

2026 Benefits Guide

*Position Yourself Perfectly for Open Enrollment –
Nov. 7 - Nov. 21, 2025*

Take the guesswork out of 2026 benefits for you and your family!



SERRV International



Eder Financial

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2026 Benefits Guide

*Position Yourself Perfectly for Open Enrollment –
Nov. 7 - Nov. 21, 2025*

This Benefits Guide includes a summary of your benefits.

For complete benefit details, please refer to your insurance contract/policy, which you can find online in your Benefits Administration System.



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At Eder Financial, we strive to offer you quality health and ancillary insurance products with a commitment to fast, friendly service. We enjoy serving you. Please let us know how we can help. For more information contact insurance@eder.org or visit www.ederfinancial.org.

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A Message from the President

Hello Friend!

I'd like to thank you for being one of Eder Financial's valued customers.

We strive to bring you the best plan options at competitive rates so you and your family can have peace of mind that you're well cared for. We believe in providing you with the same coverage we provide for ourselves and our own families because we are in this insurance plan together. You are an important partner with us.

Please know that Eder Financial is committed to providing you with the best plan options and service. You can find an explanation of the benefit features in the **Introduction** section, so you'll have the information you need to make the best coverage decisions for you and your family. The section called **What's New This Year?** includes important updates for you to review.

Thank you again. We look forward to continue providing our concierge service to you now and in the future!

Sincerely,

Nevin Dulabaum

Nevin Dulabaum
President
Eder Financial



Please review the following features to help you make the most informed decisions when you choose your insurance benefits.

- **Plain English explanations** of why you might need specific coverage
- **Health facts and statistics** to enable you to better weigh your plan options before deciding
- **Notes section in the margin of every page** so you can jot down important information and reference it later
- **Glossary of healthcare terms and definitions** to better understand your coverage and benefits
- **Links to videos that walk you through the basics** of specific coverage options
- **Color-coded pages for each section** to make it easier to navigate between sections
- **Links to websites** embedded within pages so you can go directly to a specific web page to sign up, enroll, or obtain more information
- **And much more!**

Thank you for being a valued customer!





Notes

What's New This Year?

Your 2026 Benefits Guide Includes Many Important Updates

There's no better time to enroll in the **Eder Medical Plan**!

Did you know that you're eligible for free and expanded benefits just by enrolling in the **Eder Medical Plan**?

- Whether you're thinking about enrolling in the **Eder Medical Plan**, or currently enrolled, you can read more about these benefits and other updates below, as well as *within specific sections* of this year's Benefits Guide.

Free Basic Life Insurance

You have the option to enroll in **Basic Life Insurance for free** whether or not you're also enrolled in the **Eder Medical Plan**.

- Free Basic Life Insurance is only available to employees, not to their spouses or dependents.
- Don't miss out on this valuable benefit for 2026.

Upgraded Healthcare Benefits

It's now easier for you to access the healthcare resources you need with **Well360 Complete**, an upgraded Highmark Blue Cross/Blue Shield program that includes:

- **Consistent outreach to members and increased communications** to help meet all your healthcare needs
- **Expert management from clinicians** to help you address and treat chronic conditions and health concerns
- **Virtual medicine services** that address multiple healthcare issues, such as joint health, pelvic care, primary care, urgent care, and many more
- **Virtual behavioral health services**, including free services built into the **Mental Well-Being and Employee Assistance Program (EAP)**
- Read more about these and other valuable **Well360 Complete** benefits throughout this Guide.

Free EAP Plan Benefits

This year, the EAP program expands and has a new name, **Mental Well-Being and Employee Assistance Program (EAP)**.



- ***EAP benefits are free to you and your dependents*** if your employer makes medical coverage available to employees, even if you are not enrolled.
- Be sure to check out the free benefits available under the **Mental Well-Being and Employee Assistance Program (EAP)** section of this Benefits Guide.

Virtual Care Updates

Virtual health benefits are now part of Highmark's new **Well360 Complete Program**, which includes updates to virtual services for diabetes management, pelvic health, joint health, and many others.

- You can learn more about the important updates within sections in this Benefits Guide that cover virtual health services.

Free Virtual Services

This year, the Eder Medical Plan provides you with **FREE VIRTUAL primary care, urgent care, and second opinion services, as needed throughout the year.**

- You don't have to pay copayments or coinsurance for these services. Be sure to coordinate your virtual visits through the **MyHighmark app**.

New Instructions for Global Care

You'll find a new section with instructions for using your healthcare benefits when traveling outside of the U.S.

- Read more about these benefits under the **Global Care** section of this Guide.

Free Community Support Resources

No matter where you live, you'll find beneficial resources from the **Highmark Community Support** online platform, based on your location.

- The platform includes resources for housing, food, transportation, medical care, legal services, and many more.
- You can learn more under the **Community Support** section of this Guide.

New Wellness Resources

Throughout this Benefits Guide, you'll discover links to wellness resources and educational videos on diabetes management, virtual physical care, mental well-being, and more.

- To learn more, look for information listed in the shaded boxes that appear across numerous pages of this Guide.

Online Yearly Preventive Schedule

This year, we included instructions on how to review the *yearly preventive schedule online* so you can see your plan's coverage.

- Look for the instructions in the **Yearly Preventive Services Schedules** section, which you'll find under **Additional Helpful Information**.

PLUS – You'll also find additional updates and links to educational resources throughout this year's Benefits Guide to make your open enrollment easy!

Notes





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Eligibility and Enrollment

Am I Eligible?

You are eligible to enroll in the benefits described in this Benefits Guide if you are a full time employee working at least 30 hours or more per week.

There is a 30-day waiting period. Benefits will become effective on the day following 30 days of continuous employment.

Are My Dependents Eligible?

Eligible dependents include:

- ✓ Lawful spouse as determined under the laws of the state in which you reside;
- ✓ Your children at birth;
- ✓ Your spouse's children, who are in your spouse's custody, reside in your home, and are dependent on your spouse for support;
- ✓ Children that are legally adopted by you or placed with you for purpose of adoption prior to age 18;
- ✓ Children for whom you have legal guardianship, who are in your custody, residing in your home, and are dependent on you for support;
- ✓ Married/unmarried, student/non-student children through the date that he/she reaches age 26 for all lines of coverage;
- ✓ Children who are incapable of self support due to severe physical or mental handicap so long as they become incapable of self support while covered as a dependent. You must be legally responsible for this dependent's support or care;
- ✓ Children for whom you are required to provide coverage under the terms of a Qualified Medical Child Support Order (QMCSO). A court order for a dependent must be sent to your benefits contact or finance person. The order will not be implemented before being issued by a court or state administrative process.

TIP: If your dependent is no longer eligible for coverage, you must notify your benefits contact within 30 days of eligibility change to ensure they do not lose the right to elect continuation of coverage.



How Do I Enroll?

The **MyBenefitCHOICE** enrollment website (ederfinancial.mybenefitchoice.com) **How-To-Enroll Guide** will take you step-by-step through the registration and enrollment processes to determine the Eder Health and Life Benefits programs that are best suited for you and your family.

- ✓ Once you've reached the **MyBenefitCHOICE** website, follow the steps outlined next to register for a new account, or sign in to your existing account.
- ✓ You can also find these steps in the **How-To-Enroll Guide** posted to the **MyBenefitCHOICE** website under **Get Answers/Enrollment & Eligibility**.



1 All Users

- Go to ederfinancial.org, select **Health and Life Benefits**, then **Member Portal**.

OR

- Log in directly to ederfinancial.mybenefitchoice.com.

 **Register and Log in**

2 New Users

Under **MyBenefitCHOICE**, select **Register**.

- You'll need your Social Security number, date of birth and zip code.
- Create a username and password.
- Confirm your personal information, benefits and beneficiaries.

Next time you visit the website, you will enter your username and password on the login page to access your information.

3 Existing Users

Enter your username and password, then select **Log In**, to access your information.

If you forget your username or password, use **Forgot your Username or Password?** at the bottom of the login page to reset your username or password.

Additional Support

If you have questions or need help during the enrollment process, please contact the Eder Health and Life Benefits Service Center at contact.center@milliman.com or **800-217-0067**. Representatives from our strategic partner, Milliman, are available Monday through Friday from 7 a.m. to 7 p.m. Central Time.

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Where Can I Find Benefit Plan Information and My Plan Documents?

Go to the **Get Answers** section of the **MyBenefitCHOICE** website shown below:

✓ Review Enrollment & Eligibility and Benefit Plan Information

On the **Get Answers** page, you will find your Benefits Guide, eligibility information, How-To-Enroll Guide, benefit plan documents, videos, links to medical, dental, vision, life insurance, and more.

MyBenefitCHOICE

Home | Get Answers

Enrollment Period: CLOSED
Items below may be changed even when you aren't in an Enrollment Period.

- Summary of Benefits
- Personal Information
- Dependents
- Health Savings Account
- Group Accident
- Beneficiaries
- Life Insurance
- Upload Documents
- Confirmation

GET ANSWERS

Enrollment & Eligibility

Unsure of how to enroll or what the eligibility rules are? Find enrollment guides and instructions or dependent eligibility here.

Benefit Plan Information

Documents, videos and links to health plans for medical, dental and vision benefits.

Leaving your Organization

Select

Review Enrollment & Eligibility and Benefit Plan Information

On the **Get Answers** page, you will find your benefits guide, eligibility information, How-To-Enroll Guide, benefit plan documents, videos, links to medical, dental, vision, life insurance, and more.



When Can I Enroll?

You can enroll from Friday, Nov. 7, 2025 through Friday, Nov. 21, 2025.

The benefits you elect during open enrollment will take effect Jan. 1, 2026 and continue through Dec. 31, 2026.

How Do I Change My Elections and Add Dependents After Enrolling?

Once open enrollment closes, you will not be able to change your benefit elections until the next open enrollment period unless you have a qualifying event, such as a change to family status or insurance coverage, which include the following:

- ✓ Your marriage, divorce, or legal separation
- ✓ The birth, adoption, or placement for adoption of a child
- ✓ Your child becomes eligible or ineligible for coverage
- ✓ Death of a dependent
- ✓ A court issued Qualified Medical Child Support Order (QMCSO) requiring the plan to provide medical coverage
- ✓ Involuntary loss of previously held health insurance coverage

Remember: You only have 30 days to make changes after a qualifying event.

You need to make any changes to your benefit elections or change dependents after a qualifying change in status within 30 days of the event. The change must be consistent with the status change. For example, if you have a baby, you can add the baby as a dependent, but you could not drop coverage for your spouse.



Notes



Benefits Overview

Notes

It's now easier for you to access the healthcare resources you need with **Well360 Complete**, an upgraded Highmark Blue Cross/Blue Shield program that includes:

- **Expert management from clinicians to help you address and treat chronic conditions and health concerns**
- **Virtual medicine services that address multiple healthcare issues, such as pelvic care, joint health, and many more**
- **Read more about these and other valuable Well360 Complete benefits, throughout this Guide.**



Benefits Overview

Eder Medical Plan

An overview of your coverage is listed next. Details about specific coverage, including deductibles and copayments, are outlined in the table on the next page.

Coverage

- ✓ Your medical coverage includes the largest network of healthcare providers across the U.S.
- ✓ Coverage for expenses from both in-network and out-of-network providers (all plans cover in-network expenses, which offer greater savings to you)
- ✓ 100% coverage for most preventive care services (no deductibles and no copays)
- ✓ In-network retail pharmacy and mail-order coverage for prescription drugs
- ✓ No benefit reductions for inpatient or skilled nursing facilities, home care, and private duty nursing when you obtain pre-certification before services take place

Call your dedicated Concierge Team at 888-556-5679 with any questions. Hours are 8 a.m. – 6 p.m. EST for general questions, and call 888-258-3428 24/7 to speak with a nurse.



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Important Details About Your Medical Benefits

Precertification

You must obtain precertification for any inpatient stay at a hospital or skilled nursing facility, coordinated home care, or private duty nursing.

- ✓ Failure to precertify will result in a reduction of your benefits.
- ✓ You can discuss the precertification process with your doctor or call a Concierge Service Representative at 888-556-5679 (this number is also on the back of your ID card).

Wellness/Preventive Care

Wellness/preventive care benefits subject to the preventative schedule should cover these services at 100%*:

- ✓ in-network physical exams
- ✓ pap smears
- ✓ gynecological exams
- ✓ colorectal cancer screenings
- ✓ prostate tests
- ✓ digital rectal exams
- ✓ Immunizations, including at in-network pharmacies
- ✓ other wellness procedures

No copayment or deductible applies.

KEY: You can find the preventive schedules for both adults and children under the **Additional Helpful Information** section of this guide.

Out-of-Network Providers

If you use an out-of-network provider, you must pay expenses that exceed the usual and customary amount, which can be significant.

- ✓ *Always try to use in-network providers to save money.*

Deductibles and Copayments

All benefits are subject to a deductible unless otherwise noted.

- ✓ Medical copays apply to the out-of-pocket maximum.

*100% coverage may depend on other factors, such as age.

Notes

TIP: If you have questions about preventive care benefits, call the number on the back of your insurance card for help.



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Percentages shown in this table represent amounts that the plan pays.

PLAN PROVISION	PPO 1500 Plan*		PPO 2500 Plan*		HDHP 2500 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
DEDUCTIBLE Individual / Family	\$1,500 \$4,500	\$3,000 \$9,000	\$2,500 \$7,500	\$5,000 \$15,000	\$2,500 \$5,000	\$5,000 \$10,000
CO-INSURANCE	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
ANNUAL OUT-OF-POCKET MAXIMUM (INCLUDING DEDUCTIBLE) Individual / Family	\$3,500 \$10,200	\$7,000 \$20,400	\$4,500 \$10,200	\$9,000 \$20,400	\$2,500 \$5,000	\$10,000 \$15,000
MATERNITY	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
INPATIENT HOSPITAL	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
OUTPATIENT HOSPITAL	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
OFFICE VISITS • PCP • Specialist	\$20 copay \$40 copay	60% after deductible	\$20 copay \$40 copay	60% after deductible	100% after deductible	60% after deductible
PREVENTIVE CARE	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible
URGENT CARE	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
EMERGENCY ROOM	\$150 copay		\$150 copay		100% after deductible	
INPATIENT MENTAL/SUBSTANCE	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
OUTPATIENT MENTAL/SUBSTANCE	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100% after deductible	60% after deductible
PRESCRIPTION DRUG • Generic • Brand Formulary • Brand Non-Formulary	\$10 copay \$40 copay \$60 copay	N/A	\$10 copay \$40 copay \$60 copay	N/A	100% after deductible	N/A
SPECIALTY (1-mo sup)	80% after deductible	N/A	80% after deductible	N/A	100% after deductible	N/A
MAIL ORDER (90 DAY SUPPLY) • Generic • Brand Formulary • Brand Non-Formulary • Specialty (1-mo sup)	\$20 copay \$80 copay \$120 copay 80% after deductible	N/A	\$15 copay \$50 copay \$70 copay 80% after deductible	N/A	100% after deductible	N/A

Rx Out-of-Pocket Maximum: \$1,000 (Individual) / \$3,000 (Family)





Make the Most of Your Plan With the MyHighmark app and Member Website

- ✔ Highmark's member website, **My Highmark**, is your one-stop shop for all of your health plan needs — and it's quick and easy to find what you're looking for.
- ✔ No need to get on the phone to find a provider or figure out your bill — it's all at your fingertips.
- ✔ **PLUS** – When you sign up, Highmark will have access to your email and phone number so they can keep you up to date and help you make the most of your health plan.
- ✔ **My Highmark** is new, but if you have an existing Highmark username and password, you can use them to sign into **My Highmark**.

The member website gives you access to your plan information, and lets you:

- Find in-network care
- Get answers to benefit questions
- See recent claims activity

See for yourself.

Log in with your website or app credentials at **MyHighmark.com**.
To set up your account, click **Log In** and then **Register**.



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Find In-Network Doctors

It's easier than ever to find the care you need.

- ✓ Visit **MyHighmark.com**
- ✓ Select **Get Care**, then **Go to Provider Search**
- ✓ Search by **category** or by **specialty, condition, or provider**

Filter your search by:

Network • Location • Provider name & specialty • Common searches

Active members who register on the member website can estimate costs on:

- Inpatient procedures, such as C-section delivery and total knee replacement
- Diagnostic procedures, such as MRIs and CAT scans
- Lab tests, such as blood glucose and lipid panel
- Outpatient procedures, such as physical therapy and chiropractic treatments

Member Website and MyHighmark App

Make the Most of Your Plan With the MyHighmark app and Member Website

- ✓ Highmark's member website, **My Highmark**, is your one-stop shop for all of your health plan needs — and it's quick and easy to find what you're looking for.
- ✓ No need to get on the phone to find a provider or figure out your bill — it's all at your fingertips.
- ✓ **PLUS** – When you sign up, Highmark will have access to your email and phone number so they can keep you up to date and help you make the most of your health plan.
- ✓ **My Highmark** is new, but if you have an existing Highmark username and password, you can use them to sign into **My Highmark**.



Scan the code to download the **My Highmark app**, or visit **MyHighmark.com**.



Sign up right on the app, or use your same login info from the member website if you already have an account.



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Notes

Your Eder Medical Plan Offers You Special Benefits

Your Eder Medical Plan entitles you to a host of additional special benefits as one of our valued customers.

Many of the following benefits are **FREE** for you and your dependents*:

- ✓ **Concierge Service** – Dedicated to offering you responsive and efficient customer service
- ✓ **Member Discounts**
- ✓ **Virtual Healthcare through Highmark's Well360 Program**, including:
 - **Virtual Medicine** – Primary Care, Urgent Care, Behavioral Health, Women's Care, Dermatology, Chronic Disease Management (Diabetes, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease)
 - **Virtual Physical Care** - Including Joint Health and Pelvic Health
 - **Virtual Second Opinion with Cleveland Clinic**
- ✓ **Wellness Services:**
 - Coaching, including Two-Way Texting
- ✓ **Preventive Care Services**
- ✓ **Pregnancy Services**
- ✓ **Customized Communication Tools and Resources:**
 - My Highmark Website
 - My Highmark App for Mobile Devices
 - Find In-Network Doctors and Other Providers
 - Estimate Costs of Care

Refer to details about each of these special benefits, outlined for you on the following pages in this Benefits Guide.

*Please check each benefit for specific guidelines.

Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage, Highmark Benefits Group, First Priority Health or First Priority Life, all of which are independent licensees of the Blue Cross and Blue Shield Association.

All references to "Highmark" in this communication are references to Highmark Inc., an independent licensee of the Blue Cross Blue Shield Association, and/or to one or more of its affiliated Blue companies.

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



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Concierge Service

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Concierge Service

Your one-stop resource for all your healthcare needs, including responsive and efficient customer service.

What is Concierge Service?

- When you have Eder Medical Plan, you automatically receive *specialized Concierge Service*, which provides you with personal assistance for all your healthcare needs including responsive and efficient customer service.

How Can Concierge Service Help Me?

- **Call the Concierge Service anytime you need assistance** with finding healthcare services or have questions about your coverage and benefits.
- **Concierge Service Representatives are your advocates** for making the most of your medical care.
- **Concierge Service Representatives are specially trained** on your healthcare benefits and will gladly help you with any of your needs, including:



- ✓ Finding in-network doctors and hospitals in the U.S. and abroad
- ✓ Scheduling appointments
- ✓ Investigating billing issues
- ✓ Transferring medical records
- ✓ Connecting with a wellness coach
- ✓ Accessing free routine and preventive care
- ✓ Choosing cost-effective care and member discounts
- ✓ Using Virtual Medicine services

TIP: To reach your Concierge Service Representative, call **1-888-556-5679**. You can also find this number on the back of your insurance card.



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Member Discount Program



Member Discount Program

Get exclusive savings and discounts on everything you need for a healthy lifestyle!

As part of Eder Medical Plan, you're eligible for member discounts for **FREE** that include:

- ✓ Up to 55% off select Garmin® products through Heart Rate Monitors USA
- ✓ Discounted gym membership and 24/7 access to live and on-demand classes
- ✓ Better discounts than you'll find anywhere else
- ✓ Exclusive deals reserved only for Blue365 members
- ✓ Year-round discounts without limits on how much you can save
- ✓ Many more discounts

Get great deals on:

- Apparel & Footwear
- Fitness
- Hearing & Vision
- Home & Family
- Nutrition
- Personal Care
- Travel

Get offers from these brands and more:

fitness your way
by Trivity Health

Reebok

SNOW

GARMIN

SKECHERS

TruHearing

DavisVision

sunbasket

Notes

DID YOU KNOW?

Many members don't take advantage of big savings offered in the Member Discount Program, even though it's **FREE** to join!

What are you waiting for? It's easy to sign up and you'll get deals sent directly to your email!

Sign up today at blue365deals.com to get weekly deals delivered to your inbox!



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Virtual Diabetes Management



Notes

Virtual Diabetes Management

Did you know that more than 37 million people in the U.S. have diabetes?¹

✓ *More than 38% of people with diabetes are undiagnosed.*

About 96 million people 18 years or older have *prediabetes* and are at risk for developing diabetes unless they change their lifestyle¹.

✓ *That's almost 40% of U.S. adults!*

Why Should I Care About Diabetes Management?²

If you have diabetes, it's crucial that you manage it well to avoid other medical problems, including:

- ✓ Heart disease
- ✓ Chronic kidney disease
- ✓ Nerve damage
- ✓ Foot ulcers and infections
- ✓ Tooth decay and gum disease
- ✓ Vision loss and blindness
- ✓ Hearing loss
- ✓ Depression, stress, anxiety

You can have prediabetes for years but have no clear symptoms, so it's often undetected until you have serious health problems caused by Type 2 Diabetes.

It's important to talk to your doctor to get your blood sugar tested if you have *any risk factors* for prediabetes, which include:

- ✓ Being overweight; 45 years or older; having a parent, brother, or sister with Type 2 Diabetes; or not being physically active at least three times a week
- ✓ Having gestational diabetes (diabetes during pregnancy) or giving birth to a baby who weighed more than nine pounds
- ✓ Having polycystic ovary syndrome



Citations:

¹ Centers for Disease Control and Prevention. (2022, March 9). Diabetes Data and Statistics.

² Centers for Disease Control and Prevention. (2022, March 9). Prevent Diabetes Complications.

What is Virtual Diabetes Management?

Eder Medical Plan offers virtual Diabetes Management at ***NO COST*** to most members* through the **Onduo Virtual Diabetes Care Program**. You'll get personalized support to better manage your Type 2 Diabetes and lower your risk of complications.

PLUS – Diabetes management leads to better health and more energy!

Watch the Diabetes Management Video to learn more.

(<https://www.brainshark.com/1/player/hmk?custom=ondudmoverviewbcbsmbr>)

When you join the Virtual Diabetes Management program, you'll get:

- ✓ **Welcome package** with **FREE** smart glucometer and unlimited test supplies
- ✓ **Interactive mobile app** with virtual support and data collection, making diabetes management easier
 - **Access to the virtual health clinic** and expert team who will answer your questions and guide you through your health journey
 - **Personalized management plan** with ongoing coordinated support during time between visits to your primary care provider



*If you have a high deductible health plan (HDHP), you may have to pay for some services within this solution until you meet your deductible. To determine if you have any costs for care, please call the Concierge Service team at the number on the back of your Highmark insurance card.

Onduo is a separate company that provides a virtual diabetes care program for Highmark members. If you are eligible, you will receive an invitation to enroll. Eligibility is determined by several factors including your medical status, your coverage, and historical medical claims. If you are not initially able to enroll, you may be able to when you meet eligibility criteria.

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Follow these 3 easy steps to start managing your diabetes:

1. Scan the QR code below to download the MyHighmark app or visit MyHighmark.com.

2. Click/Select the **Benefits** tab.

3. Find **Diabetes Management** powered by Onduo in the **Health and Wellness** section.



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Virtual Medicine

What if you get so sick that you have no energy to go to the doctor, or your doctor's office is closed?

Don't wait for medical care – start using virtual medicine today!

What is Virtual Medicine?

Your Eder Medical Plan offers you virtual medicine, also called telemedicine or tele-health. Virtual medicine enables you to quickly meet with a healthcare provider via live video using your computer, tablet, or cell phone and an app.

Why Should I Care About Virtual Medicine?

Did you know that 90% of the reasons people visit urgent care centers can instead be treated through a virtual visit?

These conditions include respiratory infections, bronchitis, flu, conjunctivitis, cough, sore throat, and many others.

Virtual Medicine is Convenient, With 24/7 Access:

- ✓ **It's easier and faster** for you to schedule an urgent care virtual visit than an in-office visit.
- ✓ **It's from your home** - You can also see a specialist, get a mental health assessment and counseling, or receive physical and occupational therapy.
- ✓ **It's online** - Your doctors can monitor and manage your chronic conditions virtually.

PLUS – Virtual medicine prevents the spread of disease because you are not exposed to others in an office or clinic.

Did You Know?

You'll save more money this year with **FREE VIRTUAL primary care, urgent care, and second opinion services, as needed throughout the year.**

You don't have to pay a copayment or coinsurance for these services, as long as you coordinate your virtual visits through the **MyHighmark app.**



How Can Virtual Medicine Save Me Money?

Your out-of-pocket expense for a telemedicine visit is typically much less than a virtual visit with a primary care provider (PCP), even if insurance covers both.

Start Using Virtual Medicine Today!

- ✓ Login to **MyHighmark.com**, or download the **MyHighmark** app. Sign up if you don't already have a Highmark username and password.
- ✓ Click on **Get Care**.
- ✓ Click on **Well360** Virtual Health.
- ✓ Register and set up your health profile. Your information is stored safely and securely.
- ✓ Choose the type of visit you want.
- ✓ Select your healthcare provider by searching for a doctor's name or specialty. You can also read about the doctor's qualifications before selecting.
- ✓ Enter your insurance information.
- ✓ Select the reason for your online visit.
- ✓ Wait for your live video visit to begin.

IMPORTANT: Your dependents will need to set up their own health profiles and schedule their own virtual appointments.



Notes



It's now easier for you to access the healthcare resources you need with **Well360 Complete**, an upgraded Highmark Blue Cross/Blue Shield program that includes:

- Consistent outreach to members and increased communications
- Expert management from clinicians
- Virtual medicine services
- Read more about these and other valuable **Well360 Complete** benefits throughout this Guide.

TIP: This year, the Eder Medical Plan provides you with **FREE VIRTUAL primary care, urgent care, and second opinion services.**

You don't have to pay copayments or coinsurance for these services. Be sure to coordinate your virtual visits through the **MyHighmark** app, or visit **MyHighmark.com**.



Take Advantage of Your Virtual Medicine Benefits

Save time and get care – wherever it's convenient for you.

With Well360 virtual visits, you can see a provider for symptoms and conditions that can be treated from home.

You can even have prescriptions and refills sent to your preferred pharmacy.*

You'll get virtual access to:

Behavioral Health

Get the care you need to feel your best:

- Meet with a therapist or psychiatrist for services like talk therapy and medication management.

Primary Care

Find a Primary Care Provider (PCP) for all your primary care needs:

- PCPs can manage your prescriptions, schedule bloodwork, and give specialist referrals.

Dermatology

Submit your hair, skin, and nail concerns to a dermatologist:

- They'll follow up with a diagnosis and treatment plan.



Scan the code to download the **My Highmark** app, or visit **MyHighmark.com**.

Be sure to your information exactly as it appears on your member ID card.



*Health professionals can prescribe medication, but at this time are not able to prescribe any narcotics.

Well360 Virtual Health is offered by your health plan and powered by Amwell. Amwell is an independent company that provides telemedicine services and does not provide Blue Cross and/or Blue Shield products or services. Amwell is solely responsible for their telemedicine services.



Eder Financial

Urgent Care

Doctors are available 24/7 to treat minor injuries and ailments like colds, flu, sprains, ear pain, and more.

Women's Health

See providers for medical and behavioral health concerns specific to women, like pregnancy and lactation, postpartum support, and menopause.

Second Opinion

Need a second opinion?

- Virtual second opinion, in partnership with the Cleveland Clinic, connects you to expert physicians who specialize in your specific health needs, providing a comprehensive review of your diagnosis and treatment plans.

BONUS: You can access all types of virtual health in one place using the MyHighmark app. Login to [MyHighmark.com](https://www.MyHighmark.com), or download the MyHighmark app using the QR code.

Sign up if you don't already have a Highmark username and password.



Notes

TIP: This year, the Eder Medical Plan provides you with **FREE VIRTUAL primary care, urgent care, and second opinion services** throughout the year, as needed.

You don't have to pay copayments or coinsurance for these services. Be sure to coordinate your virtual visits through the MyHighmark app.



Eder Financial

Virtual Physical Care / Joint Health



Learn more in the Virtual Physical Care Video

(<https://www.brainshark.com/1/player/hmk?custom=swordbcbsasombr>)

Follow these steps to enroll:

1. Scan the QR code below to download the MyHighmark app or visit MyHighmark.com.

2. Select the Benefits tab.

3. Find Virtual Joint Health in the Health and Wellness section.



Virtual Physical Care / Joint Health

Did you know that 1 in 4 people live with joint and muscle pain?

Are you one of them?

Don't let pain slow you down!

- ✓ If you suffer from joint or muscle pain, you can get FREE help as an eligible member of Eder Medical Plan under the **Virtual Physical Care** program.
- ✓ Virtual physical therapists will help to reduce your pain and also help you manage any related anxiety or depression.
- ✓ Sign up today and see an average of 70% reduction in pain, 52% reduction in depression, and 35% reduction in anxiety.*

PLUS - All services are FREE to eligible members ages 13 and up:

- Convenient, virtual access to physical therapists who track and guide your movements using your camera to determine your body position.
- Guided exercises using sensor-based technology that's more accurate at detecting movement than the human eye
- Zero out-of-pocket costs
- A self-service option available on the Sword portal for members with lower-level joint and muscle issues
- Information about cognitive behavioral therapy, as well as assistance and solutions for joint and muscle pain
- Comprehensive support, including virtual visits, chat functions, guided feedback, and educational content
- The flexibility and convenience to complete your guided exercise session from anywhere

Get started with the program by answering a few questions about your individual needs, and **create personalized goals** for your program.

Receive a tablet with motion-tracking technology that guides you through exercises and gives you real-time feedback.

Get 24/7 support: Access the app anytime, day or night, with on-demand support and videos that provide reliable education and resources to help prevent pain and build healthier habits.



Eder Financial

*Individual results will vary. National, Regional, and ACA Markets BoB - Based on rolling incurred time frame of March 2019 - February 2020, paid through April 2020. SWORD Health Financial Outcomes Report 2020. SWORD Health, Inc. does not provide healthcare services. SWORD Health, Inc. is an independent company that provides wellness services for Highmark Blue Cross Blue Shield. SWORD Health Professionals provides its services through a group of independently owned professional practices.



Virtual Pregnancy Support

When you're expecting, you'll get personalized support at each step

- ✓ Everyone's pregnancy journey is different, so that's why Eder Medical Plan gives you **FREE** one-on-one support through **Baby BluePrints**, where you can meet with a women's health specialist and obtain educational information on all aspects of pregnancy.
- ✓ Because **Baby BluePrints** is *totally covered by your health plan*, you'll have everything you need to stay calm, confident, and informed while you wait for your little one to arrive.

Enrolling is easy!

You can sign up at any point during your pregnancy, but earlier is better to make the most of the program.

Go to the **MyHighmark app**, **MyHighmark.com**, or call **1-866-918-5267** to get started.

Hours are 8:30 a.m. - 4:30 p.m. EST, Monday through Friday.

Virtual Physical Care / Pelvic Health

Did you know that pelvic health disorders affect approximately 30% of women*?

- ✓ Pelvic issues include bladder leakage, bowel issues, and chronic pelvic pain.
- ✓ Your Highmark plan includes Bloom, a wellness benefit that Sword Health developed to address pelvic health issues in all stages of life, including young adulthood, pregnancy, postpartum, menopause, and late adulthood.**
- ✓ You can receive pelvic healthcare using Bloom from the comfort of your home, available at no additional cost by meeting virtually with a Pelvic Health Specialist who will design a customized program to meet your needs.
- ✓ You'll also receive a Bloom kit, which helps to monitor your pelvic health.

*Source: Kenne, K.A., Wendt, L. & Brooks Jackson, J. Prevalence of pelvic disorders in adult women being seen in a primary care setting and associated risk factors. *Sci Rep* 12, 9878 (2022). <https://doi.org/10.1038/s41598-022-13501-w>

** Virtual Pelvic Health is for individuals 18 and older. Those who are ages 13 - 17 will need to obtain consent from their parent or guardian. Always seek the advice of your physician or other qualified health provider with any questions or concerns regarding a medical condition and before you begin a wellness program.

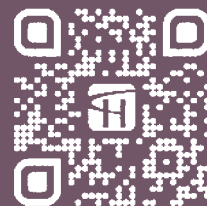
Notes

Enroll today by following these 3 easy steps:

1. Scan the QR code below to download the MyHighmark app or visit MyHighmark.com.

2. Select the Benefits tab.

3. Find Pelvic Health in the Health and Wellness section.



Eder Financial

Notes

Healthy Biometric Screenings

The following levels for biometric screenings* are considered healthy:

- BMI: 24.9 and less
- Systolic Blood Pressure: <120 mmHg
- Diastolic Blood Pressure: <80 mmHg
- Total Cholesterol: 200 mg/dL
- Triglycerides: <150 mg/dL
- HDL:
 - Male >40 mg/dL,
 - Female >50 mg/dL
- LDL: <100 mg/dL
- Blood Glucose:
 - Fasting <100 mg/dL
 - Non-Fasting <200 mg/dL

**Talk with your provider about what constitutes healthy levels for you.*



WellNow Rewards Program

Start earning healthy rewards!

Now is the time to enroll in your **Eder Financial WellNow Rewards Program**. By participating, you'll receive personalized support to achieve a healthier you.

PLUS – You'll earn credit by simply completing your **Routine Checkup**.

How do I know if I'm eligible?

- ✓ You're eligible for the **WellNow Rewards Program** if your employer offers the Program to you as a medically-covered employee.

How do I get started in the program?

- ✓ Download the MyHighmark app, or visit **MyHighmark.com**.
- ✓ Next, make sure you have your member ID card handy.
- ✓ Then, register for the program, and get all the program details.

Are there any deadlines that I need to follow?

You'll need to complete all of your program activities between **January 1, 2026 and March 31, 2026**.

How do I avoid paying an additional 20% surcharge for my coverage?

Follow these 5 important steps so you won't have to pay a 20% surcharge for your medical coverage:

1. **Don't wait** – Contact your primary care provider today to schedule a **Routine Checkup between January 1, 2026 and March 31, 2026**.
2. **Print the physician attestation form** from **ederfinancial.org/routine-checkup-form** and take it with you to your **Routine Checkup**.
3. **Complete your Routine Checkup** with your primary care provider between **January 1, 2026 and March 31, 2026**.
4. **During your Routine Checkup, your provider may order blood work and/or other labs for you, as needed, such as Biometric Screenings** (Body Mass Index (BMI), cholesterol, blood pressure, blood glucose/sugar, and other health measures).



5. Ask your provider to fill out the physician attestation form you brought with you –

- On the form, your provider should state that you completed *both* your **Routine Checkup** and **Blood Work and/or Other Labs**, as needed.
- Your provider needs to fax the completed form to the number printed on the front of the form.

6. The Routine Checkup is covered under your plan at no cost to you -

- However, you may be charged for services related to a new or existing health problem your physician addresses during your Routine Checkup, which necessitates further discussion, lab, radiology, or other tests.
- To avoid unexpected charges during your Routine Checkup, ask your physician if you should also schedule a separate visit to address any health problem(s).

Healthy Activities for 2026

Enter Monthly Challenges Starting in April 2026!

Use the **MyHighmark App** to enter monthly challenges starting in April 2026! You may be eligible to receive gift cards for participating.

Participate in Digital Health Programs:

With 75+ programs to choose from, you can boost your health and well-being, and also learn how to manage:

- Stress
- Sleep
- Weight
- Nutrition

Visit the Digital Health Program Library to join and start making progress toward your health goals, and you'll earn credit when you complete a program.

Discover all the ways to improve your health by registering today at [MyHighmark.com](https://www.MyHighmark.com).

Engage in Wellness Coaching:

Find out how a personal health coach can help you by calling **1-800-650-8442** Monday - Friday to connect with a coach, or by visiting HighmarkHealthCoachBCBS.com to learn more.

Health coaches can help you to:

- Lose weight
- Stop smoking
- Sleep better
- Reduce stress
- Manage chronic conditions



Health benefits or health benefit administration may be provided by or through Highmark Blue Cross Blue Shield, Highmark Choice Company, First Priority Health or First Priority Life, all of which are independent licensees of the Blue Cross Blue Shield Association. The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

✓ Get Started

To register and get started, go to www.MyHighmark.com.

Already have an existing MyHighmark account?

Sign in with your existing Highmark username and password.

New to MyHighmark?

Follow the prompts to set up a new account.

Verify your eligibility.

Enter your information exactly as it appears on your Highmark member ID card.

✓ Who's Eligible?

Current Medically Covered Employees

✓ Deadlines

To avoid the surcharge - complete your **Routine Checkup** between Jan. 1, 2026 and March 31, 2026.

Monthly challenges will have a timeline for each month starting in April.

✓ Questions?

Contact Member Services at **1-888-556-5679**.



Eder Financial

Wellness Solutions and Education

Notes



Wellness Solutions and Education

Say hello to your online health and wellness hub.

You'll find a wealth of resources for learning more about healthy living and eating, as well as the importance of preventive care, and how to navigate various health issues and conditions, such as:

- ✓ Depression
- ✓ Cancer
- ✓ Diabetes
- ✓ Flu
- ✓ Back Pain
- ✓ Blood Pressure & Heart Health
- ✓ Immunizations
- ✓ And many more



Live Online Coaching and Support

Considering working with a coach or nurse for the first time?

- Whether you want to eat healthier, quit smoking, or manage a chronic condition, Sharecare gives you access to experienced coaches and nurses who can help you stay on track with your health and wellness goals.

You can learn more about Wellness Coaching in the next section.



Wellness Coaching

A wellness coach can create a customized plan or recommend a program to help you:

- ✓ Lose weight
- ✓ Quit smoking
- ✓ Sleep better
- ✓ Reduce stress
- ✓ Manage chronic conditions
- ✓ And more

Wellness coaching is included with your health insurance and is NO COST to you.

PLUS - You'll also get convenient, secure texting with a health coach.

The **mobile messaging tool** lets you text with wellness coaches, nurses, pharmacists, and more. With secure text messaging, the wellness coaching team can cover all the same topics with you that they currently do by telephone if you prefer texting.

Opting in is easy.

To sign up for messages, log into the app or website and follow the steps below.

ON THE APP:

1. Log in and click the **profile icon** in the top left corner.
2. Select **Profile/Settings** and click on **Communication Preferences**.
3. In the green **Go Paperless** section, check both boxes.

ON THE WEBSITE:

1. Log in and click on **Your Account** next to your name in the upper right corner.
2. Select **Account Settings** and click on **Contact Preferences**.
3. In the green **Go Paperless** section, check both boxes.



Notes

TIP: You can find a tutorial on accessing wellness services on the MyHighmark app.



Call 1-800-650-8442, Monday - Friday, 8:30 a.m. to 7:30 p.m. EST to get connected with a coach or visit [HighmarkHealthCoachBCBS.com](https://www.HighmarkHealthCoachBCBS.com).



Eder Financial

Mental Well-Being

It's now easier for you to access the healthcare resources you need with **Well360 Complete**, an upgraded Highmark Blue Cross/Blue Shield program that includes:

- **Consistent outreach to members and increased communications** to help meet all your healthcare needs
- **Expert management from clinicians** to help you address and treatment chronic conditions and health concerns
- **Virtual medicine services** that address multiple healthcare issues, such as pelvic care, joint health, and many more
- **Read more about these and other valuable Well360 Complete benefits** throughout this Guide.

Watch the Mental Well-Being Video to learn more.

(<https://www.brainshark.com/1/player/hmk?custom=mwbbcbmsmbr>)



Mental Well-Being

Take the Guesswork Out of Finding Mental HealthCare.

It's easy to get started and stay on the right path with access to a variety of mental health tools and support*:

- ✓ Take an assessment screening for over 12 different mental health conditions
 - Receive your own personalized care plan to match your exact needs
 - Get access to dedicated licensed care navigators who provide help as often as you need it
 - Schedule therapy and medication management appointments in real time
 - Access a diverse national network of psychiatric providers
 - Meet with certified coaches who help you to:
 - Build better habits
 - Navigate life transitions
 - Improve communication skills
 - Set and achieve goals
- Eligible members ages 6 and up can receive mental healthcare.



Eder Financial

*Your plan may not cover all your healthcare expenses. Read your plan materials carefully to determine which healthcare services are covered.

Common conditions treated include:

- ADHD
- Alcohol use
- Anxiety
- Bipolar disorders
- Depression
- Eating disorders
- Postpartum depression
- PTSD
- Substance use disorder
- Suicide risk

For more information, please call the number on the back of your ID card, or if not a member, call 866-459-4418.

NOTE: To comply with the Mental Health Parity Act, your mental health benefits are on parity with your medical benefits.

**Notes**

TIP: We expanded the mental health provider network to provide you with even more options from which to choose.

**Eder Financial**

Preventive Care Services

Notes



REMINDER: Don't forget to schedule your annual exam with your primary care provider by **March 31, 2026** to avoid paying a 20% surcharge for your medical benefits.

Preventive Care Services

Stay a step ahead of health problems with preventive care

Preventive care enables your doctor to evaluate you during your annual check-up to identify health problems early when they're easier to treat.

Your medical plan offers several services for **FREE** during your check-up, such as:

- ✓ Routine cholesterol checks
- ✓ Diabetes screenings
- ✓ Mammograms
- ✓ Pap tests that are at no cost to you during your checkup
- ✓ Gynecological exams, colorectal cancer screenings, prostate tests, digital rectal exams, and wellness procedures
- ✓ Immunizations at in-network pharmacies

It's important to stay connected to your doctor and *schedule your annual preventive care appointment* — even if you're feeling well.

Depending on the results of your check-up, your provider may order diagnostic services to further evaluate your health.*

- ✓ Some services may include additional fees based on the terms of your health plan.

TIP: To learn more, refer to the **Yearly Preventive Services Schedule** under the **Other Helpful Information** section in this Benefits Guide.

To see your full preventive schedule, log in to the **My Highmark app** or **MyHighmark.com** and click on **Benefits**, then **Medical**.

* Some check-ups and tests depend on sex, age, last visit, or risk factors. Contact your in-network provider prior to your visit to determine what's best for you.





Global Care

Get healthcare coverage when traveling abroad

As a Highmark member, you may qualify for healthcare benefits when you travel outside the United States.* Through the Blue Cross Blue Shield Global® Care program, you can access healthcare resources around the world.

Follow these steps when traveling outside of the U.S.:

1. Before you leave the U.S., contact Member Service at the number on the back of your Highmark member ID card for benefits and coverage details.
2. Always carry your current Highmark member ID card. Download the BCBS Global Core program app for Apple and Android devices for convenient access to supporting tools and resources.
3. Contact the **BCBS Global Core Service Center** toll-free at **1-800-810-BLUE (2583)** or **1-877-547-2903**, or go to **bcbsglobalcore.com** when you need to find a nearby hospital or doctor.
4. If you need inpatient hospital care, call Highmark at the number on the back of your member ID card for inpatient authorizations.
 - Also call the BCBS Global Core Service Center to arrange direct billing. In most cases, you won't need to pay up-front for inpatient care except for out-of-pocket expenses (non-covered services, deductible, copayment, and coinsurance).

Download the BCBS Global Core program app for Apple and Android devices at bcbsglobalcore.com/home/mobileapp (rates from your wireless provider may apply).

Notes

You can also reach
BCBS Global Core
Service Center
by calling collect at
1-804-673-1177.

* Based on your plan, exclusions may apply and coverage may differ (copayments, deductibles, coinsurance, etc.).



Community Support

Notes



Community Support

Get the help you need, whenever you need it.

When you need community support, you'll find the resources you need on the **Highmark Community Support** online platform.

You'll find valuable resources to meet your needs, from your location, including help finding:

- Work
- Educational Support
- Housing Services
- Transportation
- Medical Care
- Legal Services
- Food, Money, and Other Goods and Services

Searching the online platform is anonymous and resources are free.

Visit highmarkcommunitysupport.com, and enter your zip code to search for specific resources.





Notes

Health Savings Account

Don't land in hot water when it's time to pay medical expenses your insurance won't cover.

Get the money you need with a Health Savings Account (HSA).

What is an HSA?

- An HSA is tax-free money you set aside to pay insurance deductibles, copayments, coinsurance, prescription drug costs, orthodontic treatment, and more.

How Can an HSA Help Me?

- You can use money from your HSA to pay for medical expenses for you, your spouse, and your dependents.

What Else Should I Know About an HSA?

- ✓ You are not required to contribute the full amount allowed by law.*
- ✓ You do not have to spend your full contribution in a plan year.
- ✓ Unused HSA dollars can grow tax-free to cover future medical expenses.
- ✓ **PLUS** – The money in your HSA **belongs to you**, even if you leave your employer.

*For 2026, the maximum HSA contributions are:

- \$8,750 (family)
- \$4,400 (individual)
- additional \$1,000 (age 55+ catch-up)



Notes



Dental Insurance

Don't think that dental problems can happen to you?

- If they do, you'll need to be prepared to pay hundreds, or thousands of dollars out-of-pocket – ***unless you have dental insurance.***

Get the inside scoop now on why you need dental insurance and how it will protect you!

How Can Dental Insurance Help Me?

- ✓ Dental insurance helps pay for preventive services, like regular exams, teeth cleaning, and X-rays, to stop problems from occurring in the future.
- ✓ Dental insurance also pays for treatment to your teeth and gums caused by diseases or accidents.

Why Should I Care About Dental Services?

Did you know that over half of the US population, or 120 million people, are missing *at least one tooth*?

Medical research shows that *poor dental hygiene and lack of preventive care* can cause tooth loss, cracked or fractured teeth, gum disease, and many other illnesses, including²:

- Alzheimer's disease
- Cancer
- Cardiovascular disease
- Diabetes
- Gum disease
- Respiratory disease
- Pregnancy complications
- Obesity
- Obstructive sleep apnea
- And many more

Citations:

¹ American College of Prosthodontists. (2022). *Facts & Figures, Prosthodontics.*

² Grenis, R. (2022, April 18). *American Academy for Oral & Systemic Health, 15 Diseases Caused by Poor Dental Hygiene.*



EDER DENTAL PROGRAM AT A GLANCE

	Option One	Option Two	Option Three
Annual Maximum	Plan pays \$2,000 per person, per benefits year	Plan pays \$1,500 per person, per benefits year	Plan pays \$1,000 per person, per benefits year
Annual Deductible	In-Network Providers: \$0 per person, \$0 per family Out-of-Network Providers and In-Network Premier Providers: \$50 per person, \$150 per family		
Preventive Services	Plan pays 100%*		
Basic Restorative Services	Plan pays 80% after deductible		
Major Restorative Services	Plan pays 50% after deductible		
Orthodontia	Plan pays 50% up to \$3,000 per adolescent member, per lifetime	Plan pays 50% up to \$1,500 per adolescent member, per lifetime	Plan pays 50% up to \$1,000 per adolescent member, per lifetime
Out-of-Network Schedule	Maximum Plan Allowance		

To find a provider, go to <https://www.deltadental.com/us/en/member/find-a-dentist.html>.

*Preventive services are covered every 6 mos., counted from the service date, not by the calendar year.

COVERAGE INCLUDES**

Preventive Care

- Oral examinations and cleanings (Two per calendar year)
- Bitewing X-rays (Two per calendar year)
- Fluoride Treatments through age 18
- Sealants through age 15
- Space Maintainers through age 18

Orthodontia

- Covers services for children to age 19

Basic Restorative Services

- Amalgam and composite filling (once per surface in a 12-month interval)
- Simple extractions
- Endodontics root canal
- Non-surgical periodontics

Major Restorative Services

- Surgical periodontics
- Inlays, crowns, onlays
- Bridges and dentures
- Implants

Dental coverage is offered on a group plan basis. If you select this coverage, you must remain enrolled for the entire year unless you have an eligible life event as defined by the IRS.

**For other services and exclusions, see your Eder Dental materials and the summary plan description.





Vision Insurance*

Don't pay in full for your eye care!

Read on to learn how vision insurance protects your health and helps you avoid high costs.

What is Vision Insurance?

- ✓ Vision insurance helps pay for preventive services, like regular eye exams, prescription eyeglasses and lenses, contact lenses, and eye tests that diagnose eye problems or the potential for them to occur in the future.

Why Should I Care About Vision Insurance?

Did you know that your eyes are a “window” to your overall health?

- ✓ You can become your own health advocate by scheduling yearly eye exams.
- ✓ Your eyecare professional will identify eye problems and other conditions you may have, enabling you to get treatment right away – *and potentially save your eyesight!*
- ✓ Regular eye exams, *which Eder Vision Insurance pays for***, are the best way for your eyecare professional to find:
 - Early signs of glaucoma, known as the “silent killer of sight” because it has no symptoms until it has severely progressed and may not respond to treatment
 - Diabetes
 - High blood pressure
 - High cholesterol
 - Rheumatoid arthritis
 - Brain tumors and neurological problems
 - Hormonal problems
 - Allergies
 - Other symptomless eye diseases, such as macular degeneration, diabetic retinopathy, and cataracts
 - That you need new eyeglasses and contact lenses when old prescriptions cause headaches, eye strain, and dizziness
- ✓ If you delay your eye exams, you risk prolonging treatment for eye or health problems and allowing those conditions to become worse and cause permanent eye damage or blindness.

**Eligible vision insurance members can receive discounts on hearing aids and related services.*

***You may have a \$10 copayment per exam, depending on the vision benefits option you choose.*

¹ Glaucoma Research Foundation. (2022, February 28). Glaucoma Facts and Stats.

Notes

Did you know that over half of people in the US with glaucoma *DON'T KNOW IT?*¹ That means that they aren't getting the treatment they need and could potentially go blind.



Eder Financial



Notes

How Can Vision Insurance Save Me Money?

When you have Eder Vision Insurance, you will save *hundreds, if not thousands, of dollars* on many types of vision services.

You can save as much as 100% off the cost of vision services when you have Eder Vision insurance, which means you either pay nothing for your eye care, or only a copayment.

If you don't have vision insurance, you'll have to pay the full amount for services like these:

Vision Service	Average Cost Without Insurance	Details
Eye exam	\$70 - \$200	average cost for one visit
Eyeglass frames	\$80 - \$700+	one pair of frames
Eyeglass lenses	\$40 - \$400+	one pair of lenses
Contact lenses	\$45 - \$150	for daily wear disposable lenses; \$200+ per lens for specialty lenses
Various eye tests	\$35 - \$200	depending on the test

EXAMPLE: Compare typical costs of common eye care services *with and without insurance*

Services	Without Insurance	With Option One Vision Insurance
Exam	You pay \$144	You pay \$10
Eyeglass Frame	You pay \$130	You pay \$56
Basic Restorative Services	\$86 single lenses + \$99 transitional lenses + \$107 anti-reflecting coating You pay \$292	\$62 transitional lenses + \$61 anti-reflecting coating (single lenses covered under materials copay) You pay \$123
Major Restorative Services	\$566	\$189

SOLUTION: You can save as much as 100% off the cost of vision services when you have vision insurance, which translates into either paying nothing for your eye care, or only paying a copayment or portion of the total cost.

Without insurance, your out-of-pocket costs can vary depending on where you live in the US and can add up quickly.

VISION BENEFITS AT A GLANCE¹

Services	Option One		Option Two		Option Three	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Eye Exam (once every 12 months)	Plan pays 100% after you pay \$10 copay	Up to \$35	Plan pays 100% after you pay \$10 copay	Up to \$35	Plan pays 100% after you pay \$10 copay	Up to \$35
Frames (once every 24 months for Option One and Option Two; once every 12 months for Option Three)*	Plan pays \$120 allowance and 20% off balance over \$120	Up to \$48	Plan pays \$100 allowance and 20% off balance over \$100	Up to \$40	Plan pays \$140 allowance and 20% off balance over \$140	Up to \$56
Standard Plastic Lenses (once every 12 months) Single Vision Bifocal Trifocal	Plan pays 100% after you pay \$25 copay	Up to: \$25 \$40 \$60	Plan pays 100% after you pay \$25 copay	Up to: \$25 \$40 \$60	Plan pays 100% after you pay \$10 copay	Up to: \$25 \$40 \$60
Contacts (once every 12 months) Conventional and Disposable	Plan pays \$135 allowance	Up to \$95	Plan pays \$115 allowance	Up to \$81	Plan pays \$155 allowance	Up to \$109
Lasik Surgery	Up to 15% off usual and customary	N/A	Up to 15% off usual and customary	N/A	Up to 15% off usual and customary	N/A

*The eligibility timeline for frames is closely monitored, starting on the day of your exam, not the first day of the calendar year.

Numerous eyecare providers participate with Eder Vision Insurance by EyeMed including:

3 Guys Optical	Eyecarecenter	Midwest Eye Consultants	Schaeffer Eye Center
Abba Eye Care	Eyeglass World	Midwest Vision Centers	Shopko Optical
All About Eyes	Eyemart Express	MyEyeDr.	Site for Sore Eyes
America's Best	Eyes on Missouri	Nationwide Vision Centers	Southwestern Eye Center
Bard Optical	Eyetique	Northeastern Eye Institute	Sterling Vision Care
Clarkson Eyecare	For Eyes Optical	Oakley Store	Texas State Optical
Crown Optical	Gulf Coast Optometry	One Hour Optical	The Eye Doctors
Dr. Tavel Family Eye Care	Heartland Vision	Ossip Optometry	Today's Vision
Drs. May & Hettler	Henry Ford OptimEyes	Pearle Vision	Vista Optical
EYEXAM of California	International Eyecare Center	Quantum Vision	Walmart Vision
Eye Assoc. of New Mexico	Lens Crafters	Rx Optical	Wing Eyecare
Eye Boutique	Marion Eye Centers & Optical	SEE, Inc.	Wisconsin Vision
Eyecare Associates	Meijer Optical	SVS Vision	

Listing is not all-inclusive. Actual insurance acceptance may vary by location.

Retail providers are conveniently located in or nearby major shopping centers and offer longer hours on nights and weekends. Many even have on-site labs so members can get their glasses in about an hour or during the same day.

You can find a provider with the provider locator function on our website at www.eyemed.com or call us at 1-866-9EYEMED.

¹ Eligible vision insurance members can receive discounts on hearing aids and related services.



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Notes



Basic Life Insurance and Accidental Death and Dismemberment (AD&D) Benefit¹

Why Do I Need Life Insurance?

Even if you think nothing can happen to you – you’re healthy, strong, young, never been hospitalized – it can.

- Don’t risk leaving your loved ones in a financial bind.

While no one enjoys dwelling on harsh realities, purchasing life insurance may help to decrease anxiety you may feel about your family’s financial protection.

- Have you thought about how much your family relies on you and how life insurance could help them if something happened to you?

Expect the best, but plan for the worst.

- ✓ Most people are confident with their decision to purchase life insurance to help with funeral expenses, estate administration costs, debts and medical expenses not covered by health insurance.
- ✓ But have you thought about expenses like your mortgage, college tuition, a spouse’s retirement, home maintenance, tax preparation, healthcare, retirement funds, and other benefits?

Certain life events result in an increased need for life insurance:

- ✓ Your children may be getting closer to college age
- ✓ Your spouse may not be working
- ✓ You may be supporting aging parents



How Much Life Insurance Will I Need*?

Experts recommend that you have at least ***five to 10 times your annual income*** in life insurance protection.

- ✓ If you don't think you already have as much coverage as you may need, now is your chance to secure additional protection for your family.
- ✓ You can purchase the amount that's right for you.

You also receive a separate basic accidental death and dismemberment (AD&D) benefit for the same amount.

What's the Accidental Death and Dismemberment Benefit?

- If you suffer the loss of a limb or your eyesight in a covered accident, you'll receive a percentage of your AD&D benefit amount depending on the type of loss.
- Please ask your benefits contact person for your eligibility criteria and coverage amounts.

Be Sure to Name a Beneficiary

Don't forget to name a beneficiary for your life and AD&D insurance benefits. You are automatically the default beneficiary if you cover your spouse and/or eligible children without a completed beneficiary form.



* Coverage reductions begin at age 65.

For Insureds age 65 and over, the Amount of Basic Life, Accidental Death and Dismemberment and Supplemental Life Insurance is subject to automatic reduction. Upon the Insured's attainment of the specified age below, the Amount of Basic Life, Accidental Death and Dismemberment and Supplemental Life Insurance will be reduced to the applicable percentage. This reduction also applies to Insureds who are age 65 or over on their Individual Effective Date.

Age	Percentage of available or in force amount at age 64
65-69	65%
70-74	40%
75+	20%

Notes

TIP: You can find the Accidental Death and Dismemberment Loss Schedule in the Additional Helpful Information section of this guide.



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Notes

Supplemental Life Insurance and Accidental Death and Dismemberment (AD&D) Benefits*

Don't miss your chance to buy additional coverage for yourself and your dependents at group rates.

For You:

Coverage is available in multiples of \$10,000 up to the lesser of 5x salary or \$400,000.

You can elect coverage up to the Guarantee Issue amount of up to \$300,000 without providing proof of good health (Evidence of Insurability).

For Your Dependents:

You can also purchase Supplemental Life and AD&D Insurance for your eligible spouse and Dependent Life and AD&D for your eligible children.

Coverage for Your Spouse:

- Coverage for your spouse is available in multiples of \$10,000 up to the lesser of 50% of the employee's amount or \$150,000.
- Evidence of Insurability is not required for up to \$40,000 in coverage.
- To obtain coverage for your spouse or dependent, you must elect coverage for yourself.

TIP: The premium you pay is based on your age and your coverage. Your spouse's coverage is based on your spouse's age.

Coverage for Your Children

- Coverage for your eligible unmarried children is \$1,000 between ages 14 days and six months.
- For eligible unmarried children from age six months to age 26 you may choose a flat \$10,000 or \$20,000. Offered on a guaranteed issue basis.

Be Sure to Name a Beneficiary

Don't forget to name a beneficiary for your life and AD&D insurance benefits. You are automatically the beneficiary if you cover your spouse and/or eligible children.

TIP: You can find the schedule for Accidental Death and Dismemberment Loss Schedule in the Additional Helpful Information section of this guide.

* Coverage reductions begin at age 65.

For Insureds age 65 and over, the Amount of Basic Life, Accidental Death and Dismemberment and Supplemental Life Insurance is subject to automatic reduction. Upon the Insured's attainment of the specified age below, the Amount of Basic Life, Accidental Death and Dismemberment and Supplemental Life Insurance will be reduced to the applicable percentage. This reduction also applies to Insureds who are age 65 or over on their Individual Effective Date.

Age	Percentage of available or in force amount at age 64
65-69	65%
70-74	40%
75+	20%





Notes

Accident Insurance

Do you really want to risk running out of money if you're in an accident?

- Take control of your future and get the cash you and your family will need if there's an accident – or *accidental death*.

What is Accident Insurance?

- Have you or a family member ever had an automobile, bicycle, or skiing accident?
- How about a slip and fall on icy, wet, or uneven sidewalks, stairs, or hallways?

Did you know that accidents are the 3rd leading cause of death in US'?

- *Even if you think you won't be in an accident and you have plenty of money, why take a chance?*

Accident insurance pays you or your designee a lump-sum benefit for expenses like these that your medical insurance only partially covers, or doesn't cover:

- ✓ Emergency room services
- ✓ Medical procedures
- ✓ Wheelchair, braces, crutches, walkers
- ✓ Ambulance transportation
- ✓ Occupational and physical therapy
- ✓ Paralysis benefits
- ✓ Transportation to and from appointments
- ✓ And much more



Notes

Why Should I Buy Accident Insurance If I Already Have Other Types of Insurance?

Accident insurance is your secret reserve giving you cash when you need it to pay the expenses that other insurances do not cover.

REMEMBER: You buy insurance to protect your future²:

- **Life insurance** ... in case you die.
- **Disability insurance** ... in case an illness stops you from working.
- **Medical insurance** ... in case you get sick or want preventive care.
- and ...
- **Accident insurance** ... in case you and your family need money to pay expenses caused by a covered accident.
- Accident insurance can even pay death benefits if your employer's plan includes this provision.

Protect your future with accident insurance today – evaluate your options on the next page.



Citations:
2 Reliance Standard. (2019, February). Emergency Management Alliance, Voluntary Accident Insurance.



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ACCIDENT INSURANCE OPTIONS

Plan Design	Plan A	Plan B	Plan C
Coverage Type	On and off the job (24 hr)	On and off the job (24hr)	On and off the job (24hr)
Portability	Included	Included	Included
Children Age Limits	Up to age 26	Up to age 26	Up to age 26

Plan Provisions	Plan A	Plan B	Plan C
Accident Emergency Room Treatment	\$150	\$200	\$250
Accident Follow-up Visit-Doctor	\$50	\$75	\$100
Air Ambulance	\$500	\$750	\$1,000
Ambulance	\$100	\$150	\$200
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck	\$100	\$150	\$200
Blood / Plasma / Platelets	\$200	\$300	\$400
Burns (2nd Degree / 3rd Degree)	\$800 for 2nd degree \$6,400 for 3rd degree	\$1,600 for 2nd degree \$12,800 for 3rd degree	\$3,200 for 2nd degree \$25,600 for 3rd degree
Burn - Skin Graft	25% of burn benefit	25% of burn benefit	25% of burn benefit
Coma	\$5,000	\$7,500	\$10,000
Concussions	\$100	\$150	\$200
Dislocations	Up to \$1,600 for Non-surgical \$3,200 for surgical repair	Up to \$2,400 for Non-surgical \$4,800 for surgical repair	Up to \$3,200 for Non-surgical \$6,400 for surgical repair
Diagnostic Exam (Major)	\$100	\$200	\$400
Emergency Dental Work	\$150 for Crown; \$50 for Extraction	\$300 for Crown; \$75 for Extraction	\$400 for Crown; \$100 for Extraction
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair	\$150 for removal of foreign object, \$300 for surgical repair	\$200 for removal of foreign object, \$400 for surgical repair
Family Medical Leave	Included	Included	Included
Fracture	Up to \$2,500 for Non-surgical \$5,000 for surgical repair	Up to \$3,750 for Non-surgical \$7,500 for surgical repair	Up to \$5,000 for Non-surgical \$10,000 for surgical repair
Hospital Admission	\$500	\$1,000	\$1,500
Hospital Confinement	\$200/day - up to 365 days	\$250/day - up to 365 days	\$350/day - up to 365 days
Hospital ICU Admission	\$1,000	\$1,500	\$2,250
Hospital ICU Confinement	\$400 / day - up to 30 days	\$500 / day - up to 30 days	\$700 / day - up to 30 days
Initial Physician's Office / Urgent Care Facility Treatment	\$50	\$75	\$100
Knee Cartilage	\$300	\$450	\$800
Laceration	\$400	\$600	\$800
Lodging - The hospital must be more than 50 miles from the insured's residence	\$100/day - up to 30 days if more than 100 miles from residence	\$150/day - up to 30 days if more than 100 miles from residence	\$200/day - up to 30 days if more than 100 miles from residence
Occupational or Physical Therapy	\$25/session - up to 6 sessions	\$35/session - up to 6 sessions	\$50/session - up to 6 sessions
Paralysis Benefits	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia	\$15,000 quadriplegia; \$7,500 paraplegia/hemiplegia	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia
Prosthetic Device / Artificial Limb	1: \$500; 2 or more: \$1,000	1: \$750; 2 or more: \$1,500	1: \$1,000; 2 or more: \$2,000
Rehabilitation Unit Confinement	\$50 / day - up to 30 days	\$100 / day - up to 30 days	\$150 / day - up to 30 days
Ruptured Disc with Surgical Repair	\$500	\$750	\$1,000
Surgery - Abdominal or Thoracic	\$1,000	\$1,500	\$2,000
Surgery - Exploratory or Arthroscopic	\$100	\$150	\$200
Tendon / Ligament / Rotator Cuff	\$600	\$900	\$1,500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident	\$300, if more than 100 miles from residence	\$450, if more than 100 miles from residence	\$600, if more than 100 miles from residence

Notes



Disability Insurance

Why Do I Need Disability Insurance?¹

Having a disability is more common than you think.

- Protect yourself today against personal bankruptcy, mortgage foreclosure, and poverty with disability insurance.

Can you guess how many Americans became disabled in the last 10 minutes?

- Almost 500...that's an estimated 72,000 people a day!

Disabilities aren't just due to accidents – they're also caused by back injuries, cancer, heart disease, and other illnesses.

What are My Odds of Becoming Disabled?

- ✓ *1 out of 3 Americans between ages 35 – 65 will become disabled for more than 90 days.*
- ✓ *1 out 5 people under 65 will be unable to work for at least a year due to an illness or accident.*
- ✓ **PLUS** - *1 in 7 people will be disabled for 5+ years.*

Your chances of becoming disabled increase with age.

Why Should I Care About Disability Insurance?

Every year, 350,000 Americans go bankrupt because of injuries and unexpected illnesses:

- ✓ *62% of all bankruptcies* in the U.S. are from the inability to pay medical expenses, and
- ✓ *50% of mortgage foreclosures* are due to these bankruptcies

DID YOU KNOW?

You have a 27% chance of living in poverty when you have a severe disability.

Be Sure to Name a Beneficiary

Don't forget to name a beneficiary for your Disability Insurance benefits. You are automatically the beneficiary if you cover your spouse and/or eligible children.



Disability insurance pays your lost income when workers' compensation doesn't:

- ✓ Workers' compensation insurance only applies to injuries you sustain at work, not anywhere else
- ✓ **CAUTION** - Statistics show that there are almost twice as many off-the-job injuries as on-the-job injuries

Do I Need Short-Term or Long-Term Disability Insurance, or BOTH?

Having BOTH short-term and long-term disability is your best bet to protect your income if you are injured or ill because:

- ✓ Long-term disability won't start until 90 calendar days after your illness or injury, if approved.
 - You won't have any income for 3 months until your long-term disability kicks in.
- ✓ Short-term disability covers you first, before long-term disability takes effect.
 - You'll get up to 11 total weeks of coverage, that's almost 3 months.
 - Long-term disability then takes over when your short-term disability benefits end.

SHORT-TERM DISABILITY BENEFITS

Benefit	Description
Weekly benefit amount	60% of eligible predisability weekly earnings up to \$1,250 per week
When benefits begin	Benefits are paid from the 15th consecutive day of a qualifying disability
When benefits end	Up to 11 weeks of benefit based on medical necessity

LONG-TERM DISABILITY BENEFITS*

Benefit	Description
Monthly benefit	66.67% of monthly earnings to a maximum benefit of \$5,000 per month
When benefits begin	After 90 days or the date your insured short-term disability (STD) payments end, if applicable
When benefits end	Generally when you reach retirement age, but your age at the time of injury/illness may affect the end date

* In the event of a disability, if you are over age 70 and receive Social Security Benefits, you won't be eligible for a benefit payout from Long-Term Disability Insurance.

Notes

IMPORTANT TIP!
Sign up for short- and long-term disability insurance today - **BEFORE** you are injured or become ill - because the insurance won't cover pre-existing conditions.



Notes



Critical Illness Insurance*

Why do I need Critical Illness Insurance?

- ✓ Even though your medical insurance provides coverage for many costs associated with a critical illness, like cancer or a stroke, you will most likely have other out-of-pocket expenses you'll need to pay.
- ✓ When you or a loved one is battling a major illness, Critical Illness Insurance pays you a lump sum to help cover your expenses, including deductibles, copays, and even everyday living expenses.

How much will Critical Illness Insurance pay for my expenses?

- ✓ It depends on the specific Benefit Plan you select. Benefit Plan options for you, your spouse, and your children are listed in the table below.

Benefit Plan Options

Coverage Amount	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Employee	Option Available	Not Available	Option Available	Not Available	Option Available
Spouse - Not to exceed 100% of Employee amount	Option Available	Option Available	Option Available	Option Available	Option Available
Child(ren) - One cost for children no matter the number of children covered	50% of Employee Amount				

TIP: All amounts are Guaranteed Issue (GI), which means no health questions will be asked to guarantee coverage.





What health conditions are considered to be a critical illness?

✓ Please refer to the table below for a list of critical illnesses.

Critical Illnesses – Adult Benefits	Percentage of Benefit Plan Selection Paid to You
Acute Respiratory Distress Syndrome	25%
Alzheimer's	100%
Benign Brain Tumor	100%
Carcinoma in Situ	25%
Coma	100%
Coronary Disease	50%
Heart Attack	100%
Invasive Cancer	100%
Loss of Hearing / Sight / Speech	100%
Major Organ Failure (includes bone marrow)	100%
Motor Neuron Disease (ALS, Lou Gehrig's)	100%
Multiple Sclerosis	100%
Paralysis	100%
Parkinson's	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Severe Brain Damage	100%
Skin Cancer	5%
Stroke	100%
Critical Illnesses – Child Benefits	
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%

Notes

You Can Earn \$50!

Did you visit the doctor for your annual exam?

Submit a claim to Reliance and receive \$50!

This additional benefit is available to all covered family members.

This annual wellness incentive reduces the net cost of the critical illness benefit. Check out the rates when you enroll and remember to factor in this discount.



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54 Mental Well-Being and Employee Assistance Program (EAP)

DID YOU KNOW?

Many people who qualify for EAP benefits never use them, even though benefits are FREE.

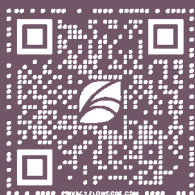
No matter what you're going through, Spring Health's personalized care, including fast access to therapy/counseling and coaching, are proven to help you feel better.

You'll receive an EAP wallet card in the mail when you're enrolled in the program.

Explore Spring Health* myhighmark.page.link/EAP

Contact Spring Health: springhealth.com/support

844-931-4465, M-F, 8am-11pm ET. For 24/7 crisis support, press 2 (TTY users call 711)



Mental Well-Being and Employee Assistance Program (EAP)

Your well-being, productiveness, and happiness depend on balancing your life at home and your life at work.

It's difficult to be on task at work when you are worrying about problems at home. You can't devote sufficient time to yourself and your family if you are feeling overwhelmed by the demands of your job.

If your employer offers the Eder Medical Plan, then you and your dependents automatically receive confidential Mental Well-Being & EAP benefits at NO COST.

The EAP, powered by Spring Health, helps you get back on track when you're dealing with a personal crisis, health issue, or work-related problem. Benefits include:

Work-Life Services -

- ✓ Get expert guidance and resources to help navigate legal or financial matters, childcare, elder care, travel, household services, and more.

Certified Coaches -

- ✓ Build better habits, navigate life transitions, improve communication skills, and achieve your goals with help from Certified Coaches.



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* Employee Assistance Program and Mental Well-Being is offered by your health plan and powered by Spring Health. Spring Health is an independent company that provides mental healthcare services through its agents. Spring Health does not provide Blue Cross and/or Blue Shield products or services. Spring Health is solely responsible for their mental healthcare services.

Personalized Care Plan -

- ✔ Receive a customized care plan to meet your needs after completing a brief digital mental health assessment.
- ✔ Licensed Care Navigators will also help you understand personalized care plans for you or family members, assist you with finding a therapist, and provide you with additional support.

Therapy and Medication Management -

- ✓ Receive up to six therapy and medication management sessions (for ages 6+) from a virtual mental health provider.*
- ✓ **PLUS** - Schedule your first session with a virtual or in-person provider within five days or less.**

You also have unlimited website access where you can find a library of on-demand digital exercises to help you get help with pressing concerns and build long-term mental wellness skills.

You can find the EAP in the **My Highmark** app or at **MyHighmark.com** under the **Benefits** section.

Scan the QR code to download the **My Highmark** app today.
Or log in using your existing username and password if you
already have an account.



Watch the **Mental Well-Being Video** for More Information.

(<https://www.brainshark.com/1/player/hmk?custom=mwbbcbbsmbr>)

** Once you've used your six sessions, you may be eligible to see the same virtual provider, subject to your medical benefits.*

**** Based on Spring Health's average provider availability.**

Notes

[illegible]

DID YOU KNOW?

You'll save more money this year with **FREE VIRTUAL primary care, urgent care, and second opinion services**, as needed throughout the year.

You don't have to pay copayments or coinsurance for these services. Be sure to coordinate your virtual visits through the **MyHighmark** app.



Notes



Pet Insurance

Why Do I Need Pet Insurance?

As a pet parent, your pets are your world.

- You want to protect them, including when they get sick.
- Veterinary care can cost thousands of dollars, depleting your savings in no time.

Guard against the unexpected illness or injury with pet insurance today.

With two budget-friendly plans, plus a \$500 wellness benefit option¹, there has never been a better time to sign up for My Pet Protection®, available only through your workplace benefits program:

- ✓ **Get cash back on eligible vet bills:** Choose 50% or 70% reimbursement ²
- ✓ **Easy to use:** Base plans have a \$250 annual deductible and \$7,500 in annual benefits
- ✓ **Just for employees:** Preferred pricing offered only through your company
- ✓ **Use any vet, anywhere:** No networks, no pre-approvals

(1) Starting on 9/1/23 new members can select the My Pet Protection® Wellness500 coverage option, with the earliest effective date of 10/1/23 and forward. Existing members can add My Pet Protection® Wellness500 during their respective renewal period only.

(2) Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion. See policy documents for a complete list of exclusions.



Services that pet insurance typically covers include*:

- Accidents and illness
- Therapeutic diets and supplements
- Hereditary and congenital conditions
- Behavioral treatments
- Cancer
- Dental diseases
- Behavioral treatments
- Wellness and more

You'll also get a 24/7 Vet Helpline to answer your urgent care questions or your health concerns.

Find a plan that works for your pet. Visit: benefits.petinsurance.com/ederfinancial

**Each plan requires a \$250 yearly deductible.*

Pet insurance is available for dogs, cats, and other pets such as birds, certain reptiles, and more. There is also a vet helpline to offer 24/7 advice on matters from general pet health concerns to urgent care needs.

Call 877-738-7874 or visit www.ederfinancial.org/Pet for more details. Be sure to mention that you are with Eder Financial to get the best possible rates.



Benefits Contact Information



Eder Financial

1505 Dundee Ave., Elgin, IL 60120

www.ederfinancial.org

Toll Free: 800-746-1505

Local: 847-695-0200

Fax: 847-742-6336

E-mail: insurance@eder.org

Need Help?

Please contact Eder Financial with any questions.

You can also contact individual insurance plans shown in the table below.

Thank you for being a valued customer!

	CARRIER	PHONE	WEBSITE
 EDER MEDICAL PLAN	Highmark Blue Cross/Blue Shield	(888) 556-5679	www.highmarkbcbs.com
 EDER DENTAL INSURANCE	Delta Dental	(855) 327-8336	www.deltadentalil.com
 EDER VISION INSURANCE	EyeMed	(866) 268-4063	www.eyemedvisioncare.com
 EDER LIFE/ ACCIDENTAL DEATH AND DISMEMBERMENT	Reliance Standard	Contact Eder Financial (800) 746-1505	www.ederfinancial.org/Life
 EDER ACCIDENT INSURANCE	Reliance Standard	Contact Eder Financial (800) 746-1505	www.ederfinancial.org
 EDER DISABILITY INSURANCE	Reliance Standard	Contact Eder Financial (800) 746-1505	www.ederfinancial.org
 EDER CRITICAL ILLNESS INSURANCE	Reliance Standard (DBA Reliance Matrix)	Contact Eder Financial (800) 746-1505	www.ederfinancial.org
 EDER EMPLOYEE ASSISTANCE	Spring Health Highmark Blue Cross/Blue Shield	(844) 931-4465 (Spring Health) (888) 556-5679 (Highmark)	springhealth.com/support myhighmark.page.link/EAP
 EDER PET INSURANCE	Nationwide	(877) 738-7874	www.ederfinancial.org/Pet

Important Note:

The information in this benefits guide is a general outline of the benefits offered to the employees served by Eder Financial Insurance Services and its affiliate companies. The benefits program is effective Jan. 1, 2026 for eligible employees and their dependents. Specific details and plan limitations are provided in the Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts, and plan procedures. The EOC and Plan Documents contain all the specific provisions of the plans. In the event that the information in this benefits guide differs from the Plan Documents, the Plan Documents will prevail. This document also functions as a summary of material modifications to supplement the summary plan descriptions for Eder Medical Plan, effective Jan. 1, 2026. For members participating in the biometric screening component of WellNow Rewards, no personally identifiable results are shared with Eder Financial Medical Plan or its employees. Biometric screening information is intended for your personal use in consultation with your primary care physician.



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Yearly Preventive Services Schedules

Adults Preventive Schedule

Plan your care: Know what you need and when to get it

Preventive or routine care helps us stay well or finds problems early, when they are easier to treat. As a part of your health plan, you may be eligible to receive some of these preventive benefits with little to no cost sharing when using in-network providers.

Make sure you know what is covered by your health plan and any requirements before you receive any of these services. Recommended annual services are based on a calendar year resetting January 1 of every year.

Some services and their frequency may depend on your doctor's advice. That's why it's important to talk with your doctor about the services that are right for your age, gender and family history. Children's Health Insurance Program (CHIP) members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

Questions?



Call Member Service at the number on the back of your insurance card



Ask your doctor



Log in to your account using the MyHighmark app or go to MyHighmark.com

You can visit the preventive schedule online to see what your plan covers:

- Log in to the **MyHighmark app** or **MyHighmark.com**. If you don't have a login ID, click on **Register Now** to create an account.
- On the home screen, click on the **Benefits** tab at the top of the page.
- Under the **Insurance Benefits** section, select **Medical**.
- On the right-hand side menu under **Documents**, click **Preventive Services** to view your schedule.

Adults: Ages 19+



Female



Male

GENERAL HEALTH CARE

 	Routine Checkup* (This exam is not the work- or school-related physical)	• Ages 19 to 49: Every one to two years • Ages 50 and older: Once a year
 	Depression Screening and Anxiety Screening	Once a year
 	Illicit Drug Use Screening	Once a year
	Pelvic, Breast Exam	Once a year

SCREENINGS/PROCEDURES

	Abdominal Aortic Aneurysm Screening	Ages 65 to 75 who have ever smoked: One-time screening
 	Ambulatory Blood Pressure Monitoring	To confirm new diagnosis of high blood pressure before starting treatment
	Breast Cancer Genetic (BRCA) Screening (Requires prior authorization)	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk
 	Cholesterol (Lipid) Screening	• Ages 20 and older: Once every five years • High-risk: More often
 	Colon Cancer Screening (Including Colonoscopy)	• Ages 45 and older: Every one to 10 years, depending on screening test • High-risk: Earlier or more frequently
 	Colon Cancer Screening	Ages 45 and older: Colonoscopy following a positive result obtained within one year by other mandated screening method
 	Certain Colonoscopy Preps With Prescription	• Ages 45 and older: Once every 10 years • High-risk: Earlier or more frequently
 	Diabetes Screening	High-risk: Ages 40 and older, once every three years
 	Hepatitis B Screening	• Once per lifetime for adults • High-risk: More often

* Routine checkup could include health history; physical; height, weight, and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer, and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; age-appropriate guidance, and intimate partner violence screening and counseling for reproductive age women.

* USPSTF mandated Routine Labs



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Adults: Ages 19+

SCREENINGS/PROCEDURES

	Hepatitis C Screening	Ages 18 to 79
	Latent Tuberculosis Screening	High-risk
	Lung Cancer Screening (Requires prior authorization and use of authorized facility)	Ages 50 to 80 with 20-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years
	Mammogram	Ages 40 and older: Once a year including 3D. Screening follow up MRI or Ultrasound per doctor's recommendation
	Osteoporosis (Bone Mineral Density) Screening	Ages 65 and older: Once every two years, or younger if at risk as recommended by physician
	Cervical Cancer Screening	- Ages 21 to 65 Pap: Every three years, or annually, per doctor's advice - Ages 30 to 65: Every five years if HPV only or combined Pap and HPV are negative - Ages 65 and older: Per doctor's advice
	Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis)	- Sexually active males and females - HIV screening for adults to age 65 in the general population and those at risk, then screening over age 65 with risk factors

IMMUNIZATIONS**

	Chicken Pox (Varicella)	Adults with no history of chicken pox: One two-dose series
	COVID-19 Vaccine	Per doctor's advice following CDC and Emergency Use Authorization Guidelines
	Diphtheria, Tetanus (Td/Tdap)	One dose Tdap, then Td or Tdap booster every 10 years
	Flu (Influenza)	Every year (Must get at your Primary Care Provider's (PCP's) office or designated pharmacy vaccination provider; call Member Service to verify that your vaccination provider is in the Highmark network)
	Haemophilus Influenzae Type B (Hib)	For adults with certain medical conditions to prevent meningitis, pneumonia, and other serious infections; this vaccine does not provide protection against the flu and does not replace the annual flu vaccine
	Hepatitis A	At-risk or per doctor's advice: One series of two, three, or four doses
	Hepatitis B	- Ages 19–59: Two to four doses per doctor's advice - Ages 60 and older: High-risk per doctor's advice
	Human Papillomavirus (HPV)	- To age 26: One three-dose series - Ages 27 to 45, at-risk or per doctor's advice
	Measles, Mumps, Rubella (MMR)	One or two doses
	Meningitis*	At-risk or per doctor's advice
	Pneumonia	High-risk or ages 65 and older: One or two doses, per lifetime
	Shingles	- Shingrix - Ages 50 and older: Two doses - Ages 19 to 49: Immunocompromised per doctor's advice

* Meningococcal B vaccine per doctor's advice.

**Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Services to verify that your vaccination provider is in the Highmark network.



PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION		
	Aspirin	Pregnant women at risk for preeclampsia
	Folic Acid	Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid
	Chemoprevention drugs such as raloxifene, tamoxifen, or aromatase*** inhibitor	At risk for breast cancer, without a cancer diagnosis, ages 35 and older
	Tobacco Cessation (Counseling and medication)	Adults who use tobacco products
	Low to Moderate Dose Select Generic Statin Drugs for Prevention of Cardiovascular Disease (CVD)	Ages 40 to 75 years with one or more CVD risk factors (such as dyslipidemia, diabetes, hypertension, or smoking) and have calculated 10-year risk of a cardiovascular event of 10% or greater
	Select PrEP Drugs and Certain Related Services for Prevention of HIV Infection	Adults at risk for HIV infection, without an HIV diagnosis
PREVENTIVE CARE FOR PREGNANT WOMEN		
	Screenings and Procedures	- Gestational diabetes screening - Hepatitis B screening and immunization, if needed - HIV screening - Syphilis screening - Smoking cessation counseling - Depression screening and anxiety screening during pregnancy and postpartum - Depression prevention counseling during pregnancy and postpartum - Rh typing at first visit - Rh antibody testing for Rh-negative women - Tdap with every pregnancy - Urine culture and sensitivity at first visit - Alcohol misuse screening and counseling - Nutritional counseling for pregnant women to promote healthy weight during the pregnancy
PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE		
	Adults with BMI 25 to 29.9 (overweight) and 30 to 39.9 (obese) are eligible for:	- Additional annual preventive office visits specifically for obesity and blood pressure measurement - Additional nutritional counseling visits specifically for obesity - Recommended lab tests: - ALT - AST - Hemoglobin A1C or fasting glucose - Cholesterol screening
	Adults with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome	Nutritional counseling
	Adults with BMI 40 and over	Nutritional counseling and fasting glucose screening
ADULT DIABETES PREVENTION PROGRAM (DPP)		
	Applies to Adults - Without a diagnosis of diabetes (does not include a history of gestational diabetes) - Overweight or obese (determined by BMI) - Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140-199mg/dl	Enrollment in certain select CDC-recognized lifestyle change DPP programs for weight loss

*** Aromatase inhibitors when the other drugs can't be used such as when there is a contraindication or they are not tolerated.



Children Preventive Schedule

Plan your child's care:

Know what your child needs and when to get it

Preventive or routine care helps your child stay well or finds problems early, when they are easier to treat. Most of these services may not have cost sharing if you use the plan's in-network providers. Make sure you know what is covered by your health plan and any requirements before you schedule any services for your child.

Services include Bright Futures recommendations. Children's Health Insurance Program (CHIP) members may have additional preventive services and coverage. Please check the CHIP member booklet for further details of CHIP coverage of preventive services.

It's important to talk with your child's doctor. The frequency of services, and schedule of screenings and immunizations, depends on what the doctor thinks is right for your child.

Questions?



Call Member Service at the number on the back of your insurance card



Ask your doctor



Log in to your account using the MyHighmark app or go to MyHighmark.com

Children: Birth to 30 Months

GENERAL HEALTH CARE	BIRTH	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M
Routine Checkup* (This exam is not the preschool- or day care-related physical.)	●	●	●	●	●	●	●	●	●	●	●
Hearing Screening	●										
SCREENINGS											
Autism Screening									●	●	
Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry	●										
Developmental Screening						●			●		●
Hematocrit or Hemoglobin Anemia Screening							●				
Lead Screening**							●			●	
Newborn Blood Screening and Bilirubin	●										
IMMUNIZATIONS											
Chicken Pox							Dose 1				
COVID-19 Vaccine	Per doctor's advice following CDC and Emergency Use Authorization Guidelines										
Diphtheria, Tetanus, Pertussis (DTaP)			Dose 1	Dose 2	Dose 3			Dose 4			
Flu (Influenza)***						Ages 6 months to 30 months: 1 or 2 doses annually					
Haemophilus Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3		Dose 3 or 4				
Hepatitis A							Dose 1		Dose 2		
Hepatitis B	Dose 1	Dose 2			Dose 3						
Measles, Mumps, Rubella (MMR)							Dose 1				
Pneumonia			Dose 1	Dose 2	Dose 3		Dose 4				
Polio (IPV)			Dose 1	Dose 2	Ages 6 months to 18 months: Dose 3						
Rotavirus			Dose 1	Dose 2	Dose 3						

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. Additional: Instrument vision screening to assess risk for ages 1 and 2 years.

** Per Bright Futures, and refer to state-specific recommendations as needed.

*** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Services to verify that your vaccination provider is in the Highmark network.



Children: 3 Years to 18 Years

GENERAL HEALTH CARE	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y
Routine Checkup* (This exam is not the preschool- or day care-related physical)	●	●	●	●	●	●	●	●	Once a year from ages 11 to 18			
Ambulatory Blood Pressure Monitoring**												●
Anxiety Screening						Once a year from ages 8 to 18						
Depression Screening										Once a year from ages 12 to 18		
Illicit Drug Use Screening												●
Hearing Screening***	●	●	●	●		●		●		●	●	●
Visual Screening***	●	●	●	●		●		●		●	●	
SCREENINGS												
Hematocrit or Hemoglobin Anemia Screening			Annually for females during adolescence and when indicated									
Lead Screening	When indicated (Please also refer to your state-specific recommendations)											
Cholesterol (Lipid) Screening							Once between ages 9 to 11 and ages 17 to 21					
IMMUNIZATIONS												
Chicken Pox		Dose 2								If not previously vaccinated: Dose 1 and 2 (4 weeks apart)		
COVID-19 Vaccine	Per doctor's advice following CDC and Emergency Use Authorization Guidelines											
Dengue Vaccine							9–16 years living in dengue endemic areas in U.S.Territories AND have laboratory confirmation of previous dengue infection					
Diphtheria, Tetanus, Pertussis (DTaP)		Dose 5							One dose Tdap			
Flu (Influenza)****	Ages 3 to 18: 1 or 2 doses annually											
Human Papillomavirus (HPV)							Provides long-term protection against cervical and other cancers. 2 doses when started ages 9 to 14. 3 doses, all other ages.					
Measles, Mumps, Rubella (MMR)		Dose 2										
Meningitis*****									Dose 1		Age 16: One-time booster	
Pneumonia	Per doctor's advice											
Polio (IPV)		Dose 4										

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance; alcohol and drug abuse, and tobacco use assessment.

** To confirm new diagnosis of high blood pressure before starting treatment.

*** Hearing screening once between ages 11-14, 15-17, and 18-21. Vision screening covered when performed in doctor's office by having the child read letters of various sizes on a Snellen chart. Includes instrument vision screening for ages 3, 4, and 5 years. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit.

**** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

***** Meningococcal B vaccine per doctor's advice.



CARE FOR PATIENTS WITH RISK FACTORS											
BRCA Mutation Screening (Requires prior authorization)											Per doctor's advice
Cholesterol Screening	Screening will be done based on the child's family history and risk factors										
Fluoride Varnish (Must use primary care doctor)	Ages 5 and younger										
Hepatitis B Screening											Per doctor's advice
Hepatitis C Screening											●
Latent Tuberculosis Screening											High-risk
Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV, and Syphilis)											For all sexually active individuals HIV routine check, once between ages 15 to 21
Tuberculin Test	Per doctor's advice										

Children: 6 Months to 18 Years

PREVENTIVE DRUG MEASURES THAT REQUIRE A DOCTOR'S PRESCRIPTION	
Oral Fluoride	For ages 6 months to 16 years whose primary water source is deficient in fluoride
PREVENTION OF OBESITY, HEART DISEASE, DIABETES, AND STROKE	
Children with a BMI in the 85th to 94th percentile (overweight) and the 95th to 98th percentile (obese) are eligible for:	• Additional annual preventive office visits specifically for obesity • Additional nutritional counseling visits specifically for obesity • Recommended lab tests: – Alanine aminotransferase (ALT) – Aspartate aminotransferase (AST) – Hemoglobin A1C or fasting glucose (FBS) – Cholesterol screening
Age 18 with a diagnosis of Hypertension, High Blood Pressure, Dyslipidemia, or Metabolic Syndrome	Nutritional counseling
ADULT DIABETES PREVENTION PROGRAM (DPP) AGE 18	
 Applies to Adults • Without a diagnosis of diabetes (does not include a history of gestational diabetes) • Overweight or obese (determined by BMI) • Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7% to 6.4% or Impaired Glucose Tolerance Test of 140-199mg/dl	Enrollment in certain select Centers for Disease Control (CDC)-recognized lifestyle change Diabetes Prevention Program (DPP) programs for weight loss



Accidental Death and Dismemberment Loss Schedule

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

DESCRIPTION OF COVERAGE:

LOSS OF LIFE, LIMB¹, SIGHT², SPEECH³ OR HEARING⁴: If, due to injury, an Insured suffers any one of the following specific losses within 365 days from the date of the accident, we will pay the benefit amount listed below. However, if more than one listed loss results from any one accident, we will only pay the one largest applicable benefit as listed below.

LOSS:

BENEFIT AMOUNT:

Loss of Life	the Insured's Principal Sum
Loss of Two or More Members	the Insured's Principal Sum
Loss of Speech and Hearing	the Insured's Principal Sum
Loss of One Member	1/2 of the Insured's Principal Sum
Loss of Speech or Hearing	1/2 of the Insured's Principal Sum
Loss of Thumb and Index Finger ⁵ of the Same Hand	1/4 of the Insured's Principal Sum

DEFINITIONS:

"Member(s)" means: hand, foot or eye.

"Loss(es)" must result directly and independently from Injury, with no other contributing cause.

As used in this benefit with respect to:

- (1) a hand or foot, Loss means the complete severance through or above the wrist or ankle joints;
- (2) an eye, Loss means the total and irrecoverable loss of sight;
- (3) speech, Loss means the total and irrecoverable loss of the function;
- (4) hearing, Loss means the total and irrecoverable loss of the hearing in both ears;
- (5) a thumb and index finger, Loss means the complete severance through or above the metacarpophalangeal joint.



Medicare Supplemental Insurance

Notes



Medicare Supplemental Insurance

Eder Financial offers Medicare Supplemental Insurance* to those who qualify for Medicare coverage.

- ✓ A Medicare Supplement is an insurance policy that typically pays for copayments, coinsurance, deductibles, and other costs after Medicare Parts A & B process their share of your medical bills.
- ✓ You may have also heard of Medigap insurance, which is another name for Medicare Supplement insurance.

Having additional healthcare coverage from a Medicare Supplement gives you peace of mind, knowing that your medical bills will be paid, especially when Medicare Parts A and B won't pay for all medical expenses. For example, this may happen when you need emergency care outside of the US, or when you exhaust your Medicare Part A hospital benefits.

Contact Eder Financial at insurance@eder.org to learn more or to sign up.

* Eder Financial has partnered with United American Insurance Company to offer Medicare supplement plans. United American was founded on 1947 and has been providing Medicare Supplement coverage since 1966, which is when Medicare started. United American has more than 167,000 covered individuals nationwide and insures more than 500 retiree groups, with an A+ rating, the highest rating from AM Best.



Benefits of Eder Financial's Medicare Supplement Plan:

- There are no health qualifications, and all pre-existing conditions are covered from the first day of your coverage.
- Keep your coverage if you relocate because your plan is valid in all 50 states and US possessions.
- Choose any Medicare participating doctor or hospital for your services.

HELP: If you are struggling to make your Medicare Supplement payments and are a current or former employee of a Church of the Brethren church, district, or camp, you may qualify for grants through the Church Workers' Assistance Plan. One type of grant could pay part, or all, of your Medicare Supplement premium.

Contact Diane Parrott at **847-622-3361** or **CWGrants@eder.org** to see if you qualify for assistance.

Notes



Glossary

Allowed amount

The maximum amount a plan will pay for a service. May also be called “eligible expense,” “payment allowance,” or “negotiated rate.”

Annual limit

A cap on the benefits your insurance company will pay in a year while you’re enrolled in a particular insurance plan. These caps are sometimes placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated costs for the rest of the year.

Benefits

The items or services covered under an insurance plan. Covered benefits and excluded services are defined in the insurance plan’s coverage documents.

Brand name (drugs)

A drug sold by a drug company under a specific name or trademark and that is protected by a patent. Brand name drugs may be available by prescription or over the counter.

Chronic disease management

An integrated care approach to managing illness, which includes screenings, check-ups, monitoring and coordinating treatment, and patient education. It can improve your quality of life while reducing your healthcare costs if you have a chronic disease by preventing or minimizing the effects of a disease.

Claim

A request for payment that you or your provider sends to your health insurance company after you receive care.

Coinsurance

The percentage of costs of a covered service you pay (20%, for example) after you’ve paid your deductible.

Copayment

A fixed amount (\$20, for example) you pay for a covered service after you’ve paid your deductible.

Covered health service

A service could be an office visit, test, prescription, or another medical treatment your health insurance covers. Before you seek care, check to make sure the service is covered.

Deductible

The amount you pay for covered services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services yourself.

After you pay your deductible, you may pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

Dependent

A child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction.

Dependent coverage

Insurance coverage for family members of the policyholder, such as spouses, children, or partners.

Disability

A limit in a range of major life activities. This includes activities like seeing, hearing, walking, and tasks like thinking and working. Because different programs may have different disability standards, please check the program you’re interested in for its disability standards. The list of activities mentioned above isn’t exhaustive.

Drug list

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a formulary.

Emergency services

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded services

Services that your insurance or plan doesn’t pay for or cover.



Family Medical Leave Act (FMLA)

The Family Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

Fee for service

A method in which doctors and other providers are paid for each service performed. Examples of services include tests and office visits.

Formulary

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Generic drugs

A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs. The Food and Drug Administration (FDA) rates these drugs to be as safe and effective as brand-name drugs.

Group health plan

In general, a health plan offered by an employer or employee organization that provides health coverage to employees and their families.

Health coverage

Legal entitlement to payment or reimbursement for your healthcare costs, generally under a contract with a health insurance company, a group health plan offered in connection with employment, or a government program like Medicare, Medicaid, or the Children's Health Insurance Program (CHIP).

Health insurance

A contract that requires your health insurer to pay some or all of your healthcare costs in exchange for a premium.

High deductible health plan (HDHP)

A plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more healthcare costs yourself before the insurance company starts to pay its share (your deductible). A high deductible

plan (HDHP) can be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.

In-network coinsurance

The percent (for example, 20%) you pay of the allowed amount for covered services to providers who contract with your insurance or plan. In-network coinsurance usually costs you less than out-of-network coinsurance.

In-network copayment

A fixed amount (for example, \$15) you pay for covered services to providers who contract with your insurance or plan. In-network copayments usually are less than out-of-network copayments.

In-network provider

A doctor, hospital, or other provider in the plan's network. Network providers accept the plan's payment plus member cost-sharing as payment in full. You pay less when you use an in-network provider instead of an out-of-network provider. With the exception of care for emergent and urgent conditions, if the plan does not offer out-of-network coverage, you must see an in-network provider for all covered services.

Inpatient care

Healthcare that you get when you're admitted as an inpatient to a healthcare facility, like a hospital or skilled nursing facility.

Job-based health plan

Coverage that is offered to an employee (and often his or her family) by an employer.

Large group health plan

In general, a group health plan that covers employees of an employer that has 51 or more employees. In some states large groups are defined as 101 or more.

Lifetime limit

A cap on the total lifetime benefits you may get from your insurance company. An insurance company may impose a total lifetime dollar limit on benefits (like a \$1 million lifetime cap) or



limits on specific benefits (like a \$200,000 lifetime cap on organ transplants or one gastric bypass per lifetime) or a combination of the two. After a lifetime limit is reached, the insurance plan will no longer pay for covered services.

Medically necessary

Healthcare services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Mental Health Parity Act

Also called the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). A federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.

Network

The facilities, providers and suppliers your insurer or plan has contracted with to provide services.

Network plan

A plan that contracts with doctors, hospitals, pharmacies, and other providers to provide members of the plan with services and supplies at a discounted price.

Out-of-network coinsurance

The percentage (for example, 40%) you pay of the allowed amount for covered services to providers who don't contract with your insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

Out-of-network copayment

A fixed amount (for example, \$30) you pay for covered services from providers who don't contract with your insurance or plan. Out-of-network copayments usually are more than in-network copayments.

Out-of-network provider

Provider who does not have a contract with your health insurer to provide services to you at a discount. You will generally pay

more to see an out-of-network provider. If you have an EPO or HMO plan, you are not covered for out-of-network services (except for emergency and urgent care services).

Out-of-pocket costs

Your expenses that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.

Out-of-pocket estimate

An estimate of the amount that you may have to pay on your own for services. The estimate is made before your plan has processed a claim for services.

Out-of-pocket maximum/limit

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network services, your plan pays 100% of the costs of covered benefits.

The out-of-pocket limit doesn't include:

- Your monthly premiums
- Anything you spend for services your plan doesn't cover
- Out-of-network services
- Costs above the allowed amount for a service that a provider may charge

Physician services

Healthcare services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan allowance

The set amount your plan will pay for a health service, even if your provider bills for more.

Plan year

A 12-month period of benefits coverage under a plan. This 12-month period may not be the same as the calendar year. To find out when your plan year begins, you can check your plan documents or ask your employer.

Policy year

A 12-month period of benefits coverage under an individual insurance plan. This 12-month period may not be the same as



the calendar year. To find out when your policy year begins, you can check your policy documents or contact your insurer.

Pre-existing condition

A health problem, like asthma, diabetes, or cancer, you had before the date that new health coverage starts. Insurance companies can't refuse to cover treatment for your pre-existing condition or charge you more.

Preauthorization

A decision by your insurer or plan that a service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your insurance or plan will cover the cost.

Preferred provider

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Preferred Provider Organization (PPO)

A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Premium

The amount you pay for your insurance every month. In addition to your premium, you usually have to pay other costs for your care, including a deductible, copayments, and coinsurance.

Prescription drug coverage

Health insurance or plan that helps pay for prescription drugs and medications.

Prescription drugs

Drugs and medications that, by law, require a prescription.

Skilled nursing facility care

Skilled nursing care and rehabilitation services provided on a continuous, daily basis in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous injections that can only be given by a registered nurse or doctor.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of healthcare.

UCR (usual, customary, and reasonable)

The amount paid for a service in a geographic area based on what providers in the area usually charge for the same or similar service. The UCR amount sometimes is used to determine the allowed amount.

Urgent care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

Wellness program

A program intended to improve and promote health and fitness that's usually offered through the work place, although insurance plans can offer them directly to their enrollees. The program allows your employer or plan to offer you premium discounts, cash rewards, gym memberships, and other incentives to participate. Some examples of wellness programs include programs to help you stop smoking, diabetes management programs, weight loss programs, and preventative health screenings.

Workers' compensation

An insurance plan that employers are required to have to cover employees who get sick or injured on the job.



Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 73** for more information on these rights and how to exercise them

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➤ **See page 74** for more information on these choices and how to exercise them

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the healthcare treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 74 and 75** for more information on these uses and disclosures



Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.



Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we **never** share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the healthcare treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** (This does not apply to long term care plans.)

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.



How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Abide by laws to protect reproductive healthcare information

- We cannot share reproductive protected healthcare information about you when the purpose of the request is to*:
 - Investigate or impose liability for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare. The reproductive healthcare must also be:
 - Lawful in the state where care was provided.

AND/OR

- Protected, required, or authorized by Federal law, regardless of the state where care was provided.

AND/OR

- Provided by another person or entity (not by us).

*Per the 2024 Privacy Rule, effective June 25, 2024

We never market or sell personal information.



Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective date of notice: October 7, 2025



Notes



Notes



Notes



2026 Benefits Guide

Position Yourself Perfectly for Open Enrollment – Nov. 7 – Nov. 21, 2025



Eder Financial

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