket maximums, or everyday living expenses. If you or a covered loved one is admitted to the hospital for the duration described below due to an injury, illness, surgery, or pregnancy, please contact your claims advocate to assist you in filing a claim. This plan is portable, meaning you can take it with you upon leaving employment, and it does not require any networks; benefits will be paid directly to you. Please refer to your benefit summaries for full plan details. | | |
| ADMISSION & DAILY CONFINEMENT BENEFITS | Plan 1 20 + Hours Hospital Admission: \$1,000 Plan 2 20 + Hours Hospital Admission: \$2,000 | Both Plans 1 & 2 Hospital Confinement: \$100 per day (Up to 30 days) ICU Confinement: \$200 per day (Up to 10 days) | |
| NOTE | Confinement means the assignment to a bed as a resident inpatient as prescribed by a physician for a period of at least 20 hours. Only one type of confinement benefits if payable for a given day. If confinement continues in an ICU, Sub-Acute ICU or Rehabilitation Unit beyond the maximum benefit period shown, the Hospital Confinement benefit will be payable until that benefit period is also exhausted. | | |
| PRE-EXISTING CONDITIONS & PREGNANCY | Assurity will not pay benefits concerning a pre-existing condition until after coverage has been in force for 12 months from the issue date. Pre-existing condition means a covered sickness or physical condition for which, during the 12 months before the issue date, the insured person received medical consultation, diagnosis, advice or treatment from a Physician or had taken prescribed medication . The pre-existing condition clause and 10-month pregnancy exclusion will be waived during the initial enrollment and for new hires. Late entrant employees enrolling during the annual re-enrollment will be subject to the normal pre-existing condition and 10-month pregnancy exclusion. | | |

| Semi-Monthly Rates | Plan 1 | Plan 2 |
|------------------------------|----------------|----------------|
| EMPLOYEE | \$7.87 | \$12.39 |
| EMPLOYEE + SPOUSE | \$15.96 | \$25.23 |
| EMPLOYEE + CHILD(REN) | \$14.98 | \$23.44 |
| FAMILY | \$23.07 | \$36.28 |



Security team. Workout partner. Best friend for life.

Help give them lifelong protection with MetLife Pet Insurance.

Help protect your pet from costly vet bills

More than ever, pets play such a huge role in our lives. We want to do everything to keep them safe and healthy. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.

Visits to the vet can be unpredictable. According to 2022 Pet Parent Pulse Poll Findings, most pet parents are facing rising care costs to keep their pets happy and healthy, with 54% of owners worried about being able to care for their pets in the future with economic uncertainties.

A small monthly payment can help you prepare for those unexpected vet expenses down the road.

How it works:

Hypothetical savings example when visiting a licensed veterinarian, specialist or emergency clinic in the U.S.

Bella, a two-year-old mixed-breed dog, needed emergency surgery after swallowing some small rocks. Bella pulled through, but not until incurring an emergency vet bill of \$2,560. Since I had MetLife Pet Insurance, I was reimbursed for 90% of the bill after the deductible was met. Thanks to my smart decision to enroll, I saved \$2,304 in out-of-pocket vet expenses.¹

With MetLife Pet Insurance, you can get:

- Flexible insurance plans
- Freedom to visit any U.S. veterinarian and be reimbursed up to 90%² of the cost of services
- Optional Preventive Care coverage³
- 24/7 access to Telehealth Concierge Services for immediate assistance
- Discounts up to 30%⁴ and additional offers on pet care, where available
- Coverage of previously covered pre-existing conditions when switching providers



\$2,560

Emergency vet bill

\$2,304

Insurance reimbursement amount

\$256

My out-of-pocket costs

To enroll in these benefits, visit www.metlife.com/getpetquote or call 1-800-GET-MET8.



Know what your plan covers...

MetLife Pet Insurance helps cover the costs of vet visits, accidents, illness and more.



Get regular check-ups to help protect your pet



Be better prepared for unexpected accidents



Help cover the costs of unplanned illness

Your benefit in action

Take advantage of how simple it is to get – and use – MetLife Pet Insurance:



Select and enroll in the coverage that's right for you and your pet, and download our mobile app.



Take your pet to the vet and pay the bill; manage your pet's health and wellness using the app.



Send the bill and your claim to us and receive reimbursement² by check or direct deposit if the claim expense is covered under the policy.

To enroll in these benefits, visit www.metlife.com/getpetquote or call 1-800-GET-MET8.

MetLife Pet Insurance can help take the worry out of covering the cost of unexpected pet care.

| | | |
|-------------------------------|--|---|
| Product overview | Pet Insurance can help reimburse you for covered vet visits, accidents, illness and more. Plus, it can help keep your pet safe and healthy with optional Preventive Care Coverage. | |
| Why needed | <ul style="list-style-type: none"> • Pet parents are spending more than \$4,500 annually on pet care, according to 2021 Pet Wellness Month Survey Data • A small monthly payment can help plan for these expenses | |
| Flexible coverage | Choose the plan that works for you and your pet. Options include: <ul style="list-style-type: none"> • Levels of coverage from \$500–unlimited⁵ • \$0–\$2,500 deductible options⁶ • Reimbursement percentages from 50%–90%² | |
| What is Covered | <ul style="list-style-type: none"> • accidental injuries • illnesses • exam fees • surgeries | <ul style="list-style-type: none"> • medications • ultrasounds • hospital stays • X-rays and diagnostic tests |
| Coverage also includes | <ul style="list-style-type: none"> • hip dysplasia • hereditary conditions • congenital conditions • chronic conditions | <ul style="list-style-type: none"> • alternative therapies • holistic care • and much more |
| Additional value | <ul style="list-style-type: none"> • Take your pet to any licensed veterinarian, specialist or emergency clinic in the U.S. • If you're claim-free in a policy year, we'll automatically decrease your deductible by \$25 or \$50⁷ • Group discounts are available⁸ | |

Hypothetical savings example when visiting a licensed veterinarian, specialist or emergency clinic in the U.S.¹

| Claim Details | Amount |
|--|------------|
| Total vet bill (including exam, bloodwork, X-rays and hospitalization) | \$1,278.00 |
| Insurance reimbursement ² percentage | 90% |
| Out-of-pocket cost (including \$100 deductible) | \$227.80 |
| Savings | \$1,050.20 |

To enroll in these benefits, visit www.metlife.com/getpetquote or call 1-800-GET-MET8.



Additional Benefits

Time Off

For the purposes of accruals, full-time classification is 40 hours per week and part-time is 39 hours and below. On-Call staff are not eligible for time off plans.

| Paid Time Off | | | |
|---------------|---------------|------------------------------|----|
| | Hours At Hire | Hours At Anniversary, Years: | |
| Full-Time | 24 | 1-10 | 32 |
| | | 11+ | 40 |
| Part-Time | 12 | All Years | 16 |
| No Carryover | | | |

| Vacation | | |
|---|-------|-------|
| Earned at Each Six Months of Completed Work | | |
| | Years | Hours |
| Full-Time | 1-3 | 40 |
| | 4-7 | 60 |
| | 8+ | 80 |
| Part-Time | 1-3 | 20 |
| | 4-7 | 30 |
| | 8+ | 40 |
| Carryover Allowed to Bank Maximums | | |

| Sick Leave | | |
|------------------------------------|-----------------------|----------------------|
| | Monthly Accrued Hours | Annual Accrued Hours |
| Full-Time | 8 | 96 |
| Part-Time | 4 | 48 |
| Carryover Allowed to Bank Maximums | | |

Retirement

ASAC participates in a 403b. Eligible employees may contribute to their retirement account and have a portion of their contribution matched by the organization. The match begins once six months of service is complete. ASAC will match at the rate of 50% for each percentage an employee elects, with a maximum match of 4%. Employees will earn vesting for the matching ASAC contributions as determined by the plan document.



Member Services

Concept by Iowa Hearing Aid Centers

Hearing Aid Discount Plan

- Free, no-obligation hearing screening
- 30%-50% device discounts
- Available to you, your spouse, children, parents and grandparents

To Use This Discount Plan:

- Call, email, or visit our website
- Mention the acumen hearing aid discount plan
- 866-609-5711
- acumen@iowahearing.com
- iowahearing.com/acumen, password: advisors

Locations

- | | | |
|--------------------------------|------------------------------|---------------------------|
| • Ames | • Fairfield (Service Center) | • Pleasant Hill |
| • Cedar Rapids | • Grinnell | • Quad Cities (Davenport) |
| • Centerville (Service Center) | • Marshalltown | • Waterloo |
| • Chariton (Service Center) | • Oskaloosa | • West Des Moines |
| • Clinton | • Ottumwa | • West Union |
| • Coralville | • Pella | |
| • Dubuque | | |





Health Benefits Terminology

The world of health insurance can be confusing. Understanding your costs and benefits becomes much easier once you are able to make sense of the terminology.

Health Insurance: Arrangement with an insurance company to help protect you from the high costs of health care and improve access to health care services. Health insurance works by spreading the cost of care among large groups of people. Insurance premiums paid by one person helps pay for the care of others.

Deductible: Amount you owe for health care services each year before the insurance company begins to pay.

Embedded deductible: Embedded deductibles have two components: individual deductibles for each family member and a combined family deductible. When a family member meets his or her individual deductible, the insurance company will begin paying according to the plan's coverage for that member. When the total amount the family has paid towards individual deductibles reaches the family deductible, the insurance company will then begin paying according to the plan's coverage for all family members.

For example: Olivia and Tyler have a family health plan that has a \$1,500 individual deductible and a \$3,000 family deductible that covers them and their three children. Olivia meets her \$1,500 deductible after giving birth to their youngest child in February. Son Sam breaks his leg and also meets his \$1,500 individual deductible in March, which means the family deductible of \$3,000 has now been met. When Tyler needs carpal tunnel surgery later in the year, he does not have to satisfy a deductible before the plan begins to pay.

Non-embedded deductible: Non-embedded, or aggregate, deductible is simpler than an embedded deductible. With a non-embedded deductible, there is only a family deductible. All family members' out-of-pocket expenses count toward the family deductible until it is met, and then they are all covered with the health plan's usual copays or coinsurance. It doesn't matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible.

For example: Antonio and his family have a health plan with a nonembedded deductible. The family deductible is \$2,600. Daughter Isabella had acute appendicitis that required surgery costing \$2,300. Antonio sprained his ankle and medical care cost \$400. The combined out-of-pocket expenses from Isabella's and Antonio's medical treatments met the family deductible; any further medical care for anyone in the family will be covered by the insurance company according to the plan benefits.

Coinsurance: Your percentage share of the allowed costs for a covered health care service.

For example: Joe's surgery costs \$8,000. Because he has a \$1,500 annual deductible, Joe is responsible for the first \$1,500 of the surgery. After that, he has met his deductible and his carrier will cover 70 percent of the remaining cost, a total of \$4,550. Joe will still be responsible for 30 percent, or \$1,950, of the remaining cost. Therefore, the total Joe must pay for his surgery is \$3,450.

Out-of-Pocket Maximum (OOPM or OPM): An OPM protects you from very high medical expenses. It is the most you should have to pay for your health care during a year, excluding the monthly premium. After you reach the OPM, your plan begins to pay 100 percent of the allowed amount for covered services for the rest of the year.

Copayment: A copayment, or copay, is a fixed amount you pay for a covered health care service, usually when you get the service. Deductibles often will not apply when a copay is assigned to a service.

Preventive care: Proactive, comprehensive care emphasizing prevention, early detection, and early treatment of conditions. Generally includes routine physical exams, immunizations and well-person care.

Office visit: Services provided in a physician's office.

Urgent care center: Health care facility whose primary purpose is the provision of immediate, short-term medical care for minor but urgent medical conditions. Serves as an alternative to the hospital emergency room.

Emergency services: Services provided for an unforeseen acute illness or injury that requires immediate medical attention.

Telemedicine (telehealth): Technology-based visits that allows a doctor and patient to communicate without being in the same physical space. Serves as another alternative to emergency care as well as to urgent care or office visits. Telemedicine is not a complete replacement for direct patient care, but it can be used to evaluate, diagnose and prescribe treatments for many common illnesses for lower costs and at times when primary care physicians are not available or open.

Participating provider (In-Network Provider): Health care provider (clinic, hospital, doctor, laboratory, health care practitioner or pharmacy) who has contracted with a particular insurance carrier or health plan to provide health care services to its members.

Primary care physician (PCP): Physician who is responsible for monitoring and coordinating a patient's overall health care, and refers the patient to appropriate specialists when necessary. Many managed care plans require members to choose a PCP as part of their strategy to increase quality of care and control costs.