



2023

Employee Benefits Guide Hourly



Welcome To Your Benefits



The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by IFB Solutions. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Your Health is Important

Your health and the health of your family are important to IFB Solutions – this is the reason we offer comprehensive health care coverage with ancillary benefit options to eligible employees and their families. IFB Solutions Benefits Package is designed to focus on your total well-being.

This guide describes IFB Solutions Employee Benefits Package. Please read through all of your materials very carefully. You have many resources available for any questions related to your plans as you enroll and throughout the year. Take advantage of those resources to be sure you receive the full benefits you need and all that is available to you. The health care coverage you elect begins with your initial eligibility date and continues through the end of the enrollment year. IFB Solutions health care benefit year begins July 1, 2023 and ends June 30, 2024.

What's Inside

Eligibility	3
Medical	4
Medical Plan Comparison	5
Healthgram	6
Where to Go	9
Teladoc	10
Prescriptions	12
RxBenefits	13
Flexible Spending Accounts (FSA)	15
Dental	16
Vision	17
Basic Life & AD&D, Voluntary Life Insurance	18
Short-Term Disability	19
Voluntary Benefits	20
Employee Assistance Program	21
Retirement/Profit Sharing Plan	22
Wellness	23
Paid Time Off	24
Terms to Know	25
Employee Contributions	26
Contacts	27

Eligibility

All full-time IFB Solutions employees working at least 30 hours per week are eligible for benefits.

Your benefits are effective as follows, unless otherwise noted in this guide:

- The first of the month following 30 days of employment
- Additionally, you may enroll during your annual Open Enrollment period each year, for a July 1st effective date

Eligible dependents include:

- Your legal spouse
- Domestic partner
- Your natural, adopted, or step-children up to age 26

Enrolling in Benefits

It is important that you make your benefit elections within the time frame allowed during your new hire or Open Enrollment period. Postponing the confirmation of your elections will result in a delay in your enrollment processing and mailing of ID cards. In other words, if you wish to see a doctor or fill a prescription soon after your benefits begin, please make your elections in a timely fashion or you may experience a delay.

Once you confirm your benefit elections, your next opportunity to change or elect benefits will not be until the next Open Enrollment period, unless you experience a qualifying life event.

Qualifying Life Events

Changes throughout the year can only be made within 30 days of a qualifying life event. Examples of a qualifying life event include:

- Marriage
- Divorce
- Birth or adoption of a child
- Loss of coverage elsewhere

To report a life event, email Ciara Frenette, HR Benefits Supervisor, at cfrenette@ifbsolutions.org. Documentation for one of the above qualifying events must be provided.

Your Responsibility

- Review this booklet in its entirety
- Determine which benefits are best for you and your family
- Log into Paycom to make your 2023 Benefit Enrollment elections
- If you have questions about the benefits you are offered or need assistance enrolling, schedule a phone appointment with a Benefit Coach by visiting <https://IFB.AppointmentNavigator.com> or by calling 1-877-277-7476.

Your Benefit Resources

Review this guide in detail for a brief overview of the benefits offered to you as an IFB Solutions employee.

Further details can be found by:

- Registering on the insurance company websites
- Downloading the insurance company smartphone app (if available)
- Calling the insurance company directly

Take Note

If you fail to make your new hire or annual Open Enrollment benefit elections by the deadline given, you will not have the opportunity to enroll in the company-sponsored benefit plans until the next annual Open Enrollment, unless you experience a qualifying life event.



Medical



IFB Solutions employees have the choice to enroll in a medical plan offered through Healthgram with access to Cigna's robust provider network and pricing.

The plan offers preventive care at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and offers out-of-network coverage when needed. Although out-of-network coverage is available, using network providers will save you money.

You can find an in-network provider by logging in to your Member Portal at members.healthgram.com. If you need assistance then please contact Healthgram support at (980) 201-3020.

Membership has its Benefits!

Healthgram is more than just providers of health plans. They offer a wealth of tools and programs at no additional cost that empower you to take an active role in your own health.

Preventive Care

The plans cover services like well-visits, flu shots, and more, with no copayment, coinsurance or deductible required.

Appointments with a Physician Without Leaving Your Home

With online doctor visits, you can receive care in the comfort of your own home. No lines. No waiting rooms. No problem.

Access to a free health Advisor

Your Advisor can help you find the right healthcare options for you and your family, make sense of the healthcare system and answer questions about benefits and billing. Call your Advisor when:

- » You have questions about your medical coverage or benefits
- » You are considering surgery or medical treatment
- » You are looking for a doctor or specialist
- » You need help estimating upcoming medical costs

Your Healthgram Member Portal

The Member Portal makes tracking your health and wellness easier than ever before. With helpful applications and mobile-friendly layout, your portal provides you with everything you need to manage your care in one secure location, from claims information to managing your conditions and finding a doctor..

The Network

The "network" is a system of providers and facilities that have agreed to accept specific, negotiated rates for certain services. When you use doctors in the network of providers, you pay less for services. Providers who are not in the network (out-of-network) have not agreed to negotiated rates and can charge more for their services. Unless you have an emergency, it is best to use in-network providers whenever possible. To search the provider networks for your plans, simply visit the insurance company's website or call the number on the back of your ID card.

Medical Plan Comparison

Services	Medical Low Plan		Medical High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Highlights				
Deductible				
» Employee Only	\$3,000	\$9,000	\$1,500	\$4,500
» Family	\$9,000	\$27,000	\$4,500	\$13,500
Out-of-Pocket Maximum				
» Employee Only	\$8,150	\$27,000	\$6,600	\$19,800
» Family	\$16,300	\$54,000	\$14,300	\$42,900
Preventive Care	100%	Deductible, then 60%	100%	Deductible, then 40%
Office Visits				
» Primary Care Physician	\$30	Deductible, then 60%	\$20	Deductible, then 40%
» Specialist	\$60	Deductible, then 60%	\$40	Deductible, then 40%
» Urgent Care	\$30	\$30	\$30	\$30
Telehealth	\$10	N/A	\$10	N/A
Hospital—Inpatient	Deductible, then 30%	Deductible, then 60%	Deductible, then 20%	Deductible, then 40%
Hospital—Outpatient	Deductible, then 30%	Deductible, then 60%	Deductible, then 20%	Deductible, then 40%
Outpatient X-rays, Ultrasounds, and Other Diagnostic Tests	Deductible, then 30%	Deductible, then 60%	Deductible, then 20%	Deductible, then 40%
Emergency Room				
» Initial ER Visit	\$250*	\$250*	\$250*	\$250*
» Subsequent ER Visit	\$500*	\$500*	\$500*	\$500*
Prescription Drugs				
Retail (30-day supply)				
» Tier 1 Drugs	\$10	\$10	\$10	\$10
» Tier 2 Drugs	\$10	\$10	\$10	\$10
» Tier 3 Drugs	\$30	\$30	\$30	\$30
» Tier 4 Drugs	\$40	\$40	\$40	\$40
» Tier 5 Drugs	\$100	\$100	\$100	\$100

*Copay waived if admitted.

This is meant to be a brief summary only. For full plan details refer to the SPD.

Accessing Healthcare Benefits

Accessing Your Healthcare Benefits: Healthgram

Healthgram and your employer strive to offer the best healthcare benefits for you. To do so, Healthgram members have access to Cigna's robust provider network and pricing.

IMPORTANT: This means that only the medical network is through Cigna. All eligibility, claims, benefits, and support are administered by Healthgram.

Main point of contact for your healthcare benefits.
Provides all eligibility, claims, benefits, and support.



Members

- **Healthgram** is your PROVIDER. When you call your doctor to verify if they take your insurance, please reference Healthgram only.
- If you still need assistance then please contact Healthgram support at **980.201.3020** or chat with us via your Member Portal. Our team is available to help.
- To find an in-network provider, login to your Member Portal at:

https://members.healthgram.com/provider_search_ppc.cfm

Providers

- For any questions regarding eligibility of benefits coverage, please visit the Healthgram Provider Portal at: providers.healthgram.com or call 980.201.3020
- **IMPORTANT:** Do NOT verify eligibility or benefits through Cigna since coverage is provided through Healthgram. Cigna is for network access only and will not have access to coverage information.
- Precertification: Please call Healthgram at 980.201.3020



Healthgram Connect

A familiar situation.

You need help quickly to confirm that a local doctor is in network, or maybe you've developed a cough or been diagnosed with a condition and are not sure where to receive care. No matter how you enter the healthcare system, there are times when questions are met with even more questions, when what you need is answers.

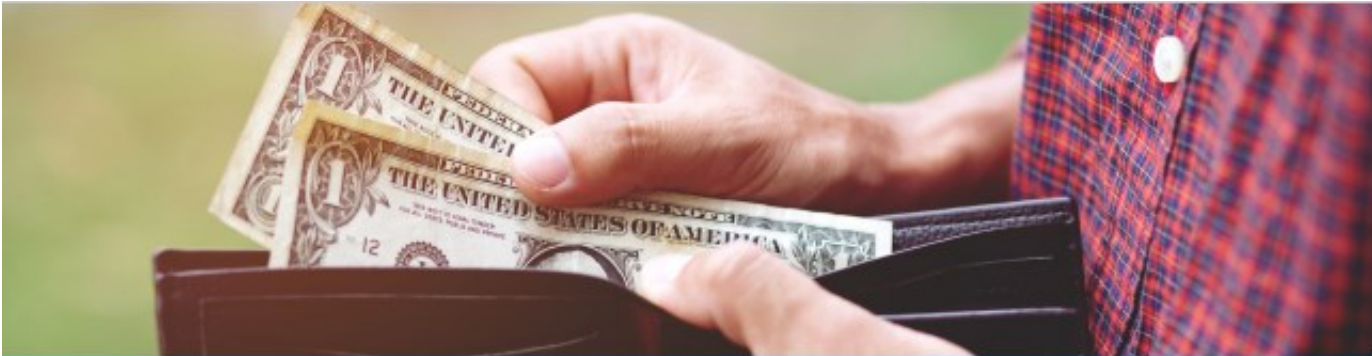
Help is on the way.

Your employer has teamed up with Healthgram to bring you a solution. Healthgram Connect aligns you with a knowledgeable Health Advisor. Your Advisor, who is supported by a team of medical and benefits experts, is ready to answer any questions you have about your benefits or care. That means everything from network questions to appointment scheduling to billing!

All you need to do is call!

866.904.9081

Healthgram Rewards



An easy way to save and earn cash rewards

Save Money, Get Rewarded

Did you know? Employees can save money on healthcare costs and earn cash rewards by visiting fair price providers for select services.

Finding a fair price provider is easy! Before any planned medical procedures, call your Advisor to see if you qualify for rewards and discuss your provider options. You can save money and earn rewards simply by visiting a fair price providers for the following services.

Eligible Services

\$100 Reward	Colonoscopy Endoscopy (Upper GI) Knee Arthroscopy Shoulder Arthroscopy
\$50 Reward	Removal of Adenoids Sleep Study Tonsillectomy Cataract Surgery Cholecystectomy (laparoscopic) Ear Tube Placement Heart Perfusion Imaging Lithotripsy
\$25 Reward	Most CTs Most MRIs Transthoracic Echocardiogram (TTE) Transthoracic Echocardiogram (TTE) - with Doppler

Start earning rewards

Call your Advisor:
1.866.904.9081



No Hassle, Just Rewards

With Healthgram Connect, it's easy to save money and get rewards.

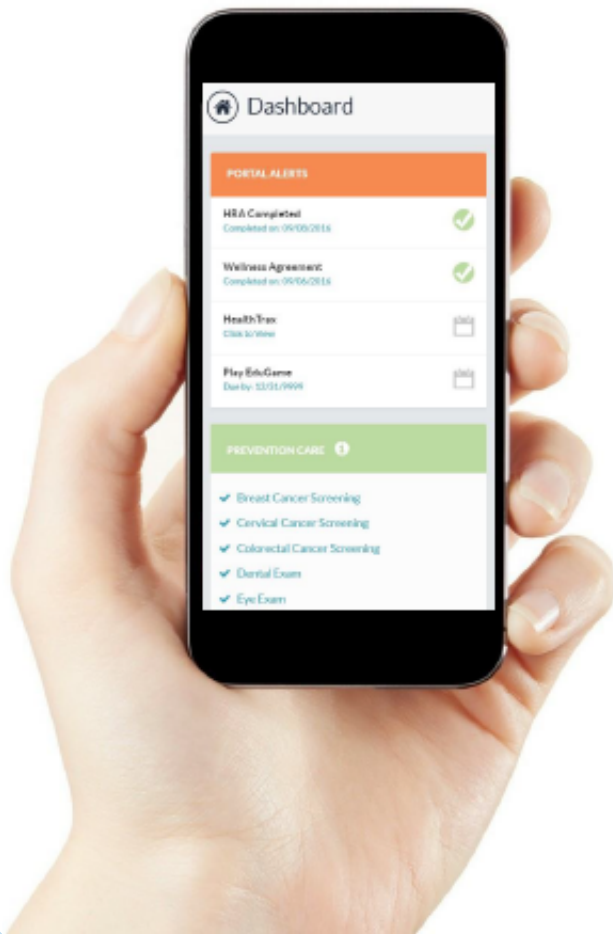
No forms are needed to receive your reward. Just call your Advisor before any planned medical procedure to know if you are eligible for rewards. Your covered family members can also earn rewards! Rewards are processed quarterly and sent right to your home.

Care that goes with you

Your Healthgram Member Portal is completely mobile-friendly. For those busy, on-the-go moments, your complete healthcare records are securely accessible on your mobile device and available at your fingertips. We've made it easy to:

- Complete your online HRA from anywhere
- Verify benefits quickly while at your provider's office
- Complete Edugame requirements whenever it's convenient for you
- Receive important Health Alerts right to your phone
- Keep track of your wellness goals via your FitBit
- Manage compliance with your wellness program with healthtrax

Mobile integration makes managing your healthcare easier. As long as your mobile device is with you, your personal health records are too.



Get up and running

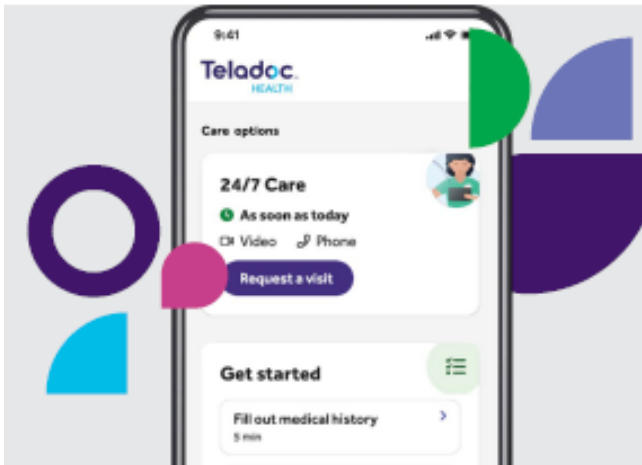
To register for your Member Portal, follow these simple steps:

1. Visit www.healthgram.com and click "Account Login" then click "Members".
2. Click the "Need to Register?" link directly below the login button.
3. Enter the required security information.
4. When registration is complete, you will be routed back to the home screen.
5. Simply enter your username and password and login!





General Medical: What to know about this benefit



Did you know 60% of patients have to wait 2 weeks to see their primary physician and only 10% are able to get in to see their regular doctor the same day they need care?¹


Our Teladoc Health benefit gives you access to compassionate care from U.S. board-certified doctors, anytime, anywhere. Doctors are available in all 50 states and you can meet with them 24/7 by phone or video.

The average Emergency Room care costs 10 times more than an urgent care visit for the same diagnosis.²

Teladoc Health can help you skip the trip to the ER or urgent care for non-emergency problems, avoid long wait times and save money since you can see a doctor within minutes by phone or video. Teladoc Health is here to listen, answer your questions and help you feel better faster.

- **What services does Teladoc Health provide?** Teladoc Health provides healthcare for the whole you and can help you with everyday, non-emergency health needs like prescription refills, coughs, colds, UTIs, sinus, allergies and much more. Teladoc Health helps you get healthy and live healthy.
- **How much does Teladoc Health cost?** Your out of pocket cost varies based on your plan. If you do have to pay, you will see your cost before you finish requesting your visit. You can pay with a credit card, prepaid debit card, HSA (health savings account), or by PayPal.
- **How do I sign up?** To sign up for Teladoc Health, scan the QR code below to download the app, call 1-800-835-2362, or visit the website. Visits can be by phone or video and there is no time limit on how long the visit is.
- **How does it work if I am traveling and not in the state I live in when I need help?** Teladoc Health is available in all 50 U.S. states, so the service can be used even if you are traveling. Some restrictions may apply.
- **Can Teladoc Health doctors prescribe medicine?** Yes they can when it makes sense medically. But, Teladoc Health doctors do not prescribe controlled substances, drugs like Viagra and Cialis, and/or other drugs that have a higher risk of abuse. If a prescription is not needed, the Teladoc Health doctor may give you instructions for managing symptoms.

Call 1-800-835-2362

Visit TeladocHealth.com | Download the app  





How to set up your Teladoc Health account

Simply download the Teladoc Health app and follow the four steps you see below.



1. Confirm benefits

Provide some information about yourself to confirm your eligibility.



2. Select benefit provider

We'll confirm that we found your benefits so you can finish creating your account.



3. Create account

Provide your contact information.



4. Complete account

Create a username, password and pick security questions to ensure your account is secure.

Once your account is created, eligible dependents under 18 years of age can be added in your account settings under the primary member. Dependents older than 18 should follow the steps above to create their own account.

Set up your Teladoc Health account today

Visit TeladocHealth.com

Call 1-800-835-2362 | Download the app  

Prescriptions

Medical Plan

If you are comparing plans, not only should you look at the benefits, but the cost of the premiums and payroll deductions in order to determine which plan is best for you and your family.

Prescriptions

When you enroll in a Healthgram medical plan, you are automatically enrolled in prescription drug coverage through Optum RX serviced by RxBenefits.

RxBenefits Member Services representatives are equipped to help you, your physician, and your pharmacy with questions such as:

- Is my pharmacy in the network?
- Is my drug covered?
- How do I start using Mail Order for my medications?
- How do I get a Prior Authorization?
- Can you assist me with general benefit questions?

Contact the RxBenefits Member Services Team at 800-334-8134 or CustomerCare@rxbenefits.com.



Saving on Prescriptions

- If you regularly take the same medications, a mail order program may allow you to get a three-month supply for a lower cost, will save you trips to the pharmacy, and time waiting in line.
- Talk with your doctor about using generics when possible. Generic drugs have the same active ingredients as brand name drugs — without the higher price tag.



McGriff Prescription Discount Card

Consumers spend billions of dollars on prescriptions annually and many have difficulty affording the cost of medications. Prescription drug discount cards are available to consumers, making medications more affordable.

There is no fee to use the McGriff Rx discount card. An online pricing tool enables consumers to determine pricing for their specific medications and choose the pharmacy that offers the most savings. Discounts may vary by prescription, location and pharmacy used.

- Generally accepted by major pharmacy chains and independent pharmacies, Costco, Kroger, Publix, Walmart, CVS, Walgreens, Rite Aid
- Generally focused on broadly distributed generic drugs (some drugs may not be covered; specialty, medical supplies)
- Out-of-pocket cost will not be applied to member's deductible or out-of-pocket accumulators



Who is RxBenefits?

As your Pharmacy Benefits Optimizer, RxBenefits brings you greater discounts, better access, and improved member services.

RxBenefits® Member Services

Our Member Services representatives are equipped to help you, your physician, and your pharmacy with questions such as:

- “Is my pharmacy in the network?”
- “Is my drug covered?”
- “How do I start using Mail Order for my medications?”
- “How do I get a Prior Authorization?”
- “Can you assist me with general benefit questions?”

No matter what the issue or need, members can always expect RxBenefits to:

- Act with urgency
- Remain responsive to change
- Follow all issues to Resolution

Contact the RxBenefits Member Services Team at **800.334.8134** or **CustomerCare@rxbenefits.com**

The Member Services team may be limited in their ability to answer very detailed questions until your plan design is finalized, but you can contact them for general questions from 7:00 am to 8:00 PM CST, Monday – Friday.

On weekends, after hours, and on holidays, members are given the option to speak with a PBM representative or leave a message for the RxBenefits Member Services Team to return their call.

OptumRx Home Delivery



Discover the convenience of home delivery from OptumRx



Home delivery is safe and reliable, and you get:

- A three-month supply of your medication, saving you time and possibly money
- Free standard shipping
- Phone access to pharmacists 24 hours a day, 7 days a week
- Helpful reminders letting you know when to take or refill your medications

It's easy to sign up and start saving. Just choose one of the options below:

- Ask your doctor to send an electronic prescription to OptumRx.
- Visit optumrx.com or use the OptumRx app. From there, you can fill new prescriptions, transfer others to home delivery and more.
- Call the toll-free number on your member ID card to speak to a customer service advocate.



Manage your medication from your mobile phone.
Download the OptumRx® app today.

Flexible Spending Accounts

With a Flexible Spending Account (FSA), you can set aside pre-tax dollars to pay for out-of-pocket expenses incurred for either health care or dependent day care. Because the amount you elect is taken on a pre-tax basis, you have the opportunity to save up to an estimated 25% on out-of-pocket expenses! IFB Solutions FSA is on a calendar year which runs from January 1st - December 31st. You will have an opportunity to participate in the FSA each year beginning in January.

Health Care – \$3,050 Maximum

Based on your estimated amount of medical out-of-pocket expenses, the annual amount you elect is evenly deducted out of each paycheck throughout the year. Once you have elected your FSA amount, you may not change it without a qualifying life event. Please be aware that any unused balance over \$610 will be forfeited back into the plan.

Dependent Care – \$5,000 Maximum

A Dependent Care FSA is available to employees who have a dependent child or parent for which they pay expenses such as day care, preschool, or after school care. Funds in the Dependent Care FSA are not to be used for medical care.

Setting Your Contributions

Outside of FSA Annual Enrollment, you are only able to make a change to your elections if you experience certain qualified life events. It is advised that you think wisely about the amount you choose to contribute and seek advice from your tax preparer.

FSA Reminders

- “Use-it-or-lose-it” unused Health Care amounts over \$610 or any unused Dependent Care funds will be forfeited, so estimate wisely
- You cannot mix funds from one account to another: you may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care (day care) expenses
- Save your receipts - No matter how you access your FSA funds, be sure to keep your receipts to validate your reimbursements
- You can incur expenses only during the plan year you are enrolled
- Your entire Health Care FSA balance – even money you have not yet contributed – is available as of January 1st
- Dependent care funds are only available as you contribute to them through payroll deductions
- You must re-enroll each year if you wish to continue funding the account(s)
- Employees enrolled in a spouse’s HDHP w/HSA Medical Plan may use FSA funds for dental and/or vision expenses only



Dental

Dental

Dental coverage is offered through MetLife. Regular dental cleanings and check-ups are extremely important to your overall health and you are encouraged to take advantage of your preventive dental benefits.

Our plan provides for exams and cleanings every six months. You may seek care from any dentist, but by choosing in-network providers, you will lower your out-of-pocket costs.

Finding a Provider

MetLife's online directory makes it easy to find in-network dentists. Just follow these easy steps:

- [Find a Dentist \(metlife.com\)](https://www.metlife.com)
- Choose the PDP Network
- Search for a PPO network provider by location

To find out if your dentist is in-network, call 800-438-6388.



Visit Your Dentist Regularly

Regular preventive visits to your dentist can help protect your health, and we are talking about more than just your mouth. Recent studies have linked gum disease to damage elsewhere in the body. According to the Centers for Disease Control and Prevention, there may be associations between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births. Research is underway to further examine these connections.

Our plan covers preventive services at 100% in-network, with no deductible for preventive services.

Dental Hygiene and You

Keeping up regular visits with your dentist is about more than just maintaining a great smile. Because poor dental hygiene is not just limited to bad breath, gum disease, and tooth decay; serious medical conditions such as cancer, heart disease, and diabetes have been linked to poor oral health. Take advantage of your preventive dental benefits with periodic cleanings and exams at no cost to you.

In Network Services	Dental Low Plan	Dental High Plan
Plan Year Deductible	\$50 individual \$150 family maximum	\$50 individual \$150 family maximum
Plan Year Annual Maximum	\$750	\$1,500
Cleaning Frequency	2 in 12 months	2 in 12 months
Preventive Care	Deductible waived, 100% covered	Deductible waived, 100% covered
Basic Services	Deductible, then 20%	Deductible, then 20%
Major Services	Deductible, then 50%	Deductible, then 50%
Orthodontics (Child up to age 19) Orthodontics Lifetime Max	N/A	You pay 50%, no deductible \$1,000
Incentive Provision	Criteria: 1 cleaning in prior year Increase Annual Maximum by \$250 the following year; subject to a total Annual Maximum increase of \$500	

Vision

Vision coverage is offered through Superior Vision by MetLife. Your routine vision exams, eyeglasses or contact lenses are available through Superior Vision's national network of vision care providers. In addition to the benefits outlined below, you have access to discounts on lens options and Laser Vision Correction.

Your benefit dollars go further when you stay in-network. If you choose an out-of-network provider you will pay for services and then submit a claim for reimbursement.

To find an in-network provider, go to [MetLife | Find a Provider](#) and select Superior Vision by MetLife or call toll-free 1-833-393-5433.



Importance of Eye Health

Don't overlook the importance of maintaining your vision health. Annual visits to an eye care professional for routine exams can help detect common vision problems or prescription changes, as well as eye diseases such as diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

Services

Vision Plan

Eye Exams (Once per 12 months)	\$10 copay
Frames (Once per 24 months)	After a \$25 Material copay, Plan pays 100% up to \$180 allowance
Lenses (Once per 12 months) » Single / Bifocal / Trifocal	Covered in full after Materials copay
Contact Lenses (Once per 12 months in lieu of eyeglass lenses) » Contact lens fitting & evaluation fee	Covered in full after Materials copay
Supplemental Rider Benefit » Low Vision Rider » Diabetic Benefit	\$1,000 every 2 years Exam: \$20 copay
Laser Vision Correction	Savings of 40% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

Low Vision

- Provides additional benefits to members who are not legally blind, but whose eyesight cannot be corrected to 20/70 with the use of optical lenses. Not available at retail chains including Costco.
- **Supplemental evaluation:** Covered in full up to a benefit maximum. Maximum of two tests within a two-year period.
- **Supplemental aids:** 75% of allowable amount up to benefit maximum
- **Benefits maximum:** \$1,000 every two years

Diabetic Benefit

- Provides additional coverage for members who have been diagnosed with type 1 or type 2 diabetes and have specific ophthalmological conditions. It also provides benefits for those with glaucoma and age-related macular degeneration (AMD). In addition, members who have diabetes but don't show signs of diabetic eye disease are eligible to receive preventive retinal screenings. Not available at retail chains including Costco, Walmart and Sam's Club.
- **Exam:** Covered in full after \$20 copay.

Basic Life and AD&D, Voluntary Life Insurance



Why buy Voluntary Life coverage?

Voluntary Life provides a lump sum cash benefit to surviving dependents to cover immediate costs such as funeral expenses or ongoing living expenses. Voluntary life insurance benefits often help survivors adjust to the loss of income related to the death of a wage earner or provide funds for college.

Basic Life and AD&D

IFB Solutions provides all employees a benefit equal to 1x basic annual earnings of basic employee life insurance and basic employee accidental death and dismemberment insurance at NO COST through MetLife. The benefit reduces to 65% at age 65; 40% at age 70, and 25% at age 75.

Voluntary Life Insurance

In addition to the insurance provided free by IFB Solutions, you can purchase additional voluntary life coverage for yourself, and additional life for your spouse and child(ren). You must purchase employee coverage to be able to purchase coverage for your spouse and/or child(ren).

Evidence of Insurability (EOI)

If you enroll in voluntary life insurance when you are first hired, EOI will not be required for amounts up to the guarantee issue. For coverage in excess of the guarantee issue amount you must provide EOI. If EOI is required, any coverage above the guarantee issue amount is effective only after you receive approval from the insurance company.

Enrollment Rules: Any increase in coverage over the guaranteed issue during Open Enrollment is subject to EOI. If you initially waive coverage in voluntary life insurance, any amount you elect in the future during the Open Enrollment period is subject to EOI.

You may increase your current coverage by 1 increment of \$10,000, not to exceed \$100,000 total coverage, during Open Enrollment with no EOI. You may increase your spouse's current coverage by 1 increment of \$5,000, not to exceed \$25,000 total coverage, during Open Enrollment with no EOI. Any child coverage increases will require EOI.

Employee Voluntary Life

Benefit: \$10,000 increments to a maximum of 5x annual earnings not to exceed \$500,000

Guarantee Issue: \$100,000

Spouse Voluntary Life

Benefit: \$5,000 increments to a maximum of \$250,000; not to exceed 50% of employee amount

Guarantee Issue: \$25,000

Child Voluntary Life

Benefit: Over 14 days: \$1,000; \$2,000; \$4,000; \$5,000 or \$10,000

Guarantee Issue: \$10,000

Short-Term Disability

Disability

IFB Solutions provides employees the opportunity to purchase short-term disability insurance. Essentially, disability coverage means you will keep getting a check, even when you're sick or hurt. The insurance plan pays you a portion of your salary to help pay your bills when you are unable to work.

	Voluntary Short-Term Disability	Worksite Short-Term Disability
Eligibility	Full-time Active Hourly EE's in Puerto Rico	Full-time Active Hourly EE's (excluding Puerto Rico)
Waiting Period	Accident or Illness: 14 days	Accident or Illness: 14 days
Percentage of Salary Replaced	66 2/3% of pre-tax weekly earnings	\$50—\$1,000 per week in \$25 increments
Maximum Benefit	Up to \$750 per week	Up to \$1,000 not to exceed 60% of weekly earnings (excluding employees working in CA, NJ, NY and PR) 20% for employees working in CA and NJ 40% for employees working in NY and PR
Benefits Payable	Up to 11 weeks	Up to 26 weeks
Pre-existing Condition Limitation	3 months prior to effective date 12 months insured	12 months prior to effective date 12 months insured
Requirements	EOI required if more than 31 days after eligible	Guaranteed Issue Covered disabilities off the job only



Protecting your Paycheck

Typically, people buy property and casualty insurance to protect their possessions (houses, cars, and furniture) and life insurance to provide income for their survivors. However, many people don't think about protecting their income with disability insurance. If you lost your income because you were injured or became too sick to work, would you be able to cover your living expenses, plus additional medical bills? For many people, the answer is no. Short-term disability helps cover the expenses that come with taking six months or less off work to care for your health.

This is meant to be a brief summary only. Evidence of Insurability, Guaranteed Issue, and Exclusions may apply—for full plan details refer to the SPD.

Voluntary Benefits

Voluntary benefits can help offset costs caused by sudden illness or accident. They can also cover some non-medical expenses that your current insurance might not.

Meeting Your Needs

Life can be unpredictable and full of surprises. Sometimes your circumstances change and you need coverage that can help meet your needs. With MetLife's wide range of products, you can rest easy knowing your future is a little more secure.

Budget Friendly

Sometimes, receiving proper healthcare can be difficult if money is tight. Our supplemental benefits can provide valuable coverage at an affordable price. Supplemental health insurance can help alleviate worry and help keep your finances strong.

Putting You First

The quality of your health shouldn't be undermined by unaffordable care. Voluntary benefits are designed to supplement any insurance you may already have and can help offset medical expenses not paid by other coverage you may have. Take action now to help protect yourself and your family from future uncertainty; apply for your coverage today!

Advantages to you:

- Benefits are Guaranteed Issue
- Different coverage options available
- Benefits paid directly to you unless assigned
- Benefits paid in addition to any other coverage
- Individual or family coverage
- Affordable premium rates

Group Voluntary Accident

Accident Coverage provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an on- or off-the-job accidental injury occur. No one plans to have an accident, but it can happen at any moment throughout the day. Accident coverage from MetLife can help pick up where other insurance leaves off.

- Guaranteed Issue coverage; no medical exams or tests to take
- 24-hour coverage for yourself or your entire family
- Coverage is portable at the same benefit level and premium amount, as long as premiums are paid to MetLife
- Benefits that correspond with treatment for on- or off- the-job accidental injuries including hospitalization, emergency treatment, and intensive care, plus more
- Pays benefits for open and closed fractures
- \$50 Health Screening Benefit paid 1 time per covered person, per calendar year

Group Voluntary Critical Illness

Critical Illness insurance from MetLife pays benefits that can be used for non-medical, critical illness-related expenses that your health insurance might not cover. This benefit is in the form of a lump-sum payment, which is paid to you at diagnosis.

- Benefits paid directly to you, unless you assign benefits to someone else
- Available for you or your entire family
- Supplements your present coverage
- \$50 Health Screening Benefit paid 1 time per covered person, per calendar year
- Coverage is portable
- Guaranteed Issue coverage; no medical exams or tests to take

Employee Assistance Program

We all experience times when we need a little help with life's challenges. IFB Solutions understands this and is providing a program through LifeWorks that offers support, guidance and resources to help you and your family resolve personal issues.

What can LifeWorks do for me?

You and your family may receive a total of 6 (six) counseling sessions at no cost. Counseling is confidential and all counselors are licensed, credential mental health professionals who can address the following type of issues:

- Child and elder care issues
- Alcohol and drug abuse
- Life improvement issues
- Difficulties in relationships
- Stress and anxiety issues with work or family
- Depression
- Personal achievement
- Emotional well-being
- Financial and legal concerns
- Grief issues

WorkLife Services

Comprehensive support for everyday work and life concerns that can have a significant impact on physical and emotional health.

- **Legal** - A 30-minute consultation per issue by phone or in an attorney's local office. One consultation per issue is available each year.
- **Financial** - Phone access to financial counselors to answer questions or schedule a 60-minute counseling session per issue for bankruptcy, establishing savings goals, and finding resources for home ownership. College funding, or retirement planning.
- **Childcare** - Assistance with locating childcare, parenting, adoption, and education resources.
- **Eldercare** - Guidance on locating elder care resources ranging from skilled nursing facilities to local programs.
- **Life Transitions** - Support to participants experiencing significant life transitions through telephonic consultation.



LifeWorks Resources

Web Platform: www.login.lifeworks.com

Username: wsifb

Password: eap

Phone: 800-433-7916

Retirement/Profit Sharing Plan-Employer Sponsored

Saving for retirement is an important piece of your overall financial wellness. Because of this, IFB Solutions offers a robust retirement/profit sharing plan through First Citizens Wealth Management.

- Employees age 21 and over, employed full-time for one year, and who have completed 1,000 hours worked are eligible to participate
- Your vested % in profit sharing contributions is determined under the vesting schedule below
- Rollovers from another tax-qualified retirement plan may be accepted by the plan

Make Saving for your Retirement a Priority

A common misconception many people have is that they don't earn enough to start saving for their retirement. But the important thing to consider is to start saving at least a small percentage of your pay as soon as possible. If you can't afford to contribute as much as you would like right away, don't worry.

Example Annual Salary	Monthly Salary Contribution				
	3%	6%	8%	10%	12%
\$20,000	\$50	\$100	\$133	\$167	\$200
\$30,000	\$75	\$150	\$200	\$250	\$300
\$40,000	\$100	\$200	\$267	\$333	\$400
\$60,000	\$150	\$300	\$400	\$500	\$600
\$80,000	\$200	\$400	\$533	\$667	\$800
\$100,000	\$250	\$500	\$667	\$833	\$1,000

Vesting Schedule Profit Sharing Contributions	
Years of Service	Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%





IFB solutions promotes wellness by encouraging employee and covered spouses to keep up to date with routine preventive care. If you are covered under the group medical plan, you will have an opportunity to participate in the Wellness Incentive Program annually. This program offers discounted employee medical premiums if you meet two wellness goals.

Wellness Goals

1. You and your covered spouse must have a routine physical with labs by 5/31/2024 or you will pay higher premiums without wellness rates (\$10 or \$20 more a month) as of 7/1/2024. The timeframe for your physical is 1/1/2023—5/31/2024.
2. You must provide proof of at least 1 routine dental preventative cleaning by 5/31/2024.

Proof of Physical

Each year you must provide proof of your physical and your covered spouse's physical to Human Resources. Acceptable forms of proof include:

- A copy of your receipt or bill from the physician's office
- A confirmation letter from your physician's office or Proof of Physical form on Paycom

Wellness Advantages

- Save money on your medical premiums
- Receive valuable feedback on your health
- Contribute to lower health care costs for you and your family
- Develop a relationship with your primary care physician
- Early detection of health conditions to enable proactive treatment at lower costs
- No out-of-pocket cost to you—preventive care is covered at 100%

Paid Time Off



Employees of IFB Solutions are encouraged to use the paid time off (PTO) made available to them. Paid time off can be used for vacation, as sick time, to handle personal matters, or to care for a sick child.

Paid Time Off

Full-time non-administrative hourly employees who are regularly schedule to work at least 30 hours per week are eligible to accrue PTO. PTO begins on hire date. PTO hours may be used following 90 days of continuous employment. No PTO hours may be used during the first 90 days of employment. The amount of PTO an employee is eligible for will accrue each year based upon the employee's years of service in accordance with the below schedule.

Years of Full-Time Employment	Hours Per Paid Hours Per Week (max of 40 hrs. per week)	Maximum PTO Hours Earned Per Week	Maximum Hours Earned Per Calendar Year
Hire date - 4 years	0.065	2.62	136
5 years - 9 years	0.084	3.38	176
10 years and over	0.104	4.15	216

An employee's total number of PTO hours in his/her bank at any given time may not exceed the sum of any hours rolled over plus the maximum number of hours for their respective years of service (136, 176, and 216 respectively).

Holidays

- New Year's Day
- Martin Luther King, Jr. Day
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

If a holiday falls on a Saturday, the holiday will be observed on the Friday before; if a holiday falls on a Sunday, the holiday will be observed the Monday following.

Terms to Know

Deductible - Amount an employee pays out of pocket prior to the insurance company paying a percentage of the provider charges.

Coinsurance - The amount of payment split between the employee and the insurance company. Example: Insurance company pays 80% and employee pays 20% of the charges after the deductible is met.

Out of Pocket Maximum - The maximum an employee is responsible for paying out of pocket in any one calendar year prior to the insurance company paying the entire eligible amount for the remaining of the calendar year.

Network Providers - Doctors, Hospitals and other healthcare providers who have an agreement/contract with insurance companies agreeing to charge a discounted amount for services they render.

Pre-Authorization - Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

Pre-Determination - If you are having a major procedure done, your doctor or dentist can submit a pre-determination to the insurance company so you can know in advance of treatment how much of the bill you will be responsible for.

Explanation of Benefits (EOB) - The EOB is mailed to the employee after a claim is received and processed by the insurance company. The EOB will describe how the claim was processed and outline what portion of the charges are applied to the deductible, what portion the employee is responsible for, and explain if there is a denial or error processing the claim.

Appeal - If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

Why Register on an Insurance Company Website?

Registration is easy. Simply go to the website for the insurance company you wish to register with (see the Contact page of this guide), and use the information from your ID card. Registering gives you quick access to:

- Your specific plan information
- Ways to search for in-network providers
- Your claims history
- Explanations of Benefits
- ID cards
- Tools & resources

Search for the Smart Phone App

Many insurance companies have smart phone apps you can download for free to give you access to provider searches and ID cards. Search for the company's name in the App Store or Google Play to download.



Employee Contributions - Weekly

Medical Plan Rates

Per Paycheck	Medical Low Plan with Wellness	Medical Low Plan without Wellness
Employee Only	\$22.37	\$24.68
Employee + Spouse	\$110.58	\$115.20
Employee + Child(ren)	\$83.38	\$85.69
Family	\$122.87	\$127.49

Per Paycheck	Medical High Plan with Wellness	Medical High Plan without Wellness
Employee Only	\$33.02	\$35.33
Employee + Spouse	\$154.33	\$158.95
Employee + Child(ren)	\$113.35	\$115.66
Family	\$166.36	\$170.98

Dental Plan Rates

Per Paycheck	Dental Low Plan
Employee Only	\$2.61
Employee + Spouse	\$7.91
Employee + Child(ren)	\$7.00
Family	\$13.62

Per Paycheck	Dental High Plan
Employee Only	\$4.29
Employee + Spouse	\$11.29
Employee + Child(ren)	\$11.77
Family	\$20.95

Vision Plan Rates

Per Paycheck	Vision Plan
Employee Only	\$1.77
Employee + Spouse	\$3.38
Employee + Child(ren)	\$3.55
Family	\$5.22

Contacts

Benefit/Insurance Company	Website/Email	Phone
Medical — Healthgram	www.healthgram.com	980-201-3020
Dental — MetLife	www.metlife.com/dental	800-438-6388
Vision — Superior Vision by MetLife	www.metlife.com/vision	833-393-5433
Disability — MetLife	www.metlife.com	800-438-6388 TTY 800-855-2880
Life Insurance — MetLife	www.metlife.com	800-438-6388 TTY 800-855-2880
Accident / Critical Illness — MetLife	www.metlife.com	800-438-6388 TTY 800-855-2880
Telehealth — Teladoc	www.teladochealth.com	800-835-2362
Pharmacy — RxBenefits	customercare@rxbenefits.com	800-334-8134
Employee Assistance Program — Lifeworks	www.login.lifeworks.com	800-433-7916
Ciara Frenette — HR Benefits Supervisor	cfrenette@ifbsolutions.org	336-245-5644
Sonia Hoffman — McGriff Insurance Services	sonia.hoffman@mcgriff.com	336-547-2154



Have Questions About Your Coverage?

When calling an insurance company, always be prepared to provide the following:

- Your full name
- Your member ID or social security number
- Your address or other personal information such as your date of birth
- If calling regarding a claim: the date(s) of service and doctor's name



The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by IFB Solutions. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Prepared by:

