

2025 Open Enrollment 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.

Hearing Benefits

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Welcome to 2025 Benefits Open Enrollment November 8-22



Questions?

- Go to handbook.oldnational. com/open-enrollment for details about plans and rates.
- MyHR

Highlights for 2025

We are pleased to share the following highlights of the 2025 benefit programs. Please review each plan carefully, as some plans have changed.

Health Benefits

Old National is excited to introduce new programs to help you better navigate the healthcare ecosystem, while potentially saving money and improving your overall well-being.



• AmeriBen Engage+ Advocates — Advocates can help you navigate through your medical journey and provide support for your health and well-being, ensuring you get the right care when you need it.



- AmeriBen Engage App—This app and website connects you to everything you need to manage your healthcare. You can:
 - Access your insurance card
- Compare costs before you go
- Find quality, in-network providers
- View past claims and spending account balances



• Watch for an innovative new wellness program in late Q1 2025—The program will offer activities, challenges, a reward/incentive program and much more.



• Mayo Clinic Complex Care Program—If you or your covered dependents are facing complex healthcare challenges, you may be eligible for a second opinion at no additional cost from Mayo Clinic, one of the nations leading hospitals.



- Maxor+ Pharmacy Discount Program—You can get the best prices on your medications at participating pharmacies, without additional cards or paperwork.
 - Dialysis Coverage Program—Old National continues to partner with AmeriBen to help you navigate dialysis treatment, including Medicare enrollment.
 - PaydHealth—This program is designed to reduce out-of-pocket costs for specialty drugs.
 - Regenexx®—Regenexx® is a medical specialty group that provides an alternative to orthopedic procedures. If you and your dependents are enrolled in an Old National medical plan, you have access to Regenexx® as a covered benefit.

Medical Benefits—What is Changing

- For 2025, medical plan deductibles for three of the four plans are increasing by \$250-\$300 for individual coverage and \$500-\$1,000 for family coverage, depending on the plan.
- Premiums will increase modestly, ranging from \$5-\$30 per month, depending on plan selected, coverage tier, income tier and participation in the tobacco-free and wellness discounts.
- For PPO plan participants, copayments in 2025 for primary care visits have been lowered to \$25, while specialist visits are increasing to \$40.

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HIGHLIGHTS FOR 2025

Highlights for 2025

Continued from page 2

You can choose from four different medical plans with deductibles ranging from \$1,250 to \$4,000 for individual coverage.

• PPO 1250

HDHP 2250

HDHP 3500

HDHP 4000

If you do not complete your enrollment, your current benefit elections will carry over to 2025, except for:

- 1. Medical, which will be adjusted to the new plan as outlined in the table on the right.
- 2. Healthcare and Dependent Care Spending Accounts (FSA) and the Health Spending Account (HSA). You must actively re-enroll in both FSAs and the HSA to contribute in 2025.

MEDICAL PLAN DEDUCTIBLES				
2024	2025			
PPO 1000	PPO 1250			
HDHP 2000	HDHP 2250			
HDHP 3200	HDHP 3500			
HDHP 4000	HDHP 4000			



Medical Premium Discounts

• Wellness discount—Earn a monthly discount of \$50 if you complete and submit an online health survey and biometric screening.



- A new wellness plan is coming! As we prepare to transition to a new wellness plan in 2025, we are pleased to share that those who qualified for the wellness discount in 2024, will receive it once again in 2025 with no further action required.
 - Tobacco-free discount—Earn a monthly discount of \$50 if you do not use tobacco products or complete a tobacco cessation program.

HSA Contributions

The company will contribute a total of \$500 for individual coverage and \$1,000 for all other coverage levels. You may contribute an additional \$3,800 (team-member only coverage) or \$7,550 (all other coverage tiers). If you are 55 and older, you may contribute an extra \$1,000.



Beginning in 2025, company HSA contributions for team members covered by an HDHP will transition from a semi-annual to quarterly basis. Contributions will occur in early January, April, July and October.

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 will provide 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 eligible dependents.

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HIGHLIGHTS FOR 2025



ALEX®

Learn more about ALEX <u>here</u> or scan the QR code below.



Highlights for 2025

Continued from page 3

Flexible Spending Accounts (FSA)

- You can contribute up to \$3,300 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 2026 is \$660 for Healthcare FSAs and Limited-Purpose Healthcare FSAs.
- You can contribute up to \$325 per month for parking and \$325 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)
- LifeLock (identity, security and privacy protection)

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.

ALEX® is back!

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 2025, and ALEX will recommend the benefit plans and coverage that will best meet your needs.



Alex also offers a Medicare support tool to help you understand your Medicare options.

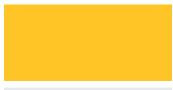
How to Enroll

Enroll in your 2025 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.

Elections submitted and confirmed during open enrollment will be effective 1/1/2025.

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

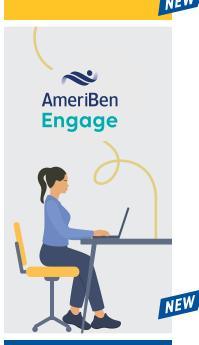
If you regularly work fewer than 20 hours per week, you are only eligible for the 401(k) plan.

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. Please note: Tax implications for domestic partners can be significant.
- 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					
HEALTH BENEFITS							
Medical							
Dental							
Vision							
Flexible Spending Accounts (FSAs) • Healthcare • Limited-purpose Healthcare • Dependent Care • Commuter • Mental health	Date of hire	Date of hire					
LIFE, AD&D, DISABILITY AND PA	ARENTAL LEAVE BENEFITS						
Life Insurance	Date of hire	Date of hire					
AD&D Life Insurance	Date of fille	Date of fille					
Disability	The first of the month afte	er 6 months of employment					
Parental Leave	One year of	employment					
Caregiver Leave	Offic year of	employment					
INCOME PROTECTION BENEFITS							
Accident							
Critical Illness							
Hospital Indemnity	Date of hire	Date of hire					
Legal Plan							
LifeLock							



NEW Introducing AmeriBen's Engage+ Advocates -Available January 2025

This program can help you navigate through your medical journey and provide support for your health and well-being needs.

You can get:

Integrated Support

- · Benefit questions and billing issues
- Appointment scheduling assistance
- Coordination with providers

Proactive Care

- Manage preventive care and chronic conditions
- · Understand your health plan and benefits available

Comprehensive Outreach

- Preventive health service reminders
- · Guidance during ER discharge and adverse determinations

NEW Introducing AmeriBen Engage™ App

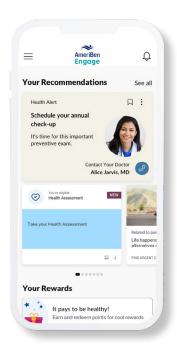
-Available January 2025

The new AmeriBenEngage™ app and website will connect you to everything you need to easily manage your healthcare, achieve your goals and live healthier.

AmeriBen Engage™

In January 2025:

- Visit engage.ameriben.com.
- · Download the AmeriBen Engage[™] app on your phone.



You can:



Find quality, in-network providers near you.



Understand your health plan.



Compare estimated costs for care before you go.



Access your digital ID card.

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 BlueCross BlueShield network of providers. Deductibles range from \$1,250–\$4,000 for individual coverage and \$2,500–\$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**. 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

	PPO 1250		HIGH DEDUCTIBLE HEALTH PLANS					
PLAN PROVISION			HDHP 2250		HDHP 3500		HDHP 4000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
HSA CONTRIBUTION	N							
Team member only	N	/A	\$5	00	\$5	00	\$500	
Family*	N	/A	\$1,0	000	\$1,0	000	\$1,0	000
ANNUAL DEDUCTIB	LE							
Team member only	\$1,250	\$2,500	\$2,250 ¹	\$4,500 ¹	\$3,500²	\$7,000²	\$4,000²	\$8,000²
Family*	\$2,500	\$5,000	\$4,500 ¹	\$9,000 ¹	\$7,000²	\$14,000²	\$8,000²	\$16,000²
ANNUAL OUT-OF-P	OCKET MAXIMU	JM						
Team member only (includes deductible)	\$3,500	\$10,000	\$4,500	\$12,000	\$5,500	\$15,000	\$6,000	\$20,000
Family* (includes deductible)	\$7,000	\$20,000	\$9,000	\$24,000	\$11,000	\$30,000	\$12,000	\$40,000
OFFICE VISIT								
Primary Care	\$25	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Specialist	\$40	50% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
HOSPITAL VISIT								
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.

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.

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.



Prescription Drug Coverage

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.

The plans cover a large number of eligible drugs. Under Maxor's drug formulary, preventive
prescriptions that are on the IRS list are covered at 100% under all plans and are not subject to the deductible. For other medications, you will pay less if you use generics or preferred prescription drugs on the formulary list.

To locate an in-network pharmacy near you, log on to <u>maxorplus.com</u> and access the pharmacy locator or call **800-687-0707**.

PRESCRIPTION DRUG PROGRAMS

Maxor+ Pharmacy Discount Program. You will automatically receive the best of the pharmacy discount programs and the lowest available price on prescriptions at most pharmacies. This benefit is fully integrated through your Old National medical card. No need for a separate discount card.

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** 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.

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Prescription Drug Coverage

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PRESCRIPTION DRUG SUMMARY

	PPO 1250		HIGH DEDUCTIBLE HEALTH PLANS					
PLAN PROVISION			HDHP 2250		HDHP 3500		HDHP 4000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RX ONLY OUT-OF-PO	CKET MAXIMU	М						
Team member only	\$2,000	N/A	subject to pl	an deductible	subject to plan deductible		subject to plan deductible	
Family	\$4,000	N/A	and coinsurance		and coinsurance		and coinsurance	
RETAIL								
Generic	\$15	N/A			20% N/A \$200 maximum	N/A	20% \$200 maximum	N/A
Brand Formulary	\$45	N/A	20%	· ·				
Brand Non-Formulary	\$75	N/A	\$200					
Specialty	25% \$200 maximum	N/A	maximum					
MAIL ORDER								
Generic	\$15	N/A						
Brand Formulary	\$115	N/A	200/		200/		200/	
Brand Non-Formulary	\$225	N/A	20% \$200	N/A	20% \$200	N/A	20% \$200	N/A
Specialty	25% \$200 maximum	N/A	maximum		maximum	.,,	maximum	.,,



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.



Mayo Clinic Complex Care Program —Available January 2025



For FAQs about the Mayo Clinic Complex Care Program click **here**. If you or your covered dependents are facing complex healthcare challenges, you may be eligible for care at Mayo Clinic, which will also coordinate travel and lodging.

Mayo Clinic experts solve the world's toughest medical problems with teams of leading experts from every medical specialty and subspecialty working together to ensure the best possible outcome for each patient.

Effective treatment depends on getting the right diagnosis as soon as possible. Mayo Clinic specialists collaborate across disciplines to listen to your story, evaluate your condition, and develop a diagnosis and treatment plan just for you.

This program is designed for these medical conditions:

Autoimmune disorders

Complex pediatric conditions

Cancer

- Hemophilia
- Neurological disorders
- Spine health
- Gastrointestinal disorders
 Transplant
- Undiagnosed symptoms or conditions

The Mayo Clinic Complex Care Program

- 1. **Connect.** Call 844-209-0080 for full details and to get connected with AmeriBen to discuss the Mayo Clinic Complex Care Program.
- 2. **Mayo Clinic review.** Experts will review your diagnosis and treatment plan to determine if you would benefit from care at Mayo Clinic.
- Travel to Mayo Clinic for care. If travel is recommended, Mayo Clinic will contact you to schedule your appointments. Travel and lodging for you and a caregiver will be covered and coordinated for you.
- 4. **Return home.** After treatment, you will return home for ongoing care with your local provider.



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.

O HAND/WRIST/ELBOW arthritis arthritistennis elbow osteonecrosis ulnar nerve entrapment • bursitis CMC joint arthritis (thumb) labral/labrum tear trigger finge joint replace KNEE ANKLE/FOOT arthritis arthritis meniscus tear instability bunions ligament sprain or tea sprain or tear of ACL/PCL sprain or tear of the MCL/LCL plantar fasciitis

CONDITIONS TREATED

SHOULDER

joint replacement alternative

 arthritis rotator cuff tears labral tear rotator cuff tendinosis

SPINE

ruptured or torn disc degenerative disc disease

back or neck nerve pain

Learn more here.

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** 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** or download the app and register on your phone or tablet.

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PaydHealth

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 PaydHealth 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 partners 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 is no provider disruption as the dialysis benefit is network neutral.

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



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:

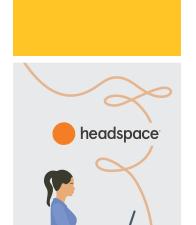
- **Unlimited real-time mental health coaching via text.** You can use the Headspace app to chat with a mental health coach day or night at no cost to you.
- The ability to schedule a teleconference with a Headspace licensed mental health professional. You can receive up to eight paid therapy sessions 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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Questions?

For other frequently asked questions, please visit help.headspace.com.

Mental Health | EAP

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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, using company code **"old national."**





Medical Premium Discounts



Old National is implementing a new wellness program in 2025. As a result, if you are currently receiving the wellness discount, you will receive it in 2025. No further action required.

If you did not participate in the wellness discount in 2024, you have a new opportunity to earn the discount for 2025 by completing the following two steps.

Wellness Discount

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

- **1. Complete an online health survey.** This takes approximately 5–10 minutes.
 - Go to the Deaconess at Work portal: onb.personalhealthportal.net.login.
 - Follow the instructions to register.
 - Click "**Take Survey**" in the survey status section on the homepage.

2. Complete a 2024 biometric screening (blood work/labs).

If you have already had your biometric screening, ask your physician to complete the biometric screening form:

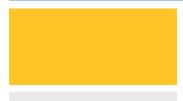
- Download the form at onb.personalhealthportal.net.login.
- Click on the "Wellness Screenings" quick link on the homepage.
- Click on "Physician Screening Form."
- Fax your completed form to 812-450-6027 or email it to corporatewellness@deaconess.com.

If you need to complete your biometric screening, schedule an appointment through Deaconess Clinic at work or with your healthcare provider. If you have your screening done by your physician, follow the steps above to submit your form.

If you do not have access to a Deaconess clinic you can schedule an in-person lab visit or order an at-home kit through Quest **here**.

NEW HIRES: You are eligible to participate in the first week of the month following your hire date. You must notify <u>MyHR</u> when you complete the activities. The discount will be included in your payroll statement as soon as administratively possible. Go to the <u>Deaconess at Work</u> **portal** for more information.

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Medical Premium Discounts

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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)

- Tobacco users often incur more medical claims. As a result, you will pay more for your medical coverage if you use tobacco.
- 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.
- You may 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 <u>corporatewellness@deaconess.com</u> 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

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

2025 Team Member Medical Premiums

Your premium rate for medical coverage in 2025 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 premiums 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.

If you received the wellness discount in 2024, you will automatically receive it in 2025. No further action required.

FULL-TIME - ANNUAL SALARY < \$50K

	PLAN PROVISION	TEAM MEMBER MONTHLY PREMIUM	MONTHLY PREMIUM LESS ALL WELLNESS DISCOUNTS
PPC	1250		
1	Team member only	\$235	\$135
2	Team member + spouse/DP	\$478	\$378
3	Team member + child(ren)	\$421	\$321
4	Family	\$606	\$506
HDI	HP 2250		
1	Team member only	\$161	\$61
2	Team member + spouse/DP	\$241	\$141
3	Team member + child(ren)	\$213	\$113
4	Family	\$498	\$398
HDI	HP 3500		
1	Team member only	\$139	\$39
2	Team member + spouse/DP	\$192	\$92
3	Team member + child(ren)	\$173	\$73
4	Family	\$431	\$331
HDH	IP 4000		
1	Team member only	\$120	\$20
2	Team member + spouse/DP	\$146	\$46
3	Team member + child(ren)	\$133	\$33
4	Family	\$354	\$254

FULL-TIME - ANNUAL SALARY \$50K+

	PLAN PROVISION	TEAM MEMBER MONTHLY PREMIUM	MONTHLY PREMIUM LESS ALL WELLNESS DISCOUNTS
PPC	1250		
1	Team member only	\$257	\$157
2	Team member + spouse/DP	\$544	\$444
3	Team member + child(ren)	\$476	\$376
4	Family	\$698	\$598
HDI	HP 2250		
1	Team member only	\$171	\$71
2	Team member + spouse/DP	\$266	\$166
3	Team member + child(ren)	\$233	\$133
4	Family	\$568	\$468
HDI	HP 3500		
1	Team member only	\$146	\$46
2	Team member + spouse/DP	\$208	\$108
3	Team member + child(ren)	\$184	\$84
4	Family	\$490	\$390
HDI	IP 4000		
1	Team member only	\$123	\$23
2	Team member + spouse/DP	\$154	\$54
3	Team member + child(ren)	\$140	\$40
4	Family	\$399	\$299

PART-TIME - LEVEL 1

PLAN PROVISION		TEAM MEMBER MONTHLY PREMIUM	MONTHLY PREMIUM LESS ALL WELLNESS DISCOUNTS
PPO	1250		
1	Team member only	\$492	\$392
2	Team member + spouse/DP	\$958	\$858
3	Team member + child(ren)	\$841	\$741
4	Family	\$1,269	\$1,169
HDH	IP 2250		
1	Team member only	\$461	\$361
2	Team member + spouse/DP	\$892	\$792
3	Team member + child(ren)	\$785	\$685
4	Family	\$1,178	\$1,078

PLAN PROVISION		TEAM MEMBER MONTHLY PREMIUM	MONTHLY PREMIUM LESS ALL WELLNESS DISCOUNTS
HDH	IP 3500		
1	Team member only	\$449	\$349
2	Team member + spouse/DP	\$862	\$762
3	Team member + child(ren)	\$758	\$658
4	Family	\$1,140	\$1,040
HDF	IP 4000		
1	Team member only	\$433	\$333
2	Team member + spouse/DP	\$830	\$730
3	Team member + child(ren)	\$730	\$630
4	Family	\$1,093	\$993

PLAN COMPARISON

PLAN DETAILS	PPO PLAN	HIGH DEDUCTIBLE HEALTH PLANS
Team member monthly premiums	Higher	Lower
ONB HSA contributions	No	Yes – \$500 individual or \$1,000 family
Team member HSA contributions	No	Yes – \$3,800 individual, \$7,550 family + \$1,000 for age 55+
Deductible	Lower	Higher
Out-of-pocket maximum	Lower	Higher



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

and FSAs?



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 an 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. Contributions will be made in four equal installments in early January, April, July and October. 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 quarterly 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 \$3,800 for team member-only coverage and \$7,550 for other coverage categories in 2025. If you are 55 or older before 12/31/2025, you may contribute an additional \$1,000 each year as catch-up contributions.

2025 CALENDAR YEAR	TEAM-MEMBER ONLY	ALL OTHER COVERAGE TIERS
Company Contribution*	\$500	\$1,000
Your Contribution Limit	\$3,800	\$7,550
IRS LIMIT FOR ALL CONTRIBUTIONS	\$4,300	\$8,550
Additional HSA Catch-Up Contribution (age 55 or older by 12/31/2025)	\$1,000	\$1,000
MAXIMUM	\$5,300	\$9,550

^{*}Assumes you are eligible to receive the maximum company contribution and have a UMB HSA. Employer contributions for new hires are prorated based on hire date.

You can contribute a minimum of \$5 twice per month up to the limit. 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.

To make pretax contributions to your Health Savings Account, **you must have a UMB HSA** and you must specify a contribution amount for 2025. Your current contribution amount will not rollover. Please review your current contribution, expenses and the IRS 2025 maximum contribution to determine what amount is best for you.

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.

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

Continued from page 18

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.

HSA Contributions

How to Open a Health Savings Account with UMB

- · Go to 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 HSA 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 at:

- hsa.umb.com
- · Customer service at 866-520-4HSA.





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.

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. You must submit a claim form and wait to be reimbursed.

BASIC PLAN

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

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Dental Benefits

Continued from page 20

PREMIER PLAN

PROVISIONS & SERVICES	DELTA DENTAL NETWORK	NONPARTICIPATING DENTIST*	
Calendar Year Maximum	\$2,000 per person total per benefit year on all services except orthodontic services		
	\$1,500 per person total per lif	etime on orthodontic services	
Annual Deductible	None	None	
DIAGNOSTICS & PREVENTION			
Diagnostic and Preventive Services exams, cleanings, fluoride, and space maintainers	100%	100%	
Emergency Palliative Treatment to temporarily relieve pain	100%	100%	
Sealants to prevent decay of permanent teeth	100%	100%	
Brush Biopsy — to detect oral cancer	100%	100%	
Radiographs — X-rays	100%	100%	
BASIC SERVICES			
Minor Restorative Services fillings and crown repair	80%	80%	
Simple Extractions non-surgical removal of teeth	80%	80%	
Other Basic Services miscellaneous services	80%	80%	
MAJOR SERVICES			
Endodontic Services — root canals	50%	50%	
Periodontic Services — to treat gum disease	50%	50%	
Other Oral Surgery Services — dental surgery	50%	50%	
Major Restorative Services — crowns	50%	50%	
Relines and Repairs — to prosthetic appliances	50%	50%	
Prosthodontic Services — bridges, implants, dentures and crowns over implants	50%	50%	
ORTHODONTIC SERVICES			
Orthodontic Services — braces	50%	50%	
Orthodontic Age Limit	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 PREMIUMS

COVEDACE LEVEL	MONTHLY PREMIUMS	
COVERAGE LEVEL	BASIC	PREMIER
Team member only	\$18	\$42
Team member + spouse	\$37	\$85
Team member + child(ren)	\$57	\$123
Family	\$75	\$165





Questions?

If you have questions, please call customer service at 800-524-0149 or visit **deltadentalin.com**.

Find out more here.



vsp. vision care

Vision Service Plan

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

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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 PREMIUMS

COVERAGE LEVEL	MONTHLY Premiums
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: Old National 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)



You carryover 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 carryover up to \$640 of unused 2025 Healthcare FSA to use in 2026.

Need more help?

An FSA calculator is available **here**.

Questions?

For questions about your Flexible Spending Accounts, contact WEX at: <u>wexinc.com</u> or phone 866-451-3399.

To file a claim: FAX: 866-451-3245

EMAIL: customerservice@
wexhealth.com

Download the WEX app to learn more.

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 money by reducing your taxable income. 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)

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.

See a full list of eligible expenses here.
You may contribute from \$240 to \$3,300 to this FSA in 2025.

Limited-Purpose Healthcare FSA

If you enroll in an HDHP plan, you may contribute up to \$3,300 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 \$3,300 to this FSA in 2025.

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 in 2025. (If you are married filing separately, your maximum deposit is limited by the IRS to \$2,500 per person in 2025.)

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 \$325 for transit (e.g., train, bus, subway) or \$325 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.

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

FLEXIBLE SPENDING ACCOUNTS (FSAs)



Questions?

For questions about your Flexible Spending Accounts, contact WEX at: <u>wexinc.com</u> or phone 866-451-3399.

To file a claim: FAX: 866-451-3245

EMAIL: customerservice@
wexhealth.com

Download the WEX app to learn more.

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

2024 Carryover

Up to \$640 remaining in your Healthcare FSA can be carried over to the 2025 plan year to pay for eligible expenses after March 1. Dependent Care FSAs and TSAs are not eligible for a carryover. Any unused funds in these accounts will be forfeited at the end of the calendar year.

2025 Carryover

At the end of 2025, up to \$660 may be carried over to the 2026 plan year under the above terms.

2024 Filing Deadline

You have two months after yearend to submit your FSA claims from the previous plan year. You must submit all 2024 FSA claims by February 28, 2025.

GET THE HIGHEST QUALITY HEALTHCARE—AT THE BEST VALUE

- Qualify for the wellness discount on your medical premiums. Complete the online health assessment.
- 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 18 and 24 for details.)

LIFE AND AD&D BENEFITS



Questions?

Contact Unum at 800-421-0344.

The company understands the importance of protecting your income in the event of catastrophic events. You have a competitive array of basic and supplemental life insurance, AD&D insurance and disability coverage.

- **Life Insurance** Provides financial security for your spouse or other beneficiaries if you pass away while employed by the company.
- **Supplemental Life Insurance** Additional insurance 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 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, you may purchase supplemental coverage with rates based on your age. Coverage levels vary for full-time and part-time team members.

BENEFIT	BENEFIT COVERAGE TEAM MEMBERS		EMBERS
PROGRAM	COVERAGE	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 - \$10,000 per child	\$5,000 - \$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 may be required for certain coverage levels or changes. A link to the EOI form can be found on the enrollment portal.

LIFE AND AD&D BENEFITS



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. A link to the EOI form can be found on the enrollment portal.

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.

Long-Term Disability Pretax and Post-Tax Option During Enrollment

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

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.

INCOME PROTECTION BENEFITS





Unum

If you enroll, you may register for an account in January of 2025 at **unum.com**.

- 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.

A crisis can happen anytime. Group Accident, Critical Illness 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. The cost is 100% team-member paid.

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**.

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 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**.

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.

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)

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—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
TOTAL	\$451 per year	
POTENTIAL SAVINGS	\$3,236	

The monthly premium for the MetLife Legal plan is \$18.80.



MetLife partners 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
- 800-821-6400

Watch a videos on:

MetLife Legal Plans Digital Estate Planning Read More Here

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 before January 1, 2025, 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**.

ENROLLING IN YOUR BENEFITS



ALEX®

Learn more about ALEX **here** or scan the QR code below.



Open Enrollment is November 8-22

You must enroll if:

- You want to change your benefit coverage.
- You want to contribute to a Flexible Spending Account or Health Savings Account.
- · You are new to Old National Bank.

You do not have to enroll if you want to keep your 2024 benefits with your medical plan adjusting to new 2025 deductibles, and you do not want to participate in an FSA or HSA.

In the enrollment system, you may:

- Review your current enrollment elections.
- Change your benefit elections.
- Enroll in an FSA or HSA.

- Make qualified status changes.
- · Update your life beneficiaries.
- If you are enrolling for the first time, check that you and your dependents are eligible. (See page 5 for details.) If you are a new hire, or experience a qualified status change, be sure to enroll or make your changes within 31 days of hire or qualified event.

ALEX® is back!



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 2025—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 **start.myalex.com/onb**.

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 **start.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.

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ENROLLING IN YOUR BENEFITS

ALEX® is back!

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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**. You can also access Medicare content through the open enrollment ALEX conversation.



ADP Mobile App — Available Now

The ADP mobile app allows you to enroll in benefits for 2025, modify benefit elections and access and update payroll and tax information, as well as other personal information.

How to Enroll

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 2025 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.

Elections submitted and confirmed during open enrollment will be effective 1/1/2025.

ENROLLMENT CHECKLIST

- ▼ Review this 2025 Open Enrollment 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.
- **I** Review your current dependent(s) and beneficiaries and update if necessary.
- ✓ Print or save your 2025 benefit confirmation statement.

ENROLLING IN YOUR BENEFITS



View 2025 Compliance Notices here.

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 <u>MyHR</u> or by clicking on <u>MyHR</u> on the intranet homepage under Quicklinks.

DIRECTORY OF CONTACTS

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