

 **ACCESSbank**

Here for a reason.

Our employees are the difference.



YOUR 2024 BENEFITS

January 1–December 31, 2024



Welcome

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

Eligibility

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

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

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 1 week of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire. However, if you are hired on the first of the month, 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:** Changes made during Open Enrollment are effective January 1, 2024 - December 31, 2024.

Choose Carefully

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

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

Making Changes

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

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

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Enrollment

Go to www.Paycom.com

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

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. For the 2024 plan year, we are including a choice of one PPO plan and one HSA qualified High Deductible Health Plan. Each plan includes the choice of the National network plan and a CHI network plan. The CHI limited network plan, is a lower cost option. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Medica PPO 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.

- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. You may also have to pay a fixed dollar amount (copay) for certain services.
- Once you meet the deductible, you pay a percentage of certain health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible, copays and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.
- ***Important to know: Once your In-Network copays, 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 calendar year. Copays only accumulate to the out-of-pocket maximum. They do NOT accumulate toward the deductible.***

Medica HSA Plan

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

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



The HSA

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

Here's how the HSA works:

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

HSA Contribution Limit	2024
Employee Only	\$4,150
Family (employee + 1 or more)	\$8,300
Catch-up (age 55+)	\$1,000

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

Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must; a) be at least 18 years old, b) be covered under a qualified HDHP, c) must not be enrolled in Medicare 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.

Medical (Cont'd)

Following is a high-level overview of the coverage available. Each of the two plan options below include the choice of the Choice National (broad) and CHI (limited) networks. For complete coverage details, please refer to the SBCs or the Medica Medical Certificate.

Key Medical Benefits	Medica - PPO Choice National NE or CHI Health NE 1500-25-50-20%		Medica - HSA Choice National NE or CHI Health NE 3500-20%	
	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) (\$29.16 individual / \$58.33 family per payroll)				
Individual / Family (annually)	N/A / N/A	N/A / N/A	\$700 / \$1,400	
Covered Services				
Office Visits (Primary/Specialist)	\$25 / \$50 copay	50%*	20%*	50%*
Retail Visits	\$10 copay	50%*	20%*	50%*
Virtual Visits (thru AMWELL)	\$0 copay	50%*	20%*	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%*
Complex Imaging	20%*	50%*	20%*	50%*
Chiropractic	\$25 copay ⁴	50%* ⁴	20%* ⁴	50%* ⁴
Ambulance	20%*	20%*	20%*	20%*
Emergency Room	20%*	20%*	20%*	20%*
Urgent Care Facility	\$25 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 / \$35 / \$60	50%*	After Ded is met: 20% / 20% / 40%	50%*
Mail Order (90-day supply)	\$30 / \$105 / \$180	Not covered	After Ded is met 20% / 20% / 40%	50%*
Specialty Medications	20% to \$200 / 40%	Not covered	After Ded is met 20% to \$200 / 40%	Not covered

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

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

To be eligible for the HSA, you must be covered under a qualified HDHP, must be 18 years of age or older, you 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.
5. See the Medica Preventive Prescription Drug for no cost preventive medications www.mymedica.com

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

Medical Network Options

Your medical plan with Medica will provide for a choice of 2 network options. National Choice, which is the Broad National Network; or a limited network option, which uses the CHI provider network, physicians and facilities, and includes Boystown and Children's Hospital and Nebraska Spine Hospital. You must choose one network for all family members. ***If you choose the CHI network, In-Network benefits will only be available if you use providers in the CHI network.*** You should be careful to make sure you are seeking treatment with an In-Network provider in the CHI network should you elect the CHI network. **To search for providers in each network, please see below:**

Go to www.medica.com/find-care and click on the drop-down menu under "Shop Plans" on the top left and select "Employer Provided" > Select: "Find care" in the green box titled "Find in-network care" > Select: "Medica Choice National" for the broad, national network, or "Medica with CHI Health," for the CHI limited network > Select "Find a provider or facility" > Make sure the Location and Plan are correct in the upper right corner

Regardless of the network you select (Medica Choice National or Medica with CHI), **you are responsible for making sure your provider is In-Network if you want In-Network benefits.** It is important that you review the provider directory via the Medica portal, as indicated above (or through your personal account when you register with Medica), to verify the provider you want to use is In-Network, prior to your visit. If you do not, you are taking the chance your provider will bill Out-of-Network charges if they are not an In-Network provider. You may be responsible for additional charges over the allowed maximum contract amounts.

What if I have an Emergency?

Regardless, of the network you select, if you have a true emergency, benefits will be paid based on the In-Network contracted amounts, regardless of whether the facility is In-Network or Out-of-Network.

If you choose the limited CHI network, it's more important you are aware of where the CHI urgent care facilities and CHI hospitals are around you. If you are able to choose a CHI provider for an emergency, you will receive better discounts.

Travel Program Network

Medica includes a travel program network for use when outside of the Nebraska and western Iowa area. The program's network is one of the largest in the country. If you are traveling outside the Nebraska and western Iowa area, it will cover you and covered dependents. If you are a parent, and cover a child not living with you or have a child that lives or attends a college or a university outside the Nebraska and western Iowa area, the travel network will cover your children.

To find an In-Network provider if you are traveling outside of the network:

Go to: www.medica.com/find-care
Go to mid-page and select: "Search plans,"
Select: "Employer provided plans"
Select: "Medica with CHI Health"

Page down to the bottom and click on the link "Find Travel Programs providers" and it will take you to the search.

It is important that you make sure the location you want to search on the top right is accurate before your search.

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.

Voluntary 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		Up to \$30
Lined Bifocal lenses	\$25 copay	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 2024, you may contribute up to \$3,200 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 2024, 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, 2025, and must file claims by March 31, 2025.

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

Life and AD&D

Life/AD&D Insurance

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

Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event 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.

Annually, at open enrolment you are eligible to elect up to 2 increments for yourself, your spouse and children without EOI / any amount over 2 increments will be subject to EOI and underwriting approval

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 thie 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 - Voluntary

Critical Illness

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

* MetLife Accident & Critical Illness Impact Study

Voluntary Benefits

Accident Insurance

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

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

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.

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, child care & other family issues
- Help with teen and adolescent issues, including eating disorders and relationships
- Self-care mobile apps to help with insomnia, anxiety, depression, substance abuse, obsessive compulsive disorder & chronic pain

Valuable Extras

- Medica Preventive Drug List - See Separate Preventive List
- Virtual Care with Amwell: [Amwell.com/cm](https://www.amwell.com/cm) (800) 962-9497
- Medica Optum Emotional Wellbeing Solutions: (800) 626-7944
- Life Time Digital Fitness Program: [login to your member account at Medica.com/SignIn](https://www.medicamember.com/SignIn), select “Program + Tools” under the “Wellness” section / Under “Life Time Digital” click “Sign up”
- Medica Call Link - 24/7 Nurse Line: (800) 962-9497
- My Health Rewards (See more information below): [thru the Virgin Pulse App choose “Medica My Health Rewards” and follow the instructions](#)
- Omada for Prevention: [OmadaHealth.com/Medica](https://www.omadahealth.com/Medica)
- Ovia Health (pregnancy care app) through Medica: [thru Ovia app Sign up & choose “I have Ovia Health as a benefit”](#)
- AbleTo (tool for stress and emotional well-being): [visit AbleTo.com/Begin](https://www.ableto.com/Begin) & tap “Get Started” / when asked for your code enter “Medica.”
- Travel Assistance through Principal: (888) 647-2611 [principal.com/travelassistance](https://www.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](https://www.principal.com/hearingbenefits/ahb)
- Identity Theft Kit: www.ARAGwills.com/Principal (enter group number, 1049866)

My Health Rewards by Medica

Get rewarded for using tools and Medica programs that can improve your overall well-being. Earn points and get rewards. Download the Virgin Pulse app, create an account under the “Sign In” button, search for Medica and choose “Medica My Health Rewards,” follow the steps to sign up. Earn up to \$225 in rewards per year.

Medica members 18 years and older are eligible for My Health Rewards.

Ways to Earn	On-Demand (In-Home Visits)	Pulse Cash Reward
Earn Program Points (Up to \$160 per year)	2,000	\$10
	10,000	\$20
	25,000	\$50
	40,000	\$80
20-Day Triple Tracker (Up to \$60 per year)	Track any combination of program activities to earn bonus rewards	\$5 per month
Preventive Check-up	Get your annual preventive health check-up	\$5 per year

Benefits are not considered taxable income. Rewards can be redeemed as e-gift cards and health and fitness products. Members can also choose to donate rewards to a charitable cause.

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 21 years of age.

401(k)

Plan Administrator: Nationwide

Company Match	Up to 4% based on employee contributions
Vesting	100% vested at the end of each payroll period
Eligibility to Participate	First of the month following the date of hire (if hired on the first of the month, the benefit will be effective on that day)

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 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 supporting a local cause that is important to the employee. Eight (8) hours of VTO is provided to each full-time employee and four (4) hours of VTO is provide to each part-time employee at the beginning of each calendar year.

Holidays

The following holidays are typically observed and paid by ACCESSbank.

<p>New Years Day</p> <p>President's Day</p> <p>Juneteenth National Independence Day</p> <p>Labor Day</p> <p>Veterans' Day</p> <p>Christmas Day</p>	<p>Martin Luther King Day</p> <p>Memorial Day</p> <p>Independence Day</p> <p>US Indigenous People's Day</p> <p>Thanksgiving day</p>
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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 pay check 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)			
	National Network PPO 1500-25-50-20%	CHI Limited Network PPO 1500-25-50-20%	National Network HSA 3500-20%	CHI Limited Network HSA 3500-20%
Employee Only	\$117.19	\$93.75	\$90.77	\$72.62
Employee + Spouse	\$267.58	\$214.07	\$207.26	\$165.81
Employee + Child(ren)	\$240.24	\$192.19	\$186.08	\$148.86
Family	\$376.96	\$301.57	\$291.98	\$233.58

Dental & Voluntary 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

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

Voluntary Critical Illness

Critical Illness	Employee Contribution by Age Band per pay period (24)										
	EE & EE+CH	EE & EE+SP	Age Bands	EE & EE+CH	EE & EE+SP	Age Bands	EE & EE+CH	EE & EE+SP	Age Bands	EE & EE+CH	EE & EE+SP
Age 18-24	\$1.76	\$2.97	Age 40-44	\$5.34	\$8.42	Age 60-64	\$18.45	\$28.40	Age 80+	\$63.51	\$96.44
Age 25-29	\$2.13	\$3.52	Age 45-49	\$7.30	\$11.42	Age 65-69	\$25.64	\$39.34			
Age 30-34	\$2.76	\$4.49	Age 50-54	\$9.97	\$15.49	Age 70-74	\$34.77	\$53.21			
Age 35-39	\$4.01	\$6.40	Age 55-59	\$13.09	\$20.25	Age 75-79	\$43.92	\$67.02			

Basic Life/AD&D and Disability Insurance

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

Voluntary Accident Benefits Through Allstate

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

Benefits Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical (Medica)	Medica	(866) 209-4222	www.Medica.com/ChoiceNational
Dental	Principal Financial	(800) 986-3343	www.principal.com/dentist
Vision	Principal using VSP Network	(800) 877-7195	www.vsp.com (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	Allstate	(800) 521-3535	allstatebenefits.com/mybenefits
401(k)	Nationwide	(614) 435-6920	JACOBSA6@nationwide.com
HSA Bank Account	ACCESSbank	(402) 281-4585	jwinter@accessbank.com
HSA Savings Calculator	ACCESSbank	N/A	www.accessbank.com/calculator/hsa-savings

Benefits Website

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

Questions?

If you have additional questions, you may also contact:

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



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

