

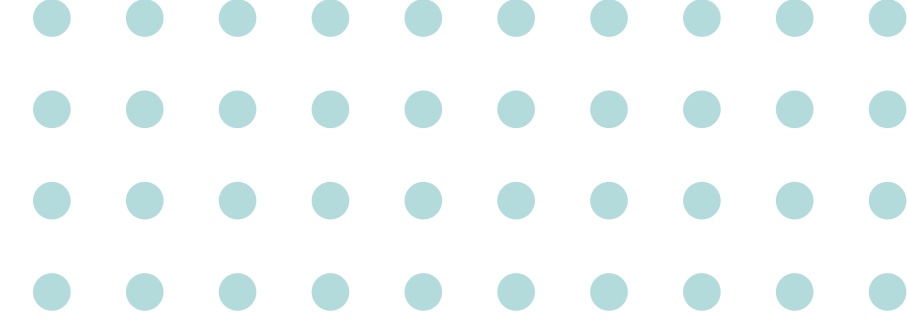


Your 2024 Benefits

Effective January 1, 2024 - December 31, 2024



Welcome to Your 2024 Benefits!



National Flood Services offers regular full-time employees a competitive and affordable benefits program that includes options based on an individual's unique needs. We know that good healthcare is more important now than ever and having good healthcare means having peace of mind that you are covered and will be taken care of when you need it. We are pleased to be able to offer that peace of mind through our benefits program.

2024 Benefits Program Highlights

- National Flood Services offers two medical plans – a Preferred Provider Organization (PPO) Plan and a High Deductible HSA Health (HDHP) Plan. All offered plans are managed by Blue Cross Blue Shield of Montana (BCBSMT).
- Individuals electing a HDHP are eligible for a Health Savings Account (“HSA”) managed by WEX. National Flood Services will contribute up to \$750 for an individual and up to \$1,250 for any enrollee covering dependents (paid on a bi-weekly frequency) towards an HSA account for active participants in the plan who contribute a minimum of \$5 per pay period.
- National Flood Services offers two dental PPO plans managed by Blue Cross Blue Shield of Montana (BCBSMT).
- National Flood Services offers two vision plans through EyeMed – a Core plan and a Premier plan.
- National Flood Services offers employees the opportunity to set aside money on a pre-tax basis into a Health Care Flexible Spending Account (HCFSA), a Limited Purpose FSA, and a Dependent Care Flexible Spending Account (DCFSA). All FSA plans are administered by WEX.
- National Flood Services provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) coverage, Short-Term Disability (STD) coverage, and Long-Term Disability (LTD) coverage at no cost to employees. Employees can purchase additional Voluntary Life and Accidental Death and Dismemberment coverages for themselves and their dependents. All the Life and Disability plans are managed by Unum.
- Finally, National Flood Services offers Voluntary Critical Illness, Voluntary Accident and Voluntary Hospital Indemnity Insurance to eligible employees and their dependents. These products are managed by MetLife.
- **Please contact peopleteam@nationalfloodservices.com for additional information.**



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GETTING STARTED

Making benefit selections

Eligibility

For you

All full-time employees working 20 or more hours per week are eligible for benefits on the 1st of the month coincident with or following their date of hire.

Covering your family

You may also cover your eligible dependents when you elect coverage for yourself.

Your Spouse or Partner

Lawful spouse your Domestic Partner (Requires Completion of Declaration of Domestic Partnership)

Your Children

Dependent children are eligible:

Your dependent child under age 26

Your child with a mental or physical disability, as defined by the plan, who is over the age limit



Enrolling in coverage

Your benefit plans are in effect January 1 – December 31 each year. In general, there are **three times** you can make benefit selections:

1 When you're first eligible

Your benefits will be active the 1st of the month coincident with or following your date of hire; this is your **effective date**. Please submit your new hire elections within 30 days following your date of full-time hire.

Your benefit selections will be in effect through December 31.

2 At Open Enrollment

Open Enrollment is your one chance each year to review your coverage options and make changes to your benefits.

Your choices are in effect from January – December of the following year unless you have a qualifying life event.

3 If you have a qualifying life event

Qualifying life events allow you to change your coverage during the year outside of Open Enrollment. These include:

- marriage or divorce,
- birth or adoption,
- death of a covered dependent, and
- a change in eligibility through Medicare, Medicaid, or a spouse or parent's coverage.

Teammates must enroll in benefits via Paylocity:

<https://access.paylocity.com>.

Enroll now



You must request a change to your benefits within 30 days of your life event (**60 days for changes involving Medicaid eligibility**).
Documentation will be required.

GETTING STARTED

Helpful terms & resources

We've removed as much jargon as possible.

But you'll probably still encounter some terms as you enroll in and use your benefits, and we want you to be prepared!

Balance billing

When you use an **out-of-network** medical or dental provider, they may bill you the difference between what they charge and the amount your insurance pays.

Medical: *balance billing is in addition to – and does not count towards – your out-of-pocket maximum.*

Coinsurance

After you've met your deductible, you're sometimes responsible for a percentage of the cost of the medical care, dental care, or prescription medication you received. This percentage is coinsurance.

Copay

A flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication.

Deductible

The amount you're responsible for paying in care expenses before the medical or dental plan starts paying deductible-eligible expenses.

In-network

In-network care is always your lowest-cost option. Networks are groups of medical, dental, and vision providers, pharmacies, and facilities that agree to discount the cost of their care or service.

Out-of-pocket maximum

The most you'll pay for covered in-network medical care in a year. This includes your deductible, any coinsurance or copays, and prescription drugs.

The out-of-pocket maximum does not include your premium (the amount you pay for coverage), non-covered expenses, or out-of-network care that's been balance billed.

Primary care physician

A primary care physician (**PCP**) is your main medical doctor – usually a general practitioner (GP), family doctor, internist, OB/GYN, or pediatrician (for children).

Referral/pre-authorization

Some specialty medical providers and services require a referral from a primary doctor. These may include - but are not limited to - cardiology, psychiatry, orthopedic surgeons, rheumatology, surgery, and imaging (CT or MRI).



Have questions?

Your advocate is here to help you with all things benefits. **See their contact information on the next page.**

Annual Notices

We're required to tell you about certain rights and responsibilities you have as an employee of National Flood Services (NFS).

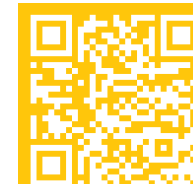
You can request a paper copy at no charge from:

Tracy Scott,

1-406-546-5546

peopleteam@nationalfloodservices.com

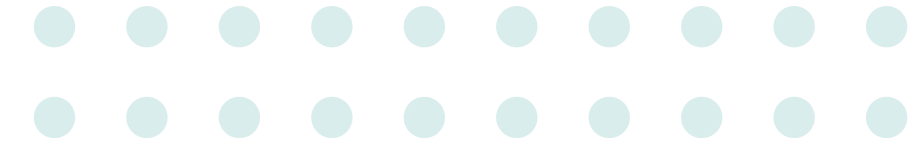
Download now



How to handle
medical bills (4:46)



Medical insurance



Mental health support

Select from two medical options through Blue Cross Blue Shield of Montana.

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- how **out-of-network care** is covered, and
- your **annual maximum cost for care** (out-of-pocket maximum).



Spousal Surcharge: Spouse/Domestic Partner does have another healthcare option and you still cover them on the Taurus/National Flood Services plan; in such case, a **\$100 per month** surcharge will be applied.

	PPO	HDHP
In-network care	See plan details	See plan details
Annual Deductible (DED)	\$750 per person \$1,500 family max	\$3,200 per person \$6,400 family max
Out-of-pocket maximum	\$3,500 per person \$7,000 family max	\$5,000 per person \$10,000 family max
Preventive care	100% covered	100% covered
Primary care visit	\$20 copay	DED then you pay 20%
Specialist visit	\$35 copay	DED then you pay 20%
Virtual visit	\$20 copay	DED then you pay 20%
Urgent care	DED then you pay 20%	DED then you pay 20%
Emergency room	DED then you pay 20%	DED then you pay 20%
Inpatient hospital care	DED then you pay 20%	DED then you pay 20%
Prescription drugs	(30 days 90 days)	(30 days 90 days)
Generic	\$8 copay \$20 copay	DED then you pay: 20% 20%
Preferred brand	\$30 copay \$75 copay	DED then you pay: 20% 20%
Non-preferred brand	\$50 copay \$125 copay	DED then you pay: 20% 20%
Specialty	\$50 copay	DED then you pay 20%
Out-of-network care	Balance billing applies	Balance billing applies
Annual deductible	\$1,500 / \$3,000	\$3,000 / \$6,000
Out-of-pocket maximum	\$7,000 / \$14,000	\$10,000 / \$20,000
Your cost for coverage	Monthly	Monthly
Employee only	\$404.94	\$64.00
Employee + Spouse	\$888.69	\$200.00
Employee + Child(ren)	\$768.00	\$192.00
Employee + Family	\$1,251.76	\$297.00

● See your plan documents for out-of-network benefits.

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Pharmacy Benefit

In-Network Advantage Pharmacies using the Performance Drug List through BCBSMT.

Specialty Drugs

Specialty drugs can only be obtained through Accredo. This program helps deliver specialty medications that, due to special storage requirements and high cost, may not be readily available at local pharmacies.

For the current list of managed specialty medications available through Accredo, go to: <https://www.bcbsmt.com/rx-drugs/pharmacy/pharmacy-programs> and click on Specialty Pharmacy Program. You can download the Specialty Pharmacy Program Drug List.

Step Therapy

Step Therapy requires the previous use of one or more drugs before coverage of a different drug is provided. Individuals currently on a drug appearing on the Step Therapy list will be grandfathered; individuals new to the drug will be required to follow the Step Therapy program.

Your physician must submit a prior authorization request form to the health plan for approval. Each drug has its own specific form to be submitted for authorization. Benefits will apply if the member meets specified criteria – if criteria is not met, the member may still choose to receive the medication but will be responsible for the full cost. The final decision regarding what medicines should be prescribed, regardless of benefit determination, is a decision between the patient and their physician.

A list of Step Therapy drugs and their specific authorization forms can be found at: <https://www.myprime.com/en/forms/coverage-determination/step-therapy.html>

Prior Authorization

Physicians must complete and submit a request form for all Prior Authorization medications. The approval process is a requirement for certain drugs classes and patients should coordinate with their physicians to complete the Prior Authorization request.

- Each drug has its own authorization form
- Forms can be completed electronically or by faxing to Prime Therapeutics

<https://www.myprime.com/en/forms/coverage-determination/prior-authorization.html>



Additional perks with BCBSMT

There's more to love with these extra benefits.

Virtual Visits through MDLive

Additional Details

Plan members have access to MDLIVE, a leader in telehealth services providing live, confidential access to medical advice via online by secure video or phone from the convenience of your home or office. Care is available by phone 24/7 or video from 7 a.m. to 9 p.m. (local time) for an average cost of \$48 per visit. Members must register prior to using MDLIVE. To register, you will need to provide your first and last name, date of birth and your Blue Cross Blue Shield of Montana member ID.

Learn to Live

Additional Details

Learn to Live is a digital platform aimed at helping individuals overcome hesitancy in getting help. The Program provides comprehensive clinical assessments, personalized coaching and self-directed programs focusing on depression, anxiety, substance use and more. Employees can enroll via the Blue Access for Members. Create or sign into your account at www.BCBSMT.com/member and navigate to the Wellness tab.

Pharmaceutical Care Management

Additional Details

PCM helps you get the best results from the medicines you take. You have access to pharmacists and other resource tools to help answer questions you may have about your prescriptions. It may also help you find ways to save on your out-of-pocket costs. Call the number on your Member ID card to speak to a pharmacist!

Identity Theft Protection

Experian's IdentityWorks through Blue Cross Blue Shield of Montana provides solutions for you to keep your identity protected.

- Daily credit monitoring and early warning surveillance alerts notify you of key credit report changes
- Experian Credit Report – check for past inaccuracies or signs of identity theft

Employees can enroll via the Blue Access for Members by clicking on the Identity Protection Quick Link.



Health Savings Account (HSA)

An HSA through WEX is paired with a High Deductible Health Plan (HDHP).

Save pre-tax money for health care expenses – or retirement!

Contributions

National Flood Services contributes to your Health Savings Account (HSA) when you elect the HDHP medical plan and meet IRS eligibility requirements. Employees must contribute a minimum of \$5 per pay period (\$130 annually) to receive the company contribution from National Flood Services. You may also contribute tax-free funds to save for current and future health expenses:

	If you cover yourself only	If you cover any dependents
National Flood Services contributes* up to:	\$750**	\$1,250**
Maximum employee contributions	\$3,400	\$7,050
2024 IRS maximum contribution	\$4,150	\$8,300

*If you contribute a minimum of \$5 per pay period

**National Flood Services contributions will be prorated based on your date of hire

55 or older? You can contribute an extra \$1,000 per year in catch-up contributions.

HSA funds

Using your money

- Spend your HSA balance on health care expenses (medical, prescription, dental, and vision) for you and your tax dependents, OR
- Let your balance grow for retirement.

The money in your HSA is **always yours** and available for qualified health care expenses - even if you change jobs or health plans. Before retirement, any funds used for non-health care expenses are subject to tax penalties. **Keep your receipts!**

Growing your money + tax savings

HSA dollars go in tax-free, grow tax-free and come out tax-free when you use them for qualified health expenses. You may also be able to invest part of your balance once it meets a certain level.

In retirement

At age 65, you can withdraw the funds in your HSA for any use (not just health care!) without tax penalties.

Eligibility

In order to make – or receive – contributions to a Health Savings Account (HSA), you must:

- be **enrolled** in a qualified High Deductible Health Plan (HDHP),
- **not** be covered under any other non-HDHP health coverage, including a full health care FSA through your spouse,
- **not** be anyone else's tax dependent, and
- **not** be eligible for or enrolled in Medicare A or B, Tricare, or VA benefits.



See how an HSA can help you save for today and tomorrow.



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Flexible Spending Accounts (FSAs)

Pay for qualifying expenses with tax-free money using your Flexible Spending Account through WEX.

Health care and dependent care expenses can add up. Paying with tax-free funds can help. Enroll in one or more flexible spending accounts (FSAs) depending on your needs.

Health care

Health care FSA

Pay for eligible medical, prescription, dental, and vision expenses.

2024 Maximum contribution \$3,200

Annual rollover amount If you do not spend all the money in this FSA by the end of the plan year, you may carry over a maximum of \$640 of unused funds into the next plan year.

Run-Out Period Submit claims up to **March 31** of the following year for expenses from January 1 to December 31.

★ Enrolled in an **HDHP plan** and eligible for HSA contributions? You're not eligible for a health care FSA; you can contribute to a **limited purpose FSA** instead.

Limited purpose FSA

Pay for eligible dental and vision expenses when you're also contributing to an HSA.

2024 Maximum contribution \$3,200

Annual rollover amount If you do not spend all the money in this FSA by the end of the plan year, you may carry over a maximum of \$640* of unused funds into the next plan year.

Run-Out Period Submit claims up to **March 31** of the following year for expenses from January 1 to December 31.

Dependent care FSA

Pay for eligible child or disabled adult care while you work or attend school.

2024 maximum contribution \$5,000

Annual rollover amount If you do not spend all the money in this FSA by **December 31**, unused dollars will be forfeited per IRS regulations for pretax contributions.

Grace Period 2.5 months

Married filing separately: contribute up to \$2,500 per person.

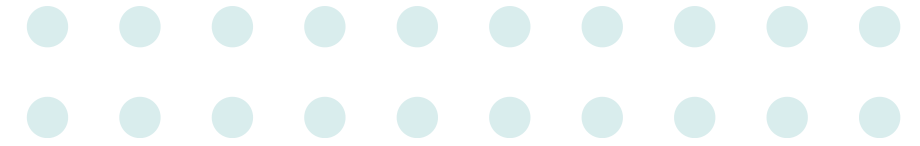
Only the amount you've **actually contributed** is available for use at any one time. **Estimate carefully!** Unused funds will be forfeited at the end of the year per IRS regulations.

[Eligible expenses](#)



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Dental insurance



Select from two dental options through Blue Cross Blue Shield of Montana.

Both plans cover in-network preventive care at 100%. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- the maximum amount Blue Cross Blue Shield of Montana will pay each year for dental care (**annual maximum benefit**), and
- whether **orthodontic** care is covered.

[Learn about dental care categories](#)

Finding a Network Dentist

You can find a network dentist by calling (855) 258-8471 or visiting the [Dental Wellness Center](#). This resource is accessible by logging in to your Blue Access for Members (BAM) account and selecting the BlueCare Connection link.

- **Select “Find a Dentist” on the right side of the blue header bar**
- **Your Network:** Select the **BlueCare Dental** link
- **Search:** You can search by the Dentist Name, Location, County and Center Name

The Dental Wellness Center has other great resources to help educate you on oral health and prepare for your next visit to the dentist.

- Dental Health Information
- Ask a Dentist – Allows you to get answers from the comfort of your home
- Blue365 – Access discounts on oral health products
- [Teledentistry](#) – Great for accessing dentists after business hours without leaving your home



	Gold Plan See plan details	Bronze Plan See plan details
In-network care		
Annual Deductible (DED)	\$50 per person \$150 family max	\$75 per person \$225 family max
Annual maximum benefit	\$2,000 per person	\$1,000 per person
Preventive care	100% covered	100% covered
Basic care	DED then you pay 20%	DED then you pay 20%
Major care	DED then you pay 20%	Not covered
Orthodontic care		
Coverage	50% covered (child to age 26) (Adults & Children)	Not covered
Lifetime maximum benefit	\$2,000 lifetime max benefit	N/A
Your cost for coverage	Monthly	Monthly
Employee only	\$38.00	\$11.00
Employee + Spouse	\$76.00	\$22.00
Employee + Child(ren)	\$84.07	\$29.00
Employee + Family	\$133.50	\$36.00

[Dental Wellness Center](#)



Stay in-network to avoid balance billing (the difference between what an out-of-network provider charges and the amount your insurance pays).

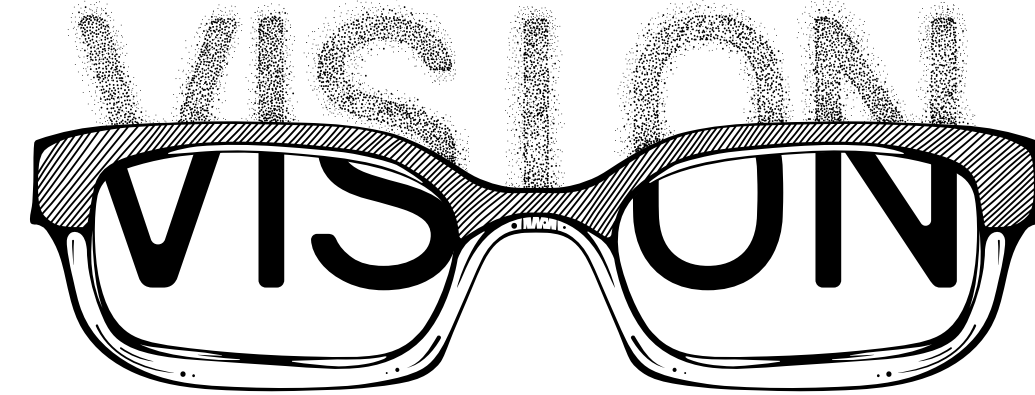
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Vision insurance

Select from two vision options through EyeMed.

Both plans cover annual exams, lenses and frames, or contacts in lieu of glasses. The differences are:

- what you pay for the **plan**,
- what you pay when you **get care**,
- the **materials allowance** (how much the plan will pay) for frames or contact lenses. and
- the **frequency** which services are covered in-network.



Core

[See plan details](#)

Premier

[See plan details](#)

In-network care

Annual eye exam (PLUS Providers)	\$10 copay (\$0 copay)	\$10 copay (\$0 copay)
Frames (PLUS Providers)	\$150 allowance, 20% off discount (\$200 allowance, 20% off discount)	\$200 allowance, 20% off discount (\$250 allowance, 20% off discount)
Lenses	\$20 copay	\$10 copay
Contact lenses	Elective: \$150 allowance, 15% off discount Medically nec: 100% covered	Elective: \$200 allowance, 15% off discount Medically nec: 100% covered
Frequency (Exams / Lenses / Frames)	12 / 12 / 24	12 / 12 / 12
Your cost for coverage	Monthly	Monthly
Employee only	\$1.50	\$4.50
Employee + Spouse	\$3.00	\$8.50
Employee + Child(ren)	\$3.00	\$9.00
Employee + Family	\$5.00	\$14.00

EyeMed members save even more with PLUS Providers. Since PLUS Providers are already in the Insight network, the extra perks are built right into your vision benefit. Verify that your eye doctor is participating in the EyeMed Insight network, and look for the PLUS!



Find a Provider

Call: (866) 939-3633

Visit: [eyemed.com](https://www.eyemed.com)

Your vision plan covers either glasses (lenses and frames) **or** contact lenses each year. If you receive contact lenses, they will be instead of your glasses benefit.

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Life and AD&D insurance



Financial peace of mind through Unum.

Life insurance pays a benefit if you pass away while you're covered. **Accidental Death and Dismemberment (AD&D)** insurance offers additional support if you pass away or are seriously injured due to an accident. View Voluntary Life and AD&D rates on [page 14](#).



Basic life and AD&D insurance

National Flood Services provides life and AD&D insurance at no cost to you.

	Basic life and AD&D
National Flood Services provides	\$100,000

1. Benefit Reduction Schedule: Age 65 to 65% and age 70 to 50%

Make sure to designate a **beneficiary** for your life insurance coverage to ensure your family is cared for according to your wishes.



What's AD&D?

Accidental death and dismemberment (AD&D) insurance may pay:

- **your beneficiary** if you pass away due to an accident
- **you** a partial benefit if you lose specified bodily functions (sight, limbs, etc.)

Additional life and AD&D insurance

You may purchase additional coverage for yourself and eligible dependents.

	For you	For your spouse	For your child(ren)
Coverage increments	\$10,000	\$5,000	\$5,000
Coverage maximum	5x your annual earnings to \$500,000	Lesser of \$250,000 or Employee Amount	Lesser of \$20,000 or Employee Amount
Medical question limit	\$150,000	\$25,000	\$20,000



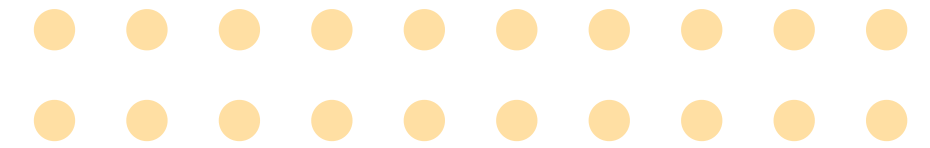
Medical question limit

When you're first eligible (a new hire), you can purchase additional life insurance up to this limit without any medical questions required.

Medical questions and approval will be required for all future increase and purchase requests.

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Voluntary Life and AD&D Rates



2024 Monthly Rates for Voluntary Life and AD&D Coverage

Employees must elect self coverage in order to cover a spouse or child.



Voluntary AD&D

Coverage	Monthly Rate per \$1,000 of Coverage
Employee	\$0.015
Spouse	\$0.015
Child	\$0.015

Employee & Spouse Voluntary Life

Age Band	Monthly Rate per \$1,000 of Coverage
Less than 25	\$0.053
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.118
45-49	\$0.176
50-54	\$0.270
55-59	\$0.504
60-64	\$0.772
65-69	\$1.480
70+	\$2.410

Child Voluntary Life

Child	Monthly Rate per \$1,000 of Coverage
Child	\$0.088

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Disability insurance

Protect your paycheck with disability insurance through Unum.

Disability coverage insures your paycheck, replacing a portion of your income if you're unable to work due to a covered illness or injury.

Short-term disability

Short-term disability coverage can replace part of your paycheck if you're unable to work for a shorter period of time. National Flood Services provides this coverage at no cost to you.

Benefits begin	Accident: After 7 days of inability to work Illness: After 7 days of inability to work
Coverage amount	60% of your income up to \$2,000 per week
Payments may continue	Up to 13 weeks if you're unable to return to work


Pre-existing condition limitations

If you make a disability claim within the **first year** of being covered, check your plan details to see how pre-existing condition limitations might impact your coverage.

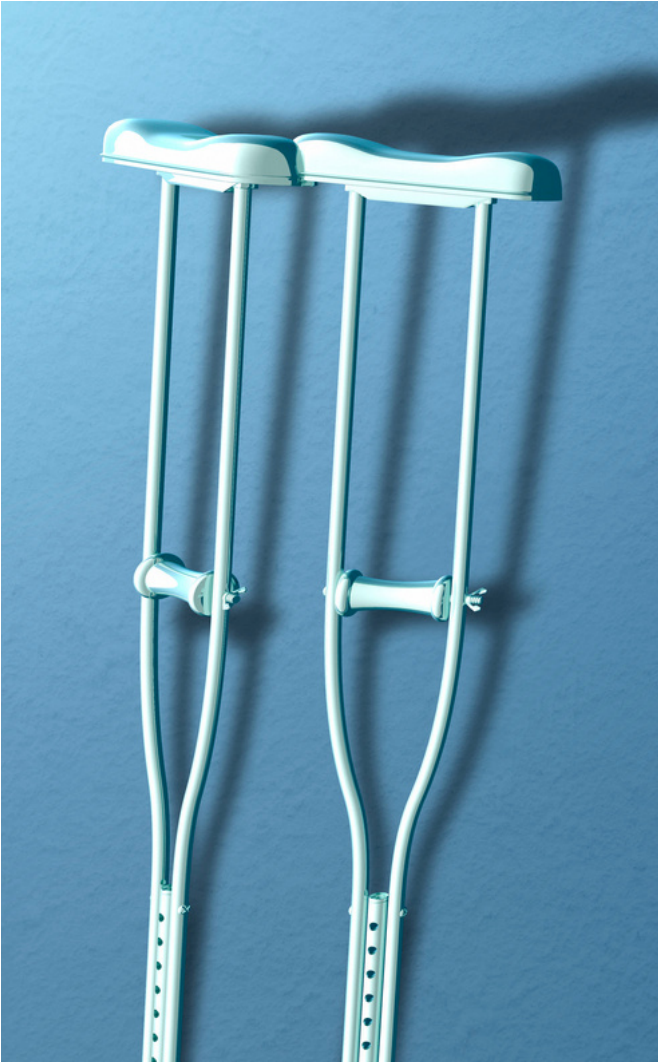
Long-term disability

Long-term disability coverage can provide lasting income protection if you remain unable to work. National Flood Services provides this coverage at no cost to you.

Benefits begin	After 90 days of inability to work (once short-term disability ends)
Coverage amount	60% of your income up to \$10,000 per month
Payments may continue	Until your Social Security Normal Retirement Age if you remain unable to work.



Wish you knew more about finances? Now you can - **at no cost!**



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Voluntary Accident

Accident insurance through MetLife can help you pay for the out-of-pocket costs you may experience after an accident.

You do not need to be enrolled in a medical plan to enroll yourself and eligible dependents in Voluntary Accident coverage. Choose between the Low Plan or the High Plan.

How the Plan Works

These benefits are in addition to any health insurance benefits you may receive. The benefit amount is paid directly to you. You can use this money in any way you like, including deductibles, child care, housecleaning, groceries, utilities, or any purpose that can help you meet your personal, financial or household needs.

Benefits*	Low Plan	High Plan
Death Benefit	\$75,000 – Employee \$37,500 – Spouse \$15,000 – Child	\$150,000 – Employee \$75,000 – Spouse \$30,000 – Child
Wellness Benefit	\$50 per year (per covered member)	
Emergency Room	\$150	\$250
Ambulance	\$150	\$300
X-Rays	\$150	\$300
Fractures	Up to \$8,000	Up to \$10,000
Chiropractic	\$25 per visit (Up to 10)	\$50 per visit (Up to 10)
Daily Hospital Confinement	\$175 daily (Up to 15 days)	\$400 daily (Up to 15 days)
Child Organized Sport Benefit	Additional 25% benefit paid for covered claims	

*This is not a complete list of covered benefits

2024 Rates	Low Plan	High Plan
Your cost for coverage	Monthly	Monthly
Employee only	\$5.20	\$8.07
Employee + Spouse	\$10.25	\$15.83
Employee + Child(ren)	\$12.27	\$18.91
Employee + Family	\$14.51	\$22.37

Don't forget to take advantage of the Wellness Benefit to help offset your premium costs!

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Voluntary Critical Illness

Breathe easier knowing Critical Illness insurance through MetLife can help you pay your out-of-pocket expenses and allow you to focus on your health.

You do not need to be enrolled in a medical plan to enroll yourself and eligible dependents in Voluntary Critical Illness coverage. View Voluntary Critical Illness rates on [page 18](#).

How the Plan Works

Critical Illness insurance pays a fixed one-time benefit amount if you are diagnosed with a covered disease or illness after your coverage effective date. You can use this money for any purpose you like. It can help pay for expenses not covered by your health care plan (such as your deductible or copays), lost income, child care, travel to and from treatment, home health care costs or any of your regular household expenses. Don't forget to take advantage of the Wellness Benefit to help offset your premium costs!

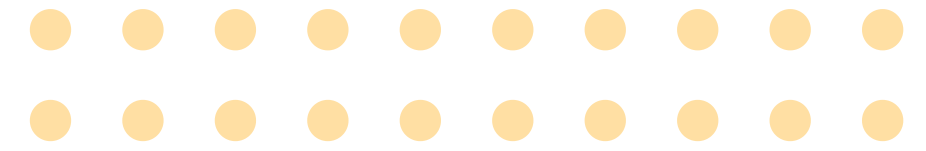
- You may elect a lump sum amount of \$5,000 to \$30,000 for yourself (increments of \$5,000)
- 100% of your amount for your spouse
- 50% of your amount for any covered child

	Condition*	First Occurance	Second Occurrence
Covered Conditions (Lump Sum Payments)	Cancer		
	Invasive Cancer	100%	100%
	Non-Invasive Cancer	25%	100%
	Vascular		
	Heart Attack	100%	100%
	Stroke	100%	100%
	Other		
	Major Organ Transplant	100%	Not Covered
	Kidney Failure	100%	Not Covered
	Additional Illnesses (First Occurrence)	•100% Benefit: ALS (Lou Gehrig's Disease), Loss of Speech, Sight or Hearing, Parkinson's Disease •50% Benefit: Alzheimer's Disease, Huntington's Disease •Paralysis of 2 or more limbs: 100% first occurrence	
Childhood Covered Conditions	100% of Child Benefit for the First Occurrence of Cerebral Palsy, Cleft lip/palate, Cystic Fibrosis		
Occupational HIV / Hepatitis	100% of Employee Benefit for the First Occurrence		
Wellness Benefit	\$50 per year benefit for any covered Employee or Spouse. Child(ren) not eligible		

*This is not a complete list of covered conditions

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Voluntary Critical Illness Rates



2024 Monthly Rates for Critical Illness Coverage

Employees must elect Child coverage but there is no additional cost.

Employee Cost by Age Band

Benefit Amount	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$2.75	\$3.30	\$5.60	\$10.45	\$18.30	\$33.65
\$10,000	\$5.50	\$6.60	\$11.20	\$20.90	\$36.60	\$67.30
\$15,000	\$8.25	\$9.90	\$16.80	\$31.35	\$54.90	\$100.95
\$20,000	\$11.00	\$13.20	\$22.40	\$41.80	\$73.20	\$134.60
\$25,000	\$13.75	\$16.50	\$28.00	\$52.25	\$91.50	\$168.25
\$30,000	\$16.50	\$19.80	\$33.60	\$62.70	\$109.80	\$201.90

Spouse Cost by Age Band

Benefit Amount	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$2.75	\$3.30	\$5.50	\$10.40	\$18.30	\$33.60
\$10,000	\$5.50	\$6.60	\$11.00	\$20.80	\$36.60	\$67.20
\$15,000	\$8.25	\$9.90	\$16.50	\$31.20	\$54.90	\$100.80
\$20,000	\$11.00	\$13.20	\$22.00	\$41.60	\$73.20	\$134.40
\$25,000	\$13.75	\$16.50	\$27.50	\$52.00	\$91.50	\$168.00
\$30,000	\$16.50	\$19.80	\$33.00	\$62.40	\$109.80	\$201.60

The benefit plan information shown in this guide is illustrative only. To the extent the benefit plan information summarized herein differs from the underlying plan details specified in the insurance documents that govern the terms and conditions of the plans of insurance described in this guide, the underlying insurance documents will govern in all cases.

Voluntary Hospital Indemnity

Hospital indemnity insurance through MetLife pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehab facility.

You do not need to be enrolled in a medical plan to enroll yourself and eligible dependents in Voluntary Hospital Indemnity coverage. Choose between the Low Plan or the High Plan.

How the Plan Works

If you incur a claim, you are then issued a check that you can use as you see fit. Benefits are paid in a lump sum directly to you, and amounts are fixed and determined by your policy, regardless of the amount of expenses incurred. You can use the money to pay for everyday expenses or for health care expenses that aren't covered by your medical plan (for example, your deductible, copays and/or coinsurance). You can also use this payment to help with other expenses like transportation and meals for family members, help with child care, and other expenses you may have.

Event Type	Low Plan	High Plan	Annual Limit
Hospital Admission	\$1,000	\$2,000	4 time(s) per calendar year
ICU Admission	\$1,000	\$2,000	4 time(s) per calendar year
Hospital Confinement	\$100 per day	\$200 per day	Up to 15 days per calendar year
ICU Confinement	\$100 per day	\$200 per day	Up to 15 days per calendar year

2024 Rates	Low Plan	High Plan
Your cost for coverage	Monthly	Monthly
Employee only	\$12.48	\$22.97
Employee + Spouse	\$24.20	\$44.52
Employee + Child(ren)	\$19.77	\$36.38
Employee + Family	\$31.49	\$57.93

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Employee Assistance Program (EAP)

Care for your mind - and your life - with support through Unum.

The Health Advocate EAP + Work/Life Program offers short-term counseling and support for a range of personal, family, financial, and work/life issues.

Everyone needs support sometimes (even superheroes).

Our Employee Assistance Program (EAP) is a confidential service with access to guidance and resources **at no cost** for:

- mental health concerns (including substance abuse or addiction),
- adoption, parenting, or caregiving needs,
- financial or legal support,
- familial relationships and friendships,
- coping with day-to-day challenges, and
- so much more

Essentially, if it's part of your life, our EAP is here for you.

Access support online, through live chat, or over the phone. 24/7/365.

24/7/365 access to care.

(800) 854-1446

www.unum.com/lifebalance

EAP features:

- **Confidential.** No one at National Flood Services will ever know you called or what was discussed.
- **Available 24/7/365.** Life doesn't happen during office hours. The EAP is here when you need them.
- **Family care is included.** Anyone living in your home is eligible for EAP services at no cost.
- **Counseling sessions.** You can receive up to **3 face-to-face or virtual counseling sessions and unlimited telephonic counseling sessions** per issue **at no cost**. After 3 sessions, the EAP will work to match you with an in-network healthcare provider to continue your sessions if needed.

The information shown in this presentation is an illustrative summary only. The underlying plan contract or document governs all aspects of the plan. Final rates are dependent on actual enrollment, insurance carrier or plan rules, plan selection, and eligibility criteria. Please refer to the plan document, contract, and other notices contained in this document, applications, and other corresponding communications for additional information.



Worldwide Emergency Travel Assistance

Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.

Services include:

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- Assistance with return of a vehicle
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- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
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- Passport replacement assistance

24/7/365 access

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Email: medservices@assistamerica.com

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- Search for local pharmacies (U.S. only).
- Download a membership card.
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Reference Number: 01-AA-UN-762490

Retirement savings plan



Learn how investing and saving actually works - and can work for you.

Set your future self up for financial stability with a 401(k).

With our company match, we'll help you along the way.

The key to saving for retirement is to start early and stay committed. Making the choice to invest in yourself by contributing to your employer sponsored retirement plan is a decision that may have a big impact on your ability to retire confidently. All eligible new hires will be auto enrolled on the 1st day of the month, following their hire date, at 3% salary deferral (pre-tax). You may change your salary deferral percentage at any time.

ELIGIBILITY	18 years of age or older (Union, Leased, Interns, and Temporary employees are not eligible)
CONTRIBUTION TYPE	Traditional 401(k) (Pre-Tax) Roth 401(k) (Post-Tax)
EMPLOYEE CONTRIBUTION	1-90% of compensation
EMPLOYER MATCH	50% match on the first 6% contributed by the employee
2024 MAXIMUM CONTRIBUTION	Maximum Contribution: \$23,000 Maximum Catch-up Contribution: \$7,500 (Participants 50 years of age or older)
VESTING SCHEDULE	Employee contribution is 100% vested immediately Employer vesting schedule per year: 0% / 33% / 67% / 100%

TAX SAVINGS	BENEFITS COMPOUNDING	COMBINE ACCOUNTS	EASE OF SAVING	TRANSFER SAVINGS
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Contact information



Medical insurance	Blue Cross Blue Shield of Montana	1-800-447-7828 www.bcbsmt.com
Health Savings Account (HSA)	WEX	1-866-451-3399 www.wex.com
Flexible Spending Accounts (FSAs)	WEX	1-866-451-3399 www.wex.com
Telehealth	MDLive through Blue Cross Blue Shield of Montana	Go to Blue Access for Members or MDLive.com/bcbsmt Text BCBSMT to 635-483 (MDLive's online assistant Sophie will activate your account) Call MDLive at 1-888-684-4232 Download the MDLive app from Apple's App Store or Google Play
Employee Assistance Program (EAP)	Unum	1-800-854-1446 www.unum.com/lifebalance
Dental insurance	Blue Cross Blue Shield of Montana	1-800-447-7828 www.bcbsmt.com
Vision insurance	EyeMed	1-844-225-3107 www.eyemed.com
Life and AD&D insurance	Unum	1-866-679-3054 www.unum.com
Disability insurance	Unum	1-866-679-3054 www.unum.com
Voluntary Accident	Metlife	1-888-600-1600 www.metlife.com
Voluntary Critical Illness	Metlife	1-888-600-1600 www.metlife.com
Voluntary Hospital Indemnity	Metlife	1-888-600-1600 www.metlife.com
Worldwide Emergency Travel Assistance	Assist America	Within the US: (800) 872-1414 Outside the US: (609) 986-1234 medservices@assistamerica.com