



2024 Benefits



CONTENTS

GETTING STARTED

- 4 WHO'S ELIGIBLE FOR BENEFITS?
- 5 CHANGING YOUR BENEFITS
- 6 ENROLLING FOR BENEFITS
- 7 NEED HELP CHOOSING A MEDICAL PLAN?
- 8 QUESTIONS? CONTACT A BENEFIT ADVOCATE

MEDICAL, DENTAL & VISION

- 10 WHICH PLAN IS RIGHT FOR YOU?
- 11 MEDICAL PLANS
- 12 MENTAL HEALTH RESOURCES
- 13 HEALTH SAVINGS ACCOUNT
- 14 HEALTHCARE FLEXIBLE SPENDING ACCOUNT
- 15 DENTAL PLANS
- 16 VISION PLAN
- 17 BENEFIT COSTS

ENGAGE IN YOUR HEALTH

- 19 KNOW WHERE TO GO
- 20 ALTERNATIVE FACILITIES
- 21 FIRST STOP HEALTH
- 22 PREVENTIVE CARE
- 23 PRESCRIPTION DRUG TIPS
- 24 BLUE ACCESS FOR MEMBERS
- 25 WELL ON TARGET
- 27 FITNESS PROGRAM

LIFE & DISABILITY

- 30 BASIC LIFE/AD&D, VOLUNTARY LIFE/AD&D
- 32 SHORT-TERM DISABILITY
- 33 LONG-TERM DISABILITY

FINANCIAL WELLNESS

- 35 DEPENDENT CARE FSA
- 36 RETIREMENT PLANNING

WELLBEING & BALANCE

- 38 EMPLOYEE ASSISTANCE PROGRAM
- 39 FIRST STOP HEALTH MENTAL HEALTH
- 40 BETTERLEAVE

ADDITIONAL RESOURCES

- 42 TRAVEL RESOURCE SERVICES
- 43 DEARBORNCARES, BENEFICIARY RESOURCE
- 44 LEGAL SERVICES

IMPORTANT PLAN INFORMATION

- 46 PLAN CONTACTS
- 47 BENEFIT TERMS GLOSSARY
- 49 PLAN NOTICES & DOCUMENTS

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.



GETTING STARTED

2024 Benefits

January 1, 2024 through
December 31, 2024

MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the *Annual Notices* for more details.

No matter where you are in your career, Amplify Credit Union supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, dental, vision, life and disability benefits, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

WHO'S ELIGIBLE FOR BENEFITS?



Employees

You are eligible if you are a full-time employee working 30 or more hours per week.

Employees with variable hours and seasonal schedules may be considered eligible for benefits. Refer to “Determining Eligibility” later in this guide for details.

Eligible dependents

- Legally married spouse or domestic partner
- Natural, adopted or stepchildren up to age 26
- Natural, adopted or stepchildren of domestic partner up to age 26
- Children over age 26 who are disabled and depend on you for support
- Children named in a Qualified Medical Child Support Order (QMCSO)

For additional coverage information, please refer to the benefit booklets for each benefit.

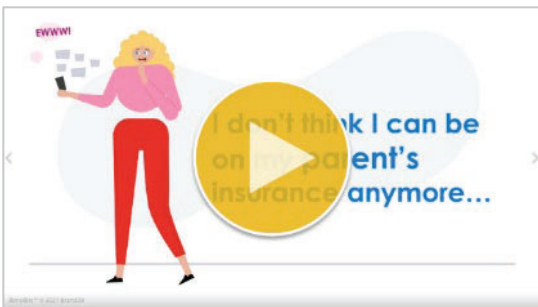
When you can enroll

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins on the first of the month coinciding with or following date of hire as long as you enroll within 31 days of becoming eligible.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason).

CHANGING YOUR BENEFITS

Click to play video



LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in your or a dependent's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit any changes within 30 days after the event.

ENROLLING FOR BENEFITS

Paycom Online Enrollment

Paycom is an online system that enables you to make all your benefit decisions in one place.

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

- LOG IN to Paycom:

[Employee Self-Service[®] \(paycomonline.net\)](https://paycomonline.net)

- ADD your personal and dependent information
- SELECT your benefit plans for the coming year
- REVIEW your choices and costs before finalizing



DO I NEED TO ENROLL?

Yes. Everyone is required to log in to Paycom and enroll for the 2024 plan year.

NEED HELP CHOOSING A MEDICAL PLAN?

alex® BENEFITS
COUNSELOR



ALEX explains your benefits options and helps you choose what's best for you.

ALEX is an interactive, online tool that works on any computer, tablet, or smartphone.

ALEX is an expert on Amplify Credit Union benefits. Using it can help you pick benefits that provide the right level of coverage for your needs without taking too much money out of your paycheck.

ALEX works like this:

- First, ALEX will ask some questions about your personal situation so it can better understand your needs. (Don't worry—everything you share with ALEX is completely anonymous and confidential.)
- Then you'll be matched with the plan options that fit you best. You can also see why ALEX thinks the recommended plan is better for you than your other options.

Link to ALEX

www.myalex.com/amplifycu/2024

- You can also find the link in your open enrollment email and on the Paycom enrollment portal.

DO YOU HAVE QUESTIONS ABOUT YOUR BENEFITS?

Click to play video



CONTACT YOUR ALLIANT BENEFIT ADVOCATE

Email

Scr-support@alliant.com

Phone

(855) 889-3713

Hours

Monday – Thursday

8:00 am to 5:30 pm CST

Friday

8:00 am to 5:00 pm CST

Get help from a Benefit Advocate

Are you getting married and you're not sure how or when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you need help understanding the difference between an HSA and an FSA? A Benefit Advocate can help answer these questions and more.

Benefit Advocates are trained benefit experts who can help you understand and use your healthcare benefits and other coverage. Contact your Benefit Advocate for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Problems with health care claims or billing, when warranted
- Coverage changes due to life events (such as marriage, a new child, or divorce)

Claims assistance

If you need claims assistance, you'll need to complete a HIPAA authorization form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited-duration basis, and only to the individuals listed on the form. You can end the permissions granted by the form at any time. Your Benefit Advocate will provide the form to you when needed.



HEALTHCARE

MAKE TIME FOR HEALTH

OUR COMMITMENT

We believe our employees should have access to healthcare coverage that promotes preventive care and helps cover the cost of illness.

Eligible employees and their eligible dependents can enroll in medical, dental, and vision coverage through the Amplify Credit Union benefits program.

Medical

We offer 3 comprehensive medical plans so you can choose the best plan for your health situation and budget. Preventive care is fully covered under all plans in-network. Your costs for other services will depend on which plan you choose. Review the network provider information and out-of-pocket costs such as deductible, coinsurance and prescription drugs so you can understand your plan options.

Dental

We offer two dental plans to meet your needs. Some people don't like going to the dentist, but no one likes big dental bills. Regular checkups and cleanings are fully covered and can identify issues before they become serious. And if you do need dental services, insurance helps cover the cost for fillings, gum disease, and more. The buy-up dental plan also covers orthodontia for children and adults.

Vision

An eye exam can uncover health conditions you may not know you have, such as glaucoma, or even high blood pressure. Our vision plan help cover the cost of eye exams, eyeglasses, and contact lenses to ensure you're seeing and feeling your best.



MEDICAL

OUR PLANS

BlueCross BlueShield Plans:

- High Deductible Health Plan (HDHP)
- Base PPO
- Buy-Up PPO

Which Plan Is Right For You?

That depends on your healthcare needs and budget. Here are some considerations.

Are your doctors or hospitals in-network?

Check whether they are in the plan's network. If they are not, but you are comfortable paying more, you can still utilize that provider. Keep in mind you will pay more out-of-network.

What are your usual healthcare needs?

Do you have frequent doctor or urgent care visits? Do you have a condition that requires a specialist? Do you take prescription medications? Compare how each plan covers the services you need most often.

What's your budget?

How much will be deducted from your check each pay period? Do you have to meet a deductible? What is the out-of-pocket maximum? How much of the cost is covered by the plan? Are there any co-pays for office visits, prescriptions, etc., and if so, how much are they? All of these factors together affect your total cost for healthcare.

BlueCross BlueShield Medical Plan Options

In-network benefits shown below. See Summary of Benefits and Coverage (SBC) for out-of-network benefits. You always pay the deductible and copayment (\$). The coinsurance (%) shows what **you** pay after the deductible.

	High Deductible Health Plan (HDHP)	Base PPO	Buy-Up PPO
Annual Deductible	Individual: \$3,200 Family: \$6,400	Individual: \$3,000 Family: \$6,000	Individual: \$1,000 Family: \$2,000
Accumulation Period	Time period to incur eligible expenses toward the deductible: January 1, 2024-December 31,2024		
Annual Out-of-Pocket Maximum	Individual: \$6,500 Family: \$13,000	Individual: \$6,000 Family: \$12,000	Individual: \$4,000 Family: \$8,000
Co-Insurance	80%	80%	80%
Preventive Care	No Cost	No Cost	No Cost
First Stop Health Online	No Cost	No Cost	No Cost
MDLive Online	Deductible + 20%	\$10	\$10
Office Visit	Deductible + 20% Primary Care or Specialist	\$10 Primary Care \$40 Specialist	\$10 Primary Care \$40 Specialist
Lab and X-ray	Deductible + 20%	0%	0%
Major Lab and X-ray (CT/MRI/PET Scan)	Deductible + 20%	Deductible + 20%	Deductible + 20%
Urgent Care	Deductible + 20%	\$50	\$50
Emergency Room	Deductible + 20%	\$300 then Deductible + 20%	\$300 then Deductible + 20%
Hospitalization	Deductible + 20%	Deductible + 20%	Deductible + 20%
Outpatient Surgery	Deductible + 20%	Deductible + 20%	Deductible + 20%
PRESCRIPTION DRUGS			
Retail (30 Day Supply)			
Generic	Deductible then \$10	\$10	\$10
Preferred Brand	Deductible then \$35	\$35	\$35
Non-Preferred Brand	Deductible then \$60	\$70	\$70
Specialty (specialty pharmacy network)	Deductible then Tier 1/2/3 Copays	Tier 1/2/3 Copays	Tier 1/2/3 Copays
Mail Order for Maintenance Medications = 90 Day Supply for 2.5 times the retail copay			

MENTAL HEALTH RESOURCES

Too often, stigma around mental health prevents people from getting the support they need. But challenges with mental health are very common—every year, 1 in 5 U.S. adults experiences a mental health issue. Regardless of age, ethnicity, background, or income, people from all walks of life can struggle with their mental health.

If you or any of your dependents are experiencing feelings of isolation, depression, or despair, please make use of the mental health services available to you through our medical plans. And through our telemedicine provider, you can connect to a mental health provider within minutes, from any location, at any time.

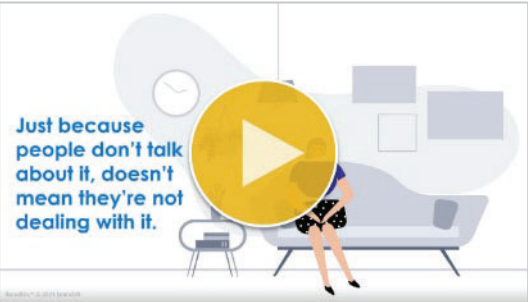
	In-Network Mental Health Services*	
	Outpatient	Inpatient
High Deductible Health Plan (HDHP)	Deductible + 20%	Deductible + 20%
Base	\$10 Copay	Deductible + 20%
Buy-Up	\$10 Copay	Deductible + 20%

Mental Health Services through First Stop Health

Sometimes the hardest part about addressing a mental health issue is taking the first step. Now it’s a bit easier through our telemedicine services from First Stop Health. You can schedule an immediate video or phone consult with a provider anywhere, any time. To learn more and set up your account, go to www.fshealth.com.

**If your preferred mental health provider is out-of-network, services may cost more. Refer to the medical plan Summary of Benefits & Coverage (SBC’s) and plan documents for more information on out-of-network coverage.*

Click to play video



The EAP is here to help

If you’re dealing with a little stress and anxiety or a lot; a relationship or substance abuse issue; financial worries; or the responsibility of caring for others; the Employee Assistance Program from BlueCross BlueShield of Texas can help.

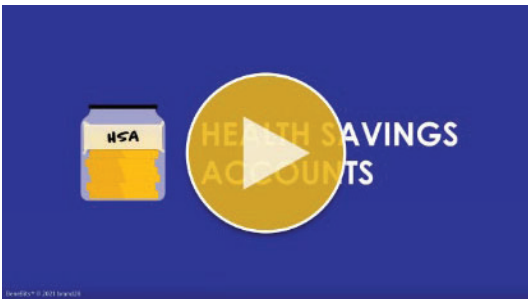
(866) 899-1363

www.guidanceresources.com

Company ID: DISRES

HEALTH SAVINGS ACCOUNT (HSA)

Click to play video



ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the High Deductible Health Plan (HDHP).
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

Find out more

View the [Easy Guide to Understanding your HDHP-HSA](#).

Amplify Credit Union 2024 Benefits

A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today, and save for expenses you may have in the future.

How the HSA Bank HSA works

- You must set up your own account with HSA Bank after you enroll at:
https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=741592875
- There is a \$1.75 fee per month for balances under \$3,000.
- To help you get started with contributions, Amplify Credit Union makes a contribution to your HSA:

Individual: \$500 per year (\$19.23 per pay period)

Family: \$1,000 per year (\$38.46 per pay period)

- You **must** open and contribute to your HSA to receive the credit union contribution. Those enrolled with employee only coverage must contribute at least \$250 per year and those enrolled with family members must contribute at least \$500 per year.
- You can contribute up to the limit set by the IRS (includes company amount).

Individual: \$4,150 per year

Family: \$8,300 per year

- **Are you age 55 or older?** You can contribute an additional \$1,000 per year.
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save the money to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free. You can also use it for regular living expenses, which will be taxable but **13** without penalties.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Click to play video



ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA. However, if you or your spouse are enrolled in a high deductible health plan (like our High Deductible Health Plan (HDHP)), you can only participate in the **Limited Purpose FSA** for dental and vision expenses.

Find out more

- www.bmatpa.com
- [Eligible Expenses](#) – now include more over-the-counter items!
- [Ineligible Expenses](#)

Do you pay for dependent care?

Look in the Financial Wellness section for information on tax savings through the Dependent Care FSA.

Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year.

How the BMA FSA works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, and even eligible drugstore items.
- You can contribute up to \$3,050, the annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses.

Estimate carefully!

If you don't spend all the money in your account, you can roll over up to \$610 to use the following year. Any additional remaining balance will be forfeited. You must have at least \$75 in your account to rollover.

FSA TAX SAVINGS EXAMPLE

\$60,000 Annual Pay, with \$1,500 FSA Contribution

\$330	\$115	\$445
22% Federal income tax	7.65% FICA tax	Annual FSA tax savings

\$120,000 Annual Pay, with \$2,850 FSA Contribution

\$684	\$219	\$903
24% Federal income tax	7.65% FICA tax	Annual FSA tax savings

Your tax savings may vary depending on tax filing status and other variables

BlueCross BlueShield Dental Plan Options

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the **plan** pays after the deductible.

	High Dental Plan	Low Dental Plan
Annual Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Annual Plan Maximum	\$2000 with BlueMax Advantage (maximum increases \$100 each year, up to \$2300)	\$1250 with BlueMax Advantage (maximum increases \$100 each year, up to \$1550)
Diagnostic & Preventive	100% (deductible does not apply)	100% (deductible does not apply)
Basic Services: Fillings, Root Canals	80%	80%
Major Services: Crowns, Bridges	50%	50%
Orthodontia	Children and Adults: 50%	None
Ortho Lifetime Max	\$2000	None

What you need to know about this plan

Dental Network

BlueCare Dental

Plan Features

See any provider, but you'll pay more out-of-network.

How are out-of-network providers reimbursed?

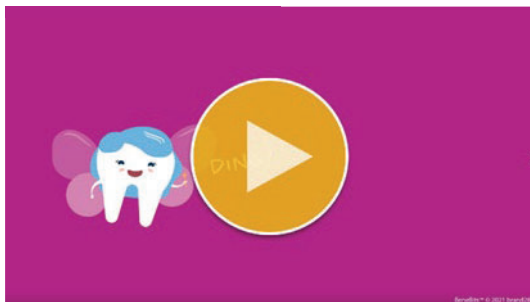
High Plan: Out-of-Network benefits are subject to 90% of Usual, Customary & Reasonable (UCR), which is what 9 out of 10 dentists in the zip code area charge. If your dentist charges above UCR, you could end up paying the balance.

Low Plan: Out-of-Network benefits are subject to Maximum Allowable Cost amounts pre-determined by BCBS. You will be balance-billed in most situations because most non-network dentists charge above this amount.

Where can I get detailed plan info, locate network dentists, and download an electronic ID card?

Register for the www.bcbstx.com portal or download the BCBS app.

Click to play video



Make the most of your benefits! If you participate in a healthcare HSA or FSA, you can use your account to pay for dental expenses.

BlueCross BlueShield Vision Plan

Your vision checkup is fully covered after your Exam Copay. After any Materials Copay, the plan covers frames, lenses, and contacts as described below.

	In-Network	Out-of-Network
Copay	Exam: \$10 Materials: \$25	Exam: Up to \$30 Reimbursement Materials: Reimbursement Varies
Frames	\$100 Allowance with 20% off the Overage	Up to \$50 Reimbursement
Lenses	Single Vision: Covered in full after materials copay Bifocal: Covered in full after materials copay Trifocal: Covered in full after materials copay	Single Vision: Up to \$25 Reimbursement Bifocal: Up to \$40 Reimbursement Trifocal: Up to \$55 Reimbursement
Elective Contacts (in lieu of lenses)	\$100 Allowance with 15% off the Overage	Up to \$80 Reimbursement
Frequency	Exam: Every 12 Months Frames: Every 12 Months Lenses: Every 24 Months Contacts (Elective): Every 12 Months	Exam: Every 12 Months Frames: Every 12 Months Lenses: Every 24 Months Contacts (Elective): Every 12 Months

What you need to know about this plan

Vision Network

Plan Features

Do I need an ID card if I see an in-network EyeMed provider?

What if I see an out-of-network provider?

Where can I get detailed plan info, locate network providers, and download an electronic ID card?

Click to play video



EyeMed

See any provider, but you'll pay more out-of-network.

No. All in-network providers can look up eligible members in the EyeMed system with a name and date of birth to verify benefits.

You will pay in full at the time of service. You can then submit a claim for reimbursement up to the out-of-network amounts.

Register and log in to the eyemedvisioncare.com/bcbstxvis website or download the EyeMed app.

Make the most of your benefits! Look for moderately priced frames, and remember that your benefit is higher in-network. If you participate in an HSA or healthcare FSA, you can use your account to pay for vision care and eyewear with tax-free dollars.

YOUR SEMI-MONTHLY BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

MEDICAL

	HDHP/HSA	BASE	BUY-UP
EMPLOYEE ONLY	\$37.73	\$85.67	\$133.07
EMPLOYEE + SPOUSE*	\$149.72	\$269.25	\$361.49
EMPLOYEE + CHILDREN	\$137.99	\$230.74	\$314.89
EMPLOYEE + FAMILY*	\$209.08	\$378.74	\$507.78

DENTAL

	HIGH	LOW
EMPLOYEE ONLY	\$3.69	\$3.00
EMPLOYEE + SPOUSE*	\$18.46	\$15.00
EMPLOYEE + CHILDREN	\$22.15	\$18.00
EMPLOYEE + FAMILY*	\$33.24	\$27.00

VISION

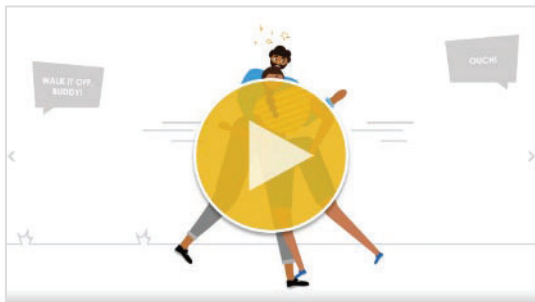
	VISION
EMPLOYEE ONLY	\$0.76
EMPLOYEE + SPOUSE*	\$2.15
EMPLOYEE + CHILD(REN)	\$2.01
EMPLOYEE + FAMILY*	\$3.26

**You may also cover a domestic partner under these plans. However, please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the company contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Amplify Credit Union if your domestic partner is your tax dependent.*

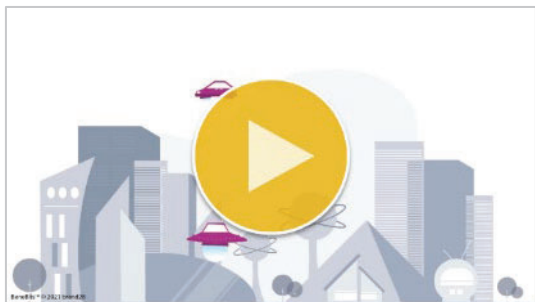


ENGAGE

Click to play videos



Urgent Care vs ER



Virtual Healthcare

Maximize Your Healthcare

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs

Health Enhancing Programs

In addition to medical coverage, we provide these programs and services to help you access care when and how you need it and address special health concerns:

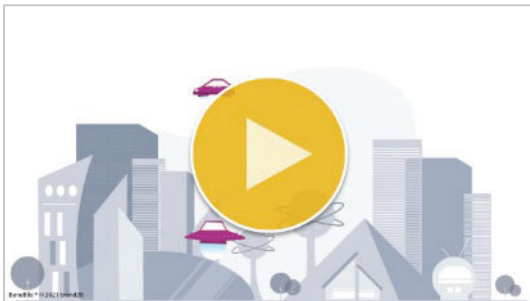
- **First Stop Health** – Telemedicine and Mental Health

KNOW WHERE TO GO

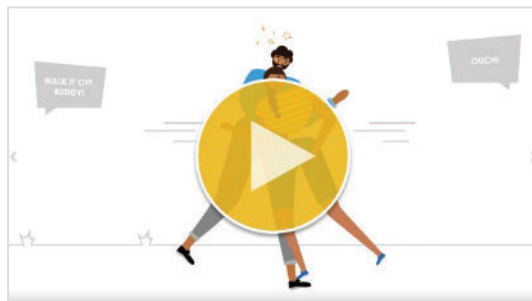
Where you get medical care can significantly influence the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Examples
First Stop Health (24/7—\$0) Many nonemergency health issues	Cold, flu, allergies, headache, migraine Skin conditions, rashes Minor injuries Mental health concerns
Office visit (\$\$) Routine medical care and management	Preventive care Illnesses, injuries Managing existing conditions
Urgent care (\$\$\$) Non-life-threatening conditions requiring prompt attention	Stitches, sprains Animal bites High fever, respiratory infections
Emergency room (24/7—\$\$\$\$) Life-threatening conditions needing immediate care	Suspected heart attack or stroke Major bone breaks Excessive bleeding Severe pain Difficulty breathing

Click to play videos



Virtual Healthcare



Urgent Care vs ER

ALTERNATIVE FACILITIES

If you have time to evaluate your options for nonemergency health treatments, these alternative facilities can provide the same results as a hospital at a fraction of the cost.

Need	Alternative	Features	Savings
SURGERY	Ambulatory Surgery Center (ASC)	<ul style="list-style-type: none">• Specializes in same-day surgeries• Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more• Held to same safety standards as hospitals	Up to 50% over hospital stay*
PHYSICAL THERAPY	Outpatient physical therapy facility	<ul style="list-style-type: none">• Important part of the recovery process after an injury or surgery	40 to 60% over a hospital setting*
SLEEP STUDY	Home testing	<ul style="list-style-type: none">• Diagnoses sleep apnea and other conditions• Cost is often covered by insurance if considered medically necessary	Approx. \$4,500*
INFUSION THERAPY	Home or outpatient infusion therapy	<ul style="list-style-type: none">• For drugs that must be delivered by intravenous injections, or epidurals• Delivered by licensed infusion therapy provider• Maintain normal lifestyle and comfort of home or outpatient center	Up to 90% over hospital stay* *in-network

How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital. You can also search for surgical centers, physical therapy, and similar services at www.bcbstx.com or call member services at (800) 521-2227 for assistance. Online tools such as www.healthcarebluebook.com and www.healthgrades.com help you compare costs and doctor ratings.

Some alternative services include a facility fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

Care At Your Fingertips, 24/7

Telemedicine and Virtual Counseling

You now have 24/7 access to doctors and counselors via phone with telemedicine and virtual counseling. Both services are provided to benefit-eligible employees and their immediate family members for FREE.



Talk to a doctor 24/7

Get treatment within minutes for minor injuries, illnesses, and prescriptions.

- Cough & Sore Throat
- Infection (Sinus, Ear, UTI, etc.)
- Skin Rash
- Muscle/Joint Pain
- Medication Refill*



Talk to a counselor

Sometimes, you just need someone to talk to. Talk to a licensed counselor to work through:

- Anxiety
- Depression
- Marital/Relationship
- Substance Misuse
- Workplace Issues

*Doctors can write prescriptions when needed. Prescription costs are applicable to your medical plan.

"Always cordial, caring, and very upbeat! Thank you for making us feel better mentally as well as physically!" – Helen from Ohio

Get the app ↓



Use social security number to log in.

PREVENTIVE CARE

You take your car in for maintenance; why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.



TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

Preventive care is covered in full only when obtained from an IN-NETWORK provider.

Be aware: Not all exams and tests are considered preventive care

Certain screenings may be considered diagnostic, rather than preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

In addition, exams performed by specialists are generally not considered preventive care and may not be covered at 100%.

If you have a question about whether a service will be covered as preventive care, contact Blue Cross Blue Shield at (800) 521-2227 .

PRESCRIPTIONS BREAKING YOUR BUDGET?

Click to play video



THE FORMULARY DRUG TIERS DETERMINE YOUR COST

\$	Generic Drug
\$\$	Preferred Brand Name Drug
\$\$\$	Non-Preferred Brand Name Drug
\$\$\$\$	Specialty Drug

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers." These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to be as effective as brand-name drug equivalents.

How to access the formulary online

- Go to [bcbstx.com](https://www.bcbstx.com)
- Click on "Prescription Drugs"
- Under "Drug Lists" click on "Prescription Drug Lists"
- Scroll down and click on "Prescription Drug Lists for Employer-offered Plans: Large Group (51 or more)"
- Scroll down and click on "2024 Performance Drug List"

Call the customer service number on the back of your BlueCross BlueShield ID card if you need assistance.



BlueCross BlueShield of Texas



Go Ahead. Make Your Day!

Use Your Health and Wellness Programs to Help You Live Better

Taking one, small, first step can set you on a path to better health throughout your life. Whether you need support for a specific health issue or you're looking to boost your overall wellbeing, you'll have help along the way. Here are a few things you can do with the tools included with your Blue Cross and Blue Shield of Texas plan:

- Improve your mental health with digital programs for stress, depression, panic, resiliency and more
- Get help to manage your pre-diabetes, diabetes, high blood pressure or joint and spine pain
- Join a weight-loss program
- Download apps for support with fertility, pregnancy and parenting issues
- Talk with a nurse, any time, day or night
- Work with a coach or complete online programs to help reach your wellness goals
- Earn rewards for healthy activities
- Access a nationwide network of fitness centers*



Learn more about your health and wellness programs:

1. Go to [bcbstx.com](https://www.bcbstx.com).
2. Register for Blue Access for MembersSM.
3. Click the Wellness tab.

These programs do not replace the care of a doctor. Talk to your doctor about any health questions or concerns.

* Fees apply. Individuals must be at least 18 years old to purchase a membership. The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

9100686.0922



BlueCross BlueShield of Texas



Blue PointsSM — Rewards for Healthy Living

Well onTarget[®] understands how hard it can be to maintain a healthy lifestyle. Sometimes, you may need a little motivation. That's why we offer the Blue Points¹ program. This program may help you get on track — and stay on track — to reach your wellness goals.

With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points in the online shopping mall, which provides a wide variety of merchandise.

Created with your needs in mind, the Blue Points program has many convenient, user-friendly, personalized and flexible features:

Well onTarget[®]

Earn Points Instantly

The program gives you points immediately, so you can start using them right away.²

Get Extra Points

Don't have enough points yet for that reward you really want? No problem! You can apply the points you have and use a credit card to pay the remaining balance.

Easily Manage Your Points

The interactive Well onTarget portal, available at wellontarget.com, uses the latest user-friendly technology. This makes it easy to find out how many points are available for you to earn. You can also track the total number of points you've earned year-to-date. All of your points information will appear on one screen.

Choose from a Large Selection of Rewards

Redeem your points in our expanded online shopping mall. Reward categories include apparel, books, health and personal care, jewelry, electronics, music and sporting goods. You'll also find discounted items on electronics, games, luggage and other merchandise.³

Participate in Activities That Match Your Goals

Look how quickly your Blue Points can add up! Here are some sample activities you can complete to earn Blue Points:

Activities	Potential Blue Points Amounts
Completing the Health Assessment every six months ⁴	2,500 points every six months
Complete a Self-management Program	1,000 points per quarter
Using the trackers to track your progress toward your goals	10 points, up to a maximum of 70 points per week
Enrolling in the Fitness Program	2,500 points
Adding weekly Fitness Program center visits to your routine	Up to 300 points each week
Completing Progress Check-ins	Up to 250 points per month
Connecting a compatible fitness device or app to the portal	2,675 points
Tracking progress using a synced fitness device or app	55 points per day



Log on to wellontarget.com today to find all the interactive tools and resources you need to start racking up Blue Points. Keep yourself motivated to earn more points by heading over to the online shopping mall and checking out all the rewards you can earn for adopting — and continuing — healthy habits.

1. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.
2. This does not apply to points you earn for completing Fitness Program activities.
3. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.
4. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.
The Fitness Program is provided by Tivity Health®, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.



BlueCross BlueShield of Texas



Make Your Fitness Program Membership Work for You

The Fitness Program gives you flexible options to help you live a healthy lifestyle.

Since you are a Blue Cross and Blue Shield of Texas (BCBSTX) member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older).* The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.**

Options	Digital Only	Base	Core	Power	Elite
Monthly Fee	\$10	\$19	\$29	\$39	\$99
Gym Facility Network Size†	Digital Access Only	3,000	7,500	12,000	12,400
\$19 Initiation Fee (No initiation fee for Digital Only Option)					

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

† Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.

Features

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.
Check out the Well onTarget Fitness mobile app, available from Apple® or Google Play™. It can help you work on your fitness goals — anytime and anywhere.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine (CAM) Discounts Through the WholeHealth Living Choices Program:** Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at www.whlchoices.com.
- **Blue PointsSM:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.***
- **Web Resources:** You can go online to find fitness locations and track your visits.

- **Digital Fitness:** Stay active from the comfort of your own home. Access thousands of digital fitness videos and live classes including cardio, bootcamp, barre, yoga, and more through an online platform. Digital access is included with Base, Core, Power and Elite memberships. You can also join the Digital Only plan option if only interested in access to digital fitness options.

Are You Ready for Fitness?

It's easy to sign up:

1. Go to bcbstx.com and log in to Blue Access for MembersSM.
2. Select the Wellness tab on the top navigation bar of the Dashboard page. Then scroll down to the Fitness Program section and click on Learn More.
3. Complete registration form.
4. Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
5. Visit a fitness location today!

Prefer to sign up by phone or have questions about the Fitness Program? Just call the toll-free number 888-762-BLUE (2583) Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).

Find fitness buddies, take a digital class and try something new!

Join the Fitness Program today to help you reach your health and wellness goals.



*Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can login and join through the primary member's account as an "additional member."

**Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

***Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.

The WholeHealth Living Choices program is administered by Tivity Health™ Services, LLC. This is NOT insurance. Some of the services offered through this program may be covered by a health plan. The relationship between these vendors and Blue Cross and Blue Shield of Texas is that of independent contractors.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

725214.0222



LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D and disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children’s education, student loans, consumer debt, etc.) after the death of a spouse or partner.

Amplify Credit Union provides short and long-term disability benefits and a base amount of life and AD&D insurance to help you recover from financial loss.

If you need more

We offer voluntary life and AD&D insurance that you can purchase for yourself, your spouse, and your children. See the following pages for details.

CREDIT UNION PAID LIFE AND AD&D INSURANCE

VOLUNTARY LIFE AND AD&D INSURANCE



WHAT’S GUARANTEED ISSUE?

Guaranteed Issue is the amount of life insurance available to you without having to provide Evidence of Insurability (EOI). If you select coverage after your initial eligibility, you will need to provide additional information about your health status in order to qualify for the requested amount of coverage.

ONE-TIME OPTION AT 2024 ANNUAL ENROLLMENT ONLY!

Employees can enroll in up to \$100,000 of coverage *without* a health statement. This is available at the 2024 annual enrollment only. This applies to employee coverage.

BlueCross BlueShield Basic Life and AD&D

Basic life insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. **Amplify Credit Union pays the cost of this coverage.**

Employee Basic Life & AD&D

2 times salary up to \$800,000 (Employee must provide Evidence of Insurability (EOI) and go through underwriting to obtain coverage above \$500,000)

Guaranteed issue: \$500,000

The benefit amounts above will be reduced if you are age 65 or older. Refer to the plan document for details.

BlueCross BlueShield Voluntary Life and AD&D

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. **Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.**

Voluntary Life & Voluntary AD&D

Employee	\$25,000 increments up to \$100,000 Guaranteed issue: \$100,000
Spouse	\$1,000 increments up to \$50,000 (not to exceed 50% of employee life amount) Guaranteed issue: \$50,000
Child(ren)	\$1,000 or \$10,000 (6 Months to 26 Years) \$500 (Birth to 6 Months) Guaranteed issue: \$10,000

The benefit amounts above will be reduced if you are age 65 or older. Refer to the plan document for details.

A NOTE ABOUT TAXES

Company-provided life insurance coverage over \$50,000 is considered a taxable benefit. The value of the benefit over \$50,000 will be reported as taxable income on your annual W-2 form. You will see this on your bi-weekly paystub as Group Term Life (GTL).

VOLUNTARY LIFE & AD&D INSURANCE COSTS

If you elect voluntary coverage, your monthly premium rate is calculated based on your age on January 1st and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck. Rates will increase as you age and move into a new age bracket. Rate increases will due to a change in age will take effect on January 1 following your birthday (or immediately if your birthday is January 1).

VOLUNTARY LIFE & AD&D EMPLOYEE AND SPOUSE RATES

(Spouse Rates are based on Employee’s Age)

EMPLOYEE AGE	MONTHLY RATES PER \$1,000 OF COVERAGE*
<25	\$0.067
25-29	\$0.077
30-34	\$0.097
35-39	\$0.107
40-44	\$0.147
45-49	\$0.217
50-54	\$0.397
55-59	\$0.617
60-64	\$0.687
65-69	\$1.287
70-74	\$3.007
75-99	\$11.827

* INCLUDES COST OF VOLUNTARY AD&D

CALCULATE YOUR LIFE INSURANCE COST

1. Desired Coverage (\$1,000 Increments)

You:	Spouse:
------	---------

2. Divide Step 1 by 1,000 =

You:	Spouse:
------	---------

3. Multiply Step 2 by Rate from Table =

You:	Spouse:
------	---------

4. Multiply Step 3 by 12 and divide by 26 =

You:	Spouse:
------	---------

5. Add You + Spouse from Step 4 and
Dependent Child(ren) per paycheck cost:

TOTAL COST PER PAYCHECK:

VOLUNTARY LIFE & AD&D FOR DEPENDENT CHILDREN

COVERAGE AMOUNT	Cost Per Month	Cost Per Paycheck
\$500 (Birth to 6 months only)	\$0.28	\$0.129
\$1,000	\$0.28	\$0.129
\$10,000	\$2.80	\$1.292

Premium includes all eligible children. Eligible children include dependent children under age 26 as long as you apply for and are approved for coverage for yourself.

CREDIT UNION PAID SHORT-TERM DISABILITY INSURANCE (STD)



EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

STD Benefits

Short-term disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. **Amplify Credit Union pays the cost of this coverage.**

Blue Cross Blue Shield STD

Weekly Benefit Amount	66.67% up to a maximum of \$2,500
Benefits Begin	After 0 days of disability due to accident or 7 days due to sickness
Maximum Payment Period	Up to 13 Weeks for an accident and up to 12 weeks for a sickness (based on first day you are disabled)

CREDIT UNION PAID LONG-TERM DISABILITY INSURANCE (LTD)



3 THINGS TO KNOW ABOUT LTD INSURANCE

- 1. It can protect you from having to tap into your retirement savings.
- 2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
- 3. Benefits can last a long time—from weeks to even years—if you remain eligible.

LTD benefits cushion the financial impact of a disability

Long-term disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. **Amplify Credit Union pays the cost of this coverage.**

Blue Cross Blue Shield LTD

Monthly Benefit Amount	66.67% up to a maximum of \$15,000
Benefits Begin	After 90 days of disability
Maximum Payment Period	Social Security Normal Retirement Age
Own Occupation Period	24 Months Period of time you can qualify for benefits if you are unable to perform your regular occupation/regular job. After this time, you must be unable to perform <i>any occupation</i> for which you are - or may reasonably become - qualified for by education, training or experience.
Survivor Benefit	3 Months
Pre-Existing Condition Limitation	Medical conditions you were treated or took medication for during the 3 months prior to the plan effective date are not covered until you have been enrolled 12 months.



FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

- Dependent Care Flexible Spending Account (DC FSA)
- Medicare Planning

Is it time for a “financial wellness” checkup?

Are you worried about money—making your paycheck last?

Ignoring your financial health can take a toll on your quality of life today and in the future. And worrying about money can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money.

PAYING FOR DAYCARE? MAKE IT TAX-FREE!

Click to play video



EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

Dependent Care FSA—up to \$5,000 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by BMA TPA.

Here's how the BMA Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only child care, but also before and after school care programs, preschool, and summer day camp for children younger than 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$5,000 per household per year. If your spouse is participating in a Dependent Care FSA through their employer, the maximum you can set aside from both plans is \$5,000.

You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

Unlike the Healthcare FSA, you cannot pull the money out until you have actually paid it into the account.



Estimate carefully! You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.

TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS



Alliant Medicare Solutions is a no-cost service available to you, your family members, and friends nearing age 65.

alliantmedicareolutions.com

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

Most people become eligible for Medicare at age 65. When that happens, you'll probably have some time-sensitive decisions to make, based on your individual situation.

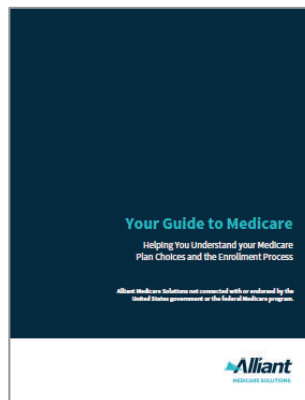
Introducing Alliant Medicare Solutions

Medicare can be complicated. Figuring out the rules—not to mention how Medicare works with or compares to your employer-provided medical coverage—can be a headache. That's why we are offering Alliant Medicare Solutions. The licensed insurance agents at AMS can help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

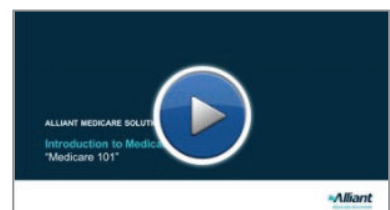
How does it work?

1. Call Alliant Medicare Solutions at **(877) 888-0165** to speak to a licensed insurance agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

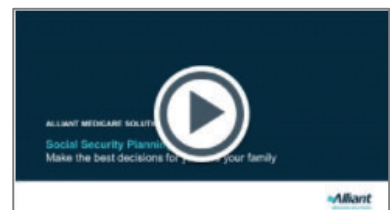
Find Out More



[Your Guide to Medicare](#)



[Medicare 101 Video](#)



[Social Security Planning Video](#)



WELLBEING & BALANCE

“The key to keeping your balance is knowing when you've lost it.”

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, substance use disorder, mental health and family issues.
- Maximize your physical well-being.
- Take time to spend with family and friends, take care of personal business, or just for yourself.

Taking care of yourself helps you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



CONTACT THE EAP

Phone: 1-866-899-1363

- You will be asked what type of insurance policy you have: LTD, STD or life insurance. Please let them know this is through your LTD plan.

Website: guidanceresources.com

- Click “Register” to create a new account.
- Enter Your Company ID: DISRES



Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through BCBS TX can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- Up to 3 face-to-face counseling sessions for short-term issues
- Unlimited web access to helpful articles, resources, and self-assessment tools.

COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

PARENTING & CHILDCARE

- Referrals to quality providers
- Family day care homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

**Talk to a counselor from
the comfort of home.**

Virtual Counseling

Sometimes you just need someone to talk to. First Stop Health counselors are available to provide support anytime, anywhere.



Talk to a Counselor

We're here to listen, and we're here to help. Request a visit to talk through:

- Depression and Anxiety
- Work/Life Stress
- Grief and Loss
- Substance Dependency
- Family and Relationships
- And More



No cost to you

Amplify Credit Union provides First Stop Health to benefit-eligible employees and their immediate family members at no cost to you.

You have telemedicine, too.

You have 24/7 doctor access! Get treatment via phone or video for flu, sinus infection, UTI and more. Prescriptions* available.

*Doctors can write prescriptions when needed. Prescription costs are applicable to your medical plan.

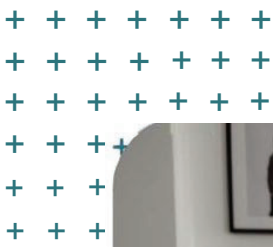
"Talking to the counselor helped validate my feelings and form a plan to address my issues. I can't thank the counselor enough for getting me through a difficult time!"

— Sandee from Utah

Get the app ↓



Use the last 4 digits of your SSN to log in.



Better support better leave

Thanks to Amplify Credit Union, you now have Betterleave, your own personal care coordination team through bereavement. Count on us to help you plan ahead with digital tools to create a final will, partner with you during loss with step by step guidance, help you support others experiencing grief and loss, and even find a certified grief provider or group to help you through your journey--all at no cost to you.

You don't have to manage through alone. You've got us.

- Need help creating a will or trust? Create a last will and testament and advance healthcare directive from the comfort your own home.
- Questions about funeral or memorials? Get estimated costs and help finding the right insurance to cover those costs.
- Ready to find a grief coach? Get matched with a relevant provider with experience across pet loss, pregnancy loss, family or friend loss & more.*

Activate your account now at app.betterleave.com/register

CONTACT US

support@betterleave.com

+1 (512) 270-9990

ACTIVATE YOUR ACCOUNT



*Individual provider services are FSA and HSA-eligible and may be subsidized by your employer. Providers have a range of licensure and certifications. In select states, licensed grief therapy may be available and covered by certain health plans.



ADDITIONAL RESOURCES

Other Resources

- Travel Resource Services
- DearbornCares
- Beneficiary Resource Services
- Legal Assistance

You're unique—and so are your benefit needs

BlueCross BlueShield offers the following programs that you may want to take advantage of:

- Travel Resource Services
- DearbornCares
- Beneficiary Resource Services

You also have access to free legal benefits through Rocket Lawyer.

See the flyers on the following pages for details.

Travel Resource Services



Download the Mobile App!

Access a wide range of global emergency assistance services from your phone by downloading the FREE Assist America Mobile App.

Your Assist America Reference Number is: **01-AA-TRS-12201**

800-872-1414
(Toll Free within the U.S.)

+1-609-986-1234
(Outside the U.S.)

medservices@assistamerica.com



Your Ticket to Safe and Worry-Free Travel

Our Travel Resource Services provider, Assist America, offers around-the-clock emergency and information services that can help you access emergency assistance when you are traveling 100 or more miles away from home.

All travel transportation services must be arranged by Assist America. Claims for reimbursement will not be accepted under the Assist America Global Emergency Assistance program. Assist America is not medical insurance. Medical bills are the responsibility of the member or the health insurance as applicable.

Upon verification of your eligibility, Assist America will arrange and pay for the following services:

- Emergency Medical Evacuation and Medical Repatriation: \$150,000 Combined Single Limit
- Repatriation of Mortal Remains: Up to \$15,000
- Care of Minor Children: Up to \$5,000
- Return of Vehicle: Up to \$2,500
- Compassionate Visit: Up to \$5,000

Medical Emergency Assistance

- Medical Referral
- Medical Monitoring
- Emergency Medical Evacuation
- Foreign Hospital Admission Assistance
- Medical Repatriation
- Prescription Assistance

Travel Emergency Assistance

- Compassionate Visit
- Care of Minor Children
- Evacuation Transport for Family Members
- Return of Mortal Remains
- Other Services Including:
 - Return of Vehicle
 - Emergency Cash & Bail Bond Coordination
 - Legal & interpreter Referrals
 - Pre-Trip Information

Additional BCBS Resources



Beneficiary Resource Services™

Counseling:

800-769-9187

[BeneficiaryResource.com](https://www.beneficiaryresource.com)

Username: beneficiary



DearbornCares

Support for Life Insurance Beneficiaries When They Need It.

DearbornCares provides an advance payment of the life insurance benefit to help beneficiaries cover their immediate expenses, such as funeral costs and medical bills.

- Pays up to a total of \$50,000 of employer-paid basic life insurance benefits
- Applies to claims with 1, 2 or 3 named beneficiaries
- Available for covered employees and retirees
- No death certificate required
- Employer is required to submit the claim form with all required information

DearbornCares Claim Process

1. **Employer** submits the completed claim form.
2. **Employer** provides current beneficiary designation information.
3. We confirm that the deceased employee qualifies for the DearbornCares benefit.
4. We then mail the payment check within 48 hours of confirmation of eligibility. Any remaining basic life benefit, if available, will be handled using our standard processes.

Beneficiary Resource Services

When a loved one dies, families often face complex issues ranging from estate planning, legal questions, funeral planning and coping with grief and financial uncertainties. That's why we offer Beneficiary Resource Services, a program that combines family wellness and security at the most difficult of times. Services include grief and financial counseling, funeral planning, legal support and online will preparation.

Services for Insureds and Their Families:

Online Will Preparation

- Appoints a guardian for children
- Controls where property and assets go
- Provides family security

Online Funeral Planning

- Downloadable funeral planning guide to document vital information your loved ones will need when making final arrangements
- Calculators to estimate and compare expenses for various types of funeral arrangements
- Information on funeral requirements and various religious customs
- Directories to locate funeral homes and cemeteries in your area



Welcome to your free Rocket Lawyer account!

With Rocket Lawyer, you'll have
access to these services:

- **Legal Documents Library:** Create and sign hundreds of legal documents such as wills, leases, and child care authorization forms
- **Attorney Q&A:** Submit a question and get reliable legal advice within one business day
- **Attorney Phone Consultations:** Schedule a free, 30-minute phone call with a Rocket Lawyer Attorney specializing in your issue
- **Rocket Sign:** Instant online signatures on any document
- **Rocket Evidence:** Share video and picture evidence with an attorney for legal help on the go
- **Attorney Discounts:** Save 40% on lawyers in your area

Rocket Lawyer can help you with:



Getting
Married



Landlord/
Tenant Issues



Estate
Planning



Family/
Elder Care



Immigration
Issues



Buying a
Home



Speeding
Tickets



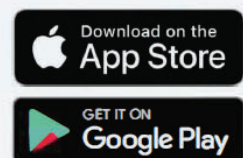
Starting a
Family



To take advantage of your new, free
benefits, just follow these steps:

1. Go to:
go.rocketlawyer.com/amplifycreditunion
2. Enter your work email address
3. You'll receive an email from Rocket Lawyer; click the 'Activate Account' button
4. Fill out the form and you're set!

Need help? Email us:
benefitssupport@rocketlawyer.com





IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Contact information for our benefit carriers and vendors
- A Benefits Glossary to help you understand important insurance terms
- A summary of the health plan notices you are entitled to receive annually, and where to find them

PLAN CONTACTS

HELPFUL RESOURCES

Enrollment Website

Paycom Benefits Portal
paycomonline.com

Alliant Benefit Advocates

scr-support@alliant.com
(855) 889-3713

MEDICAL, DENTAL & VISION

BlueCross BlueShield of Texas Medical

Policy #374599
www.bcbstx.com
(800) 521-2227

BlueCross BlueShield of Texas Dental

Policy # 374599
www.bcbstx.com
(800) 521-2227

BlueCross BlueShield of Texas Vision

Policy # VF028516
eyemedvisioncare.com/bcbstxvis
(855) 556-8796

TELEMEDICINE & MENTAL HEALTH

First Stop Health

www.fshealth.com
(888) 691-7867

HEALTH SAVINGS ACCOUNT (HSA)

HSA Bank

www.hsabank.com
(800) 357-6246

FLEXIBLE SPENDING ACCOUNTS (FSA)

BMA

bmatpa.com
(800) 934-6302

LIFE & AD&D / STD / LTD

BlueCross BlueShield of Texas

Policy # VF028516
www.bcbstx.com
(877) 442-4207

EMPLOYEE ASSISTANCE PROGRAM

BlueCross BlueShield of Texas

www.guidanceresources.com
Company ID: DISRES
(866) 899-1363

VALUE ADDED PROGRAMS

BlueCross BlueShield of Texas – Travel Assistance

medservices@assistamerica.com
Reference No: 01-AA-TRS-12201
(800) 872-1414 (in U.S.)
+1 (609) 986-1234 (outside U.S.)

BlueCross BlueShield of Texas – Beneficiary Resources

www.workhealthlife.com
Username: beneficiary
(800) 769-9187

Rocket Lawyer

www.go.rocketlawyer.com/amplifycreditunion
benefitsupport@rocketlawyer.com
(877) 881-0947

401(k) RETIREMENT

The Standard

www.standard.com
(800) 858-5420

MEDICARE DECISION SUPPORT

Alliant Medicare Solutions

www.alliantmedicareolutions.com
(877) 888-0165

GLOSSARY

-A-

AD&D Insurance

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount

The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit

A cap on the benefits your plan will pay in a year. Limits may be 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 health care costs for the rest of the plan year.

-B-

Balance Billing

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

Note: Beginning January 1, 2022 the "No Surprises Act" provides protections against surprise billing for emergency services, air ambulance services, and certain services provided by a non-participating provider at a participating facility. For these services, the member's cost are generally limited to what the charge would have been if received in-network, leaving any balance to be settled between the insurer and the out-of-network provider. Consult your health plan documents for details.

Beneficiary

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services

Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive

Generally includes routine cleanings, oral exams, X-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service

A service that your health plan doesn't pay for or cover.

-F-

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug

A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA)

An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

GLOSSARY

High Deductible Health Plan (HDHP)

A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

-I-

In-Network

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more, or may not be covered.

-L-

Life Insurance

An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care

Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP, and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine / Teledoc

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)

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

Urgent Care

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

IMPORTANT PLAN INFORMATION

WHAT YOU NEED TO KNOW ABOUT THE “NO SURPRISES” RULES

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

IMPORTANT PLAN INFORMATION

HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located on the Paycom enrollment portal:

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

DEADLINE FOR FILING LAWSUIT UNDER ERISA AFTER EXHAUSTION OF ALL CLAIMS PROCEDURES

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available on the Paycom enrollment portal. Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact the Plan Administrator.

SUMMARY PLAN DESCRIPTIONS (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries.

- Amplify Credit Union Health and Welfare Benefits Plan

SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available on the Paycom enrollment portal.

- BlueCross BlueShield High Deductible Health Plan (HDHP)
- BlueCross BlueShield Base PPO
- BlueCross BlueShield Buy-up PPO

STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Amplify Credit Union Health and Welfare Benefits Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

