



# 2024 New Hire Benefits Guide

# WHAT'S INSIDE



### About this Guide

This guide highlights features of the company benefits. Detailed plan terms and conditions can be found in the legal Summary Plan Descriptions (SPDs), insurance certificates and/or the Team Member Handbook. If there is a conflict or discrepancy between the provisions contained in this guide and the actual written terms of the SPD or certificate, the SPD or certificate will govern.



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# Welcome to Old National Bank!



## Questions?

- Go to: [handbook.oldnational.com](https://handbook.oldnational.com) for details about plans and rates.
- [MyHR](#)

Our team members are our most important resource, and Old National is proud to offer strong, affordable health and wellness benefits to you and your family.

This guide provides an overview of Old National's benefits offerings to help you decide which options are right for you. You'll also find important benefit resources and contact information throughout the guide. Additional benefits information is available online through our corporate portal.

## Benefit Highlights

### Medical Benefits

Old National is committed to being *Better Together* and providing team members with strong, comprehensive benefits. ONB uses the BCBS network of providers. AmeriBen administers claims. You can choose from four different medical plans with deductibles ranging from \$1,000 to \$4,000 for individual coverage.

- PPO 1000
- HDHP 2000
- HDHP 3200
- HDHP 4000

Maxor Plus is the prescription drug provider. Maintenance medication is provided at no cost under all plans. All major pharmacy chains are part of the Maxor Plus network.

### Medical Premium Discounts

- **Wellness discount**—Earn a monthly discount of \$50 if you complete and submit an online health survey and biometric screening.
- **Tobacco-free discount**—Earn a monthly discount of \$50 if you do not use tobacco products or complete a tobacco cessation program.

### HSA Contributions

If you enroll in a High-Deductible Health Plan (HDHP), you will receive the company contribution to your account in two equal installments in early January and early July. The company will contribute a total of \$500 for individual coverage and \$1,000 for all other coverage levels. Company contributions are prorated for new hires who start after January 1 and for team members who experience a mid-year life event. You may contribute an additional \$3,650 (team-member only coverage) or \$7,300 (all other coverage tiers). If you are 55 and older, you may contribute an extra \$1,000.

### Dental, Vision, Basic and Supplemental Life and AD&D

- **Dental coverage** is offered through Delta Dental. You can choose either the Basic Plan or Premier Plan. There is no deductible with either plan.
- **Vision coverage** is offered through VSP (Vision Service Plan). VSP provides access to the largest nationwide network of providers and a \$200 allowance for contacts and \$150 allowance for frames.
- **Life and supplemental life** are offered through Unum. The company provides all full-time team members with 2X annual salary in basic life and AD&D coverage. A buy-down feature is available to 1X life or a flat \$15,000. Part-time level 1 team members receive \$15,000 in basic life coverage. Supplemental Life is also available for your dependents.

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## Benefit Highlights

Continued from page 2

### Flexible Spending Accounts (FSAs)

- You can contribute up to \$3,200 to a Healthcare FSA and up to \$5,000 to a Dependent Care FSA (the IRS maximum).
- If you're enrolled in a High Deductible Health Plan (HDHP) and the Healthcare FSA, your Healthcare FSA can only be used to pay for eligible dental and vision expenses (Limited Purpose FSA).
- The amount you may carry over to 2025 increased to \$640 for Healthcare FSAs and Limited-Purpose Healthcare FSAs.
- You can contribute up to \$315 per month for parking and \$315 per month for transit to a Transportation Spending Account.

### Income Protection Plans

- Group Accident
- Critical Illness
- Hospital Indemnity
- Legal Plan (Coverage includes one individual or joint federal and state tax filing through TurboTax)
- Identity, security and privacy protection through LifeLock.

### Mental Health | EAP

Headspace is a confidential, comprehensive mental health and life solution that includes an Employee Assistance Program and 24/7 support. Headspace is available to you and your dependents (ages 13 and older), regardless of whether they are enrolled in an ONB medical plan.

### Meet ALEX®



ALEX is an interactive benefit decision tool that helps you select the best benefit plans for you and your family. All you have to do is answer a few questions about what medical care you might need in 2024, and ALEX will recommend the benefit plans and coverage that will best meet your needs.

### How to Enroll

#### Enroll in your 2024 benefits through ADP:

- On the ONB network—Access the MyONB portal from the corporate portal home page.
- Call the Old National Benefits Solution Center at 800-240-7155.
- Download and log into the ADP mobile app.

**Benefit selections submitted and confirmed will be effective on your first day of employment.**



### ALEX®

Learn more about ALEX [here](#) or scan the QR code below.



# ELIGIBILITY



## Domestic Partner Resources

- [Eligibility and tax implications](#)
- [Affidavit](#)

## Eligibility for Benefits

Eligibility for the **benefits** program varies based on the benefit and full-time or part-time status.

### Who is Eligible

You are eligible for benefits if you meet the following criteria:

- Full-time: Regularly work 30+ hours per week
- Part-time – Level 1: Regularly work 20–29 hours per week

If you regularly work fewer than 20 hours per week, you are only eligible for the 401(k) plan.

## Eligible Dependents

**The company provides benefits for you and your eligible dependents defined as:**

- Your legally married spouse.
- Your domestic partner, if an [affidavit](#) of domestic partnership is submitted with supporting documentation.
- Your natural children, stepchildren, adopted (or placed for adoption) children, children of your domestic partner and children for whom you are the legal guardian.
- Your dependent children who became totally and permanently disabled before age 26, if they were covered by the plan before they became disabled.
- Your adult children up to age 26 (does not include your child’s spouse or your grandchildren).
- Children for whom you are required to provide coverage under a Qualified Medical Child Support Order.

BENEFIT	FULL-TIME TEAM MEMBERS	PART-TIME TEAM MEMBERS LEVEL 1
<b>HEALTH BENEFITS</b>		
Medical	Date of hire	Date of hire
Dental		
Vision		
Wellness Program		
Flexible Spending Accounts (FSAs) <ul style="list-style-type: none"> <li>• Healthcare</li> <li>• Limited-purpose Healthcare</li> <li>• Dependent Care</li> <li>• Commuter</li> <li>• Mental health</li> </ul>		
<b>LIFE, AD&amp;D, DISABILITY AND PARENTAL LEAVE BENEFITS</b>		
Life Insurance	Date of hire	Date of hire
AD&D Life Insurance	The first of the month after 6 months of employment	
Disability	The first of the month after 6 months of employment	
Parental Leave	One year of employment	
Caregiver Leave		
<b>INCOME PROTECTION BENEFITS</b>		
Accident	Date of hire	Date of hire
Critical Illness		
Hospital Indemnity		
Legal Plan		
LifeLock		

# HEALTH BENEFITS

## Medical Benefits

You can choose between four medical plans—one PPO Plan and three High-Deductible Health Plans (HDHP). Both the PPO and High-Deductible Health Plans use the same Blue Cross Blue Shield network of providers. Deductibles range from \$1,000–\$4,000 for individual coverage and \$2,000–\$8,000 for family coverage. You may select where you receive your medical services; however, your out-of-pocket costs will be lower if you use in-network providers.

### Preventive Care

Preventive medical care is an important part of your coverage. In-network routine physical exams, certain medications, flu shots, vaccinations, certain diagnostic tests, screenings and other regular **preventive care are provided at 100% coverage** with no cost to you. Early detection of health problems before they become serious may result in more effective treatment at lower costs.



AmeriBen is ONB's medical plan administrator. It offers online resources to assist you with claims, benefits and eligibility. If you enroll in an ONB medical plan, you may register at [myameriben.com](https://myameriben.com). You also can download the mobile app.

Use the website or app to:

- Review claim status.
- Download a digital insurance card.
- Live chat with a support specialist.
- Access links to benefit information.

## MEDICAL PLANS SUMMARY

PLAN PROVISION	PPO 1000		HIGH DEDUCTIBLE HEALTH PLANS					
			HDHP 2000		HDHP 3200		HDHP 4000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>HSA CONTRIBUTION</b>								
Team member only	N/A		\$500		\$500		\$500	
Family*	N/A		\$1,000		\$1,000		\$1,000	
<b>ANNUAL DEDUCTIBLE</b>								
Team member only	\$1,000	\$2,000	\$2,000 <sup>1</sup>	\$4,000 <sup>1</sup>	\$3,200 <sup>2</sup>	\$6,000 <sup>2</sup>	\$4,000 <sup>2</sup>	\$8,000 <sup>2</sup>
Family*	\$2,000	\$4,000	\$4,000 <sup>1</sup>	\$8,000 <sup>1</sup>	\$6,000 <sup>2</sup>	\$12,000 <sup>2</sup>	\$8,000 <sup>2</sup>	\$16,000 <sup>2</sup>
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b>								
Team member only (includes deductible)	\$3,000	\$10,000	\$4,000	\$12,000	\$5,000	\$15,000	\$6,000	\$20,000
Family* (includes deductible)	\$6,000	\$20,000	\$8,000	\$24,000	\$10,000	\$30,000	\$12,000	\$40,000
<b>OFFICE VISIT</b>								
Primary Care	\$30	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Specialist	\$30	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
<b>HOSPITAL VISIT</b>								
Inpatient Hospital	20% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	20% after deductible		20% after deductible		20% after deductible		20% after deductible	

\*Includes team member + spouse/domestic partner, team member + child(ren) and family categories.

**1 Non-embedded deductible**—If you have family\* coverage, you do not have to meet an individual deductible. Instead, you must meet the family deductible. Once the family deductible is met, coinsurance applies until you reach the out-of-pocket maximum.

**2 Embedded deductible**—If you have family\* coverage, each family member has an individual deductible that rolls up to the family deductible. This means that if an individual meets the deductible before the family deductible is met, coinsurance applies only to that individual. Once two or more family members meet the family deductible, coinsurance applies to all family members until you reach the plan's out-of-pocket maximum.

Please see the SPD for additional details. The company reserves the right to make benefit plan changes during the year to comply with additional or clarified requirements of the Affordable Care Act.

# HEALTH BENEFITS

## Prescription Drug Coverage

The plans cover all eligible drugs. **Certain preventive prescriptions** are covered at 100% under all plans and are not subject to the deductible. You will pay less if you use generics or preferred prescription drugs on the formulary list. The chart below shows what you pay for prescription drugs.

Prescription drug coverage is provided by MaxorPlus. The MaxorPlus network encompasses more than 67,000 retail pharmacies, including regional and national chains, as well as independently owned pharmacies.

To locate an in-network pharmacy near you, log on to [maxorplus.com](https://maxorplus.com) and access the pharmacy locator or call **800-689-0707**.

**Prescription mail order form.** Go to the MaxorPlus member services website to obtain a form and instructions for submission.

**Home Delivery Choice Program.** Qualifying prescriptions you take on a regular basis can be sent to your home. Up to two refills can be obtained from your local pharmacy before you decide whether home delivery is right for you.

**Specialty Pharmacy.** If you have a long-term health condition that requires complex drugs, the specialty pharmacy will work with you to get the best health results from the drug you take. To see a list of drugs that must be filled through the specialty pharmacy, log on to [MaxorPlus.com](https://maxorplus.com) and go to your personalized pharmacy page. PaydHealth offers additional advocacy for specialty drugs.

**Preferred Generics.** This program will help you save money when you opt for a lower-price generic option over a brand-name drug.

### PRESCRIPTION DRUG SUMMARY

PLAN PROVISION	PPO 1000		HIGH DEDUCTIBLE HEALTH PLANS					
	IN-NETWORK	OUT-OF-NETWORK	HDHP 2000		HDHP 3200		HDHP 4000	
			IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>RX ONLY OUT-OF-POCKET MAXIMUM</b>								
Team member only	\$2,000	N/A	subject to plan deductible and coinsurance		subject to plan deductible and coinsurance		subject to plan deductible and coinsurance	
Family	\$4,000	N/A						
<b>RETAIL</b>								
Generic	\$15	N/A	20% \$200 maximum	N/A	20% \$200 maximum	N/A	20% \$200 maximum	N/A
Brand Formulary	\$45	N/A						
Brand Non-Formulary	\$75	N/A						
Specialty	25% \$200 maximum	N/A						
<b>MAIL ORDER</b>								
Generic	\$15	N/A	20% \$200 maximum	N/A	20% \$200 maximum	N/A	20% \$200 maximum	N/A
Brand Formulary	\$115	N/A						
Brand Non-Formulary	\$225	N/A						
Specialty	25% \$200 maximum	N/A						



Easily access your prescription information by signing up for MaxorPlus's member portal and mobile app (available in the Apple App Store and Google Play).

Check out the full list of [covered preventive medications](#).





# HEALTH BENEFITS



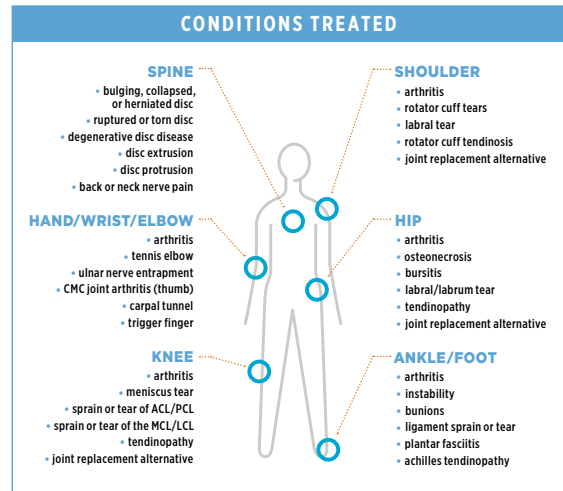
## Questions?

Contact Regenexx

- 866-695-8581
- [regenxxbenefits.com/oldnational](https://regenxxbenefits.com/oldnational)

## Regenexx®

Regenexx® is a medical specialty group that uses regenerative medicine to treat a broad range of orthopedic conditions. Regenexx® provides an innovative, nonsurgical relief to treat damaged bone, cartilage, muscles, tendons, and ligaments through outpatient procedures. Regenexx® implements your body's natural healing agents by employing your own stem cells and blood platelets to treat your damaged bone, cartilage, muscle, tendon, and ligament tissues—eliminating the need for up to 70% of elective orthopedic surgeries.



## PaidHealth

If you enroll in an Old National medical plan and are being treated with a brand-name medication for rheumatoid arthritis, cancer, multiple sclerosis, or other conditions typically treated by a specialist and qualify for the program, you will be contacted by the PaidHealth Specialty Contact Center to enroll in the Select Drugs and Products Program. **Participation is required.** Advocates from the program will assist you with accessing and making these high-cost specialty drugs affordable by identifying possible external funding solutions that may help you reduce your out-of-pocket costs. Advocates from the program will guide you through any required application process required of external funding solutions. All products included in the program require prior authorization and engagement with program advocacy specialists. Learn more [here](#).

## Dialysis Coverage Program

Old National is partnering with AmeriBen on a dialysis-coverage program to help you navigate dialysis treatment, including enrolling in Medicare, understanding costs and coverage, and ending coverage if you no longer need dialysis. Plan participants receiving dialysis treatment will receive a separate dialysis ID card (different from your health benefits ID card) with instructions on filing claims directly with AmeriBen (not to the network). There will be no provider disruption as the dialysis benefit is network neutral.

Call AmeriBen Medical Management at 855-407-2657 with questions or to precertify treatment.



# HEALTH BENEFITS

## ONB Well and Medical Premium Discounts

The company is committed to providing you with tools to help you live a healthier lifestyle and make more informed decisions about your health—and you can reduce your 2024 medical premiums.

### ONB WELL

ONB is partners with Deaconess at Work for ONB Well to help all team members—regardless of medical plan participation—achieve better health. ONB Well offers a full range of fun and educational health-enhancement activities, as well as targeted programs designed for those with specific health conditions.

By participating, you'll get access to a personal health coach, health screenings, online programs, wellness challenges, a personalized website and mobile app, and much more. Go to the [Deaconess at Work portal](#) for more information and to register.

### WELLNESS DISCOUNT

**Earn a \$50 monthly discount by completing the following two activities.**

**1. Complete an online Health Risk Assessment (HRA).** This takes approximately 5–10 minutes.

- Go to the Deaconess at Work portal: [onb.personalhealthportal.net.login](https://onb.personalhealthportal.net/login).
- Follow the [instructions to register](#).
- Click “**Take Survey**” in the survey status section on the homepage.

**2. Complete a biometric screening (bloodwork/labs).**

Ask your physician to complete the biometric screening form:

- Download the form at [onb.personalhealthportal.net.login](https://onb.personalhealthportal.net/login).
- Click on the “**Wellness Screenings**” quick link on the homepage.
- Click on “**Physician Screening Form.**”
- Fax your completed form to 812-450-6027 or email it to [corporatewellness@deaconess.com](mailto:corporatewellness@deaconess.com).

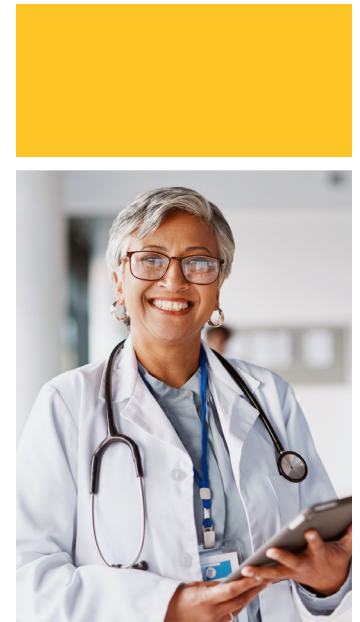
If you have had a biometric screening in the past 12 months, you may submit those results.



**NOTE:** Old National will only receive confirmation of participation in the two wellness activities, not your personal results. Your \$50 monthly wellness discount will be reflected on your benefit confirmation statement as soon as ONB receives confirmation of your participation from Deaconess. The discount will be included in your payroll check as soon as administratively possible.

**You are eligible to participate in the first week of the month following your hire date.  
You must notify [MyHR](#) when you complete the activities.**

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# HEALTH BENEFITS



## Medical Premium Discounts

*Continued from page 8*

### TOBACCO-FREE DISCOUNT

Earn a \$50 monthly discount for being tobacco free or by completing a tobacco-cessation program. You will certify your tobacco-user status during open enrollment.

Tobacco use is the leading cause of preventable disease, disability and death in the U.S. Nearly 30.8 million U.S. adults use at least one tobacco product—including e-cigarettes. Every day, more than 1,600 youth smoke their first cigarette. Every year, nearly a half million Americans die prematurely of smoking or exposure to secondhand smoke. Another 16 million live with a serious illness caused by smoking. Smoking-related diseases cost billions of dollars each year to treat.

(Source: CDC)

- Because tobacco-users often incur more medical claims, if you use tobacco, you will pay more for your medical coverage.
- The company offers a tobacco cessation program to help you quit. You must complete the tobacco-cessation program and be tobacco-free for three months to receive the discounted medical premium.
- Please complete the tobacco cessation program through Deaconess at Work. Providers will help you develop a personalized plan to work toward quitting tobacco and other nicotine-containing products. Email the Deaconess health coach at [corporatewellness@deaconess.com](mailto:corporatewellness@deaconess.com) or call 812-492-5714 to initiate a conversation. This free program is available to all team members, regardless of medical plan participation.

You may also complete a tobacco cessation program through another provider. To verify that the program meets required standards, please contact the human resources team or the Deaconess coach at 812-492-5714 or through the [Deaconess at Work portal](#).

### MEDICAL PREMIUM DISCOUNTS

MEDICAL PLAN	MONTHLY PREMIUM DISCOUNTS		
	WELLNESS	TOBACCO-FREE	TOTAL POSSIBLE DISCOUNT
ALL PLANS	\$50	\$50	\$100

## LiveHealth Online®

If you are an ONB medical plan participant, use LiveHealth Online® to virtually visit with a doctor on your smartphone, tablet or computer. No appointment is necessary. Simply sign up at [livehealthonline.com](https://livehealthonline.com) or use the app to see a board-certified doctor in just a few minutes.

Use LiveHealth Online if you have:

- Cold
- Flu
- Fever
- Allergies
- Pinkeye
- Sinus infection

A virtual doctor will assess your condition, provide a treatment plan and even send a prescription to your pharmacy. If you are enrolled in the PPO plan, your cost is \$0 and no deductible. If you are enrolled in an HDHP, your cost is \$59 per visit until your deductible is met. Once you meet your deductible, your cost is \$0.

Go to [livehealthonline.com](https://livehealthonline.com) or download the app and register on your phone or tablet.

# HEALTH BENEFITS

## 2024 Team Member Medical Premiums

Your premium rate for medical coverage in 2024 is based on your salary. If you earn less than \$50,000 per year, you will pay a lower rate. If you earn more than \$50,000, your contribution will be higher.

These contributions will be deducted from your paycheck twice per month. With a total of 26 pay periods, there will be two paychecks during the year when no benefit deductions will be taken.

### FULL-TIME – ANNUAL SALARY < \$50K

PLAN PROVISION		TEAM MEMBER MONTHLY PREMIUM	MONTHLY PREMIUM LESS ALL WELLNESS DISCOUNTS
<b>PPO 1000</b>			
1	Team member only	\$226	\$126
2	Team member + spouse/DP	\$453	\$353
3	Team member + child(ren)	\$401	\$301
4	Family	\$576	\$476
<b>HDHP 2000</b>			
1	Team member only	\$156	\$56
2	Team member + spouse/DP	\$234	\$134
3	Team member + child(ren)	\$208	\$108
4	Family	\$479	\$379
<b>HDHP 3200</b>			
1	Team member only	\$134	\$34
2	Team member + spouse/DP	\$187	\$87
3	Team member + child(ren)	\$168	\$68
4	Family	\$415	\$315
<b>HDHP 4000</b>			
1	Team member only	\$110	\$10
2	Team member + spouse/DP	\$134	\$34
3	Team member + child(ren)	\$121	\$21
4	Family	\$342	\$242

### FULL-TIME – ANNUAL SALARY \$50K+

PLAN PROVISION		TEAM MEMBER MONTHLY PREMIUM	MONTHLY PREMIUM LESS ALL WELLNESS DISCOUNTS
<b>PPO 1000</b>			
1	Team member only	\$247	\$147
2	Team member + spouse/DP	\$515	\$415
3	Team member + child(ren)	\$453	\$353
4	Family	\$659	\$559
<b>HDHP 2000</b>			
1	Team member only	\$165	\$65
2	Team member + spouse/DP	\$258	\$158
3	Team member + child(ren)	\$227	\$127
4	Family	\$546	\$446
<b>HDHP 3200</b>			
1	Team member only	\$140	\$40
2	Team member + spouse/DP	\$202	\$102
3	Team member + child(ren)	\$179	\$79
4	Family	\$471	\$371
<b>HDHP 4000</b>			
1	Team member only	\$111	\$11
2	Team member + spouse/DP	\$139	\$39
3	Team member + child(ren)	\$125	\$25
4	Family	\$384	\$284

### PART-TIME – LEVEL 1

PLAN PROVISION		TEAM MEMBER MONTHLY PREMIUM	MONTHLY PREMIUM LESS ALL WELLNESS DISCOUNTS
<b>PPO 1000</b>			
1	Team member only	\$473	\$373
2	Team member + spouse/DP	\$917	\$817
3	Team member + child(ren)	\$806	\$706
4	Family	\$1,213	\$1,113
<b>HDHP 2000</b>			
1	Team member only	\$444	\$344
2	Team member + spouse/DP	\$854	\$754
3	Team member + child(ren)	\$752	\$652
4	Family	\$1,127	\$1,027

PLAN PROVISION		TEAM MEMBER MONTHLY PREMIUM	MONTHLY PREMIUM LESS ALL WELLNESS DISCOUNTS
<b>HDHP 3200</b>			
1	Team member only	\$432	\$332
2	Team member + spouse/DP	\$826	\$726
3	Team member + child(ren)	\$727	\$627
4	Family	\$1,090	\$990
<b>HDHP 4000</b>			
1	Team member only	\$417	\$317
2	Team member + spouse/DP	\$795	\$695
3	Team member + child(ren)	\$700	\$600
4	Family	\$1,046	\$946

### PLAN COMPARISON

PLAN DETAILS	PPO PLAN	HIGH DEDUCTIBLE HEALTH PLANS
Team member monthly cost	Higher	Lower
ONB HSA contributions	No	Yes – \$500 individual or \$1,000 family
Team member HSA contributions	No	Yes – \$3,650 individual, \$7,300 family + \$1,000 for age 55+
Deductible	Lower	Higher
Out-of-pocket maximum	Lower	Higher

# HEALTH BENEFITS



## Confused by HSAs and FSAs?

Alex, your virtual benefits counselor can help! Everything you need to make informed decisions about HSAs and FSAs can be found [here](#).



## Is a High-Deductible Health Plan (HDHP) Right for You?

A HDHP works differently than the PPO Plan. With an HDHP, you get lower premiums in exchange for a higher deductible. You can fund this higher deductible with a Health Savings Account (HSA).

## HSA Contributions

- With a HDHP, the company contributes money into your HSA—\$500 for team member-only coverage and \$1,000 for other coverage categories—to help you pay a portion of your medical expenses. **Half of the contribution will be made in early January, and half will be made in early July.** The company contributions will be made regardless of your decision to contribute. You must be actively employed and enrolled in an HDHP at the time of the deposit to receive the funds.
- HSA contributions are prorated for new hires and for team members who experience a mid-year life event.
- You may also contribute pretax money to your HSA, up to \$3,650 for team member-only coverage and \$7,300 for other coverage categories in 2024. If you are 55 or older before 12/31/2024, you may contribute an additional \$1,000 each year as catch-up contributions.

2024 CALENDAR YEAR	TEAM-MEMBER ONLY	ALL OTHER COVERAGE TIERS
Company Contribution*	\$500	\$1,000
Your Contribution Limit	\$3,650	\$7,300
<b>IRS LIMIT FOR ALL CONTRIBUTIONS</b>	<b>\$4,150</b>	<b>\$8,300</b>
Additional HSA Catch-Up Contribution (age 55 or older by 12/31/2024)	\$1,000	\$1,000
<b>MAXIMUM</b>	<b>\$5,150</b>	<b>\$9,300</b>

\*Assumes you are eligible to receive the maximum company contribution and have a UMB HSA.

To make pretax contributions to your Health Savings Account, **you must have a UMB HSA** and you must specify a contribution amount for 2024. (See page 12 for instructions on opening an account.) Please review the IRS 2024 maximum contribution, anticipated healthcare expenses and HDHP provisions to determine what amount is best for you.

You can contribute any amount up to the limit, but you don't have to spend your full contribution. Whatever you contribute to your HSA and do not spend will rollover and accumulate year to year for future healthcare expenses. You can change your contribution amount at any time.

HSAs are like personal saving accounts, except that the funds can only be used for qualified healthcare expenses. You own and control the money in your HSA. Even if you leave the company, the money still belongs to you.

*continued on page 12 »*

# HEALTH BENEFITS

## HSA Contributions

*Continued from page 11*

### Health Savings Account Triple-Tax Advantages

HSAs allow you to build up savings for future healthcare needs on a tax-advantaged basis:

1. Money is contributed to your account on a pretax basis.
2. Funds in your account accumulate interest tax free.
3. Money that comes out of your account to pay for qualified healthcare expenses is not taxed.

In addition, any unused dollars in your account roll over to the following year to help fund future medical expenses.

#### How to Open a Health Savings Account with UMB

- Go to [hsa.umb.com](https://hsa.umb.com).
- Click on the **Individuals** tab in top tool bar.
- Click **Open an HSA**.
- Enter code: THA0001-100066.



UMB is Old National's custodian. All HSA contributions will be deposited into your UMB account.



#### Keep your receipts!

HSAs are tax-advantaged accounts. The IRS may request proof that your expenses are eligible.

#### Questions?

Contact UMB

- [hsa.umb.com](https://hsa.umb.com)
- Customer service at 866-520-4HSA



# HEALTH BENEFITS



## Delta Dental Online Access

Our online member portal lets you access your dental plan securely over the internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards and more—all at your own convenience.

## Questions?

Contact Delta Dental

- 800-524-0149
- [deltadentalin.com](http://deltadentalin.com)

## Dental Benefits

Regular dental care can catch minor problems before they become major procedures that are expensive to treat. It can even help improve your overall health. Gum disease is increasingly linked to complications for preterm birth, heart disease, stroke, diabetes, osteoporosis and other health issues.

As a member of Delta Dental you have access to the nation’s largest dental networks. You can choose between two plans: Delta Dental Basic Plan and Delta Dental Premier Plan.

The **Basic Plan** provides routine services, such as diagnostics, prevention, and minor restorative services.

The **Premier Plan** provides routines services, plus major restorative services and orthodontia.

With both plans:

- In-network dentists will fill out and file your claims for you.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

### BASIC PLAN

PROVISIONS & SERVICES	DELTA DENTAL NETWORK	NONPARTICIPATING DENTIST*
<b>Calendar Year Maximum</b>	\$1,000 per person total per benefit year on all services	
<b>Annual Deductible</b>	None	None
<b>DIAGNOSTICS &amp; PREVENTION</b>		
<b>Diagnostic and Preventive Services</b> exams, cleanings, fluoride, and space maintainers	100%	100%
<b>Emergency Palliative Treatment</b> to temporarily relieve pain	100%	100%
<b>Sealants</b> to prevent decay of permanent teeth	100%	100%
<b>Brush Biopsy</b> to detect oral cancer	100%	100%
<b>Radiographs</b> X-rays	100%	100%
<b>BASIC SERVICES</b>		
<b>Minor Restorative Services</b> fillings and crown repair	50%	50%
<b>Extractions</b> removal of teeth	50%	50%

\*When you receive services from a nonparticipating dentist, the percentages in the column indicate the portion of Delta Dental’s Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves, and you are responsible for that difference.

*continued on page 14 »*

# HEALTH BENEFITS

## Dental Benefits

Continued from page 13

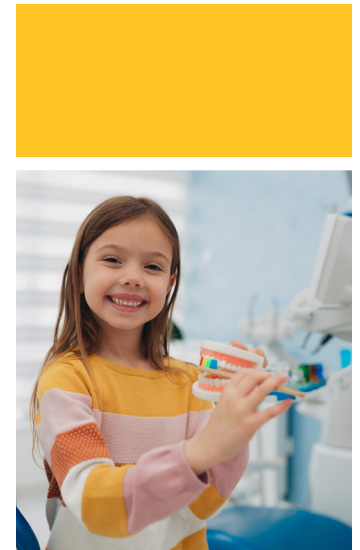
### PREMIER PLAN

PROVISIONS & SERVICES	DELTA DENTAL NETWORK	NONPARTICIPATING DENTIST*
<b>Calendar Year Maximum</b>	\$2,000 per person total per benefit year on all services except orthodontic services	
	\$1,500 per person total per lifetime on orthodontic services	
<b>Annual Deductible</b>	None	None
<b>DIAGNOSTICS &amp; PREVENTION</b>		
<b>Diagnostic and Preventive Services</b> exams, cleanings, fluoride, and space maintainers	100%	100%
<b>Emergency Palliative Treatment</b> to temporarily relieve pain	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%
<b>Radiographs</b> – X-rays	100%	100%
<b>BASIC SERVICES</b>		
<b>Minor Restorative Services</b> fillings and crown repair	80%	80%
<b>Simple Extractions</b> non-surgical removal of teeth	80%	80%
<b>Other Basic Services</b> miscellaneous services	80%	80%
<b>MAJOR SERVICES</b>		
<b>Endodontic Services</b> – root canals	50%	50%
<b>Periodontic Services</b> – to treat gum disease	50%	50%
<b>Other Oral Surgery Services</b> – dental surgery	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%
<b>Relines and Repairs</b> – to prosthetic appliances	50%	50%
<b>Prosthodontic Services</b> – bridges, implants, dentures and crowns over implants	50%	50%
<b>ORTHODONTIC SERVICES</b>		
<b>Orthodontic Services</b> – braces	50%	50%
<b>Orthodontic Age Limit</b>	No age limit	No age limit

\*When you receive services from a nonparticipating dentist, the percentages in the column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves, and you are responsible for that difference.

### DENTAL CONTRIBUTIONS

COVERAGE LEVEL	MONTHLY CONTRIBUTION	
	BASIC	PREMIER
Team member only	\$18	\$42
Team member + spouse	\$37	\$85
Team member + child(ren)	\$57	\$100
Family	\$75	\$150



### Questions?

If you have questions, please call customer service at 800-524-0149 or visit [deltadentalin.com](https://deltadentalin.com).

Find out more [here](#).



# HEALTH BENEFITS



## Vision Service Plan

Log in to [VSP.com](https://www.vsp.com) or contact the VSP customer service department at 800-877-7195 for questions regarding eligibility, claims or for specific coverage information about your benefits.

## How to Use Your VSP Benefits

1. Call your VSP doctor and make an appointment.
2. Provide the doctor's office with:
  - Patient's name and date of birth
  - Your employer and VSP member identification number (your social security number)
3. The doctor will check your eligibility for services and plan coverage.
4. Pay any copayments and other costs not covered by your VSP plan.

## Vision Benefits

Regular eye care helps protect your overall health. Periodic eye examinations not only determine the need for corrective eyewear, but may also detect general health problems in their earliest stages. Ensure your good vision with the comprehensive vision care provided through this benefit plan.

### VISION PLAN SUMMARY

IN-NETWORK PLAN PROVISION	VSP CHOICE PLAN*	
<b>Exam Copay</b>	\$10	
<b>Materials Copay</b>	\$10	
<b>Exam</b>	Every calendar year	
<b>Lenses</b>	Every calendar year	
<b>Frame</b>	Every other calendar year	
<b>EXAM COVERAGE</b>		
<b>WellVision Exam®</b>	Covered in full after \$10 copay	
<b>Contact Lens Exam</b> (fitting and evaluation) <i>*15% off not available at Costco® Optical, Walmart® Optical or Sam's® Club Optical</i>	Member receives 15% off contact lens exam services;* copay will never exceed \$40	
<b>Routine Retinal Screening</b>	No more than a \$39 copay	
<b>Essential Medical Eye Care</b>	\$20 copay per visit	
<b>LENS COVERAGE (in lieu of contact lenses)</b>		
<b>Basic Prescription Lenses:</b> Single vision, lined bifocal, lined trifocal, lenticular	Covered in full after \$10 copay	
<b>LENS ENHANCEMENTS (These and other enhancements are covered with a copay, saving an average of 30%)</b>		
	<b>SINGLE VISION</b>	<b>MULTIFOCAL</b>
<b>Impact-Resistant Lenses for Children</b>	Covered in full	Covered in full
<b>Standard Progressive Lenses</b>	N/A	Covered in full
<b>Solid Tints and Dyes (Pink I and II)</b>	Covered in full	Covered in full
<b>Scratch-Resistant Coating</b>	Covered in full	Covered in full
<i>Costco® Optical, Walmart® Optical or Sam's® Club Optical prices already include savings. Members will pay the usual and customary fee.</i>		
<b>FRAME COVERAGE</b>		
<b>Frame Allowance</b>	\$150 allowance; plus 20% off any amount above the allowance	
<b>Enhanced Featured Frame Brand Allowance</b>	\$170 allowance; plus 20% off any amount above the allowance	
<b>Additional Pairs of Glasses and Sunglasses</b>	40% discount from any VSP provider within 12 months of your last WellVision Exam	
<b>Costco® Optical Allowance</b>	\$150 allowance	
<b>Walmart® Optical and Sam's® Club® Optical Allowance</b>	\$150 allowance	
<b>CONTACT LENS COVERAGE (in lieu of glasses)</b>		
<b>Elective Contact Lenses</b>	\$200 allowance	
<b>Necessary Contact Lenses</b>	Covered in full after \$10 copay	

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# HEALTH BENEFITS

## Vision Benefits

Continued from page 15

### VISION PLAN SUMMARY

OUT-OF-NETWORK PLAN PROVISION	VSP CHOICE PLAN®
Eye Exam	\$60 allowance
Single Vision	\$50 allowance
Lined Bifocal or Progressive	\$60 allowance
Lined Trifocal	\$80 allowance
Lenticular	\$80 allowance
Frame	\$65 allowance
Elective Contact Lenses	\$200 allowance
Necessary Contact Lenses	\$210 allowance
Impact-Resistant Lenses for Children	\$5 allowance
Scratch-Resistant Coating	\$5 allowance

### VSP VISION CARE CONTRIBUTIONS

COVERAGE LEVEL	MONTHLY CONTRIBUTION
Team member only	\$8.32
Team member + spouse	\$15.78
Team member + child(ren)	\$16.60
Team member + family	\$24.42

## Hearing Benefits

### VSP® Members—TruHearing®

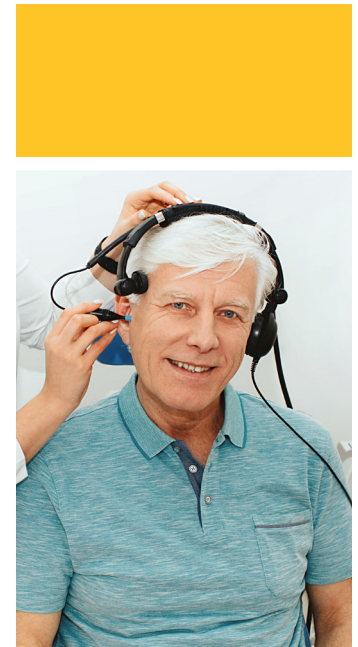
VSP members, dependents and extended family members can save up to 60% on hearing aids with TruHearing.

#### To access the TruHearing discount:

1. Call 877-396-7194. You and your family members must mention VSP. TruHearing can answer your questions.
2. Schedule a hearing exam with a local provider.
3. Attend appointment. The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing and fit them for you.

### Attention: Medical Plan Participants

If you are covered under a company medical plan, hearing benefits are available. You may be eligible for one hearing aid per ear every two years. Details on plan benefits and limitations can be found in the Summary of Benefits and Coverages and Summary Plan Descriptions. Learn more [here](#).



### VSP Members— TruHearing®

Save more on digital hearing aids and batteries today. Learn more [here](#).

# FLEXIBLE SPENDING ACCOUNTS (FSAs)



## FSA Rules

- You carry over any money left unspent.\*
- Money cannot be transferred from one account to another.
- You may not change the amount of your contribution during the year for Healthcare or Dependent Care FSAs unless you experience a qualified life event.

\*You may carry over up to \$640 of unused 2024 Healthcare FSA to use in 2025.

## Need more help?

An FSA calculator is available [here](#).

Flexible Spending Accounts (FSAs) can help you save tax dollars on expected healthcare, dependent care or transportation expenses. These accounts enable you to set aside pretax dollars to pay for predictable expenses, which can save you up to 40%. Flexible Spending Accounts are voluntary benefits which require contributions from your paycheck.

## Four Types of Flexible Spending Accounts

- Healthcare FSA
- Limited-Purpose Healthcare FSA\*
- Dependent Care FSA
- Transportation Spending Account (TSA)

\*You may only participate in the Limited-Purpose Healthcare FSA if you select an HDHP medical plan.

### Healthcare FSA

This account provides tax savings on eligible healthcare expenses such as your annual deductible, copays, prescription drugs, coinsurance (the percentage you pay for medical expenses), vision care expenses, hearing exams and aids, dental service charges and other expenses not covered by your health plans.

For a full list of eligible expenses, go to [irs.gov](https://www.irs.gov). You may contribute from \$240 to \$3,200 to this FSA each year.

### Limited-Purpose Healthcare FSA

If you enroll in an HDHP plan, you may contribute up to \$3,200 to a Limited-Purpose Healthcare FSA to help pay for **dental or vision expenses** for you or a family member that are not reimbursed by a health plan. You may contribute from \$240 to \$3,200 to this FSA each year.

### Dependent Care FSA

This account can provide you with tax savings on the money you spend for child care, such as baby sitters, day care centers, nursery school, day camps or care for a dependent spouse or parent. You may contribute from \$240 to \$5,000 to this account each year. (If you are married filing separately, your maximum deposit is limited by the IRS to \$2,500 per person each plan year.)

Eligible expenses must be for dependents under age 13, your spouse or a qualified relative who is physically or mentally incapable of selfcare and whom you claim as dependents on your tax return. An older dependent child is not eligible for reimbursement as a care provider. You and your spouse are eligible for reimbursement from a Dependent Care FSA if you both work or study full-time.

### Transportation Spending Account (TSA)

You can save money on your commuting costs by having pretax funds deducted from your paycheck and deposited into your TSA. The maximum monthly deposit is \$315 for transit (e.g., train, bus, subway) or \$315 for parking. You may use your benefits debit card to pay for these expenses. Your balance also can be used to fund commuter cards.

**Learn more about FSAs and Dependent Care FSAs [here](#).**

*continued on page 18 »*

# FLEXIBLE SPENDING ACCOUNTS (FSAs)

## How FSAs Work

FSAs are designed to reimburse you for eligible expenses you have paid.

1. You determine how much you want to deposit to the FSA(s) during the year.
2. Your contributions are withheld on a pretax basis from your paycheck.
3. When you have healthcare or child care expenses, use your FSA debit card to pay directly from your available account funds.

## FSA Debit Cards

If you enroll in an FSA, you will receive an FSA debit card directly linked to your account. When you have expenses, you may pay for them with the FSA debit card. You do not need to complete a reimbursement form; the funds are automatically deducted from your FSA.

**Save your receipts. You may be asked for documentation to substantiate a claim, according to IRS regulations.** (Substantiate means providing documentation to prove the card was used for IRS approved transactions.)

Your receipts must contain:

- Date of service
- Description of service
- Dollar amount

## GET THE HIGHEST QUALITY HEALTHCARE—AT THE BEST VALUE

- **Qualify for the wellness discount on your medical contributions.** Complete the online health assessment and submit your biometric screening results.
- **Avoid the ER for non-emergencies.** Save the ER for true emergencies. You can get more cost-effective—and often faster—care at an urgent care facility. Or better yet, see your own doctor.
- **Use generic medications.** Generics have to meet the same standards as brand-name drugs for safety and effectiveness, yet they are usually significantly less expensive. Ask your doctor to prescribe generics whenever possible.
- **Use an HSA or FSA.** You can pay for out-of-pocket medical expenses with your pretax contributions to either of these types of accounts. (See pages 11 and 17 for details.)



## Questions?

For questions about your Flexible Spending Accounts, contact WEX at:

- [wexinc.com](http://wexinc.com)
- 866-451-3399

To file a claim:

FAX: 866-451-3245

EMAIL: [customerservice@wexhealth.com](mailto:customerservice@wexhealth.com)

# LIFE AND AD&D BENEFITS

The company understands the importance of protecting your income in the event of death or serious injury. You have a competitive array of basic and supplemental life insurance and AD&D insurance.

- **Life Insurance**— Provides financial security for your spouse or other beneficiaries if you pass away while employed by the company.
- **Supplemental Insurance**— Additional Life and AD&D insurance is available to cover your spouse and/or children while you are employed at the company.
- **Accidental Death & Dismemberment (AD&D) Insurance**— Protection in the event of a loss of additional life or serious injury while employed by the company.

## Life and AD&D Coverage

Enrollment is automatic in Basic Life and AD&D coverage, and there is no cost to you. If you want more coverage—or coverage for your dependents—you may purchase supplemental coverage with rates based on your age. Coverage levels vary for full-time and part-time team members.

BENEFIT PROGRAM	COVERAGE	TEAM MEMBERS	
		FULL-TIME	PART-TIME LEVEL 1
Team Member Life Insurance	Team member – Basic (company-provided)	2 times salary up to \$3,000,000	\$15,000
Supplemental Life Insurance	Team member – Supplemental (optional additional coverage)	up to \$1,500,000	up to \$1,500,000
	Spouse – Supplemental Life (50% of team member)	\$5,000 minimum; \$100,000 maximum	\$5,000 minimum; \$100,000 maximum
	Children – Supplemental Life	\$5,000 or \$10,000 per child	\$5,000 or \$10,000 per child
AD&D Insurance	Team member – Basic (company-provided)	2 times salary up to \$3,000,000	\$15,000
	Team member – Supplemental (optional additional coverage)	up to \$1,000,000	up to \$1,000,000

If you are a full-time team member, you may also buy down your basic Life Insurance to one times your salary or a flat \$15,000. You may increase or decrease your supplemental life insurance each year. The cost of your supplemental life insurance depends on your age as of January 1 each year.

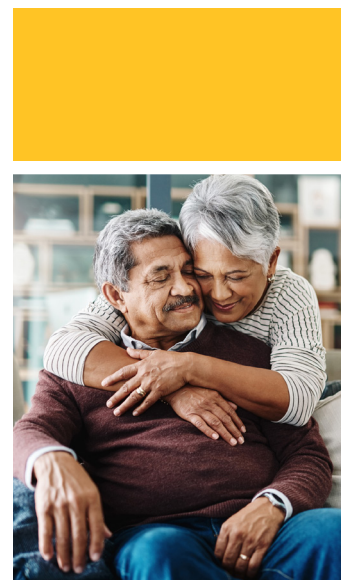
### Evidence of Insurability

Evidence of insurability is required for certain coverage levels over \$300,000. Contact HR for a link to the EOI form.

## Supplemental Dependent Life Insurance

Supplemental life insurance for your spouse is available up to 50% of the amount of your total life insurance, up to \$100,000 maximum amount. If you did not purchase supplemental life insurance for your spouse when you were first hired or if you are enrolling your spouse during open enrollment, your spouse must provide evidence of insurability for coverage.

All of your children may be insured for a \$5,000 or \$10,000 life benefit. Coverage begins after live birth and continues to age 26 for children whom you provide maintenance and support.



### Questions?

Contact Unum at  
800-421-0344.

# INCOME PROTECTION BENEFITS



If you enroll, you may register for an account in January of 2024 at [unum.com/access](https://unum.com/access).

- View benefits and file claims or leave.
- Upload documents and add/update medical providers.
- Update your profile and communication preferences.
- View status and payment information.

For information on how to file a claim go [here](#).

## Questions?

For Group Accident, Critical Illness and Hospital insurance, call Unum Monday through Friday, 8:00 am–8:00 pm ET at 800-635-5597 or visit [unum.com/access](https://unum.com/access).

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A crisis can happen anytime. Critical Illness, Accident and Hospital Indemnity insurance help safeguard your finances by providing a lump-sum payment that is yours to spend however you want. The payment is in addition to any other insurance you may have and is tax free.

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## Group Accident Insurance

Accident insurance pays out a lump-sum amount when you suffer an injury such as broken bones, concussions or serious burns. It also pays out for medical services and treatments related to accidental injury, such as doctor visits, ambulance transportation and physical therapy. Learn more about coverage and monthly premiums [here](#).

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## Group Critical Illness Insurance

Critical illness insurance pays out a lump-sum amount upon diagnosis of certain critical illnesses, such as a heart attack, stroke, organ transplants, kidney failure or cancer. The date of diagnosis must be after the coverage effective date. The money can be used to pay for anything you like—medical bills not covered by insurance, mortgage/rent payments or groceries—whether it's related to your illness or not.

The lump-sum payment upon diagnosis is \$5,000–\$50,000 for you. Your spouse and children receive 100% of your coverage. As long as you are covered, your children are covered at no extra cost. You may use this coverage more than once. Learn more about coverage and monthly premiums [here](#).

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## Group Hospital Insurance

During a hospital stay, you might need various treatments, tests and therapies to get up and about again. These services could result in out-of-pocket costs beyond what your medical plan may cover, such as deductibles, copays and out-of-network care costs. Household expenses—like your rent or mortgage, car payment or childcare—may become harder to keep up with while you focus on recovering. With Group Hospital Insurance from Unum, you will receive a lump-sum payment to help pay for these costs. Learn more about coverage and monthly premiums [here](#).

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## Be Well Benefit

You and your family members can also receive \$75 annually if you have Accident coverage or \$50 annually if you have Critical Illness coverage for getting a Be Well Benefit screening, such as:

- Annual exam by a physician (e.g., sports physical, well-child visit, dental and vision exams)
- Cancer screenings (e.g., pap smear, colonoscopy)
- Cardiovascular function screening
- Imaging studies (e.g., chest x-ray, mammogram)
- Immunizations (e.g., HPV, MMR, tetanus, influenza)

*continued on page 21 »*



# INCOME PROTECTION BENEFITS

## Legal Plans

Having access to attorneys through a group legal plan empowers you to handle legal matters as they arise. With MetLife Legal Plans, you have easy access to legal help for many common issues—from estate planning to traffic and real estate. The plan also provides coverage for identity theft matters, tax preparation, credit monitoring and much more. A legal plan can be a cost effective way to get legal help. Learn more [here](#).

### Consider the potential cost savings

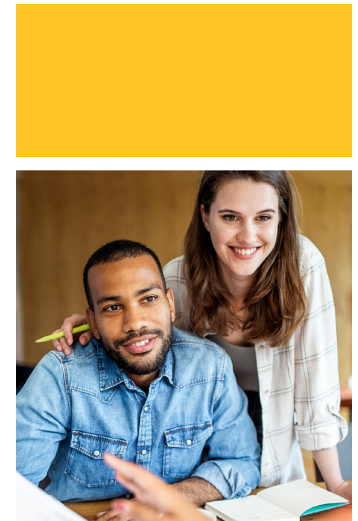
COVERED SERVICES	WITHOUT A LEGAL PLAN	WITH A LEGAL PLAN
Will, living will, power of attorney	\$1,564	\$0 out-of-pocket
Legal contract review	\$782	\$0 out-of-pocket
Traffic ticket defense	\$1,173	\$0 out-of-pocket
Tax filing	\$168	\$0 out-of-pocket
<b>TOTAL</b>	<b>\$3,687</b>	<b>\$451 per year</b>
<b>POTENTIAL SAVINGS</b>		<b>\$3,236</b>

### MetLife Legal Plans Contributions

COVERAGE LEVEL	MONTHLY CONTRIBUTION
Team member + family	\$18.80



For 2024, MetLife is partnering with TurboTax to offer one individual or joint federal and state tax filing.



### Questions?

To learn more about your coverages and see MetLife's attorney network, create an account at:

- [members.legalplans.com](https://members.legalplans.com)
- 800-821-6400



## Norton LifeLock

You and your family share all kinds of personal, sensitive information online every day—and that information is valuable to cybercriminals. Norton LifeLock can help safeguard your personal, sensitive information on multiple devices, keep your online activity private and help protect your identity. This all-on-one solution alerts you to possible threats and can proactively lock accounts. If your identity is stolen, LifeLock works to fix it.

### Protection includes:

- Device security
- Identity alerts with credit monitoring
- Social media monitoring
- Norton secure VPN
- Parental controls
- Million-dollar protection package
- Cybercrime coverage
- Norton AntiTrack

### Already a member?

Be sure to cancel your membership by calling 800-607-9174.

PREMIER PLUS	MONTHLY COST
Team member* only	\$12.50
Family	\$21.48

\*You must be 18 years old.



### Norton LifeLock

Learn more about Norton LifeLock [here](#).





# RETIREMENT BENEFITS



## Pretax, Roth, and after-tax: Which road to take?

- Learn more [here](#).
- [Plan features and highlights](#)

## Questions?

Contact Empower

- 844-465-4455
- [myonbretirement.com](https://myonbretirement.com)

## 401(k) Employee Stock Ownership and Savings Plan

One of the most effective ways to save for a secure, financially independent retirement is through Old National's 401(k) plan. This plan is funded with your own contributions and company contributions.

You are eligible to participate in the plan beginning on the first of the month after 30 days of employment. As a new hire, you will be automatically enrolled in the plan at a contribution rate of 5% of pay, which will increase 1% per year up to 10% of pay. Your contributions will be automatically invested in an age-appropriate fund. You may change your contribution rate, your investment allocations or opt out of the plan at any time. If you are age 50 and older, you may contribute an additional \$7,500 each year as catch-up contributions.

You can contribute in **three ways**. You can save up to 85% of pay in pretax and Roth contributions combined, up to the IRS limit of \$23,000. After-tax contributions are not subject to the IRS limit.

**Pretax contributions.** Your contributions are deducted from each paycheck before taxes and deposited into your account. Taxes on your contributions and earnings are deferred until you withdraw the money, usually at retirement when your tax bracket might be lower.

**Roth contributions.** You also may make Roth contributions to your account. Since taxes have already been paid, you will not owe additional tax on these contributions or earnings when you withdraw funds if the distribution is qualified. A qualified distribution means that your Roth account has been in place for at least five years, and you are at least age 59½. Distributions for disability or death also qualify.

**After-tax contributions.** You may make voluntary after-tax contributions to the plan. Taxes on earnings are deferred until distribution when they will be taxed as ordinary income.

## Old National Bank Contributions

Old National Bank will also contribute to your account. The company will match 100% of your **pretax and Roth contributions**, up to 5% of pay. ONB also may make a profit-sharing contribution based on company performance. Voluntary after-tax contributions are not matched.

You are immediately vested in all contributions at 100%.

## Employee Stock Purchase Plan

You may purchase shares of ONB common stock at a 5% discount through after-tax payroll deductions taken on the first two paychecks of every month. All team members are eligible to participate after 30 days of employment during the quarterly offering period.

- Enrollment is offered prior to the beginning of each quarter.
- You cannot change your payroll deduction rate mid-offering period.
- You must hold your shares for at least two years.
- Continental Stock Transfer & Trust maintains the ESPP records once the shares are purchased.

# WORK/LIFE BENEFITS



## Paid Time Off

ONB understands the importance of taking time off to stay happy and healthy. You can use your PTO for any reason, including vacation, illness, appointments or other personal reason. Any nonemergency absences must be approved in advance.

### New Hire PTO Schedule

MONTH OF HIRE	NONEXEMPT	EXEMPT	PART-TIME LEVEL I
January	136 hours	176 hours	40 hours
February	124.75 hours	161.50 hours	36.75 hours
March	113.50 hours	146.75 hours	33.50 hours
April	102 hours	132 hours	30 hours
May	90.75 hours	117.50 hours	26.75 hours
June	79.50 hours	102.75 hours	23.50 hours
July	68 hours	88 hours	20 hours
August	56.75 hours	73.50 hours	16.75 hours
September	45.50 hours	58.75 hours	13.50 hours
October	34 hours	44 hours	10 hours
November	22.75 hours	29.50 hours	6.75 hours
December	11.50 hours	14.75 hours	3.50 hours

**Holidays.** Full-time and part-time level 1 team members receive 11 holidays each year. If you are required to work on a holiday, you will receive holiday pay plus 1½ times your pay for the hours worked.

**Bereavement leave.** If you experience a death in the family, work with your manager on the appropriate amount of time off needed based on your relationship with the deceased.

**Jury duty.** If you are called for jury duty and are a full-time or part-time level 1 team member, you will receive your regular pay plus the jury pay provided by the court. Please alert your supervisor as soon as possible.

**Witness duty.** If you need to appear in court, please alert your supervisor as soon as possible. If you are requested to testify on behalf of ONB, you will receive pay for the duration of your witness duty. For other cases, please use your PTO.

**Time off to vote.** If you are unable to cast your vote outside of regular working hours, ONB will provide you up to two hours to vote.

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# WORK/LIFE BENEFITS

## Extended Leave

ONB's leave benefits help you avoid serious financial hardship if you are unable to work. The benefits replace a portion of your pay to help you meet your financial obligations during an illness or injury. Also available are family-focused leave programs for new parents and caregivers, and military leave for service members.

LEAVE TYPE	PAY REPLACEMENT
<b>Short-term disability</b>	66.67%–100% of pay for up to 26 weeks, depending on duration and tenure
<b>Long-term disability</b>	60% of pay, up to \$15,000 per month for the duration of the disability or until eligible for Medicare*
<b>Parental leave (medical disability)</b>	100% of pay for 6 weeks for the birthing parent after 6 months of continuous service
<b>Parental leave (bonding)</b>	100% of pay for 6 weeks after one year of continuous service
<b>Caregiver leave</b>	100% of pay for 12 weeks after one year of continuous service
<b>Military</b>	Difference between military pay and regular salary for 18 months

\*After six months of continuous service and 26 weeks of disability.

To be eligible for paid leave for your own serious health condition, you must be a full-time or part-time level 1 team member and have a qualifying, approved, continuous leave that begins on or after six months of continuous service. You must have one year of continuous service to be eligible for caregiver and parental leave.

## Long-Term Disability

Full-time team members who are unable to work because of a long-term qualifying medical disability are eligible for long-term disability coverage. Coverage begins after a waiting period of 180 days, which is covered under short-term disability benefits. LTD benefits are designed to continue monthly income equal to 60% of pay up to a maximum of \$15,000 per month, for as long as the insurance carrier determines you to be disabled. The monthly benefit is offset by other income received, such as workers' compensation or Social Security.

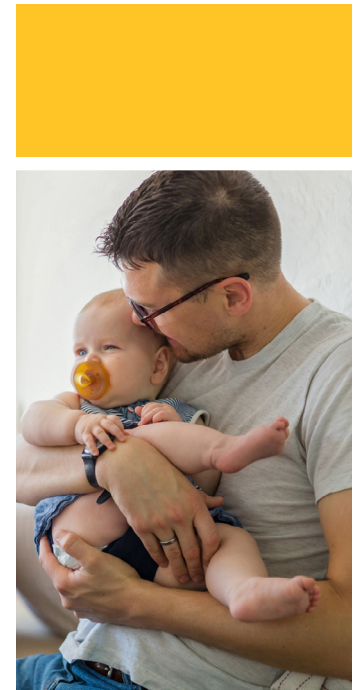
Old National pays the entire LTD premium for eligible full-time team members and does not include the cost of coverage in your gross income.

## LTD Pretax and Post-Tax Option During Enrollment

During enrollment, you have the option to have the company pay for your LTD coverage on an after-tax basis. That means you elect to be taxed on the premiums paid by Old National, which will be reflected on your Form W-2.

If you elect the after-tax treatment and are receiving LTD benefits, you will not pay taxes on the benefit you receive. If you choose the pretax option and are receiving LTD benefits, you will have to pay taxes on the benefits received. These earnings will be included on your Form W-2 as taxable income. The tax treatment is per IRS requirements.

The decision to have the cost of LTD coverage paid on an after-tax basis must be made during benefits enrollment and is irrevocable once made. Any team member who becomes eligible for LTD coverage during the plan year, such as a new hire or a change from part-time to full-time status, may make an irrevocable prospective election for the remainder of that plan year.



**FMLA**  
**Parental Leave**  
**Short-term disability**  
**Long-term disability**

Contact Unum

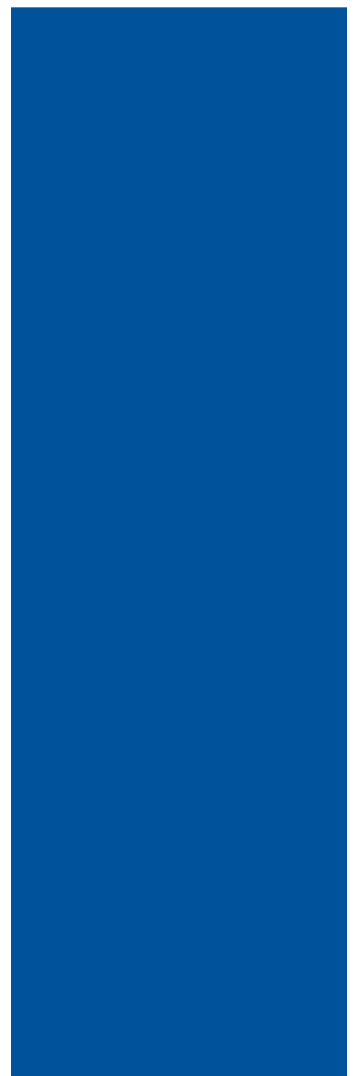
- 866-779-1054
- [unum.com/claims](https://unum.com/claims)

# WORK/LIFE BENEFITS

## Unpaid Leave

**Family and Medical Leave.** You may take FMLA leave of up to 12 weeks per year to care for a new baby or child, a spouse or parent with a serious health condition or for your own serious illness. If you have an event that qualifies for both paid leave and FMLA, your leave will run concurrently.

**Personal leave.** If you need to take time off from work for something other than a qualifying FMLA event, you are eligible for unpaid leave of up to 30 consecutive days every two years. Additional time may be granted on a case-by-case basis.



# WORK/LIFE BENEFITS



## Headspace 24/7 Support

• 855-420-0734



## Mental Health | EAP

Headspace is a confidential, comprehensive mental health and life solution that includes an Employee Assistance Program. Headspace is available to all team members and their dependents (ages 13 and older) regardless of whether they are enrolled in an ONB medical plan.

### Headspace offers:

- **Unlimited real-time mental health coaching via text.** You can use the Headspace app to chat with a mental health coach day or night at no cost to you.
- **The ability to schedule a teleconference with a Headspace licensed mental health professional.** You can receive up to eight paid therapy sessions a year (per person and per issue) on weekdays, weekends and evenings. Benefit coverage for needs beyond eight sessions coordinates with Old National's medical plan.
- **The option to schedule in-person counseling sessions with a local provider.** Up to eight in-person therapy sessions are covered per person, per issue and per year.
- **Everyday mindfulness resources and guided programs.** Learn how to better manage stress and anxiety with meditation, sleep support and mindfulness exercises. You can move through courses at your own pace.
- **Traditional Employee Assistance Plan (EAP) benefits.** Headspace provides traditional EAP services, such as childcare and eldercare referrals in addition to the enhanced mental health benefits and resources,
- **Access to 24/7 support.** Once you have registered for Headspace, you may access 24/7 support through the Headspace app or by calling the support line at 855-420-0734.

### How to enroll in Headspace

[Register online](#) as a member of the ONB team.

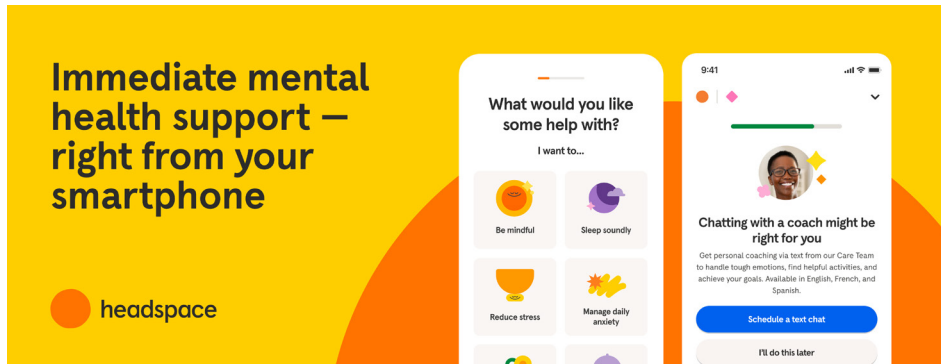
1. Enter your Old National email. You'll then receive an activation email.
2. Open the email, and click *Activate*, which will take you back to the website where you'll be asked to enter your date of birth and country.
3. If you already have an existing Headspace account for personal use, click *Yes, I already have an account*. You will then log in using your existing account's credentials to merge the two accounts. If you do not have an existing Headspace account, choose *No, I need to create a new one*. Follow the prompts to create your account.
4. You are now logged in to your ONB Headspace account! Complete a short onboarding assessment about how you're feeling and what brings you to Headspace. You will be prompted to open or download the Headspace app.

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# WORK/LIFE BENEFITS

## Mental Health | EAP

Continued from page 26



### Get Easy Access to Your Headspace Account

A quick link to Headspace can be found under *Current Topics* on the left side of the ONB intranet page. There is also a link on the Mental Health Matters resource page.

### Headspace App

Download the Headspace app on your mobile device to access mental health coaching and other resources when you're on the go. Note: You must enroll in Headspace before logging into the app.

- Click *Already have an account. Log in.*
- Enter your Old National email address and password.

### Need help right away?

Call the 24/7 phone line at **855-420-0734** to get support during a crisis, access local resources for everyday challenges or schedule an in-person therapy appointment.

Watch for more information about the resources, benefits and upcoming webinars Headspace offers. Meantime, learn more about available resources to help you balance work and life at [headspace.com/work-life](https://headspace.com/work-life), using company code **“old national!”**



### Questions?

For other frequently asked questions, please visit [help.headspace.com](https://help.headspace.com).



# EDUCATIONAL BENEFITS



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ONB offers financial assistance for continuous learning to help you grow and thrive.

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## College Course Reimbursement

Full-time team members are eligible for up to \$5,250, and part-time level 1 team members are eligible for up to \$2,625 in tuition reimbursement per calendar year. Courses must be preapproved and be relevant to your role at ONB. Reimbursement is for tuition only, minus any scholarships or grants. You must receive a final grade of C or better.

## American Sign Language

Being able to communicate effectively with team members and clients who are unable to hear is important. ONB will reimburse you for tuition and fees for completing ASL courses offered through speech and hearing centers, community centers, and more—as well as accredited ASL courses that are part of a degree program. You must receive a final grade of C or better.

## Achieve Your Degree

Old National partners with Ivy Tech Community College to help team members earn their degrees at no cost. ONB will pay for tuition costs, minus financial aid, for individual courses that lead to a certificate specifically designed for ONB team members or an associate degree in business administration.

To be eligible for this program, you cannot hold an associate degree or higher, you must complete the FAFSA to determine financial-aid eligibility, and you must remain an active team member. You also must receive a final grade of C or better.



# ENROLLING IN YOUR BENEFITS



## ADP Mobile App

The ADP mobile app allows you to enroll in benefits for 2024, modify benefit elections and access and update payroll and tax information, as well as other personal information.

## ALEX®

Scan this QR code to learn more about ALEX.



## How to Enroll

You will receive an email from ONB with a link to the enrollment website. You may then use the **MyONB portal**, the **ADP mobile app** or call the **ADP Benefit Solution Center** at 800-240-7155. If you have any questions or issues registering on the ADP portal or ADP mobile app, please contact the HR Benefits Solution Center team at 800-240-7155.

### Enroll in your 2024 benefits through ADP:

- On the ONB network—Access the MyONB portal from the corporate portal home page.
- Outside the ONB network—Go to [portal.adp.com](https://portal.adp.com) or use the ADP app, available through the Apple App Store and Google Play.
- Call the Old National Benefits Solution Center at 800-240-7155 for enrollment navigation.

**You must enroll within 30 days of your hire date.**

## ENROLLMENT CHECKLIST

- ✓ Review this *2024 New Hire Benefits Guide*.
- ✓ Use ALEX to determine the benefit plans for you.
- ✓ Complete your specific wellness program requirements to qualify for discounted medical premiums.
- ✓ Make sure you have a UMB Health Savings Account if you are enrolled in an HDHP medical plan.

## Do you have HR questions? Visit MyHR!

**MyHR** is a self-service tool that can help you quickly and easily find answers to hundreds of human resources-related topics, including benefits, timekeeping, how paid time-off is earned, holiday schedules and more.

If you can't find what you need, you may submit a question by opening a case in **MyHR** or by clicking on **MyHR** on the intranet homepage under Quicklinks.

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# ENROLLING IN YOUR BENEFITS



## Meet ALEX®



ALEX is a virtual benefits counselor that helps you select the best benefits plans for you and your family.

You'll start by answering a few questions about what medical care you might need in 2024—e.g., doctor visits, surgeries, and prescriptions. ALEX will calculate how much that care might cost under each medical plan—and add that to the premium cost (payroll deductions) of each plan. ALEX will then identify the best benefit plans for your needs.

The entire process takes about 15 minutes. If you set up an ALEX ID, you can save your place and pick up right where you left off when you return. Get started at [myalex.com/onb/2024](https://myalex.com/onb/2024).

## ALEX Go (text-based)

Access the ALEX Go path for a quicker review of your benefits offerings and compare options with the family-plan comparison tool via a text-based ALEX experience at [gonow.myalex.com/onb](https://gonow.myalex.com/onb).

- Get personalized benefits advice at your own pace with a text-based experience in either English or Spanish.
- Compare your plans with a family member's plans to figure out which option gives you the best coverage for the lowest cost.
- Save money by comparing prescription costs, forecasting HSA savings and more.
- Review unbiased overviews of voluntary benefits like hospital indemnity or critical illness and accident coverage.
- Access support on the go with an experience that works just as well on your computer or your phone.

## ALEX Medicare

ALEX Medicare provides a guided journey to help you make educated decisions when it comes to your Medicare options. Here's how:

- **Complete Guide to Medicare:** ALEX Medicare breaks down your Medicare options through digestible modules, including information on eligibility, enrollment dates, coverage options, and costs.
- **Medicare expertise:** ALEX Medicare offers truly unbiased education on Medicare.
- **Curated content:** ALEX Medicare offers a video, text and visual content library where you can choose what you want to learn about, right when you need it.
- **Personalized Guided Journey:** ALEX Medicare asks you important questions to personalize your experience with content that makes the most sense for you and your health journey. And ALEX Medicare remembers your journey, so you can pick up right where you left off.

ALEX Medicare works just like ALEX. Get started at: [medicare.myalex.com/onb](https://medicare.myalex.com/onb). You can also access Medicare content through the open enrollment ALEX conversation.

# IMPORTANT NOTICES

## Notice of Privacy Practices

### Privacy Officials:

Old National Bancorp  
One Main Street  
Evansville, IN 47708  
(812) 468-7895  
Effective Date: 01/01/2024

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

**Please review it carefully.**

### Your Rights

You have the right to:

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

### Your Choices

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

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

### Our Uses and Disclosures

We may use and share your information as we:

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

### Your Rights

**When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.**

#### Get a copy of health and claims records

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

#### Ask us to correct health and claims records

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

#### Request confidential communications

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

#### Ask us to limit what we use or share

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

#### Get a list of those with whom we've shared information

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

#### Get a copy of this privacy notice

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

#### Choose someone to act for you

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

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# IMPORTANT NOTICES

## Notice of Privacy Practices

*Continued from page 31*

### File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us at:  
Old National Bank  
One Main Street  
Evansville, IN 47708
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or call 877-696-6775, or visit [hhs.gov/ocr/privacy/hipaa/complaints/](https://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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

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

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

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

- Marketing purposes
- Sale of your information

### Our Uses and Disclosures

#### How do we typically use or share your health information?

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

#### Help manage the health care treatment you receive

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

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

### Run our organization

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

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

### Pay for your health services

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

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

### Administer your plan

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

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

### How else can we use or share your health information?

We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticpepp.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticpepp.html).

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### Do research

We can use or share your information for health research.

### Comply with the law

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

*continued on page 33 »*

# IMPORTANT NOTICES

## Notice of Privacy Practices

*Continued from page 32*

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

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

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

We can use or share health information about you:

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

### **Respond to lawsuits and legal actions**

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

### **Our Responsibilities**

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

For more information, see: [hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](https://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

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

# IMPORTANT NOTICES

## General Notice of COBRA Rights

(For use by single-employer group health plans)

### Continuation Coverage Rights Under COBRA

#### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.

**This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.**

When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

#### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Old National Bancorp, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

#### When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

*continued on page 35 »*

## General Notice of COBRA Rights

*Continued from page 34*

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.**

**You must provide this notice to:**

Old National Bank  
C/O Corporate Benefits Department  
One Main Street  
Evansville, IN 47708  
(812) 468-7895

### How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event.

This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [healthcare.gov](https://www.healthcare.gov).

### If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [dol.gov/ebsa](https://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [healthcare.gov](https://www.healthcare.gov).

### Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### Plan contact information

Old National Bank  
C/O Corporate Benefits Department  
One Main Street  
Evansville, IN 47708  
(812) 468-7895



# IMPORTANT NOTICES

## General FMLA Notice

### Employee Rights Under The Family and Medical Leave Act The United States Department of Labor Wage and Hour Division

#### Leave Entitlements

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered service member's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the service member with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

#### Benefits and Protections

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

#### Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

#### Requesting Leave

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary.

Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

#### Employer Responsibilities

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

#### Enforcement

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

#### For additional information or to file a complaint:

U.S. Department of Labor Wage and Hour Division  
866-4-USWAGE (866-487-9243)  
TTY: 877-889-5627  
[dol.gov/whd](https://www.dol.gov/whd)

# IMPORTANT NOTICES

## USERRA Notice

### Your Rights Under USERRA The Uniformed Services Employment and Reemployment Rights Act

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

#### Reemployment Rights

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- You ensure that your employer receives advance written or verbal notice of your service;
- You have five years or less of cumulative service in the uniformed services while with that particular employer;
- You return to work or apply for reemployment in a timely manner after conclusion of service; and
- You have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

#### Right To Be Free From Discrimination and Retaliation

If you:

- Are a past or present member of the uniformed service;
- Have applied for membership in the uniformed service; or
- Are obligated to serve in the uniformed service; then an employer may not deny you
- Initial employment;
- Reemployment;
- Retention in employment;
- Promotion; or
- Any benefit of employment because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.

#### Health Insurance Protection

- If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

#### Enforcement

- The U.S. Department of Labor, Veterans' Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.

For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 866-4-USA-DOL or visit its website at [dol.gov/vets](https://www.dol.gov/vets).

- If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.

The rights listed here may vary depending on the circumstances.

The text of this notice was prepared by VETS, and may be viewed on the Internet at this address: [dol.gov/vets/programs/userra/poster.htm](https://www.dol.gov/vets/programs/userra/poster.htm). Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees. U.S. Department of Labor, Veterans' Employment and Training Service, 866-487-2365.

# IMPORTANT NOTICES

## Health Insurance Exchange Notice

For Employers Who Offer a Health Plan to Some or All Employees

### New Health Insurance Marketplace Coverage Options and Your Health Coverage

#### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: The Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2024 for coverage starting as early as January 1, 2024.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

Old National Bank  
C/O Corporate Benefits Department  
One Main Street  
Evansville, IN 47708  
(812) 468-7895

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

**NOTE:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

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<sup>1</sup> An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

# IMPORTANT NOTICES

## Health Insurance Exchange Notice

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### PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Old National Bank	4. Employer Identification Number (EIN) 35-1539838	
5. Employer address One Main Street	6. Employer phone number (812) 468-7895	
7. City Evansville	8. State Indiana	9. ZIP code 47708
10. Who can we contact about employee health coverage at this job? Corporate Benefits Department		
11. Phone number (812) 468-7895	12. Email address OldNationalBenefits@oldnational.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:  **ELIGIBLE EMPLOYEES**
- Eligible employees are: full-time employees of the employer working a minimum of 30 hours a week, all retired employees who are retired by Old National Bancorp and meet plan qualifications with regard to age and service and active part-time employees working a minimum of 20 hours per week.
- With respect to dependents:  **WE DO OFFER COVERAGE**
- Eligible dependents are: legally married spouse, domestic partners, children, stepchildren, adopted or placed for adoption children, children of domestic partner and children for whom you are the legal guardian, adult children up to age 26, dependent children who became totally and permanently disabled before age 26, children for whom you are required to provide coverage under a Qualified Medical Child Support Order, military veterans up to age 30 (medical only).
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**NOTE:** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

# IMPORTANT NOTICES

## Important Notice to Employees from the Company About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the company medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2024. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2024 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty—as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with the company and prescription drug coverage available for people with Medicare.

It also tells you where to find more information to help you make decisions about your prescription drug coverage.

### Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D) and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the company's prescription drug plans you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2024. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the company plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop company coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the company plan, assuming you remain eligible.

You should know that if you waive or leave coverage with the company and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future—such as before the next period you can enroll in Medicare prescription drug coverage, if this company coverage changes, or upon your request.

### For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit [medicare.gov](https://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number).
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA).

For more information about this extra help, visit SSA online at [socialsecurity.gov](https://www.socialsecurity.gov) or call 800-772-1213 (TTY 800-325-0778).

**REMEMBER:** Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Old National Bank  
C/O Corporate Benefits Department  
One Main Street  
Evansville, IN 47708  
(812) 468-7895

# IMPORTANT NOTICES

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877-KIDS NOW** or [insurekidsnow.gov](https://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [askebsa.dol.gov](https://www.askebsa.dol.gov) or call **866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your state for more information on eligibility.

STATE	WEBSITE	PHONE
ALABAMA – Medicaid	<a href="https://myalhipp.com">myalhipp.com</a>	855-692-5447
ALASKA – Medicaid The AK Health Insurance Premium Payment Program	<a href="https://myakhipp.com">myakhipp.com</a> Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">health.alaska.gov/dpa/Pages/default.aspx</a>	866-251-4861
ARKANSAS – Medicaid	<a href="https://myarhipp.com">myarhipp.com</a>	855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program	<a href="https://dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>	916-445-8322 Fax: 916-440-5676
COLORADO – Medicaid Health First Colorado (Colorado’s Medicaid Program)	<a href="https://healthfirstcolorado.com">healthfirstcolorado.com</a>	800-221-3943 State Relay 711
	Health Insurance Buy-In Program (HIBI): <a href="https://mycohibi.com">mycohibi.com</a>	855-692-6442
COLORADO – Child Health Plan Plus (CHP+)	<a href="https://hcpf.colorado.gov/child-health-plan-plus">hcpf.colorado.gov/child-health-plan-plus</a>	800-359-1991 State Relay 711
FLORIDA – Medicaid	<a href="https://flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a>	877-357-3268
GEORGIA – Medicaid	<a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>	678-564-1162 Press 1
GEORGIA – CHIPRA	<a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>	678-564-1162 Press 2
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64	<a href="https://in.gov/fssa/hip">in.gov/fssa/hip</a>	877-438-4479
All other Medicaid	<a href="https://in.gov/medicaid">in.gov/medicaid</a>	800-457-4584
IOWA – Medicaid	<a href="https://dhs.iowa.gov/ime/members">dhs.iowa.gov/ime/members</a>	800-338-8366
IOWA – CHIP (Hawki)	<a href="https://dhs.iowa.gov/Hawki">dhs.iowa.gov/Hawki</a>	800-257-8563
IOWA – HIPP	<a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>	888-346-9562
KANSAS – Medicaid	<a href="https://kancare.ks.gov">kancare.ks.gov</a>	800-792-4884 HIPP: 800-967-4660

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# IMPORTANT NOTICES

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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STATE	WEBSITE	PHONE
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)	chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Kentucky Medicaid Website: chfs.ky.gov Email: KIHIPP.PROGRAM@ky.gov	855-459-6328
KENTUCKY – KCHIP	kidshealth.ky.gov/Pages/index.aspx	877-524-4718
LOUISIANA – Medicaid	medicaid.la.gov ldh.la.gov/lahipp	Medicaid Hotline: 888-342-6207 LaHIPP: 855-618-5488
MAINE – Medicaid	Enrollment website: mymaineconnection.gov/benefits/s/?language=en_US	800-442-6003 TTY: Maine relay 711
MAINE – Private Health Insurance Premium	maine.gov/dhhs/ofi/applications-forms	800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	mass.gov/masshealth/pa Email: masspremassistance@accenture.com	800-862-4840 TTY: 711
MINNESOTA – Medicaid	mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp	800-657-3739
MISSOURI – Medicaid	dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
MONTANA – Medicaid	dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Email: HSHIPPProgram@mt.gov	800-694-3084
NEBRASKA – Medicaid	ACCESSNebraska.ne.gov	855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada – Medicaid	dhcfp.nv.gov	800-992-0900
NEW HAMPSHIRE – Medicaid	dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program	603-271-5218 Toll free number for the HIPP program: 800-852-3345, Ext. 5218
NEW JERSEY – Medicaid	state.nj.us/humanservices/dmahs/clients/medicaid	609-631-2392
NEW JERSEY – CHIP	njfamilycare.org/index.html	800-701-0710
NEW YORK – Medicaid	health.ny.gov/health_care/medicaid	800-541-2831
NORTH CAROLINA – Medicaid	medicaid.ncdhhs.gov	919-855-4100
NORTH DAKOTA – Medicaid	hhs.nd.gov/healthcare	844-854-4825
OKLAHOMA – Medicaid and CHIP	insureoklahoma.org	888-365-3742
OREGON – Medicaid	healthcare.oregon.gov/Pages/index.aspx	800-699-9075
PENNSYLVANIA – Medicaid	dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx	800-692-7462
PENNSYLVANIA – CHIP	dhs.pa.gov/CHIP/Pages/CHIP.aspx	800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	eoahs.ri.gov	855-697-4347 Direct Rlite Share Line: 401-462-0311
SOUTH CAROLINA – Medicaid	www.scdhhs.gov	888-549-0820
SOUTH DAKOTA – Medicaid	dss.sd.gov	888-828-0059

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# IMPORTANT NOTICES

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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STATE	WEBSITE	PHONE
UTAH – Medicaid	medicaid.utah.gov	877-543-7669
UTAH – CHIP	health.utah.gov/chip	
VERMONT – Medicaid	dvha.vermont.gov/members/medicaid/hipp-program	800-250-8427
VIRGINIA – Medicaid and CHIP	coverva.dmas.virginia.gov/learn/premium-assistance/famis-select coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs	Medicaid and CHIP: 800-432-5924
WASHINGTON – Medicaid	hca.wa.gov	800-562-3022
WEST VIRGINIA – Medicaid	dhhr.wv.gov/bms mywvhipp.com	304-558-1700
WEST VIRGINIA – CHIP		855-MyWVHIPP (855-699-8447)
WISCONSIN – Medicaid and CHIP	dhs.wisconsin.gov/badgercareplus/hipp.htm	800-362-3002
WYOMING – Medicaid	health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility	800-251-1269
<b>To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:</b>		
U.S. Department of Labor Employee Benefits Security Administration	dol.gov/agencies/ebsa	866-444-EBSA (3272)
U.S. Department of Health and Human Services Centers for Medicaid and Medicare Services	cms.hhs.gov	877-267-2323, Menu option 4, Ext. 61565

# IMPORTANT NOTICES

## Additional Regulatory Information

### Welfare Summary Plan Description (SBD)

Old National Bank has a Welfare Summary Plan Description (SPD) to comply with various disclosure requirements mandated by law, and to clarify administrative procedures for Old National Bank benefit plans. Other plan documents prepared by our insurers and vendors (called Benefit Guides) provide specific descriptions of covered and excluded benefits, as well as a description of the terms and conditions to receive such benefits. Although we highlight below a number of rights and benefits, you should carefully review the SPD to fully understand your legal rights and benefits. To view the SPD please go to the team member website.

### Summaries of Benefits and Coverage (SBCs)

These documents, required by the Affordable Care Act, help you compare medical plans. To view the SBCs, please go to the team member website.

### Women's Health and Cancer Rights Act of 1998 (WHCRA) Notices

#### Enrollment Notice

If you had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at (812) 461-9734.

#### Annual Notice

Do you that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at (812) 461-9734 for more information.

### Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less

than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at (812) 461-9734.

### Genetic Information Nondiscrimination Act (GINA) Disclosures

#### Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

### Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the Old National Bank Employee Health Plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (812) 461-9734.

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## Additional Regulatory Information

*Continued from page 44*

### Benefits and Taxes

You and the company share the cost of the benefits program. This includes the premiums you pay via payroll deductions and the various copays, coinsurance, and deductibles. The company provides some benefits to you at no cost to you, including: wellness, basic and AD&D life insurance, business travel accident life insurance, short-term disability (STD), long-term disability (LTD) and Employee Assistance Program. Some plans you pay the entire cost of, such as vision, supplemental life AD&D insurance and voluntary insurances (auto, homeowners, critical illness, accident and identity theft). Payroll deductions for these benefits are deducted from either your gross pay or your after-tax pay, depending on the benefit.

In addition, retroactive deductions will be taken on a subsequent paycheck if you do not enroll on time or if you do not verify your dependents within the prescribed time frame.

### Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact Old National Bancorp, C/O Corporate Benefits Department, One Main Street, Evansville, IN 47708, (812) 468-7895.

### Special Enrollment Periods

You may have the right to enroll in the medical and other benefit plans during Special Enrollment periods, including when you lose or gain coverage under another group health plan, Medicaid or State Children Health Insurance Programs, or when you acquire a new dependent. For these enrollment opportunities you will have 60 days instead of 31 days from date of eligibility.

### HIPAA Privacy Notice

The company has previously provided to you a HIPAA Notice of Privacy Practice that describes how medical information about you may be used or disclosed by the company group health plans or by others that assist in claim administration, as well as your legal rights regarding your medical information held by such plans. You may obtain a copy of this notice at the team member website.

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L.104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20240 or email [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2025).

# DIRECTORY OF CONTACTS

CONTACTS	WEBSITE	TELEPHONE
<b>Old National Benefits Solution Center</b> (Enrollment and Life Events)	<b>myONB portal</b>	800-240-7155
<b>AmeriBen/BCBS</b> (Medical Plan Administrator)	<b>myameriben.com</b>	844-209-0080
<b>Continental Stock Transfer &amp; Trust</b> (Employee Stock Purchase Plan)	<b>continentalstock.com</b>	800-677-1749
<b>Deaconess</b> (ONB Wellness Portal)	<b>onb.personalhealthportal.net/login</b>	855-581-9910 (help desk) 812-492-5714 (health coach)
<b>Delta Dental</b>	<b>deltadentalin.com</b>	800-524-0149
<b>Empower</b> (401[k])	<b>myonbretirement.com</b>	844-465-4455
<b>Headspace</b> (EAP and Mental Health)	<b>headspace.com/work-life</b>	855-420-0734
<b>HR Services</b>	<b>myHR</b>	812-468-1000, option 9, option 3
<b>LifeLock</b> (Identity, Security and Privacy)	<b>my.norton.com</b>	800-607-9174
<b>Live Health Online</b> (Virtual Care)	<b>livehealthonline.com</b>	888-548-3432
<b>MaxorPlus Pharmacy</b>	<b>maxorplus.com</b>	800-687-0707
<b>MetLife</b> (Legal Plans)	<b>members.legalplans.com</b>	800-821-6400
<b>Regenexx</b> (Medical Specialty)	<b>regenexxbenefits.com/oldnational</b>	866-695-8581
<b>UMB</b> (Health Savings Account)	<b>hsa.umb.com</b>	866-520-4472
<b>Unum</b> (Family & Medical Leave, Parental Leave, Short-term and Long-term Disability Insurance)	<b>unum.com/claims</b>	888-673-9940
<b>Unum</b> (Life and AD&D Insurance)	<b>unum.com/claims</b>	888-445-0402
<b>Unum</b> (Group Critical Illness, Accident and Hospital Insurance)	<b>unum.com/access</b>	800-635-5597
<b>VSP</b> (Vision Service Plan and TruHearing)	<b>vsp.com</b>	800-877-7195
<b>WEX, Inc.</b> (FSAs & TSA)	<b>wexinc.com</b>	866-451-3399