2025 OPEN ENROLLMENT

LIVE SOUND

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OPEN ENROLLMENT DATES

OCTOBER 16 – OCTOBER 30, 2024

Open enrollment elections are effective January 1, 2025.

Eligibility

If you are a full-time employee, you and your dependents are able to enroll in the GROWMARK System benefit plans.

Eligible dependents

- Legal Spouse
- Dependent Children up to age 26
  - Adult Dependents incapable of self-support

Required Elections

You must elect or decline the following benefits during Open Enrollment. If you don't elect these benefits in Open Enrollment, you will not be covered.

- Medical Insurance
- Health Savings Account (HSA)
- Salary Stretcher
- Dental Insurance
- Vision Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Accident Insurance
- Identity Theft Protection

Disability Insurance (hourly/non-exempt employees only)

- Employees can enroll in voluntary long-term disability during Open Enrollment without completing evidence of insurability.

Passive Enrollments

The following benefits will carry over year to year and do not require elections. However, you do have the option to update your coverage.

Life Insurance

- Additional $20,000 in coverage can be purchased without underwriting. Coverage purchased over $20,000 will require underwriting.

Enrollment and changes to elections can only be made during the Open Enrollment period, unless you have a qualifying life event.

Qualifying life events, which allow you to change your coverage elections, include marriage, divorce, birth/adoption, death, gain/loss of other coverage, loss of dependent status, and change of employment status. Changes must be made within 30 days of the qualifying life event. Notify your Benefits Administrator if you have a qualifying life event.

Go to: www.hkp-usa.com/cloudservice to enroll on your computer or mobile device or scan the QR Code!

CONTENTS

2025 BENEFIT PLAN UPDATES AND CHANGES

High Deductible Health Plan (HDHP) Minimum Requirements

The IRS has increased the Annual Minimum Deductible Limit for HDHPs.

This will change the **Select Plan** Individual and Family deductibles for 2025.

- Individual: $1,650 ($50 increase)
- Family: $3,300 ($150 increase)

HSA Contribution Limits

Maximum Contribution Amount Increases

- Individual: $4,300 ($150 increase)
- Family: $8,550 ($250 increase)
- Catch-up (age 55+): $1,000 (no increase)

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ELECTING YOUR **2025** BENEFITS

Online Enrollment

Enroll on your desktop by following the steps below:

1. Got to hkp-usa.com/cloudservice and log in.
2. Click the “heart” icon on the left, or in the tile box that is labeled "Benefits". Click on "Benefit Enrollment"
3. In the drop down, click "Open Enrollment".
4. Go through the wizard to select each plan.
5. Once completed, **print your new Employee Summary Report** for confirmation of your elections.

Mobile Enrollment

1. Got to hkp-usa.com/cloudservice and log in.
2. Click on the 3 pink lines in the top left corner then the "Heart" icon or swipe the screen to see the tile box that is labeled "Benefits". Click on "Benefit Enrollment".
3. In the drop down, click "Open Enrollment".
4. Go through the portal to select each plan.
5. To complete your enrollment, submit benefits.

Be sure to review your covered dependents!

CHOOSING A MEDICAL PLAN

Use the checklist below to help you decide which plan best meets the needs of you and your family. Remember that your medical plan election will be in effect for all of 2025.

☐ Know Health Terms

- **Premium:** The amount you pay for your health insurance plan.
- **Deductible:** The amount you pay for health care expenses before insurance starts to pay.
- **Coinsurance:** The percentage of medical expenses you will pay after your deductible has been met.
- **Out-of-Pocket Maximum:** The most you pay for covered services in a plan year.

☐ Understand Your Options

- Review the **side-by-side comparison** of the plans on page 3 of this guide.
- Compare the **premiums** coming out of your paycheck on a monthly basis on page 11-12 of this guide.
- Consider and compare a spouse's plan(s)

☐ Look Back

- **Review your last year and current year's medical plan deductible and out-of-pocket expenses.** Did you meet the plan limits? If not, consider how much you spent on medical expenses. You can log into the UMR online portal and see your total expenses or review an Explanation of Benefits. Take this into account when considering each of these plans and their deductible and out-of-pocket maximum.

☐ Look Forward

- **In the last year, have you gone through any life changes?** If so, your coverage likely needs to change This includes marriage, divorce, having or adopting a baby, death of a covered person, or a new illness.
- Do you have any planned procedures, hospitalizations, or greater medical needs next year? Make sure to consider these procedures as you evaluate each plan.

☐ Understand HDHPs

- High deductible Health Plans (HDHPs) have a higher deductible, and lower monthly premiums than most other major plan types. The coinsurance discount does not kick in until you have met your plan's deductible. You generally pay more out of pocket than for other types of major medical plans. You may contribute to a Health Savings Account (HSA) to save for medical, dental, and vision expenses. See page 7 for more information on the HSA.

☐ Explore Supplemental Coverage

- Sometimes medical insurance isn't enough. Supplemental insurance coverage may help with expenses your medical insurace doesn't cover. See page 9 for more information on your offered supplemental plans.

☐ Consider Your Risk Tolerance

- Could you afford the higher deductible on the Essential Plan if something unexpected happened?
- Do you have HSA funds or personal savings available to pay high medical bills?
- Are you willing to pay higher premiums to have a lower deductible on the Select Plan?

☐ Choose Wisely

- Ask questions of your HR Administration, set up an appointment to discuss one-on-one or attend available informational meetings.

2025 BENEFIT PREMIUMS

Premiums are per month: payroll deductions will be made from 2 paychecks each month, for biweekly 26 paychecks per year and semi-monthly 24 paychecks per year.

UMR/United Healthcare - Medical Insurance

	Essential	Balanced	Select
Employee Only	$82.23	$201.99	$243.90
Employee/Spouse	$177.74	$435.11	$525.20
Employee/Child(ren)	$155.77	$383.20	$462.81
Family	$230.40	$565.57	$682.89

Delta Dental - Dental Insurance

Coverage Level	Value Plan	Premier Plan
Employee	$16.68	$26.61
Employee/Spouse	$33.35	$53.20
Employee/Child(ren)	$41.90	$59.03
Family	$67.87	$97.65

VSP - Vision Insurance

Coverage Level	Premium
Employee	$8.00
Employee/Spouse	$16.02
Employee/Child(ren)	$17.14
Family	$27.38

Lincoln Financial - Disability Insurance

Voluntary LTD Premium Formula
Monthly Salary
x Premium Factor
= Monthly Premium

Voluntary Long Term Disability (hourly employees)	
Age	**Premium Factor**
18-29	0.00143
30-34	0.00187
35-39	0.00275
40-44	0.00385
45-49	0.00704
50-54	0.00935
55-59	0.01298
60-64	0.01144
65-69	0.00704
70-74	0.00451
75+	0.00495

Lincoln Financial - Hospital Indemnity Insurance

Coverage Level	Tier 1	Tier 2
Employee	$7.20	$14.27
Employee/Spouse	$17.53	$35.19
Employee/Child(ren)	$12.36	$24.73
Family	$19.43	$38.72

Lincoln Financial - Accident Insurance

Coverage Level	Premium
Employee	$14.07
Employee/Spouse	$22.99
Employee/Child(ren)	$25.12
Family	$33.88

Lincoln Financial - Critical Illness Insurance

Employee

Age	$10,000	$20,000	$30,000
Under 25	$2.19	$4.38	$6.57
25-29	$2.95	$5.90	$8.85
30-34	$4.55	$9.10	$13.65
35-39	$7.17	$14.34	$21.51
40-44	$11.22	$22.44	$33.66
45-49	$17.89	$35.78	$53.67
50-54	$25.82	$51.64	$77.46
55-59	$35.16	$70.32	$105.48
60-64	$50.42	$100.84	$151.26
65-69	$71.66	$143.32	$214.98
70-99	$133.06	$226.12	$399.18

Spouse

Age	$5,000	$10,000	$15,000
Under 25	$1.10	$2.19	$3.29
25-29	$1.48	$2.95	$4.43
30-34	$2.28	$4.55	$6.83
35-39	$3.59	$7.17	$10.76
40-44	$5.61	$11.22	$16.83
45-49	$8.95	$17.89	$26.84
50-54	$12.91	$25.82	$38.73
55-59	$17.58	$35.16	$52.74
60-64	$25.21	$50.42	$75.63
65-69	$35.83	$71.66	$107.49
70-99	$66.53	$133.06	$199.59

Children - age 26 and under:

$5,000	$10,000
$2.28	$4.56

Critical Illness Premium Rates:

- All dependent children are covered under one premium
- Spousal coverage up to 1/2 Employee coverage

Lincoln Financial – Life Insurance

Employee & Spousal Life

Age	Rate per $1,000 of Coverage
18-29	$0.07
30-34	$0.08
35-39	$0.09
40-44	$0.13
45-49	$0.18
50-54	$0.29
55-59	$0.45
60-64	$0.70
65-69	$1.10
70-74	$1.40
75+	$1.71

Dependent Child Life

Coverage Level	Premium
$2,500	$0.50
$5,000	$1.00
$7,500	$1.50
$10,000	$2.00

Life Premium Rates:

- Employee life can be purchased in $5,000 increments up to $400,000.
- Spousal life rates are based upon the employee's age.
- Spousal life can be purchased in $10,000 increments up to $50,000 & one-half employee life coverage amount elected.
- All dependent children are covered under one premium.

Allstate Identity Protection - Identity Theft Protection

Coverage Level	Premium
Employee	$9.95
Family	$17.97

2025 MEDICAL PLAN OPTIONS

Medical - UMR

All dollar amounts and percentages are displayed as what the employee will pay.

	Essential		Balanced		Select	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Health Savings Account	All plans are Health Savings Account (HSA) eligible.					
Deductible: Employee responsibility or cost out-of-pocket before coinsurance begins. The Essential plan has an embedded individual deductible of $5,000. The Balanced and Select plans have aggregate deductibles.						
Individual	$5,000	$10,000	$2,000	$4,000	$1,650	$3,300
Family	$10,000	$20,000	$4,000	$8,000	$3,300	$6,600
Coinsurance: Amount employee pays after deductible is met, until reach out-of-pocket maximum.	0%	50%	20%	50%	20%	50%
Out-of-pocket maximum: Maximum employee will spend in a calendar year, including deductible.						
Individual	$5,000	$20,000	$4,000	$8,000	$2,550	$5,000
Family	$10,000	$40,000	$7,350	$14,700	$5,100	$10,000
Other Coverage: Employee coinsurance responsibility after deductible has been met.						
Preventative Care Services	0%, no deductible	50%	0%, no deductible	50%	0%, no deductible	50%
Teladoc General Medicine Visit	$54		$54		$54	
Inpatient and Outpatient Services	0%	50%	20%	50%	20%	50%
MRI/Cat Scan/Lab/X-ray						
Muscle Manipulation						
Physical, Occupational, and Speech Therapy						
Physician Visit/Specialist Visit						
Urgent Care						
Emergency Room	0%		20%		20%	
Prescription Drugs: Employee co-payment or coinsurance responsibility after deductible has been met when using participating pharmacies. Some drugs require prior authorization or step therapy.						
Tier 1: Generic Rx	0%		**Retail** 30 day supply: $10 **Retail** 90 day supply: $30 **Mail order** 90 day supply: $25		20%	
Tier 2: Preferred Brand Rx			**Retail** 30 day supply: 20%* **Retail** 90 day supply: 20%, max $100 **Mail order** 90 day supply: $60			
Tier 3: Non-Preferred Brand Rx			**Retail** 30 day supply: 40%* **Retail** 90 day supply 40%, max $300 **Mail order** 90 day supply: $125			
Specialty			40%			

*Retail preferred and non-preferred brand name drugs are capped at $100 (after deductible has been met).

This document provides only highlights of the health benefit plans.
Certificate of Coverage available after enrollment fully describes the terms of coverage.

AGRILAND FS WELLNESS INCENTIVES

Complete your preventative screening and earn cash!

Based on the completion of the applicable preventative screening(s), **$50.00** will be **awarded** to active employees and spouses who are on the UMR Medical Plan.

Preventative Screenings that qualify:

Annual Physicals
Colonoscopy
Mammogram
Cervical Cancer

HOW TO EARN CASH

How to earn your cash reward:

1. Primary Care Provider reccomends a preventative screening for employee and/or spouse on the UMR Medical Plan
2. Have the screening at your location of choice
3. Eligible screening is complete and your claim is paid, a reward will be mailed to your home. Checks will be made out to the insurance subscriber.

Preventative Screening	Max. Completion Each Year Per Eligible Person	Amount
Annual Physical	1	$50
Colonoscopy	1	$50
Mammogram	1	$50
Cervical Cancer	1	$50

*This program may be amended, suspended, or terminated for any reason, with or without prior notification.
Full time employees receiving incentive must be actively employed at the time of payout.

UMR PROGRAMS AND TOOLS

Teladoc

24/7 doctor visits via phone or mobile app

Teladoc gives you round-the-clock access to U.S. board certified doctors, from home or on the go. Call 1-800-835-2362, connect online at Teladoc.com, or use the Teladoc mobile app for affordable medical care when you need it.

General Medicine Visit: Only $54

Talk to a doctor anytime, anywhere you happen to be.

Receive quality care via phone, video or mobile app

Prompt treatment with average call back time of 10 minutes

A network of doctors that can treat every member of the family

Prescriptions sent to pharmacy of choice if medically necessary

Teladoc is less expensive than the ER or urgent care

Get the care you need. Teladoc doctors can treat many medical conditions, including:

• Cold & flu symptoms • Sinus problems • Allergies • Skin problems • Respiratory infections • Pink eye • And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.

Plan Advisor

Plan Advisor delivers an experience that's beyond traditional models of member support. UMR advisors partner with you so you feel more confident in the decisions you make about your health, and comforted by the steps you're taking to get there.

Plan Advisors can:

- Schedule appointments with providers, identify possible health screenings, or preventive care
- Explain benefit details or connect you to the right person to find the answer you need
- Discover what services are available to you based on your plan

Connect with a Plan Advisor at 800-207-3172 on weekdays from 8 a.m. to 5 p.m. Central Time.

Preventive Care

A preventive health visit can help you establish the baseline for your current health and help identify any health issues before they become more serious. You and your doctor can then work together to identify care options that may help maintain or improve your health. Preventive care is covered 100% by your UMR plan.

Scan the QR Code with your smartphone's camera and click the banner to explore all benefits related to preventive care with UMR.

Health Cost Estimator

Know what you'll pay before getting care

The health cost estimator allows you to research treatment options and learn about the recommended care and estimated costs associated with your selected treatment option. You can even access quality and efficiency measurements for participating providers.

Getting started is easy. Look for the Health Cost Estimator tile on your personal home page on UMR.com.

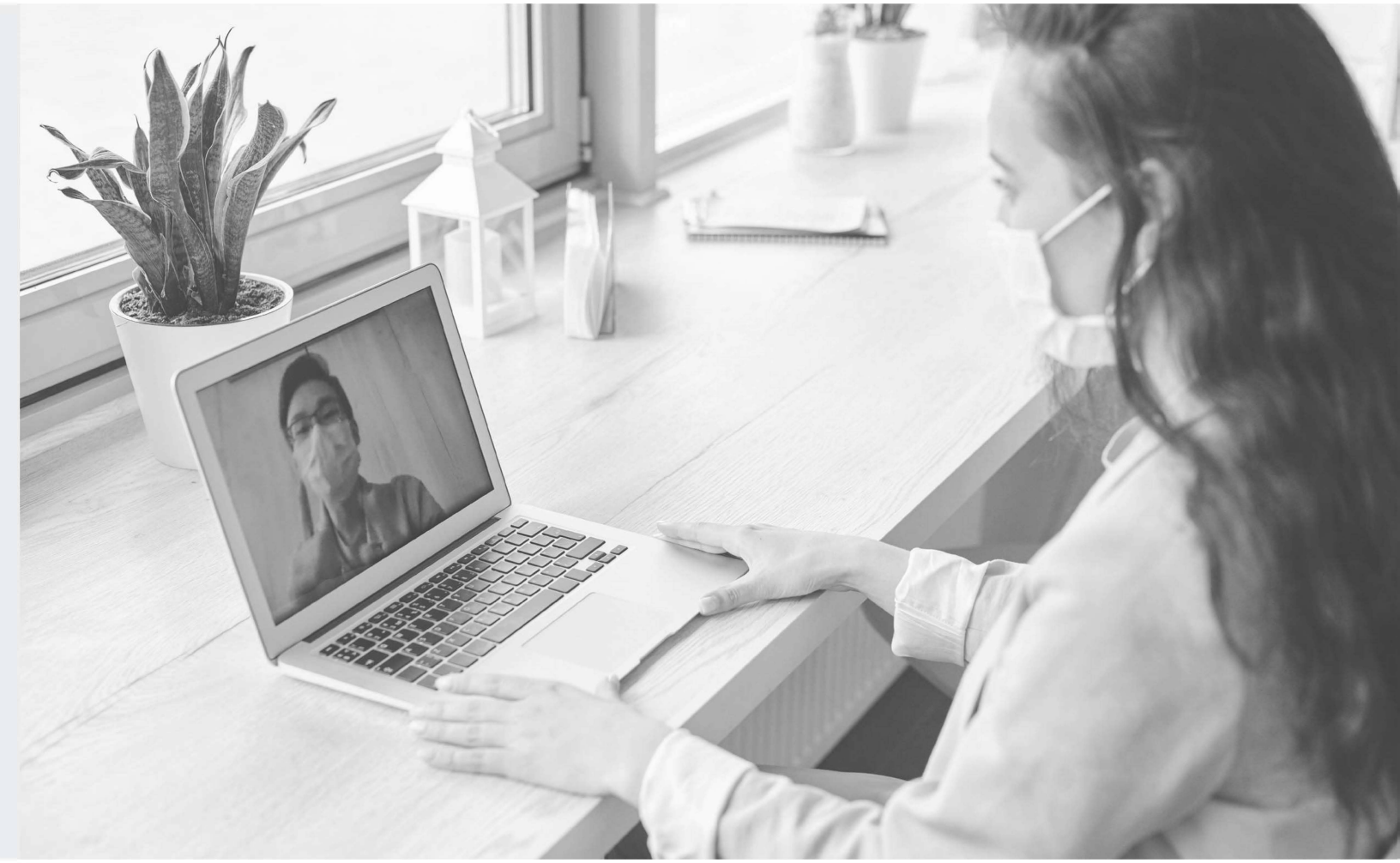
Optum Rx Pharmacy Benefits

Optum Rx is a full-service prescription drug benefit provider with a wide network of In-Network pharmacies. Members will experience competitive pricing at convenient pharmacy options, both in retail and mail-order options. Manage your prescriptions through the Optum Rx Medicine Cabinet online and access the following resources:

- Search for drug pricing and lower-cost alternatives
- Refill and renew mail-service pharmacy prescriptions
- Transfer your retail prescriptions to their mail-service pharmacy
- Sign up for medication reminders via text message
- View your OptumRx benefits in real time

Did You Know?

Optum Rx Home Delivery typically offers the lowest cost on long-term medications. Download the Optum Rx app or explore opturmrx.com to learn more.



EMOTIONAL WELL-BEING RESOURCES

Mental Health with Teladoc

Confidential therapy from wherever you are

Talk to a therapist or psychiatrist seven days a week (7 a.m. to 9 p.m. local time) from wherever you are. Seek treatment for:

• Anxiety • Depression • Not feeling like yourself • Mental issues • Stress • And more

How it works:

1. Download the app or go online to set up your account to login
2. Complete a brief mental health questionnaire
3. Schedule an appointment with the therapist or psychiatrist of your choosing

Employee Assistance Program

GuidanceResources

All employees and their families have access to our Employee Assistance Program through GuidanceResources - there is **no cost and no enrollment** needed. You can access resources online at www.GuidanceResources.com (Username: LFGsupport, Password: LFGsupport1) or call 888-628-4824.

Resources include, but are not limited to:

- 5 free counseling sessions per person, per year, per issue
- Stress Management
- Child & Elder Care Resources
- Anxiety Coping Skills
- Marriage Issues
- Financial Tools
- Health & Wellness Learning Opportunities

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SPENDING ACCOUNTS

Health Savings Account

Employees enrolled in a company-sponsored medical plan may also elect a Health Savings Account (HSA). An HSA is a savings account that lets you set aside money on a pre-tax basis to pay for qualified medical, dental, and vision expenses. Participants can elect an employee contribution to be deducted from their paycheck through their enrollment. The monthly contribution can be changed at any time. The entire HSA balance will roll over every calendar year.

The IRS sets contribution limits on HSA accounts annually. Combined spousal contributions cannot exceed the IRS maximum contributions limits each year.

2025 Annual HSA Contribution Limits	
Individual	$4,300
Family	$8,550
Catch-up (age 55+)	$1,000

Participants who are enrolled in Medicare or any other first dollar medical coverage, including a general purpose FSA cannot contribute to an HSA.

Dependent Care Flexible Spending Account

Any employee can enroll in a Flexible Spending Account (FSA) regardless of enrollment in a health plan. An FSA is a spending account that lets you set aside pre-tax dollars to pay for qualified expenses. Participants elect the annual available balance during Open Enrollment, divided equally amongst payroll deductions throughout the year. The balance elected during enrollment cannot be changed unless there is a qualifying life event.

FSA Type	Details	2025 Contribution Limit	Last day to Incur Expenses	Last day to Submit Claims
Dependent Care Flexible Spending Account (DCFSA)	Can be used for qualified dependent care (examples: daycare, pre-school, custodial care for elderly or disabled dependents	$5,000	December 31,2025	March 15,2026

DENTAL AND VISION OPTIONS

DENTAL – DELTA DENTAL OF ILLINOIS

Employees may elect a voluntary dental plan provided by Delta Dental. Delta Dental has two large networks of dental providers. An annual deductible of $50 for employee only coverage, and $150 for family coverage applies to basic and major services. An annual maximum benefit (not including orthodontic services) is limited to $1,000 per person.

Value Plan	
Preventative and Diagnostic: Plan Pays 100%	**Basic Services: Plan Pays 80%**
Oral Evaluations: 2/year	X-Rays: periodical as needed; full mouth once every 3 years
Bitewing X-rays: 2/year	Fillings
Prophylaxis (cleaning): 2/year	Simple Extractions
Fluoride Treatment: 1/year kids under 19	Posterior Composites (tooth colored fillings on back teeth)
Space Maintainers	
Sealants	
Premier Plan	
Preventative, Diagnostic & Basic coverage same as Value Plan	
Major Services: Plan Pays 50%	**Orthodontia: Plan Pays 50%**
Oral Surgery	Dependents up to age 19
General Anesthesia	Lifetime max of $1,000 per dependent
Endodontics	
Periodontics	
Crowns, jackets, cast restorations	
Fixed/removable bridges	
Partial full/dentures	
Implant therapy	

VISION – VSP

Employees may elect a voluntary vision care program provided through VSP. The vision plan is designed to protect your visual wellness by offering eye exams, lenses and frames through VSP's network of private physicians for a small co-payment. Out-of-network coverage is also available, but at a higher out-of-pocket expense.

One plan option:	
Well Vision Exam	$10 co-pay
Glasses	$175 for frames every 2 years + 20% savings over $175 $25 lens co-pay every year Discount on additional lens enhancements
Contacts	$175 for contacts every year 15% discount on lens fitting exam
Diabetic Eye Care Plus Program	Services related to diabetic eye disease, glaucoma, and age-related macular degeneration - Limitations and coordination with medical coverage may apply
Laser Vision Correction	Avg 15% off regular price or 5% off promotional price

2025 VOLUNTARY BENEFITS

For additional coverage, the following voluntary benefits are offered. For more detailed plan information, go to the ISOLVED site (www.hkp-usa.com/cloudservice) and click on the "Benefits" tab.

Voluntary Benefit/Eligibility	Overview
Voluntary Long-Term Disability Non-exempt (hourly) employees only	Voluntary long-term disability benefits begin after an elimination period of 180 days. This is the number of days that you must be disabled prior to collecting any voluntary long-term disability benefits. The maximum monthly benefit is 60% of salary, up to $6,000 per month (benefits are based on annual base pay). Benefits are payable up to age 65 (can extend past this depending on the age that the disability occurs).
Life Insurance Employee, Spouse, Child(ren)	Employee Life coverage can be elected in $5,000 increments up to a maximum of $400,000. Spousal Life coverage can be elected in $1,000 increments up to a maximum of $50,000 or one-half the employee life election. Spousal coverage rates are based upon the employee's age. Dependent Child Life coverage can be elected in $2,500 increments up to a maximum of $10,000. One premium covers all children.
Accident Insurance Employee, Employee/Spouse, Employee/Child(ren), Family	Provides cash benefits for related expenses if you or a covered family member is accidentally injured. Benefits are paid for the type of injury and services related to an accident.
Critical Illness Insurance Employee, Employee/Spouse, Employee/Child(ren), Family	Benefits are paid directly to the employee should a covered critical illness occur. Employees choose the benefit amount they desire for themselves and eligible dependents. The coverage amount purchased will be the basis for which benefits are paid. Each illness specifies a percentage paid of the coverage amount.
Hospital Indemnity Insurance Employee, Employee/Spouse, Employee/Child(ren), Family	Provides cash benefit for overnight hospital confinement. Hospital documentation must be provided to confirm the length of stay was 20 hours or greater to be approved. Two plans are available, paying a low and high benefit.
Identity Theft Protection Employee only, Family	Identity Theft Protecton is a comprehensive, proactive monitoring service that alerts participants at the first sign of fraud and fully restores your identity.

THERE'S AN **APP** FOR THAT!

Access your benefits anywhere you go with the following mobile accessibility. ISOLVED is not an app but you can save it to your homescreen. Please scan QR codes below for instructions on saving to your homescreen. All other apps are available in the Apple App Store or the Google Play Store.

	ISOLVED View your employer benefits and make your Open Enrollment elections. Go to: www.hkp-usa.com/cloudservice iPhone Android
	UMR Health With a single tap, look up in-network health care providers, view your member ID card, see how much you've paid toward your deductible, find out if there is a co-pay for your upcoming appointment, or view recent medical claims.
	Teladoc Health: Virtual Care Teladoc Health connects you with complete care, at your convenience and an affordable cost. You'll find what you need to get well—like 24/7 care—alongside primary care, therapy and programs proven to keep you well.
	CARE App, Powered by Vivify Health Experience an integrated healthcare solution that blends technology with personal connections. UMR members will have access to download the CARE App when plans are active (January 1, 2024) by going to go.umr.com/get-care-app.
	Fidelity NetBenefits Conveniently manage your 401(k), Health Savings Account, Flexible Spending Account, and view your accrued pension benefit.
	Fidelity Health The Fidelity Health® app was built to help you minimize the time, cost, and hassle of managing your healthcare needs. It can help you manage your benefit plans and accounts if you're enrolled in an employer-sponsored health benefits plan through Fidelity or if you have a Fidelity Health Savings Account (HSA).
	Delta Dental Your oral health is important to your overall health! This app to makes it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards, and more, right on your mobile device.
	VSP Vision Care Manage your eye care needs at any time, and from anywhere. With the VSP Vision Care App, you can easily: • View your benefit coverage • Access your Member ID Card • Find a doctor • Get Exclusive Member Extras • Shop eyewear, contacts, and plans
	GuidanceNow GuidanceNow™ provides fast, easy access to your ComPsych employee assistance program and a wide array of health and well-being resources. Username: LFGsupport Password: LFGsupport1
	OptumRx The OptumRx mobile app helps members manage pharmacy benefits without entering a pharmacy. Compare drug prices, view all your medications, and transfer eligible medications to home delivery. Users can also refill their home delivery prescriptions, check order status, set up automatic refills, and more.

2025 OPEN ENROLLMENT FAQs

1. Is GROWMARK going to move back to Blue Cross Blue Shield medical plans?

The GROWMARK System Healthcare Administrative Committee made the decision to move our medical carrier from Blue Cross Blue Shield to UMR effective January 1, 2024. This decision was not made lightly and made with the best interest of the System as a whole amid continually rising healthcare costs and carrier ability to support the System. The UMR contract is a multi-year commitment. The Healthcare Administrative Committee meets regularly to review and make the necessary fiduciary decisions regarding healthcare plans and carrier options.

2. How can I manage my prescription costs?

Prescription costs continue to rise with overall healthcare costs. However, there ar ways to help your out-of-pocket pharmacy expenses:

- **Generic Alternatives** - The most cost-effective option is to fill your prescriptions for the generic version of a medication, if possible.
- **Optum Rx Mail Order** - Optum Rx offers 90-day prescriptions through mail order at less than retail pharmacy 90-day costs.
- **GoodRx** - Discount program outside of System medical plans that often provides reduced costs to the participant. Please note that this does not go through insurance and will not apply to your deductible or out-of-pocket maximum.
- **Manufacturer Coupon** - Many pharmaceutical companies offer a coupon for higher cost, brand name drugs. Your medical provider can often share this with you. Please note that this does not go through insurance and will not apply to your deductible or out-of-pocket maximum.

3. What is prior authorization and why is it being required for my prescription?

A priority of our pharmacy program is to ensure that your prescriptions are safe, effective, and medically necessary. You may be asked to try a generic alternative of a drug before a brand name version will be approved. Documentation may be required from your provider that you've attempted the generic alternative before the brand name version is approved for dispensing.

4. I'm ready to enroll. Where do I go ?

To make elections, go to Isolved (hkp-usa.com/cloudservice) > Benefits tile (or "Heart" icon) > Benefit enrollment > Open Enrollment > Start Open Enrollment.

5. I changed my mind after making my elections, can I still make a change?

You can make changes to your benefit elections until the close of Open Enrollment on October 30,2024. Follow the directions in the question above.

6. How do I review my elections?

After you have made your elections and click save changes at the bottom of the enrollment page, you will receive a message congratulating you on completing enrollment. There will be a summary of all plan elections that you can review here. You also have the ability to go back through the wizard and view selections through the last day of the open enrollment period.

7. Can I increase my life insurance by $20,000 during Open Enrollment?

During Open Enrollment, you can increase your life insurance coverage by $20,000 without providing evidence of insurability. The system will prompt you to complete an online evidence of insurability form if you increase your coverage by more than $20,000.
You can also increase your spouse's coverage by $10,000 without providing evidence of insurability. If you increase your spouse's coverage by more than $10,000, your spouse will have to complete an evidence of insurability form.

Completed evidence of insurability forms must be submitted by November 30, 2024

8. Can I elect both an HSA and Dependent Care FSA?

You can elect both HSA and Dependent Care FSA (DCFSA). DCFSA can only be used on qualified dependent care. Keep in mind that it doesn't rollover into the new calendar year. Your HSA account can be used on qualified medical, dental, and vision expenses. HSA amounts do rollover into the new calendar year.

9. I'd like to keep my benefits the same as the current year (OR) I do not take the company's benefits. Do I still have to go through open enrollment?

Yes, you must make elections for 2024 even if you do not want to make changes to your benefits or do not plan to enroll in any benefits for 2024.

Internal Contacts

Company	Contact Name	Phone Number	Email Address
AGRILAND FS	Nicole Mitchell	515-462-5366	nmitchell@agrilandfs.com
AGRILAND FS	Lauren Robins	515-474-5303	lauren robins@a g ri landfs.com

REQUIRED NOTIFICATIONS

These required notifications can be viewed on the enrollment portal, or you may request paper copies of these notifications by contacting GROWMARK Human Resources.

NOTICE OF PRIVACY PRACTICES – The Health Insurance Portability and Accountability Act (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices. This notice describes our privacy practices and legal duties, your rights concerning your Protected Health Information and how you can get access to this information.

WOMEN'S HEALTH AND CANCER RIGHTS ACT – Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your benefits administrator for more information.

CHILDREN'S HEALTH INSURANCE PROGRAM NOTICE – Special enrollment opportunities for employees and/or dependents that are eligible for, but not enrolled in, a group health plan are available. These employees and/or dependents are eligible to enroll in the plan upon:

- Losing eligibility for coverage under a State Medicaid or CHIP program, or
- Becoming eligible for State premium assistance under Medicaid or CHIP.

CREDITABLE COVERAGE DISCLOSURE NOTICE – The Creditable Coverage Disclosure Notice provides information about your current prescription drug coverage through a GROWMARK System group health plan and your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

COBRA GENERAL NOTICE – If you have elected to participate in one of our group health plans, please note that you are eligible for continuation of coverage through COBRA. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage.

HCR MARKETPLACE NOTICE – The Health Insurance Marketplace is to assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based coverage offered by GROWMARK.

SUMMARY OF BENEFITS AND COVERAGE (SBC) – As of September 23, 2012, group health plans were required to provide participants with an easy-to-understand summary about the group health plan's benefits and coverage. To ensure uniformity of these summaries, all group health plans are required to use the same standard SBC form to help participants compare health plans.

MEWA WRAP SUMMARY PLAN DESCRIPTION – Plan Administrators are legally obligated upon request, under the Employee Retirement Income Security Act (ERISA), to provide health care plan participants a summary of the plan called a summary plan description or SPD. The SPD provides participants with a laymen's version of the plan design and features.

SPECIAL ENROLLMENT RIGHTS – If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the GROWMARK Human Resources Service Center at 309-557-6472 or hrservicecenter@growmark.com.

Plan documents take precedence over this or any other summary benefit documents. Employee benefits are subject to modification or termination at any time. This information is provided by GROWMARK Human Resources and is intended as general information for GROWMARK System Employees and Plan Participants. Every effort has been made to ensure that the information contained in this document is accurate and reliable. Your employer does not provide legal or tax advice and nothing herein should be construed as legal or tax advice. If you would like additional information concerning the benefit plans you may contact your Human Resources department.