



First United
Bank & Trust



Employee Benefit Guide



January 2025 – December 2025

Pick the Best Benefits for You and Your Family

First United Bank & Trust strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefit Guide.

This guide will outline some of the different benefits First United Bank & Trust offers, so you can identify which offerings are best for you and your family.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR or Webber Advisors.



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How to Enroll

Enrollment changes may be made in Dayforce anytime during open enrollment. If you do not go into Dayforce and make any changes, your current elections will continue for 2025 except for the FSA benefit which requires a new election each year.



How to Make Changes

Unless you experience a life-changing qualifying event and notify Webber Advisors within 30 days of the event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status.
- Death of a spouse, child, or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan.

Questions

If you have benefit questions, call Webber Advisors at (800) 326- 9850. (Weekdays 8 am to 4 pm)

2025 Benefit Presentation



Scan the QR Code using your smart phone.

1. Open the Camera App
2. Point the camera at the code.
3. Tap the Safari Notification
4. Or go to <https://ispri.ng/6p7zy>



Health Insurance

The PPO network utilized to obtain discounts is Aetna and the claims processor is Meritain. The following charts outline the current plans available and what you will pay.



Meritain/Aetna	In-Network			
	QHDHP Option	Low Option	Mid Option	High Option
Deductible Individual/Family	\$3,300/\$6,600	\$2,500/\$5,000	\$1,500/\$3,000	\$750/\$1,500
Co-Insurance Maximum Individual/Family	\$2,000/\$4,000	\$3,500/\$7,000	\$2,500/\$5,000	\$2,000/\$4,000
Physician Visit Copay	\$25 after deductible	\$25	\$25	\$25
Specialist Visit	\$40 after deductible	\$40	\$40	\$40
Regenexx Visit	\$40 after deductible	\$40	\$40	\$40
Emergency Room Copay (Copay waived if admitted)	\$200 after deductible	\$200 Copay	\$200 Copay	\$200 Copay
Urgent Care	\$50 after deductible	\$50 Copay	\$50 Copay	\$50 Copay
Diagnostic Testing	10% after deductible	30% after deductible	20% after deductible	10% after deductible
Regenexx Stem Cell Treatment	10% after deductible	30% after deductible	20% after deductible	10% after deductible
Hospitalization (Inpatient and Outpatient)	10% after deductible	30% after deductible	20% after deductible	10% after deductible
Mental Illness/Substance Abuse Inpatient Outpatient	10% after deductible \$25 after deductible	30% after deductible \$25 copay	20% after deductible \$25 copay	10% after deductible \$25 copay
Prescription Drugs Retail (30 day)/Mail Order (90 day) -Generic -Preferred Brand -Non-preferred Brand	After Deductible \$15 / \$37.50 copay \$60 / \$150 copay \$80 / \$200 copay	\$15 / \$37.50 copay \$60 / \$150 copay \$80 / \$200 copay	\$15 / \$37.50 copay \$60 / \$150 copay \$80 / \$200 copay	\$15 / \$37.50 copay \$60 / \$150 copay \$80 / \$200 copay
Specialty Pharmacy (30 day)	\$150 copay per prescription/refill after deductible	\$150 copay per prescription/refill	\$150 copay per prescription/refill	\$150 copay per prescription/refill

Health Insurance Continued

Meritain/Aetna	Out-of-Network			
	QHDHP Option	Low Option	Mid Option	High Option
Deductible Individual/Family	\$10,000/\$20,000	\$4,000/\$8,000	\$3,000/\$9,000	\$3,000/\$9,000
Co-Insurance Maximum Individual/Family	\$10,000/\$25,000	\$10,000/\$25,000	\$10,000/\$25,000	\$10,000/\$25,000
Physician Visit Copay	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Specialist Visit	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Emergency Room Copay	\$200 after deductible	\$200 Copay	\$200 Copay	\$200 Copay
Urgent Care	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Diagnostic Testing	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Hospitalization (Inpatient/Outpatient)	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Mental Illness/Substance Abuse Inpatient Outpatient	40% after deductible 40% after deductible	40% after deductible 40% after deductible	40% after deductible 40% after deductible	40% after deductible 40% after deductible

How to Locate an In-Network Provider

You can find a list of network health care providers by visiting the website www.meritain.com.



1. Once there select **“For members”** under the **Resources** drop list.
2. Scroll down on the page to the Provider network finder and click on the down arrow beside ABC. Select Aetna from the list.
3. Enter the zip code for the area you want to search and then click the search button.
4. Choose Aetna Choice POS II (Open Access) for the plan type and click continue.
5. Now you can type in a name or search by provider or facility type.

Medical Contributions

Plan Options	Employee Per-Pay Deductions Before wellness incentive			
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
High	\$217.87	\$532.64	\$464.19	\$720.27
Mid	\$153.25	\$382.15	\$322.73	\$506.98
Low	\$104.51	\$313.98	\$258.64	\$410.36
QHDHP	\$53.94	\$197.69	\$185.82	\$280.17

The Per-Pay contribution will be reduced for those who participate in the WellRight Incentive program and are enrolled in the High, Mid, and Low plan options. The Per-Pay contribution will not be reduced for those who qualify for the incentive and are enrolled in the QHDHP. They will receive their incentive as a contribution into their HSA account. No incentives will be awarded for any categories if the screening and health risk assessment is not completed.

2024 WellRight Participant Medical Incentive Per-Pay				
Participation	Employee Participates	Spouse Participates	Employee & Spouse Participate	Non-Participant
Screening & HRA Completion**	(\$3.75)	(\$3.75)	(\$7.50)	\$0.00
Healthy Outcomes/Health Goals**	(\$15.00)	(\$15.00)	(\$30.00)	\$0.00
Coaching/University	(\$15.00)	(\$15.00)	(\$30.00)	\$0.00
Healthy Challenges	(\$3.75)	(\$3.75)	(\$7.50)	\$0.00
Total If Full Credit Received	(\$37.50)	(\$37.50)	(\$75.00)	\$0.00

**Newly hired associates who became benefits eligible June 1, 2024, or later that were unable to participate in the screenings when they were offered in the Spring of 2024, will receive full credit automatically through the end of May 2025. Details regarding the 2025 screenings will be available in early 2025.

Employee Eligibility: All active full-time employees working a minimum of 30 hours per week.

Kroger Prescription Plans

A comprehensive drug list can be found at www.Kpp-rx.com. Once there, click on Member login on the top right corner. When accessing the website for the first time, you will need to click on Register Now link, and complete the necessary information. Once you have signed in, you will be able to look up drugs on the formulary list, check prices on drugs, locate pharmacies within the network, and view the status of any prior authorization drug requests.

It is important to know that drugs on the formulary list that are notated with a [PA] or [ST] will require your physician to contact Kroger Prescription Plans for authorization. Your provider will not be able to obtain the authorization until January 1st. Therefore, **if you are currently taking any medication, be sure to get them filled before the end of December, if possible, to carry you over into the first week or two of January.**

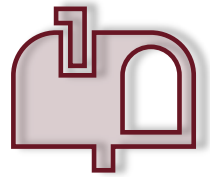
Specialty Drugs are limited to a 30-day supply and must be purchased through the Kroger Specialty Pharmacy.

How to sign up for the mail order pharmacy

If you take maintenance medications for long-term conditions like arthritis, asthma, diabetes, high blood pressure or high cholesterol, you may want to consider using Postal Prescription Services (PPS) mail service pharmacy.

Ask your doctor to write two prescriptions: one for a 30-day supply to fill at your local pharmacy and one for a 90-day supply, plus refills, for filing by mail. To get started with mail service you must first enroll with PPS online at www.ppsrx.com or by calling 800-552-6694. Then your doctor may either:

- **E-prescribe:** Have your doctor e-prescribe to Postal Prescription Services (PPS), NCPDP ID 3812675, PO Box 2718, Portland, OR 97208-2718.
- **Fax:** 800-723-9023
- **Mail:** Mail us your 90-day prescription, completed order form with payment to PO Box 620968, Orlando, FL 32862



Kroger Prescription Plans

Phone: 800-917-4926

Website: www.kpp-rx.com

Teladoc

Teladoc is an easy way to access qualified doctors or therapists!

- Prescriptions can be sent directly to your local pharmacy when appropriate.
- Access care from anywhere via video or phone
- Virtual healthcare **24/7/365** weekends and holidays!
- Virtual behavioral/mental health care appointments can be made online in minutes.
- Connect with quality board-certified doctors and pediatricians, licensed counselors, and psychiatrists.



Virtual Care doctors can treat Many medical conditions, including:

- | | |
|-----------------------|-------------------------|
| ✓ Cold & flu symptoms | ✓ Respiratory infection |
| ✓ Allergies | ✓ Skin problems |
| ✓ Sinus problems | ✓ And more! |
| ✓ Sore throat | |

Teladoc can save you money!

For those enrolled in the Low, Mid, and High plan, a Teladoc telemedicine visit will cost you nothing. Those enrolled in the QHDH plan will pay nothing after they have met their deductible.



(800) 362-2667



www.MyDrConsult.com

Behavioral Health Services through Teladoc

Taking care of your mental health is an important part of your overall well-being. With Teladoc's Behavioral Health, adults 18 and older can get care for anxiety, depression, grief, family issues, and more. Choose to see a psychiatrist, psychologist, social worker, or therapist and establish an ongoing relationship.

Scheduling a video visit with a therapist is easy and convenient. You can make an appointment seven days a week, from 7 a.m. to 9 p.m. local time. Appointments are confirmed within 72 hours!

How to schedule a video visit with a therapist:

- 1) Register your Teladoc account via web or app or log in to your account if you're already registered.
- 2) Request a visit.
- 3) Answer a few questions.
- 4) Select your therapist.
- 5) Request a time for your appointment!

Confidential therapy on your terms

www.MyDrConsult.com -or- Download the app.



CONDITIONS TREATED

WHAT IS REGENEXX?

Regenexx is an innovative treatment for orthopedic injuries that enhances your body’s natural healing processes. To treat damaged tendons, ligaments, muscle, bone, and cartilage, our physicians draw your blood platelets and bone marrow aspirate and process them in our advanced ortho biologics laboratories. We then inject them precisely at the site of your injury using image guidance. Regenexx procedures provide a lower-risk, lower-cost, minimally invasive alternative for up to 70 percent of elective orthopedic surgeries.

THE REGENEXX DIFFERENCE

Regenexx is a nonsurgical outpatient procedure performed either in a single day or in a series of three treatments over two weeks. Most patients are encouraged to return to activity within a week of their procedure. Patients with health factors such as heart issues or risk of stroke can find a safer alternative to surgery with Regenexx.

YOUR REGENEXX

Regenexx is covered as an in-network benefit within our health plan.

In-network benefits for specialist services within your plan and in-network deductibles and out-of-pocket maximums apply for all **Regenexx** services.

Non-Regenexx services may fall under a different benefit level and may or may not be treated as in-network.

Ankle/Foot

- Achilles tendinopathy
- Arthritis
- Bunions
- Instability
- Ligament sprain or tear
- Plantar fasciitis

Hand/Wrist/Elbow

- Arthritis
- Carpal tunnel
- CMC joint arthritis (thumb)
- Tennis elbow
- Trigger finger
- Ulnar nerve entrapment

Hip

- Arthritis
- Bursitis Labral/labrum tear
- Joint-replacement alternative
- Osteonecrosis
- Tendinopathy

Knee

- Arthritis
- Joint-replacement alternative
- Meniscus tear
- Sprain or tear of ACL/PCL
- Sprain or tear of the MCL/LCL
- Tendinopathy

Shoulder

- Arthritis
- Joint-replacement alternative
- Labral tear
- Rotator cuff tear
- Rotator cuff tendinosis

Spine

- Back or neck nerve pain
- Bulging, collapsed, or herniated disc
- Ruptured or torn disc
- Degenerative disc disease
- Disc extrusion
- Disc protrusion

LEARN MORE

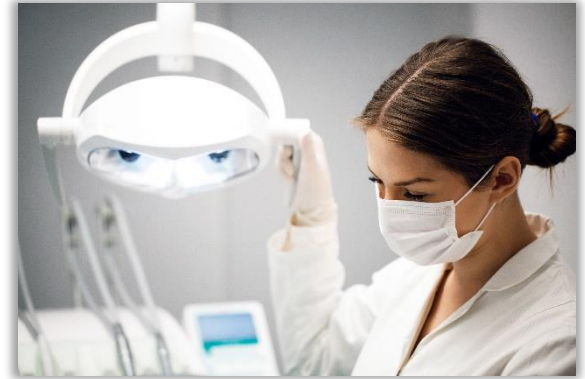
To find out more about your Regenexx benefit and whether Regenexx is an option for you, contact our education center.

To register for one of our weekly webinars, visit regenexxbenefits.com/webinar?mailer.

Call us today at 866-509-8536 or visit www.regenexxbenefits.com/mybank to learn more.

Delta Dental Insurance

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery!



Delta Dental Specialty Benefits

Website: www.deltadental.com

The following chart outlines the dental benefits we offer.

TYPE OF SERVICE	AMOUNT YOU PAY			
	Base Option		High Option	
	In-Network	Out-of-network	In-Network	Out-of-network
Deductible Waived for diagnostic & preventative	\$50 per person/ \$150 per family	\$50 per person/ \$150 per family	\$50 per person/ \$150 per family	\$50 per person/ \$150 per family
Preventive Services Exams, cleanings, X-rays	100%	100%	100%	100%
Basic Services Fillings, simple extractions	80%	80%	80%	80%
Major Services Root canal and Crowns	0%	0%	50%	50%
Oral Surgery	80%	80%	80%	80%
Annual Maximum	\$1,000 per person	\$1,000 per person	\$1,000 per person	\$1,000 per person
Payroll Deductions				
Employee Only	\$13.55		\$17.59	
Employee & Spouse	\$30.87		\$39.58	
Employee & Child(ren)	\$25.47		\$35.06	
Family	\$43.06		\$57.94	

Employee Eligibility: All active full-time employees working a minimum of 36 hours per week. Part-time employees working a minimum of 20 hours per week also may participate.



NVA Vision Insurance

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

First United Bank’s vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses. If you seek the services of a provider listed in our Preferred Provider directory, your benefits include the following:



Benefit / Frequency	Participating Provider	Non-Participating Provider
Examination (Once every calendar year)	Covered 100%	Reimbursed Amount up to \$40
Lenses (Once every calendar year)	Standard Glass or Plastic	
Single Vision	Covered 100%	Up to \$35
Bifocal	Covered 100%	Up to \$60
Trifocal	Covered 100%	Up to \$80
Lenticular	Covered 100%	Up to \$80
Frame (Once every calendar year)	Retail Allowance	
Once Every Calendar Year	Up to \$100 (20% discount off balance)*	Up to \$50
Contact Lenses (Once every calendar year)	(In lieu of Lenses & Frame)	
Elective	Covered up to \$100 Retail (15% discount (Conventional) or 10% discount (Disposable) off Balance) **	Up to \$80
Medically Necessary***	Covered 100%	Up to \$200
Standard Daily Wear Fit/Follow-up	Covered 100%	Up to \$20
Standard Extended Wear Fit/Follow-up	Covered 100%	Up to \$30
Specialty Wear Fit/Follow-up	Covered 100%	Up to \$50

Full-Time Rates	Employee Deductions
Single	\$1.14
Husband/Wife	\$2.05
Parent/Child(ren)	\$2.39
Family	\$2.96

Part-Time Rates	Employee Deductions
Single	\$1.90
Husband/Wife	\$3.41
Parent/Child(ren)	\$3.98
Family	\$4.93

Employee Eligibility: All active full-time employees working a minimum of 36 hours per week. Part-time employees working a minimum of 20 hours per week also may participate.

*Discount does not apply at Wal-Mart/Sam’s Club locations
 **Discount does not apply at Wal-Mart/Sam’s Club, Cole Corporate locations, or Contact Fill
 ***Prior Authorization required from NVA

If covered participants choose extra options, they are responsible for paying the additional cost of those options to the provider directly.

Group Life Insurance

First United Bank & Trust offers Group Life Insurance through American United Life Insurance Company (AUL). You are eligible for this benefit first of the month following 30 days of hire.

American United Life Insurance Company (a OneAmerica Company)

Phone: 800-553-5318

Website: www.oneamerica.com



Employee Eligibility:

Class 1: All active full-time employees working a minimum of 40 hours per week.

Class 2: All active part-time employees working a minimum of 20 hour per week.

Life Insurance and AD&D Benefits (Employer Paid)	
Life Amount	<p>Class1: 2X Annual base salary to a maximum of \$425,000</p> <p>Class 2: \$15,000</p>
AD&D Principal Sum	<p>Class1: 2X Annual base salary to a maximum of \$425,000</p> <p>Class 2: \$15,000</p>
Reductions	<p>Upon attainment of age 65, the Life Insurance and AD&D Principal Sum will reduce by 35%.</p> <p>Upon attainment of age 70, the Life Insurance and AD&D Principal Sum will reduce by 50% of the original amount.</p>

*Annual Base Salary means earnings from the prior year W-2 form

This benefit highlight is not a complete description of the program. Additional services and treatments are covered, while certain other services and treatments are excluded from coverage. Additional information may be obtained through the www.myfirstunitedbenefits.com website (Username: First United, Password: mybank1017)

Voluntary Life Insurance

In addition to the Basic Group Life Insurance, First United Bank & Trust offers a Voluntary Life Insurance program to you through American United Life Insurance Company (AUL). You are eligible for this benefit first of the month following 30 days of hire. Deductions will be made from your paycheck (24 pays) to pay for the coverage.

Amounts will be adjusted in January of every year to coincide with the rate for your age at that time. You will be given the opportunity to enroll or increase/decrease the amount of voluntary life coverage during open enrollment each year. However, a medical questionnaire will be required for new enrollees and/or increased amounts of coverage.

You will have 30 days from a qualifying event date to add coverage on newly acquired dependents (i.e., you get married or have a child) with no medical questions asked subject to the provisions outlined below.

Employee Eligibility:

All active full-time and part-time employees working a minimum of 20 hours per week.

Employee Voluntary Term Life

You may purchase up to five times your salary in increments of \$10,000*, subject to a maximum of \$500,000 and a minimum of \$20,000. During your initial enrollment period, you may elect up to the guaranteed coverage amount of \$100,000 with no medical questions asked, if you do not exceed the limits above. Any future new election or increase more than \$10,000 to an existing election will require completion of a medical questionnaire and approval from AUL. Life insurance coverage will be subject to a reduction schedule beginning at age 70 (refer to your certificate of insurance for more details).



Per-Pay Contributions

Employee Life	\$20,000	\$30,000	\$40,000	\$50,000	\$70,000	\$100,000
Up to age 29	\$0.50	\$0.75	\$1.00	\$1.25	\$1.75	\$2.50
30-34	\$0.70	\$1.05	\$1.40	\$1.75	\$2.45	\$3.50
35-39	\$0.90	\$1.35	\$1.80	\$2.25	\$3.15	\$4.50
40-44	\$1.30	\$1.95	\$2.60	\$3.25	\$4.55	\$6.50
45-49	\$2.10	\$3.15	\$4.20	\$5.25	\$7.35	\$10.50
50-54	\$3.50	\$5.25	\$7.00	\$8.75	\$12.25	\$17.50
55-59	\$6.20	\$9.30	\$12.40	\$15.50	\$21.70	\$31.00
60-64	\$11.30	\$16.95	\$22.60	\$28.25	\$39.55	\$56.50
65-69	\$17.70	\$26.55	\$35.40	\$44.25	\$61.95	\$88.50
70-74	\$24.10	\$36.15	\$48.20	\$60.25	\$84.35	\$120.50
75+	\$52.00	\$78.00	\$104.00	\$130.00	\$182.00	\$260.00

*Amounts that you can select on the enrollment system are limited because of the number of fields available. If the amount you'd like to elect is not available and are within the requirements above, please contact Webber Advisors at 800-326-9850.

This benefit highlight is not a complete description of the program. Additional services and treatments are covered, while certain other services and treatments are excluded from coverage. Additional information may be obtained through the www.myfirstunitedbenefits.com website (Username: First United, Password: mybank1017).

Voluntary Dependent Life Insurance

Spouse Voluntary Term Life

Under this benefit, **if you have elected voluntary life coverage on yourself**, you may also elect up to 50% of life coverage on your spouse.

Spousal coverage is available in \$500 increments, subject to a minimum of \$5,000 and a maximum of \$250,000.

During your initial enrollment period, you may elect up to the guaranteed coverage amount of \$50,000 with no medical questions asked, if you do not exceed 50% of the employee voluntary election. Any future new election or increase to an existing election will require completion of a medical questionnaire and approval from AUL.

Life insurance coverage will be subject to a reduction schedule beginning at age 70 (refer to your certificate of insurance for more details). Cost Per-Pay is determined by the employee's age.

Per-Pay Contributions						
Spouse Life	\$10,000	\$15,000	\$20,000	\$25,000	\$35,000	\$50,000
Up to age 29	\$0.25	\$0.38	\$0.50	\$0.63	\$0.88	\$1.25
30-34	\$0.35	\$0.53	\$0.70	\$0.88	\$1.23	\$1.75
35-39	\$0.45	\$0.68	\$0.90	\$1.13	\$1.58	\$2.25
40-44	\$0.65	\$0.98	\$1.30	\$1.63	\$2.28	\$3.25
45-49	\$1.05	\$1.58	\$2.10	\$2.63	\$3.68	\$5.25
50-54	\$1.75	\$2.63	\$3.50	\$4.38	\$6.13	\$8.75
55-59	\$3.10	\$4.65	\$6.20	\$7.75	\$10.85	\$15.50
60-64	\$5.65	\$8.48	\$11.30	\$14.13	\$19.78	\$28.25
65-69	\$8.85	\$13.28	\$17.70	\$22.13	\$30.98	\$44.25
70-74	\$12.05	\$18.08	\$24.10	\$30.13	\$42.18	\$60.25
75+	\$26.00	\$39.00	\$52.00	\$65.00	\$91.00	\$130.00

Dependent Child(ren) Voluntary Term Life

Dependent life coverage is available if you have elected and approved for at least \$10,000 in voluntary life on yourself. This benefit provides coverage for ALL dependent children based on the following amounts:

From 6 months to 19 years old (up to 25 years of age, if unmarried and a full-time student): \$10,000
 From birth to 6 months: \$1,000

The cost per-pay for all eligible dependent children.

Amount of Coverage	Cost Per-Pay
\$10,000	\$0.85

IMPORTANT NOTE: It's your responsibility to notify Webber Advisors when your dependent child no longer qualifies for this benefit within a 30-day timeframe for conversion opportunity and to discontinue payroll

This benefit highlight is not a complete description of the program. Additional services and treatments are covered, while certain other services and treatments are excluded from coverage. Additional information may be obtained through the www.myfirstunitedbenefits.com website (Username: First United, Password: mybank1017)

Group Long-Term Disability Benefits

First United Bank & Trust offers Long-Term Disability (LTD) through American United Life Insurance Company (AUL). You are eligible for this benefit first of the month following 30 days of hire.

LTD coverage provides you with income replacement if you become totally or partially disabled and are unable to fully perform your job because of a non-work-related illness or injury. This insurance is designed to provide income to you in cases of accident, illness or other disabilities that exceed one-hundred twenty (120) days.



Employee Eligibility: All active full-time employees working a minimum of 40 hours per week.

Long-term Disability Benefits (Employer Paid):

Monthly Benefit Amount:	60% of basic monthly earnings to a maximum benefit of \$9,000 per month
Duration of Benefit:	SSFRA (Social Security Full Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act)
Social Security Integration:	Family
Elimination Period:	120 days of disability

Definition of Disability:

Inability to perform the material duties of your own occupation for the first 24 months of disability. After 24 months of disability, the inability to do any occupation based on your training, education, or experience.

Pre-Existing Limitation:

If you have been treated for a condition three months prior to your effective date, you must go 12 months without being disabled for that condition. **This applies to newly covered employees; current employees are subject to continuity of coverage.**

Mental/Nervous/Self-Reported Limitation: Benefit is limited to 24 months for mental and nervous disabilities or disabilities, which do not have medical verification unless confined to a hospital.

Partial Disability: If you can return to work on a part-time basis, you may still be eligible for a benefit.

This benefit highlight is not a complete description of the program. Additional services and treatments are covered, while certain other services and treatments are excluded from coverage. Additional information may be obtained through the www.myfirstunitedbenefits.com website (Username: First United, Password: mybank1017).

What You Should Know...

1. If you die while you are employed at First United Bank & Trust, your beneficiary will receive a benefit. Your beneficiary is the individual you designate to receive your life insurance benefit when you die. **It is important that you keep your beneficiary information current.**
2. In determining your life insurance, the definition of annual salary means your earnings from the last reported W-2 form from the Group Policy holder.
3. If you leave the company, you may be able to convert the policy. See your booklet for details.
4. Life insurance coverage over \$50,000 that the Company pays for will result in imputed income. Imputed income is the value of that insurance based on IRS tables which is additional taxable income for you. The imputed income from life insurance over \$50,000 is subject to FICA tax, assuming you have not already exceeded the FICA wage base.
5. Through AD&D insurance, your beneficiary will receive the full amount of employer provided benefit if you die due to an accident, directly and independently of all other causes. It will pay you a portion of that amount if you suffer injuries, such as the loss of an eye or a limb. The specific amount will vary by the seriousness of the injury.
6. In determining your AD&D insurance, the definition of annual salary means your earnings from the last reported W-2 form from the Group Policy holder.
7. Your AD&D beneficiary will be the same as you have for your base life insurance.
8. The cost for voluntary life insurance will be adjusted at the beginning of each calendar year. If you enter a new age bracket, your rate will adjust at this time.



Flexible Spending Accounts

First United Bank & Trust offers Flexible Spending Accounts (FSA) through Webber Advisors. Full-time employees working 30+ hours per week are eligible for this benefit. Your Plan Year runs January 1st through December 31st.

Flexible Spending Accounts are a great way for you and your family to save money by reducing your taxable income. There are three types of spending accounts in which you may choose to participate: a General-Purpose Health Flexible Spending Accounts, a Dependent Care Flexible Spending Account, and a Limited-Purpose Flexible Spending Account.

General-Purpose Health Flexible Spending Account

By enrolling in the Medical Spending Account plan, you can pay for eligible, uninsured medical, dental and vision expenses with pre-tax dollars. The maximum amount you may contribute annually is \$3,200. The FSA is a use it or lose it plan as most of your election amount does not roll into the next plan year. Due to the Carryover Provision participants will be permitted to carry over up to \$640 of unused health FSA Account balances into the next plan year.

Below is a brief list of eligible expenses:

- Office Visit Copays
- Deductibles and coinsurance
- Eyeglasses and exams
- Chiropractic Services
- Hearing exams & hearing aids
- Over-the Counter drugs
- Prescription Drug Copays
- Dental and Orthodontia Expenses
- Contact Lenses and Solutions
- Over-the-Counter medical supplies used to treat an injury (i.e., Band-aids, supports/braces, etc.)

A detailed receipt must accompany your claim. The receipt must contain the name of the provider, dependent name, date of service, amount of claim and service performed.

Dependent Care Flexible Spending Account

A Dependent Care Account will reimburse you with your pre-tax dollars for day-care expenses for your child(ren) and other qualifying dependents. You can contribute up to \$5,000 a year or \$2,500 if you are married and filing a separate tax return. A brief list of eligible expenses under the Dependent Care Accounts is indicated below:

- * Before and after school programs
- * Summer day camp (cannot be an overnight camp)
- * Care in a home or by a licensed provider (individual must be claiming on their income taxes)
- * Nursery school or preschool

Some ineligible expenses under the Dependent Care Account plan are as follows:

- * Child support payments
- * Food, clothing, and entertainment
- * Educational supplies and activity fees

All claims must be submitted with a receipt detailing the name of the provider, provider's tax identification or social security number, time for which the expense is being incurred and the amount of the expense.

The carryover provision does not apply to the dependent care FSA Account. However, the dependent care flexible spending account will continue to have the grace period, which allows you to incur dependent care account claims through March 15th of the following year and still apply it to the prior year dependent care account balance. All claims to exhaust the 2024 balance must be filed no later than March 31, 2025



Limited-Purpose Health Flexible Spending Account

This type of FSA plan is intended for those with a Health Savings Account (HSA). In a limited-purpose FSA, covered health care procedures are limited to dental and vision expenses.

Employees are not allowed to contribute to both a health savings account (HSA) as well as a general-purpose health flexible spending account. Employees are, however, eligible for an HSA if they use a limited-purpose FSA for their dental and vision care needs. This will allow you to maximize their savings and tax benefits.

The contribution limit is \$3,200. The FSA is a use it or lose it plan as most of your election amount does not roll into the next plan year. Due to the Carryover Provision participants will be permitted to carry over up to \$640 of unused health FSA Account balances into the next plan year.

In a limited-purpose FSA, covered health care procedures are limited to non-deductible medical expenses, dental and vision expenses. Health care expenses should be submitted to your HSA account for reimbursement.

Typical Eligible Limited FSA Expenses:	Typical Ineligible Limited FSA Expenses:
 <ul style="list-style-type: none"> ✓ Dental Cleaning ✓ Tooth Fillings ✓ Dental Crowns ✓ Orthodontia ✓ Contact Lenses ✓ Eyeglasses ✓ Refractions ✓ Vision correction procedures 	 <ul style="list-style-type: none"> ⊘ Insurance premiums ⊘ Medical deductible expenses ⊘ Alcohol and drug rehab expenses ⊘ Prescription medicine ⊘ Medical equipment ⊘ Contraceptives

Health Savings Accounts



Who is eligible to open an HSA?

The main requirement for opening an HSA is having a high-deductible health plan that meets IRS guidelines for the annual deductible and out-of-pocket maximum. To be an eligible individual and qualify for an HSA, you must also meet the following requirements:

- ✓ You are not covered by any other non-HDHP health plan, such as a spouse's plan, that provides any benefits covered by your HDHP plan.
- ✓ You are not enrolled in Medicare.
- ✓ You do not receive health benefits under TRICARE.
- ✓ You have not received Veterans Administration (VA) benefits within the past three months.
- ✓ You cannot be claimed as a dependent on another person's tax return.
- ✓ You are not covered by a general-purpose health care flexible spending account (FSA) or health reimbursement account (HRA). Alternative plan designs, such as a limited-purpose FSA or HRA, might be permitted.

What are the "IRS-qualified medical expenses" that I can pay for with my tax-free HSA funds?

You can pay for a wide range of IRS-qualified medical expenses with your HSA, including many that aren't typically covered by health insurance plans. This includes deductibles, co-insurance, prescriptions, dental and vision care, and more. For a complete list of IRS-qualified medical expenses, visit [irs.gov](https://www.irs.gov).

Are health insurance premiums considered IRS-qualified medical expenses?

Generally, health insurance premiums ARE NOT considered IRS-qualified medical expenses, UNLESS they are for:

- ✓ Qualified long-term care insurance
- ✓ COBRA health care continuation coverage
- ✓ Health care coverage while an individual is receiving unemployment compensation
- ✓ For individuals over 65, the following premiums ARE considered IRS-qualified medical expenses:
Medicare Parts A, B, D, Medicare HMA
- ✓ Employee portion paid for employer-sponsored health insurance
- ✓ Employee portion paid for employer-sponsored retiree health insurance

Can I use my tax-free HSA savings to pay for, or reimburse myself for, IRS-qualified medical expenses from a previous year?

Yes, if the IRS-qualified medical expenses were incurred after your HSA was established, you can pay them or reimburse yourself with HSA funds at any time. Just be sure to keep sufficient records to show that these expenses were not previously paid for by another source or taken as an itemized deduction in any prior tax year.

Who is responsible for making sure HSA funds are only used to pay for IRS-qualified medical expenses?

As the HSA accountholder, you are responsible. Therefore, it's important to keep records of the IRS-qualified medical expenses you pay for with your HSA to exclude those dollars from your gross income.

Can my HSA funds ever be taxed?

HSA funds that are used to pay for non-IRS-qualified medical expenses are considered part of your gross income and subject to an additional 20%. Exceptions include HSA distributions that are made after an accountholder's death, disability, or after they turn 65.

Member Advocacy Services

When you have questions about your medical, dental, vision, life, and disability benefits; the Webber Advisor's member advocacy team is here to help! Our team will navigate your health insurance journey with you by simplifying plan designs, clarifying networks, helping you understand your explanation of benefits and more!

Confidential assistance with things like:



- ✓ Missing or lost ID Cards
- ✓ Claim Issues or questions.
- ✓ Questions about your medical, dental, and vision coverage.
- ✓ New hire and annual open enrollment support
- ✓ Benefit eligibility questions

What does the Webber Advisor's Advocacy Team offer?

- ✓ Benefit assistance for employees and their family members.
- ✓ One-Stop Contact Center, without the hassle of an automated answering service.
- ✓ Knowledgeable and Professional Staff
- ✓ Confidential and responsive service

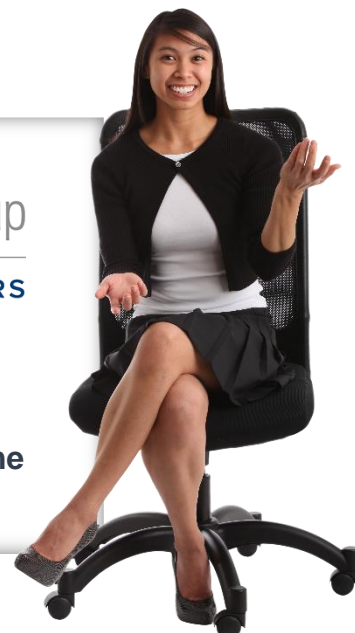
How to reach us:

Phone: (800) 326-9850

Email: benefitshotline@webberadvisors.com

Weekdays: 8:00 a.m. to 4:00 p.m. eastern time

 **Leavitt Group**
WEBBER ADVISORS



The information in this Enrollment Guide is presented for illustrative purposes. The text contained in this guide 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 guide and 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 the guide, please contact HR or Webber Advisors.

Electronic Disclosure Notice

Availability of Health and Welfare Plan Notices and Summary of Health Information

The Employee Retirement Income Security Act (ERISA), Department of Labor (DOL), Department of Health and Human Services (HHS) and Internal Revenue Service (IRS) require plan administrators to provide certain information related to their health and welfare benefit plans to plan participants in writing. Below are the notices that are located at www.myfirstunitedbenefits.com. These notices explain your rights and obligations in relation to the health and welfare plans provided by First United Bank & Trust.

The **Summary of Benefits and Coverage (SBC)** noted below, summarizes important information about any health coverage option in a standard format, to help you compare across options. Please read these notices carefully and retain a copy for your records.

The **Health Insurance Marketplace Coverage Notice** summarizes basic information about the Marketplace and employment-based health coverage offered by First United Bank & Trust.

The following are the Health Care Reform Notices included in the Health and Welfare Notice:

- ✓ Lifetime Maximum Notice
- ✓ FSA/HSA/HRA Over-the-Counter Restrictions
- ✓ Information on Rescissions
- ✓ Information on Nondiscrimination 105(h) Rules

The following are additional annual Notices included in the Health and Welfare Notice:

- ✓ Women's Health and Cancer Rights Act (WHCRA) Enrollment Notice
- ✓ The Newborns' and Mothers' Health Protection Act (NMHPA) Notice
- ✓ Mental Health Parity Act (MHPA)
- ✓ Health Information Technology for Economic and Clinical Health Act (HITECH)
- ✓ Genetic Information Nondiscrimination Act (GINA)
- ✓ HIPAA Special Enrollment Rights Notice
- ✓ Uniformed Services Employment and Reemployment Rights Act (USERRA) Notice

The following are additional annual Notices located at www.myfirstunitedbenefits.com (separate from the Health and Welfare Notice)

- ✓ Medicare Part D Notice
- ✓ Children's Health Insurance Program Reauthorization Act (CHIPRA) Notice
- ✓ Summary of Benefits and Coverage (SBC)
- ✓ Health Insurance Marketplace Coverage Notice
- ✓ First United Corporation Group Health Plan Summary Annual Report (SAR)

Please follow the directions below to get to the notices.

1. Go to the website address: www.myfirstunitedbenefits.com
2. Click on the "Compliance Notices" tab. A paper copy is also available, free of charge, by calling (800) 326-9850.



[Benefits](#) [Compliance Notices](#) [Contact Us](#)

Welcome to your
Company Benefits Portal.