

2026

Benefits Guide



Employee Benefits

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, disability, 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. Take a look at what's available to make the most of your benefits package.



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.

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.

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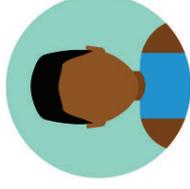
Benefits Decision-Makers

Our friends Jamie, Alex, Taylor, and Chris are at different stages in their lives and careers. See if their benefit decisions help you make yours!



Meet Jaime

Hi, I'm Jaime! I don't think too much about employee benefits, and frankly I'd like to keep it that way! As long as I have health insurance in case I get in a car wreck or something, I'm all good. In my spare time I love to go paddle boarding or take my dog, Mango, to the local dog park.



Meet Alex

Hi, I'm Alex. When my spouse and I aren't working or busy getting our kids to and from soccer practice, ballet, and gymnastics, we enjoy reading, DIY, and video games. We both have some health issues we're trying to manage, so it's important to have good and affordable health insurance for our family. And we know we need to be thinking about retirement (after we get the kids through school!).

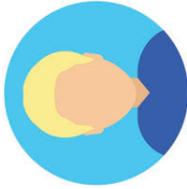
About Jaime

- In their late 20s
- Single, no children
- Healthy and active
- Just getting started in their career
- Recently graduated from college

About Alex

- In their 40s
- Married, three children
- Has chronic health conditions and is sedentary
- Spouse also has chronic health condition and is sedentary
- All three kids are healthy and active)
- Established in their career
- Has a graduate degree
- Has minimal student loan debt
- Lives with their spouse and kids in a suburban home that they own

Benefits Decision-Makers

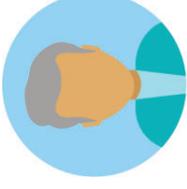


Meet Taylor

Hi, I'm Taylor! My spouse and I are saving up for a down payment on a house, so we're always on the hunt for cost savings, and we don't want something unexpected to derail our plans. We saw our parents lose a lot of their retirement savings during the mid-2000s, so we know how important it is to make the right choices for retirement savings. On the other hand, we've got a lot of student loans to pay back. In our free time we enjoy meeting up with friends for a meal or a beverage and traveling to meet up with old friends.

About Taylor

- In their 30s
- Married, no children
- Healthy and moderately active
- Spouse is healthy and active
- Starting to get established in their career
- Has a bachelor's degree
- Has significant student loan debt
- Lives with their spouse in a rented home



Meet Chris

Hi, I'm Chris. I'm starting to look forward to retirement, and I definitely don't want to spend my leisure years worrying too much about my finances! My younger child lives with me, but when they move out, I might move into a place that's a little lower maintenance. After all, who wants to do yard work when there's pickleball to be played and a grandbaby to cuddle? I also run half-marathons, although one of my knees has started bugging me during the past couple races (I probably ought to get that checked out).

About Chris

- Approaching retirement age (55+)
- Divorced, two adult children (one still younger than 26)
- Healthy but starting to have some age-related concerns, and active but slowing down (younger adult child is healthy and moderately active)
- Well-established in their career and thinking about exiting the workforce
- Has a graduate degree
- Has significant student loan debt from helping with their children's college educations
- Lives with their younger adult child in a suburban home that they own, in the same city as their older adult child and grandchild

Eligibility & Enrollment

Full-Time employees working 30 or more hours per week are eligible for Amplify Credit Union benefits.

Dependents are also eligible:

- Legal spouse or domestic partner
- Biological, adopted or stepchildren up to age 26
- Disabled children older than 26 who depend on you for support
- Children named in a QMCSO

Employees with variable hours and seasonal schedules may be eligible.

There are three times when you can enroll in benefits:

When You're Hired

You can enroll in benefits on the first of the month following or coinciding with date of hire. At that time, you have 30 days to enroll. If you miss the deadline, you'll have to wait until open enrollment, unless you have a qualifying life event (QLE).

During Open Enrollment

Once each year, you can change your benefits or enroll in new benefits. If you miss the open enrollment window, you'll have to wait until next year's open enrollment, unless you have a QLE.

Special Enrollment Periods

Certain events (QLEs) that could happen in your life would trigger a special enrollment period (SEP), which would let you change your benefits or enroll in new benefits outside the normal open enrollment period.

Qualifying Life Events

When you have a qualifying life event (QLE) that triggers a special enrollment period (SEP), you will have 30 days from the QLE to make changes to your benefits. QLEs include the following:

- You get legally married or divorced, or you become widowed.
- You add a child to your family.
- You or any of your dependents lose or become eligible for health insurance because of a job change.
- You move where there are no providers in your health insurance network.



- A court order requires you to provide health insurance for your child.
- You or any of your dependents become eligible or lose eligibility for Medicare or Medicaid.
 - This includes events allowed under the Children’s Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request an SEP due to CHIP-allowed events).

Getting Enrolled

Visit Paycom at [Employee Self-Service](https://paycomonline.net)® (paycomonline.net) to enroll in Amplify Credit Union's benefits. You will find all the details about the benefit offerings there, plus tools to help you decide which benefits are right for your situation.

You Will Need

- Dates of birth, Social Security numbers, and addresses for all dependents
- Your Paycom username and password

Domestic partner notice

Please note that domestic partner coverage can differ from spouse coverage when Medicare eligibility is a factor.

Medicare is the primary payer for domestic partners with large employer group health plan coverage if a domestic partner can get Medicare due to their age and has group health plan coverage through their partner's current employer.

What if I Need Help Choosing a Plan?

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

It's an expert on Amplify Credit Union benefits and using it can help you pick benefits that provide the right level of coverage for your needs.

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.

To use Alex, visit: <https://www.myalex.com/amplifycu/2026>

Need More Help?

Contact an Alliant Benefit Advocate via email at scr-support@alliant.com or phone at (855) 889-3713.

Monday to Thursday 8 a.m. - 5:30 p.m. CST
Friday 8 a.m. - 5 p.m. CST

Benefit Advocates can help you with:

- General questions about your benefits
- Finding in-network healthcare
- Certain claims and billing issues
- Special enrollment periods due to qualifying life events

Healthcare

Amplify Credit Union provides several benefit options to help keep you in good health.

- Health insurance
- Dental insurance
- Vision insurance
- Health savings account
- Flexible spending account



Health Insurance

Amplify Credit Union offers 3 options.

High Deductible Health Plan (HDHP)

This plan works like a PPO, but with a higher deductible. Enroll in the EBC HSA Bank Account to offset the deductible with tax-advantaged funds.

You can see any doctor you like, although it will cost more if they are out-of-network. You don't need a PCP or referrals to see other doctors.

Base (PPO) & Buy-Up (PPO)

You can see any doctor you like, although it will cost more if they are out-of-network. You don't need a PCP or referrals to see other doctors.

Our friends chose ...



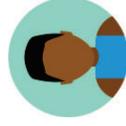
Jaime

I enrolled in the HDHP because of the lower cost. I'm pretty healthy anyway, so I don't think I'll need to go to the doctor much unless I get hurt in an accident. The HSA is nice, too—I can put a little bit away right now, and then I'll be able to cover my deductible if I ever do get hurt.



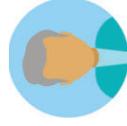
Taylor

We enrolled in the Buy-Up PPO because we like having copays when we need to go to the doctor's office. We don't have a lot of savings right now, and covering a high deductible if something happened would set us back from our current goals.



Alex

We enrolled in the HDHP because with our health conditions, we know we will meet the deductible. With the lower per paycheck cost and the company contributions to my HSA it just made the most sense.



Chris

We enrolled in the Base PPO because it has prescription drug copays. We take brand name medications that would cost much more out-of-pocket on the HDHP plan.

HDHP

Base PPO

Buy-Up PPO

Annual Deductible
Individual: \$3,400
Family: \$6,800

Individual: \$3,000
Family: \$6,000

Individual: \$1,000
Family: \$2,000

Annual Out-of-Pocket Maximum
Individual: \$6,800
Family: \$13,600

Individual: \$6,000
Family: \$12,000

Individual: \$4,000
Family: \$8,000

Accumulation Period: Time period to incur eligible expenses toward deductible & out-of-pocket: January 1, 2026 - December 31, 2026

Co-Insurance
20%

20%

20%

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%
PCP or Specialist

\$10 PCP
\$40 Specialist

\$10 PCP
\$40 Specialist

Lab & X-Ray
Deductible + 20%

0%

0%

Major Lab & X-Ray (CT/MRI/PET)
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 (preferred tier)

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
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)
Deductible then 2.5 x Retail Copay

2.5 x Retail Copay

2.5 x Retail Copay

Health Plan Comparison*

*In-network benefits shown above. 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. 11

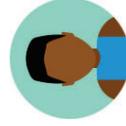
Health Savings Account (HSA)

For employees enrolled in the HDHP



Jaime

I like that the HSA rolls over and stays with me if I have to leave Amplify Credit Union. I don't think I'll have a lot of healthcare costs anytime soon, but it's nice to be able to put a little bit away every paycheck so I'll have the money if I ever need it. And when I save up enough to start investing, I've got lots of time to let that money grow!



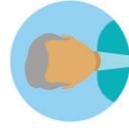
Alex

We spend a lot on healthcare every year, so being able to use pre-tax money for some of it really helps out the family budget.

- Your HSA contributions are deducted from your paycheck on a pre-tax basis, which reduces how much of your paycheck gets taxed. Money you spend from your HSA on eligible healthcare expenses is also tax-free.
- Amplify Credit Union will contribute \$500 for you, or \$1,000 for your family if you enrolled dependents in the HDHP. You must contribute at least \$250 if enrolled as employee only and \$500 if enrolled with family per year to qualify for the credit union contribution.
- You can contribute up to \$4,400 for yourself in 2026, or up to \$8,750 for your family if you enrolled dependents in the HDHP. (This includes Amplify Credit Union's contribution.)
- If you're 55 or older, you can contribute an additional \$1,000.
- Whatever money you don't spend stays in the account year after year.
- The account belongs to you, even if you leave Amplify Credit Union.
- When you retire, you can use the HSA tax-free for healthcare expenses, even if you aren't enrolled in an HDHP.

Healthcare Flexible Spending Account

They enrolled because ...



Chris

We don't spend a lot on healthcare, but it's nice to be able to use tax-free money to help pay for my prescriptions!



Taylor

We like being able to put away some tax-free dollars as a safety net in case one of us gets sick or hurt—we don't want anything unexpected to derail our financial goals. Or we can use it to pay for new glasses!

With the EBC flexible spending account (FSA), you can set aside money for healthcare expenses in the coming plan year.

- You can enroll in the FSA even if you don't get health insurance through Amplify.
- **If you (or your spouse) are enrolled in a high deductible health plan (HDHP), you can participate in a limited-purpose FSA for dental and vision expenses only.**
- Your FSA contributions are deducted from your paycheck on a pre-tax basis, which reduces how much of your paycheck gets taxed.
- You can contribute up to \$3,400 in 2026.
- Use your FSA debit card to pay for eligible healthcare expenses during the coming plan year.
- Estimate your costs carefully! While you can roll over up to \$680 any additional FSA money you haven't spent at the end of the plan year will be forfeited. You must have at least \$75 in your account to rollover.

[Click to play video](#)



Mental Health Benefits

Your health insurance coverage through BlueCross BlueShield Texas offered plan includes benefits for mental health care. 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.

In-Network Mental Health Services*

	Outpatient	Inpatient
HDHP	Deductible + 20%	Deductible + 20%
Base	\$10 Copay	Deductible + 20%
Buy-Up	\$10 Copay	Deductible + 20%

You always pay the copay (\$). You pay coinsurance (%) after you meet your deductible. Refer to your summary plan description for full plan details.

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.*

Employee Assistance Program

If you're facing a difficult challenge or decision, the employee assistance program (EAP) through BCBSTX can help. You or any member of your immediate household can contact the EAP any time, at no cost, and it's 100% confidential.

The EAP can assist with issues such as:

- Mental, emotional, or behavioral health
- Substance use disorders
- Parenting and childcare
- Financial coaching
- Legal consultation
- Elder care

Benefits include unlimited phone access 24/7, up to 3 in-person or video counseling sessions for short-term issues, and unlimited access to online resources.

Call (866) 899-1363 or visit www.beneficiaryresource.com for assistance anytime.

Company ID: DISRES

Blue Access for Members (BAM)

View and manage your benefits online through the Blue Access for Members (BAM) portal. You and all covered dependents age 18 and up can create a BAM account.

- Find care – search for in-network doctors, hospitals, pharmacies and other health care providers
- Get your digital member ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Sign up for text or email alerts



It's easy to get started.

- Use your member ID card to create a BAM account at bcbstx.com OR
- Text* BCBSTXAPP to 336333 to download the mobile app



- Scan this QR code to visit bcbstx.com

Wellness

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

Well onTarget

Blue Points — Rewards for Healthy Living

- Earn points for regularly participating in many different healthy activities
- Redeem points in the online shopping mall, which provides a wide variety of merchandise
- Sample activities that help you earn 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 to find all the interactive tools and resources you need to start racking up Blue Points.

Well onTarget®

Fitness Program

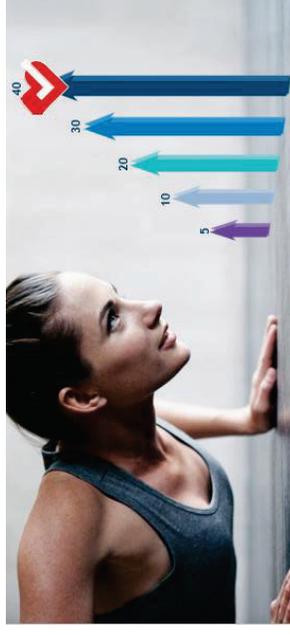
Available exclusively to you and your covered dependents (age 16 and older).* Program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

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

Base	Core	Power	Elite	Pro	Signature	Premier
\$19/mo	\$29/mo	\$39/mo	\$129/mo	\$159/mo	\$199/mo	\$239/mo
3500+ Standard Gyms [†]	8,500+ Standard Gyms	13,000+ Standard Gyms	Access to 1 Luxury Gym + All 13,000+ Standard (Luxury Gyms differ by tier, 180+ Available) [†]			
\$19 enrollment fee						
Digital Content Only: Video and Live Stream (\$10/mo)						

- **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.



- Go to bcbstx.com and log in to Blue Access for Members.
- Select the My Health tab, then Wellness on the top navigation bar of the Dashboard page. Then scroll down to the Fitness Program section and click on Learn More.
- Complete registration form.
- 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.



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

Preventive Care

Typical Screenings for Adults

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

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.

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 .

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.

Prescriptions Breaking Your Budget?

The Formulary Drug Tiers Determine Your Cost

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

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
- 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 "2026 Performance Drug List"

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

Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Annual maximum	\$2,000 w/ BlueMax Advantage (maximum increases \$100 each year, up to \$2,300)	\$1,250 w/ BlueMax Advantage (maximum increases \$100 each year, up to \$1,550)
Diagnostic & preventive (checkups, cleanings, X-rays)	No Charge	No Charge
Basic services (fillings, root canals, treatment for gum disease)	80%	80%
Major services (bridges, crowns, dentures)	50%	50%
Orthodontia (braces)	50% (Children and Adults) \$2,000 lifetime maximum	Not Covered

Dental Plan Comparison*

* You pay the deductible for anything except preventive care. The coinsurance (%) shows what the plan plans after the deductible.

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.

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.

Dental Insurance

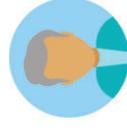
Amplify Credit Union offers 2 options.

Dental insurance keep your teeth healthy. 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.

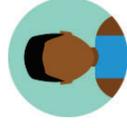
The buy-up dental plan also covers orthodontia for children and adults.

Our friends enrolled because ...



Chris

I've always been good about going to the dentist regularly—I've read that gum disease could increase my risk of heart and lung issues! And it's nice to know that if I ever do need something major insurance will help cover the cost.



Alex

When I was younger, my teeth were so crooked and my overbite so severe it gave me sleep apnea! We're so glad the high dental plan covers orthodontia so we can make sure the kids don't ever have to deal with that. And with our limited purpose FSA money, we'll be able to pay some of the cost tax-free!



Jaime

I think it's pretty cool that the high dental plan covers braces for adults. My parents couldn't afford them when I was a kid, and I've always been a little self-conscious about my smile. Now I can get my teeth straightened and stop worrying about it!

EyeMed Network

Out-of-Network

Up to \$30 reimbursement

\$10 copay

Exam
Every 12 months

Reimbursement varies

\$25 copay

Materials

Single vision: Up to \$25 reimbursement
Bifocal: Up to \$40 reimbursement
Trifocal: Up to \$55 reimbursement

Single vision: No cost after materials copay
Bifocal: No cost after materials copay
Trifocal: No cost after materials copay

Lenses
Every 12 months

Up to \$80 reimbursement

\$100 allowance

Elective Contacts
(in lieu of lenses)
Every 12 months

Up to \$50 reimbursement

\$100 Allowance + 20% off balance

Frames
Every 24 months

Vision Plan Comparison*

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

Vision Network

EyeMed

Plan Features

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

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

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

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

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.

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

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.

Vision Insurance

Amplify Credit Union offers 1 option.

Vision insurance helps cover the cost of eyeglasses or contacts, along with annual checkups.

Discounts

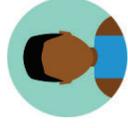
With EyeMed get discounts on corrective vision surgery such as LASIK and PRK. You can also get a discount on contacts and even hearing aids!

Our friends enrolled because ...



Taylor

We've both been lucky not to need glasses. But my grandma had glaucoma, so I know I need to get regular vision check-ups for that. And my spouse's parents started to need glasses in their 40s, so they will probably need glasses at some point!



Alex

It's so important for our kids to have their vision checked regularly—we wouldn't want them to struggle in school if they couldn't see well! And with our limited purpose FSA money, we'd be able to pay some of the cost of glasses tax-free!



Jaime

It's so cool that I can get a discount on LASIK—wearing glasses definitely cramps my style on the mountain. And with my HSA money, I'll be able to pay some of the cost tax-free!

Your Coverage Costs (24 Deductions Per Year)

The cost for your healthcare benefits will depend on which plans you choose and how many dependents you cover. These costs will be deducted from your paycheck on a pre-tax basis, which will reduce the amount of income you have to pay taxes on.*

Medical		HDHP/HSA	BASE	BUY-UP
Employee Only	\$53.25	\$120.90	\$187.81	
Employee + Spouse	\$211.31	\$379.99	\$510.18	
Employee + Children	\$194.75	\$325.65	\$444.42	
Employee + Family	\$295.08	\$534.52	\$716.64	
Dental		HIGH	LOW	
Employee Only	\$4.12	\$3.35		
Employee + Spouse	\$20.62	\$16.76		
Employee + Children	\$24.74	\$20.10		
Employee + Family	\$37.13	\$30.16		
Vision				
Employee Only	\$0.76			
Employee + Spouse	\$2.15			
Employee + Children	\$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.

Life and Disability

Amplify Credit Union offers several benefit options to create a safety net if you become unable to work due to death or disability.

- Credit Union Paid Life/AD&D
- Employee Paid Voluntary Life/AD&D
- Credit Union Paid Short-Term Disability
- Credit Union Paid Long-Term Disability



Credit Union Paid Life/AD&D Insurance

Amplify provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance.

Basic Life pays your beneficiary a lump sum if you die. AD&D 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.

BCBS Basic Life/AD&D

1x salary up to \$500,000



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).

Benefit amounts will be reduced if you are 70 or older. Refer to the plan document for details.

Voluntary Life/AD&D Insurance

Voluntary Life/AD&D is additional insurance you can purchase to protect your family's financial security. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

BCBS Voluntary Life/AD&D

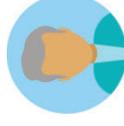
- **Employee:** \$25,000 increments up to \$500,000
Guaranteed issue: \$100,000
- **Spouse:** \$1,000 increments up to \$50,000 (not to exceed employee voluntary life/AD&D amount)
Guaranteed issue: \$50,000
- **Child(ren):** \$1,000 increments up to \$10,000 (Age 6 Months to 26 Years) / \$500 (Birth to 6 Months)
Guaranteed issue: \$10,000

What is Guaranteed Issue?

Guaranteed Issue is the amount of life insurance available to you when you are a new hire 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 to apply and coverage is not guaranteed.

Benefit amounts will be reduced if you are 70 or older. Refer to the plan document for details.

Our friend chose ...



Chris

I have enough assets that I wouldn't be leaving my kids destitute if something happened to me, but they do still rely on me as a safety net from time to time. I'm getting a policy for \$100,000 so they could pay for a funeral and have a little left over to keep them from struggling.

Voluntary Life/AD&D Annual Increase Provision: Enrolled Employees Only*

At annual enrollment, if you are enrolled you can increase your employee coverage by 1 increment (\$25,000) without a health statement as long as your coverage does not exceed \$100,000.

If you want to increase coverage by more than \$25,000 or if your coverage will exceed \$100,000, a health statement will be required.

**Applies to employee coverage only. Any increase to spouse coverage will require a health statement.*

Voluntary Life/AD&D Insurance Costs

If you elect voluntary coverage, your 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 and 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 AD&D

Calculate Your Voluntary Life and AD&D 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 24 =

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 Disability

Short-term disability (STD) replaces part of your income if you are unable to work for a short period of time due to an injury or medical condition or procedure. Long-term disability (LTD) does the same for issues that prevent you from working for a longer period of time.

BCBS STD Benefits

- **Benefit amount:** 60% of earnings, up to a weekly 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)

BCBS LTD Benefits

- **Monthly benefit amount:** 60% of earnings, up to a monthly maximum of \$8,000
- **Benefits begin:** after 90 days of disability due to accident or sickness
- **Maximum payment period:** Until normal Social Security retirement age



Financial Benefits

Amplify Credit Union offers benefits and resources to help you manage your finances today and in the future.

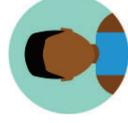
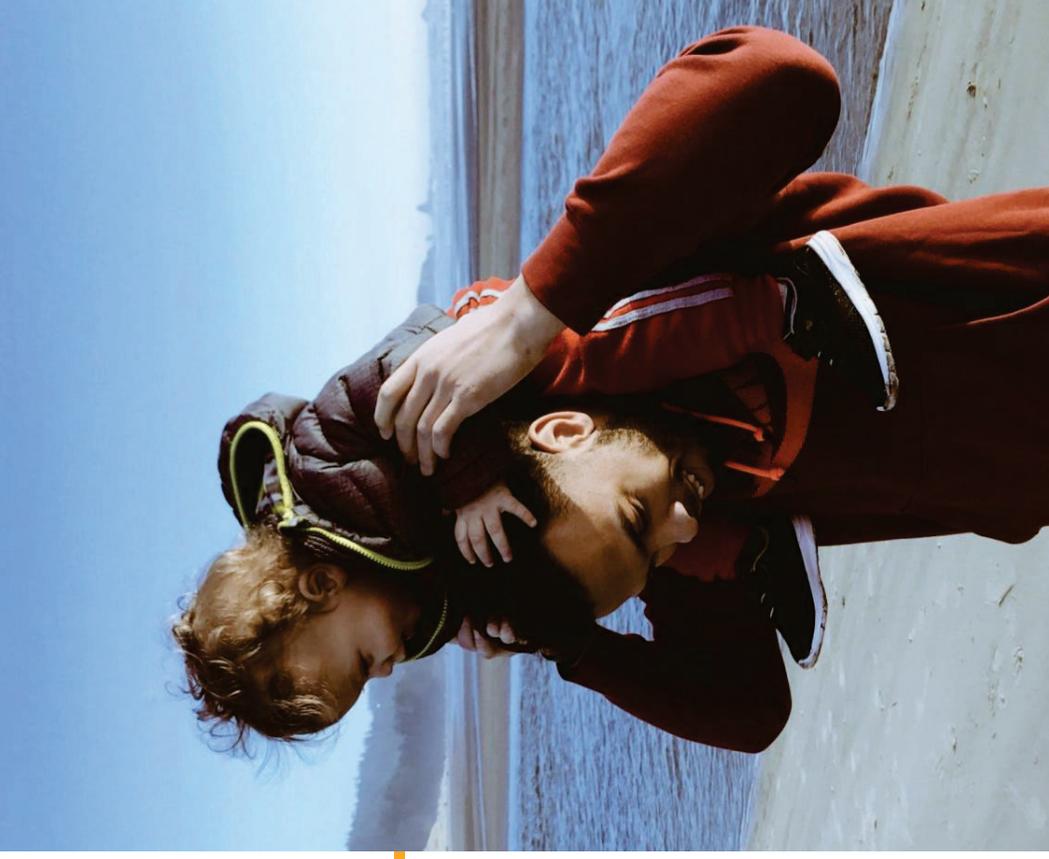
- Dependent Care FSA
- Medicare Planning



Save on Daycare Expenses

With the EBC dependent-care flexible spending account (DCFSA), you can set aside money for childcare expenses.

- Your DCFSA contributions are deducted from your paycheck on a pre-tax basis, which reduces the amount of taxes you have to pay.
- You can contribute up to \$7,500 in 2026.
- Eligible childcare expenses include daycare, before- and after-school care programs, preschool, and day camp for children younger than 13.
- You can use DCFSA money to pay for adult day care for an adult dependent who lives with you and is incapable of self-care.
- Pay care providers directly from your DCFSA or submit claims for reimbursement.
- Estimate your costs carefully! You'll forfeit whatever DCFSA money you haven't spent at the end of the plan year.



Alex

Since my spouse and I both work, our kids need daycare. It really helps our family budget to be able to use tax-free money to pay for some of it.

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?

- 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.
- Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
- 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](#)



Additional Resources

You're unique—and so are your benefit needs

More details can be found on the Paycom portal

Travel Resource Services

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

- Emergency Medical Evacuation & 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



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

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

All travel transportation services must be arranged by Assist America. Assist America is not medical insurance. Medical bills are the responsibility of the member or the health insurance as applicable.

First Stop Health

Free for employees and their immediate family members.

On-demand doctor visits

Get immediate support, including prescriptions when appropriate* for:

- Sore throat
- Cough
- Sinus issues
- Skin rash
- UTI
- Rx Refill*
- Pink eye
- Fever
- Earache
- Cold & Flu
- Medical questions
- And more!

Therapy for your mental health

Short-term, solution focused therapy is available through First Stop Health. Talk to a licensed counselor to work through anxiety, depression, substance use, marital/relationship, and work/life stress.

Available 24/7

888-691-7867

firststophealth.com

Additional Resources (continued)

More details can be found on the Paycom portal

Additional Resources (continued)

More details can be found on the Paycom portal

Dearborn Cares

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
- No death certificate required
- Employer is required to submit the claim form with all required information

Beneficiary Resource Services™

This program 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
- Calculators to estimate and compare expenses for funeral arrangements
- Information on funeral requirements and various religious customs
- Directories to locate funeral homes and cemeteries in your area

Counseling:

800-769-9187

BeneficiaryResource.com

Username: beneficiary

Additional Resources (continued)

More details can be found on the Paycom portal

betterleave

Your dedicated bereavement support team. Your Care Partner is here for you to listen, help you navigate logistics, and connect you with resources and experts. Just a text away, a real person, always ready to support.

- Loss Logistics
- End of Life Planning
- Community Support
- 1:1 Support

www.betterleave.com

Email: support@betterleave.com

Text: (855) 304-3648

Legal Coverage

Rocket Lawyer offers free legal assistance for you on matters large or small, whether you're getting married, buying a home, or have speeding tickets.

- Legal Document Library
- Attorney Q&A
- Attorney Phone Consultations
- Attorney Discounts
- Document Review
- Rocket Tax
- Rocket Sign

Go to: go.rocketlawyer.com/amplifycreditunion or scan the QR code

- Enter your work email address
- Receive an email from Rocket Lawyer
- Click the 'Activate Account' button
- Fill out the form



Need help? Email benefitssupport@rocketlawyer.com

Important Plan Information

Read on for additional important plan information:

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



Benefit Contacts and Resources

Helpful Resources

Enrollment website
Paycom Benefits Portal
paycomonline.com

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

Medical/Dental/Vision

BlueCross BlueShield of Texas Medical
Policy No. 374599
www.bcbstx.com
(800) 521-2227

BlueCross BlueShield of Texas Dental
Policy No. 374599
www.bcbstx.com
(800) 521-2227

BlueCross BlueShield of Texas Vision
Policy No. VF028516
eyemedvisioncare.com/bcbstxvis
(855) 556-8796

Telemedicine & Mental Health

First Stop Health
www.firststophealth.com
(888) 691-7867

Health Savings Account (HSA)

Employee Benefits Corporation (EBC)
www.ebcflex.com
(800) 346-2126

Flexible Spending Accounts (FSA)

Employee Benefits Corporation (EBC)
www.ebcflex.com
(800) 346-2126

Life & ADD/STD/LTD

BlueCross BlueShield of Texas
Policy No. VF028516
www.bcbstx.com
(877) 442-4207

Employee Assistance Program (EAP)

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/amplifycreditation
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

Accumulation Period

The period of time during which you can incur eligible expenses toward your deductible, out-of-pocket maximum, and visit limitations. The accumulation period for your deductible and OOP maximum may differ from the period for visit limitations.

Aggregate Deductible

A type of family deductible in which a family must meet the entire family deductible before the plan covers eligible expenses for any individual.

Aggregate Out-of-Pocket Max

A type of family out-of-pocket maximum in which a family must meet the entire family out-of-pocket maximum before the plan pays 100% of eligible expenses for any individual.

Allowed Amount

The maximum amount your insurance plan will pay for an eligible expense. In-network providers cannot bill you for more than the allowed amount.

Ambulatory Surgery Center

A healthcare facility that specializes in same-day surgical procedures.

Annual Limit

The maximum dollar amount or number of visits your plan will cover

for a specific service during a plan year. If you reach an annual limit, you must pay all associated costs for that service for the rest of the plan year.

Balance Billing

Balance billing is when an out-of-network provider bills you for more than your plan's allowed amount. For example, if the provider charges \$100 but the plan's allowed amount is only \$70, an out-of-network provider can bill you for the \$30 difference. Balance billing may not be allowed for all services; consult your insurance plan documents for details.

Beneficiary

The people or entities you select to receive a benefit if you die. You must name beneficiaries for life, AD&D, and retirement plans to ensure the money is distributed according to your wishes.

Brand-Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. Your coinsurance for brand-name drugs may be higher if there is a generic equivalent available.

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law allows you to temporarily keep your health insurance after your employment ends, based on certain qualifying events. If you elect COBRA

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 provider submits to your insurance plan after you receive services.

Coinsurance

The percentage of the allowed amount you must pay for an eligible expense. Coinsurance will always add up to 100%. For example, if the plan pays 70% of the allowed amount, your coinsurance is 30%. If your plan has a deductible, you pay 100% of most costs until you have paid the deductible amount.

Copayment (Copay)

A flat fee you pay for some services, such as a doctor's office visit. You pay the copayment at the time you receive care. In most cases, copays do not count toward your deductible.

Deductible

The dollar amount you must pay for eligible expenses before your insurance starts covering a portion. The deductible does not apply to preventive care or certain other services.

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 twice a year.

Dental Major Services

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

Eligible Expense

Also referred to as a covered service, this is a service or product for which your insurance plan will pay a portion of the allowed amount. Your plan will not cover any portion of the cost if the expense is not eligible, and the amount you pay will not count toward your deductible.

Embedded Deductible

A type of family deductible in which the plan covers eligible expenses for each person as soon as they reach their individual deductible.

Embedded Out-of-Pocket Maximum

A type of family out-of-pocket maximum in which the plan pays 100% of eligible expenses for a person as soon as they reach their individual out-of-pocket maximum.

Excluded Service

A service for which your insurance will not pay any portion of the cost. These services may also be referred to as "ineligible," "not covered," or "not allowed."

Glossary

Formulary

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

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 the brand-name drug Lipitor.

Grandfathered

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

In Network

Also known as participating providers, in-network providers have a contract with your insurance plan. They are usually the lowest-cost option because they have agreed not to charge you more than the allowed amount, and your insurance will cover a bigger portion of eligible expenses than with out-of-network providers.

Mail Order

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

Out of Network

Also known as nonparticipating providers, out-of-network providers do not have a contract with your insurance plan. They are typically a higher-cost option because they can charge you more than your plan's allowed amount, and your insurance will cover a smaller portion of eligible expenses than with in-network providers. Some plans do not cover out-of-network services at all.

Out-of-Pocket Costs

Healthcare expenses you are responsible for paying, whether from your bank account, credit card, or from a health savings account such as an HSA, FSA or HRA. These costs include any deductibles, copays, and coinsurance you pay for eligible expenses, along with the cost of any services your insurance does not cover.

Out-of-Pocket Maximum

The maximum amount of money you will have to spend on eligible expenses during a plan year. Once you spend this amount, your plan covers 100% of eligible expenses for the rest of the plan year.

Outpatient Care

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

Participating Pharmacy

Also known as an in-network pharmacy, a participating

pharmacy has a contract with your medical or prescription drug plan. You will typically pay lower prescription costs at a participating pharmacy.

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

A list of prescription drugs your insurance will cover at the highest benefit level. The list, also known as a "formulary," is based on an evaluation of effectiveness and cost. Your coinsurance may be higher for drugs that are not on this list, or your insurance may not cover them at all.

Preventive Care

Routine healthcare services that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems.

Primary Care Provider (PCP)

Your main doctor. Some insurance plans require you to name a PCP, who will direct or approve all of your healthcare and referrals.

Provider

A doctor, dentist, physician's assistant, nurse, hospital, lab, or other healthcare professional or facility that provides healthcare services.

Telehealth/Telemedicine

A virtual visit with a provider using video chat on a computer, tablet or smartphone.

Usual, Customary, and Reasonable (UCR)

The cost of a medical service in a geographic area based on what providers in the area usually charge for the same or a similar medical service. Your plan may use the UCR amount as the allowed amount.

Urgent Care

Care for an illness, injury, or condition that needs attention right away but is not severe enough to require the emergency room. Treatment at an urgent care center generally costs less than an emergency room visit.

Vaccinations

Also known as "immunizations," vaccinations are biological preparations that help prevent or reduce the severity of specific diseases.

Voluntary Benefit

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

Legal Notices

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.

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.

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.

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 description (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 Benefit 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 Benefit 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.

