



20 24 | EMPLOYEE BENEFITS GUIDE



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CONTENTS

Welcome	2
Eligibility	3
Benefit Costs	4
Enrolling in Your Benefits	5
Medical Plans	9
Virtual Visits with MDLIVE	11
Where to Go For Care?	12
Health Savings Account	13
Dental Plans	15
Vision Plan	17
Life and Accidental Death & Dismemberment	18
Disability Insurance	19
Critical Illness and Accident Insurance	20
Hospital Indemnity Insurance	21
Employee Assistance Program	22
Additional Voluntary Benefits	23
2024 Employee Contributions	24
Frequently Asked Questions	26
Benefit Resource Center	27
MyBenefits2GO App	28
Important Contacts	29

Please refer to official insurance policy and plan documents for more extensive information concerning your benefit plans. In the event of any conflict between this guide and the official plan document, the plan documents, policy and certificate of coverage will govern.



WELCOME

At InterLinc Mortgage Services, it's our employees who make the difference in our success. That's why, each year, you have the opportunity to choose from a variety of benefits that can make a real difference in your life. We offer a broad range of benefits, including health care, life insurance, disability insurance, and much more. You can customize a benefits program that's exactly right for your personal situation.

This guide provides a summary of your benefit options. Please review it carefully and make your elections during the Annual Open Enrollment Period, which will take place starting November 13 through November 30, 2023, for the 2024 plan year. All elections you make during this Annual Open Enrollment will take effect on January 1, 2024

New hires will have 30 days from date of hire to make benefit elections and those elections will be effective on the first of the month following date of hire. No changes can be made outside of Annual Open Enrollment unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.).

A few important items regarding your benefits enrollment – This is your opportunity to review your benefit plans and make any elections or changes needed for the 2024 plan year to ensure you and your family have the right coverage to fit your needs. This is an active enrollment, and it will require you to complete the enrollment process in its entirety to be enrolled for the 2024 plan year. If you do not take action or complete your enrollment prior to the Annual Open Enrollment deadline of November 30, you will forgo your opportunity to enroll in benefits for the 2024 plan year.

If you have any questions about your benefits choices or about how to enroll, please reach out to the human resources department to get the answers you need. Then you'll be sure to have the benefits you need for the year ahead.

ELIGIBILITY

If you work at least 30 hours per week, you are eligible for benefits. Most of your benefits are effective on the first of the month after your date of hire. You may also enroll your eligible dependents for coverage. This includes the following:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of student, dependency or marital status (grandchildren are not eligible)
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return

QUALIFIED LIFE EVENTS

Generally, you may only change your benefit elections during the Annual Open Enrollment period. However, since life happens, you may also change your benefit elections during the year if you experience a Qualified Life Event.

QUALIFYING LIFE EVENT		DOCUMENTATION NEEDED
Change in marital status	Marriage	Copy of marriage certificate
	Divorce / Legal Separation	Copy of divorce decree
	Death	Copy of death certificate
Change in number of dependents	Birth or adoption	Copy of birth certificate or copy of legal adoptions papers
	Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage

Changing Benefits After Annual Open Enrollment

During the year, you cannot make changes to your medical, dental, vision or Health Care elections unless you experience a Qualified Life Event. If you do not contact Human Resources within 30 days of the Qualified Life Event, you will have to wait until the next Annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).



BENEFITS COSTS

InterLinc pays the full cost of many of your benefits. For others, InterLinc and you share the cost, or you pay the full cost. Pretax means the cost comes out of your pay before taxes are deducted. After-tax means your cost comes out of your pay after taxes are deducted. The chart below shows who pays for each benefit and the related tax treatment.

BENEFIT	WHO PAYS	TAX TREATMENT
Medical, Prescription	InterLinc / You	Pretax
Dental	You	Pretax
Vision	You	Pretax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	InterLinc	N/A
Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance	You	After-tax
Disability Coverage	InterLinc	N/A
Additional Voluntary Benefits	You	After-tax



ENROLLING IN YOUR BENEFITS

START BY REGISTERING YOUR USER ACCOUNT

1. Visit compass.empyreanbenefits.com/Interlinc
 2. Click on **REGISTER**
 - Enter your: First, Last Name (as filed with employer)
 - Date of Birth
 - Social Security Number / Employee IDClick **NEXT** when finished
 3. Add a new user ID (for example, work email address).
 4. Create a new password with at least
 - Eight characters
 - One letter
 - One number
 - One symbol
 5. Set a security question and answer (at least six characters), in case you forget your password
 6. Read the terms of service agreement. To continue enrolling, click **I AGREE** at the bottom of the page.
- Note:** You only register once. Return and log in with your user ID and password. Our system recognizes you.

YOUR REGISTRATION IS COMPLETE HAVE THE FOLLOWING INFORMATION HANDY:

You will be asked to provide the following information for Dependents and Beneficiaries:

- Full names
- Dates of birth
- Social Security numbers

Note: Your Plan may require you to complete an Evidence of Insurability (EOI) during the enrollment process.

Contact Empyrean Employee Benefit Service Center at 800-641-3616 if you have difficulty completing registration or accessing the benefits portal.



LAUNCH YOUR ENROLLMENT

When you log in, you'll see a pending event screen.

- Click on **CONTINUE**.
- Begin on **My Information** step of the enrollment flow.
- Follow the prompts in each step.
- An indicator shows your progress per step.

STEP 1: MY INFORMATION- PERSONAL INFORMATION

1. Review your information (automatically populated).
2. Click the **EDIT** button to make changes.

Click **I'M DONE REVIEWING MY INFORMATION** when finished.

Make sure to finish your enrollment. Elections are NOT recorded in the system UNTIL you save and accept them and get confirmation.

CONTINUE YOUR ENROLLMENT

STEP 2: MY DEPENDENTS - MY FAMILY

1. To add Spouse and/or Child(ren), Click **ADD NEW**
2. Click the **PENCIL ICON** to make changes.

Make sure to finish your enrollment. Elections are NOT recorded in the system UNTIL you save and accept them and get confirmation.

Note: If proof of a dependent's relationship to you is required, **PENDING** appears in the Verification Status column.

USER TIPS:

- Your progress is saved when you click to continue to the next screen in the flow. You can log in later to finish your enrollment.
- Click **PREVIOUS** to review elections or make changes.



STEP 3: SELECT BENEFITS - SELECT YOUR BENEFITS PLANS

1. Choose to get help with selecting your medical plans

Note: if you do not want help with selecting your medical plans, you can click to skip to the Benefit Selection page and click **CHANGE** on the medical benefit tile to see options.

2. Choose your personalized medical plan by answering a 5-minute survey about your finances, health, and personality. Your answers will allow us to provide you with the best medical plan for you. (Employee Only, Employee + Spouse, etc.)
3. Click **THE CHECKBOX** next to the plan you want.

Click **I'M DONE WITH MY SELECTION** when finished.

Note: Plans provided by your employer at no cost to you, will not have a **CHANGE** button. Enrollment is automatic.

4. Click **THE CHECKBOX** to select eligible dependents to cover.

Click **I'M READY TO PROCEED** when finished.

Note: A previously eligible dependent that appears in Step 2 may not appear here, (for example, if they aged out). Otherwise, to add a dependent click on **PREVIOUS** and revisit Step 2 in this guide.

1. The plan you selected appears showing the cost per pay period for your coverage level (per dependents covered).
2. Review your selection. If it impacts other benefits, an alert (in the shaded box) will explain.
3. Click the arrow on the corner to see cost details

Click the **SAVE MY ELECTION** when finished.

4. Click **CHANGE** on another benefit tile to select or update a plan.
5. Repeat until all available benefits are selected or waived.

Click **I'M DONE WITH MY SELECTION** when finished.

Note: Elections screens vary per benefit (i.e., health vs. life vs. HSA or FSA).

STEP 4: EVENT REVIEW – REVIEW BENEFICIARY ALLOCATION

1. Review, update or change designated beneficiaries
 2. Click **ADD NEW BENEFICIARY** to add one.
 - o Click the **PENCIL ICON** to edit data
 - o To delete a beneficiary, click on the **X icon**.
 - o Click on **CHANGE ALLOCATION** to change allocations
- Note:
- A red warning sign/flag and message appears if:
 - o A (required beneficiary) is not designated;
 - o You didn't allocate a portion to each beneficiary;
 - o Less than 100% is allocated to primary beneficiary/ies.
 - o Follow message prompts.

STEP 5: EVENT REVIEW – EVIDENCE OF INSURABILITY (EOI) AND DEPENDENT VERIFICATION

1. If applicable, complete/provide EOI, and/or verify eligibility for any dependent added for coverage by uploading required document.
2. A check mark means additional verification is no required at this time.

Click **I'M READY TO FINALIZE MY ELECTIONS** when finished.

Note: A warning sign and message box will indicate pending actions. Follow message prompts to fulfill them.

If you continue enrolling without completing the pending actions, certain coverage may not fully apply until they are met.

STEP 6: EVENT REVIEW – A FINAL REVIEW

1. Carefully review cost summary, benefit elections, and dependent data for accuracy.
 - o A part of additional life insurance is pending EOI, and/or
 - o Proof (as required) of a dependent's relationship to you has not been provided
 2. Click the **PENCIL ICON** to make changes
- Click **SUBMIT MY ELECTIONS** when finished.
- One last pop-up message appears.
3. To continue reviewing or updating click on **DENY** or to confirm your enrollment click **ACCEPT**.

Note: When you click **ACCEPT**, updates are recorded into the system and ready to go into effect when annual enrollment closes.
If you do not click ACCEPT, pending updates will not take effect.

STEP 7: CONFIRMATION

1. Review the final confirmation summary and use the confirmation number for future reference.

Note: Total costs will not match approved costs in the first four columns if:
 - A part of additional life insurance is pending EOI, and/or
 - Proof (as required) of a dependent's relationship to you has not been provided.
2. To print for your records, click **PRINT**, or to print later, login and click **BENEFITS HISTORY**.

LOG OUT WHEN FINISHED.

Return to manage your benefits whenever you need. This includes creating a qualified life event to add/drop dependents or making benefit changes. You can do this by clicking **CHANGE YOUR CURRENT BENEFITS**.
CONGRATS! YOU'RE ENROLLED.



MEDICAL PLANS

Our medical coverage, administered by Blue Cross Blue Shield of Texas, provides you and your family the protection you need for everyday health issues or when the unexpected happens.

PREFERRED PROVIDER ORGANIZATION (PPO)

This type of plan lets you visit the doctor of your choice. Once you reach the Individual or Family out-of-pocket maximum in any calendar year, the plan will pay 100% of additional covered expenses you or your covered family members incur during the rest of that year.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

The HDHP is similar to the PPO in that you have the option to choose any provider when you need care. However, in exchange for a lower per-paycheck cost, you must satisfy a higher deductible that applies to almost all health care expenses, including those for prescription drugs. Once your deductible has been met, you will continue to pay a prescription copay until your out-of-pocket maximum is met, then the plan pays 100%.

For both types of plans above, you will spend less out of pocket when you use in-network providers and facilities. When your care is done in-network, you receive those services at a discounted contract rate. Cost of care when using out-of-network providers will likely be significantly higher.

MEDICAL BENEFIT SUMMARIES

MEDICAL	PPO 1	PPO 2	HDHP 1	HDHP 2	HDHP 3
	In-Network	In-Network	In-Network	In-Network	In-Network
	You Pay	You Pay	You Pay	You Pay	You Pay
Annual Deductible Individual Family	\$750 \$2,250	\$2,000 \$6,000	\$1,600 \$3,200	\$3,200 \$6,400	\$5,000 \$10,000
Deductible Type	Embedded	Embedded	Aggregate	Embedded	Embedded
Out-of-Pocket Maximum Individual Family	\$3,000 \$9,000	\$4,000 \$11,700	\$3,200 \$6,400	\$6,400 \$12,800	\$5,000 \$10,000
Member Coinsurance	20%	20%	20%	20%	0%
Office Visits Primary Care Physician Specialist Preventive Care	\$30 \$40 \$0	\$30 \$50 \$0	20%** 20%** \$0	20%** 20%** \$0	0%** 0%** \$0
Emergency Room	\$150 Copay, then 20%	\$150 Copay, then 20%	20%**	20%**	\$0**
Urgent Care	\$75	\$75	20%**	20%**	\$0**
Prescription Drugs Generic Preferred Brand Non-preferred Brand Specialty	\$20 \$40 \$60 \$15 / \$40 / \$60	\$15 \$40 \$60 \$15 / \$40 / \$60	20%** 20%** 20%** 20%**	20%** 20%** 20%** 20%**	\$0** \$0** \$0** \$0**
MAIL ORDER RX Generic Preferred Brand Non-preferred Brand Specialty	\$60 \$120 \$180 Not Covered	\$45 \$120 \$180 Not Covered	20%** 20%** 20%** 20%**	20%** 20%** 20%** 20%**	\$0** \$0** \$0** \$0**

*HDHP 1 has an aggregate deductible, meaning that you must pay all of the costs from providers up to the deductible amount before the plan begins to pay. If you have other family members on the plan, the overall family deductible must be met in aggregate before the plan begins to pay.

** After Deductible

VIRTUAL VISITS WITH MDLIVE

Getting sick after hours or on weekends used to mean a lengthy, costly trip to the emergency room or Urgent care center. But with your virtual visits benefit, provided by Blue Cross Blue Shield of Texas (BCBSTX) and powered by MDLIVE, the doctor is in 24/7/365. And you don't have to leave the comfort of your own home.

Virtual visits allow you to consult a doctor for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

WITH VIRTUAL VISITS, YOU GET:

- 24/7 access to an independently contracted, board-certified doctor.
- Access via online video, mobile app or telephone.
- If necessary, an e-prescription sent to your local pharmacy.

VIRTUAL VISITS DOCTORS CAN TREAT A VARIETY OF HEALTH CONDITIONS, INCLUDING:

- Allergies
- Ear Problems
- Pink Eye
- Asthma
- Fever (age 3+)
- Rash
- Cold/Flu
- Nausea
- Sinus Infections

ACTIVATE YOUR ACCOUNT OR SCHEDULE A VISIT



GO TO BLUE ACCESS FOR MEMBERS OR
MDLIVE.COM/BCBSTX

- Download the MDLIVE app from Apple Store or Google Play.
- Call MDLIVE at 888-680-8646
- Text BCBSTX to 635-483 and MDLIVE'S online assistant, Sophie, will help you activate your account

WHERE SHOULD I GO FOR CARE?

HELPING YOU CHOOSE THE RIGHT CARE CENTER

Do you know where to seek care when an unexpected health situation happens? Make sure you are ready when you have to make an urgent healthcare decision. Review some of the choices of care that are available, so you know where to go the next time you need treatment.

Being prepared is important because knowing where to go for care can help you receive faster treatment and an overall better experience.

Know Before You Go!



Telehealth

- Available 24 / 7 / 365
- Minor illnesses
- Minor infections
- Cold & flu
- Allergies
- After-hours care
- Via phone or web



Doctor's office

- Routine care
- Immunizations
- Flu shots
- General health management
- Easy point of entry to health care
- Knows your health history
- No costs for preventive care



Convenience Care Clinic

- Non-urgent condition when your doctor is unavailable
- Common infections
- Flu shots
- Minor cuts
- Cold or sore throat
- Earaches
- Conveniently located at stores such as CVS, Target, HEB, Kroger & Walgreens



Urgent Care Clinic

- Minor illness or injury and your doctor is not available
- You need care quickly, but it's not an emergency
- Sprains
- Strains
- Minor broken bones
- Minor infections
- Minor burns
- Shorter wait time than emergency room
- Xray & Lab Services
- Open evenings & weekends



Emergency room

- Immediate treatment of a very serious or critical condition
- Uncontrolled bleeding
- Large wounds
- Chest pain
- Signs of heart attack
- Spinal injuries
- Severe head injury
- Difficulty breathing
- Possible stroke

Do not ignore an emergency. If a situation seems life-threatening, take action

Call 911






Or your local emergency number right away



HEALTH SAVINGS ACCOUNT

An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pre-tax dollars- now or in the future. The HSA is administered by HSA Bank. Once you're enrolled, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan. Plus, your HSA can be used as another retirement savings tool. If you are an existing employee currently contributing to an HSA, you must actively update your contributions during Open Enrollment each year via the Empyrean portal.

HOW A HEALTH SAVINGS ACCOUNT (HSA) WORKS

	<p>Eligibility You must be enrolled in the High Deductible Health Plan.</p>
	<p>Your Contributions You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$4,150 for an individual or \$8,300 for family coverage. You can make an additional \$1,000 catch-up contribution if you are age 55+.</p>
	<p>Eligible Expenses Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members.</p>
	<p>Using Your Account Use the debit card linked to your HSA to cover eligible expenses or pay for expenses out of your own pocket and save your HSA money for future health care expenses.</p>
	<p>Remaining Funds Money left in your HSA at the end of the year will roll over to the next year - you'll never lose your HSA dollars. This means your HSA can be used as another retirement savings tool. If you leave InterLinc or retire, you can take your HSA with you and continue to pay and save for future eligible healthcare expenses.</p>

IMPORTANT HSA FACTS

- The money in your HSA is yours to keep. The money will grow year after year and remains with you, even if you change medical plans, leave the company, or retire.
- There is no “use-it-or-lose-it” rule associated with the HSA. Any funds left over in your account at the end of the plan year will carry into the next plan year.

2024 HSA Contribution Limits

Employee Only	\$4,150
Employee + 1 or More	\$8,300
Catch-Up (age 55+)	\$1,000



ADVANTAGES OF USING A HEALTH SAVINGS ACCOUNT



HSAS OFFER A TRIPLE TAX ADVANTAGE

- Contributions to your HSA are not taxed.
- Funds in your HSA grow tax-free.
- Any withdrawals for qualified medical expenses are also tax-free.



SAVE MONEY ON YOUR MEDICAL PREMIUM

HSA plans have a higher deductible than other plans, but they come with much lower premiums. This savings is especially apparent to someone who pays the premiums all year long but doesn't actually go to the doctor or use medical services very often. For this person, the premium can feel like money out the window.

Based on premium savings alone, some HSA owners see 20-40% savings in the cost of maintaining insurance coverage each year. Over the years, a healthy person can save some serious money!



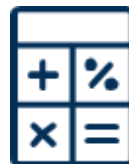
YOU RETAIN WHAT YOU DON'T SPEND

Unlike a "use it or lose it" FSA, your HSA funds are protected. Any money you don't use at the end of the year rolls over to the next year. Your balance can keep growing year over year!



YOUR MONEY (AND YOUR EMPLOYER'S MONEY) IS YOURS TO KEEP!

You always have access to the money in your account, including what your employer contributes. Even if you lose your health insurance, the account stays with you. Your HSA is portable. It goes with you even if you get a new job with a different employer or leave the workforce.



YOU DON'T NEED A CRYSTAL BALL

Even so, it's a good idea to try to plan for what you may spend on healthcare. When you contribute to your HSA, you'll have money to cover any surprising or not-so-surprising qualified medical expenses.



YOU CAN INVEST YOUR HSA \$\$\$

You can invest your HSA balance in a variety of mutual funds.

The best part is, the money you earn through investing generally is income tax-free. You can use that money for future medical expenses, or even for retirement.



IT'S ABOUT YOUR FAMILY, TOO

You can use your HSA to pay for the qualified medical expenses of anyone you claim on your taxes, even if you're only enrolled with single coverage.

DENTAL PLANS

Your dental health is an important part of your overall wellness. Dental insurance gives you a reason to smile. It's affordable and covers preventive care(including regular checkups) as well as fillings, bridges, crowns and other dental services.

Prior to enrolling in either DPPO plan with BCBSTX, it is important to verify if your preferred dentist is participating in the network. If you enroll in either DPPO plan, administered by BCBSTX, you may visit any dentist you choose, but in-network providers offer large discounts and can file the claims on your behalf. If you prefer to see an out-of-network provider, keep in mind, since they are not under contract, they may charge you for any amount billed in excess of the negotiated discounted rate.

Dental benefits are effective on the first of the month following your date of hire. The amount of pay for coverage is based on who you cover, and which plan you choose.

	DPPO LOW PLAN	DPPO HIGH PLAN
	IN-NETWORK	IN-NETWORK
Calendar Year Deductible Individual Family	\$50 \$150	\$50 \$150
Annual Benefit Maximum	\$1,250 per covered individual	\$1,500 per covered individual
	YOU PAY	YOU PAY
Diagnostic & Preventive Care Exams, Cleanings, X-Rays, Fluoride Treatments, Space Maintainers	0%	0%
Basic Services Fillings, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	20%	20%
Major Procedures Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	50%	50%
ORTHODONTIA		
24-Month Treatment Fee - Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding		
Children (up to 26 th birthday)	Not Covered	50% up to a lifetime maximum benefit of \$1,500 per individual; deductible waived



Finding a Dentist
In-Network

To find a dentist in your network, visit bcbstx.com. Select "Find a dentist" under "Find Care" and select BlueCare Dental under "Providers in Your Network"

BCBSTX Dental PPO Plans – Additional Details

YOU HAVE THE FLEXIBILITY TO CHOOSE THE PLAN THAT CAN BEST MEET YOUR NEEDS.

Both plans can meet your needs; the difference is how out-of-network benefits are reimbursed. If you visit a dentist in the BCBSTX network, you will receive the most savings through the Low Plan. If there is a possibility of using an out-of-network dentist, then the High Plan offers the highest out-of-network reimbursement.

HERE'S HOW THIS BENEFIT WORKS:

- Option to switch plans each year at annual enrollment time
- Save an average of 30% over what dentists usually charge by using network providers

	LOW PLAN	HIGH PLAN
Out-of-Network	<ul style="list-style-type: none"> • Benefits are based on the discounted fee schedules agreed upon by our network dentists. • Any amount that is charged over the fee schedule is the responsibility of the patient 	<ul style="list-style-type: none"> • Benefits are based on usual, customary and reasonable (UCR) charges that dentists in your area charge for each procedure.

VISION PLAN

You may elect vision care coverage, which provides affordable, quality vision care nationwide. Although vision care services and supplies are covered in and out-of-network, your benefits are generally greater when you utilize in-network providers. Your costs are based on the family members you choose to cover. The vision plan is administered by Blue Cross Blue Shield of Texas while utilizing EyeMed Vision Care Network. Visit eyemedvisioncare.com/bcbstxvis or call to 855-556-8796 to find a network provider in your area.

	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENTS
EYE EXAMINATION	\$10 copay	Up to \$30 allowance
MATERIALS	\$25 copay	Up to \$30 allowance
LENS OPTIONS		
Single Lenses	\$25 copay	Up to \$25 allowance
Bifocals	\$25 copay	Up to \$40 allowance
Trifocals	\$25 copay	Up to \$55 allowance
Frames	\$150 allowance*	Up to \$75 allowance
CONTACT LENSES		
Contacts – Medically Necessary	\$0 copay, covered in full \$150 allowance**	Up to \$210 allowance
Contacts – Conventional or Disposable		Up to \$120 allowance
BENEFIT FREQUENCY		
Exams	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months
Contacts	Once every 12 months	Once every 12 months

*Frames are eligible for 20% off balance of allowance

**Conventional contacts are eligible for 15% off balances over allowance. Disposable contacts receive 100% off balance over allowance.

As an EyeMed member, you are eligible to receive LASIK procedures at 15% off retail pricing or 5% off promotional pricing. For LASIK providers, call 855-556-8796.



GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY

When you are first eligible for Voluntary Life and AD&D, you may purchase up to \$150,000, the Guaranteed Issue (GI) amount, without proof of good health – also known as Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective. The GI limit for your spouse is \$50,000.



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) COVERAGE

It's important to give some serious thought to what expenses and income needs your dependents would have if something happened to you. To make sure you have financial protection, InterLinc offers several different types of Life and AD&D insurance, administered by Prudential.

Basic Life insurance: This coverage is provided at no cost to you, and you are automatically enrolled even if you don't elect medical. If you purchase additional Life insurance for yourself, you may also purchase coverage for your spouse and dependent children.

AD&D is provided as part of your Basic Life coverage and provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

	COVERAGE AMOUNT
Employee	Flat \$25,000

VOLUNTARY LIFE AND AD&D COVERAGE

Voluntary Life insurance for you, your spouse and children can help protect your family during difficult times. Eligible employees may purchase Voluntary Life and AD&D for themselves and their family.

	COVERAGE AVAILABLE
Employee	Increments of \$25,000 up to a maximum of \$500,000
Spouse	Increments of \$5,000 up to \$100,000 - not to exceed 50% of Employee coverage.
Child(ren)	Flat \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000. \$1,000 for children 15 days to 6 months. \$100 for children under 15 days.

DISABILITY INSURANCE

If you have a serious injury or illness that keeps you from working, how would you pay your bills? Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury. Disability insurance is administered by Prudential.

SHORT-TERM DISABILITY (STD)

Pregnancy, a scheduled surgery or an unplanned illness or injury could keep you off the job and without income for an extended period. STD can protect part of your paycheck should you become disabled. STD is provided at no cost to you. You are automatically covered as a full-time employee – no enrollment is needed.

	BENEFIT
Short-Term Disability	<ul style="list-style-type: none">• 60% of your weekly earnings to a \$2,000 maximum for 11 weeks.• Benefit begins after 14 days of disability

LONG-TERM DISABILITY (LTD)

LTD makes sure you have a portion of your income replaced if you can't work for an extended period due to a non-work-related illness or injury. This coverage is coordinated with other benefits you may receive while disabled, such as Social Security and Worker's Compensation. LTD payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. Certain exclusions and pre-existing condition limitations may apply. LTD is provided at no cost to you. You are automatically covered as a full-time employee – no enrollment is needed.

	BENEFIT
Long-Term Disability	<ul style="list-style-type: none">• 60% of your monthly earnings to a \$6,000 maximum.• Benefit begins after 90 days of disability and payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.



CRITICAL ILLNESS INSURANCE

Critical Illnesses can have a huge impact on your life. A critical illness can keep you from working and can make it difficult to do simple, everyday things. Critical Illness insurance, administered by MetLife, can help reduce your stress – financially and mentally – while you recover from your illness. These illnesses can include, but are not limited to, the following:

- Heart Attack
- Multiple Sclerosis
- Alzheimer’s Disease
- Stroke
- Parkinson’s Disease
- Major Organ Failure

HOW THE PLAN WORKS

Critical Illness insurance pays a fixed one-time benefit amount if you are diagnosed with a covered disease or illness after your coverage effective date. You can use this money for any purpose you like. It can help pay for expenses not covered by your health care plan (such as your deductible or copays), lost income, child-care, travel to and from treatment, home health care costs or any of your regular household expenses.

TOTAL CRITICAL ILLNESS BENEFIT PAID: \$15,000		
	Benefit Amount	Guaranteed Issue Amount
Employee	\$15,000 or \$30,000	Coverage is guaranteed, provided you are actively at work.
Spouse	100% of Employee Amount	Coverage is guaranteed, provided you are actively at work.
Children		

ACCIDENT INSURANCE

Just as it sounds, Accident insurance can help you pay for costs you may incur after an accidental injury. This type of injury includes things such as a car accident, a fall while skiing or even a fall down the stairs at home. This benefit is paid regardless of any other insurance coverage you might have (including your medical coverage). Accident Insurance is administered by MetLife.

- Emergency Room Visits
- Hospital Stays
- Fractures and Dislocations
- Medical Exams
- Physical Therapy
- Transportation and Lodging

HOW THE PLAN WORKS

Again, these benefits are in addition to any health insurance benefits you may receive. The benefit amount is paid directly to you. You can use this money in any way you like, including deductibles, child-care, housecleaning, groceries, utilities, or any purpose that can help you meet your personal, financial or household needs.



HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance pays cash benefits directly to you if you are admitted to the hospital for a covered inpatient stay - no matter the reason. Hospital Indemnity insurance is administered by MetLife.

HOW THE PLAN WORKS

Simply complete a claim form and submit it with attached copies of your receipts for any covered items (see the plan you choose for details). You are then issued a check that you can use as you see fit. Benefits are paid in a lump sum directly to you, and amounts are fixed and determined by your policy, regardless of the amount of expenses incurred.

1. Receive Care
2. Submit a Claim
3. Receive a Check

You can use the money to pay for everyday expenses or for health care expenses that aren't covered by your medical plan (for example, your deductible, copays and/or coinsurance). You can also use this payment to help with other expenses like transportation and meals for family members, help with childcare, and other expenses you may have.

EMPLOYEE ASSISTANCE PROGRAM

LIFE IS NOT ALWAYS EASY. SOMETIMES A PERSONAL OR PROFESSIONAL ISSUE CAN GET IN THE WAY OF MAINTAINING A HEALTHY, PRODUCTIVE LIFE.



YOUR EMPLOYEE ASSISTANCE PROGRAM (EAP) CAN BE THE ANSWER FOR YOU AND YOUR FAMILY

Planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges.

CONFIDENTIAL COUNSELING SESSIONS

A confidential session with a counselor is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call any time with personal concerns, including:

- Alcohol and Drug Abuse
- Depression
- Grief and Loss
- Job Pressures
- Marital and Family Conflicts
- Stress and Anxiety

FINANCIAL INFORMATION, RESOURCES AND TOOLS

Financial Issues can arise at any time, from dealing with debt to saving for college. Financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- Estate Planning
- Getting Out of Debt

- Saving for College
- Tax Questions

LEGAL INFORMATION, RESOURCES, AND CONSULTATION

When a legal issue arises, attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

- Bankruptcy
- Civil Lawsuits
- Criminal Actions
- Contracts
- Debt Obligations
- Divorce and Family Law
- Landlord and Tenant Issues
- Real Estate Transactions

CONTACT GUIDANCERESOURCES

If you need assistance:

Call - 800.311.4327

Visit - www.guidanceresources.com

WebID - GEN311



ADDITIONAL VOLUNTARY BENEFITS

IDENTITY THEFT INSURANCE

Unfortunately, identity theft is on the rise. But identity theft monitoring through ID Watchdog can help outsmart these criminals, preventing fraud, detecting fraudulent activity on a daily basis, and resolving identity theft issues you may face. Also included is a \$25,000 identity fraud insurance policy to cover out-of-pocket expenses relating to your identity theft.

LEGAL ASSISTANCE PROGRAM

Whether you need a simple will, or your legal needs are more extensive, this program, administered by Hyatt Legal Plans, offers affordable legal services for a wide variety of legal matters. You'll have access to more than 9,000 attorneys nationwide. Telephone and in-person legal consultations are available. And your coverage is portable, so you can continue to take advantage of low rates even if you leave InterLinc.

PET INSURANCE

Let's not forget about our furry friends ! Veterinary Pet Insurance (VPI) administered by Nationwide, helps offset the cost of caring for your pet with more than 6,400 covered medical treatments. VPI covers everything from preventive care to accidents and illness, as well as the costs of X-rays, office visits, medications, surgeries and hospital stays. You can either choose your own vet or use a licensed vet in the VPI network. The cost of coverage depends on your pet's age, species, and the coverage level that you select.

Please refer to the benefit summary in the Empyrean Benefits Portal for details of this coverage.

2024 EMPLOYEE CONTRIBUTIONS



INTERLINIC DEFINED CONTRIBUTIONS	
Employee	\$685.00
Employee + Spouse	\$780.00
Employee + Child(ren)	\$848.00
Employee + Family	\$1,280.00

EMPLOYEE MEDICAL MONTHLY CONTRIBUTIONS					
	\$5,000 HDHP	\$3,200 HDHP	\$1,600 HDHP	\$2,000 PPO	\$750 PPO
Employee	\$0.00*	\$0.00*	\$73.20	\$106.79	\$147.78
Employee + Spouse	\$485.74	\$528.65	\$683.32	\$748.17	\$827.25
Employee + Child(ren)	\$371.82	\$413.18	\$562.24	\$624.73	\$700.94
Employee + Family	\$602.20	\$666.04	\$896.03	\$992.45	\$1,110.05

EMPLOYEE DENTAL MONTHLY CONTRIBUTIONS		
	DPPO Low Plan	DPPO High Plan
Employee	\$26.75	\$34.60
Employee + Spouse	\$51.74	\$67.00
Employee + Child(ren)	\$56.13	\$81.94
Employee + Family	\$86.57	\$123.12

EMPLOYEE VISION MONTHLY CONTRIBUTIONS	
Employee	\$6.83
Employee + Spouse	\$12.98
Employee + Child(ren)	\$13.66
Employee + Family	\$20.08

2024 EMPLOYEE CONTRIBUTIONS (CONT.)



VOLUNTARY LIFE and AD&D – PER \$1,000		
COVERAGE	AGE	RATE
Employee & Spouse Voluntary Life Rates	<30	\$0.044
	30-34	\$0.055
	35-39	\$0.078
	40-44	\$0.112
	45-49	\$0.167
	50-54	\$0.262
	55-59	\$0.410
	60-64	\$0.567
	65-69	\$0.934
	70-74	\$1.503
	75+	\$1.503
	RATES PER \$1,000	
Employee AD&D Rate	\$0.017	
Spouse AD&D Rate	\$0.017	
	VOLUNTARY LIFE	VOLUNTARY AD&D
Dependent Child Rates	\$0.273	\$0.017

2024 EMPLOYEE CONTRIBUTIONS (CONT.)

CRITICAL ILLNESS - PER \$1,000				
AGE	EMPLOYEE	SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
<30	\$0.36	\$0.73	\$0.83	\$1.19
30-34	\$0.39	\$0.80	\$0.85	\$1.26
35-39	\$0.55	\$1.14	\$1.02	\$1.60
40-44	\$0.79	\$1.66	\$1.26	\$2.13
45-49	\$1.21	\$2.54	\$1.67	\$3.01
50-54	\$1.81	\$3.84	\$2.28	\$4.30
55-59	\$2.63	\$5.63	\$3.09	\$6.10
60-64	\$3.68	\$8.00	\$4.14	\$8.46
65-69	\$5.30	\$11.65	\$5.77	\$12.11
70-74	\$7.95	\$17.54	\$8.41	\$18.00
75+	\$12.28	\$26.66	\$12.74	\$27.12

ACCIDENT - MONTHLY RATE		
	LOW RISK	HIGH RISK
Employee	\$6.41	\$12.25
Employee + Spouse	\$12.70	\$24.32
Employee + Child(ren)	\$13.20	\$25.18
Employee + Family	\$16.52	\$31.52

HOSPITAL - MONTHLY RATE		
	LOW RISK	HIGH RISK
Employee	\$11.38	\$23.14
Employee + Spouse	\$22.10	\$44.94
Employee + Child(ren)	\$20.59	\$41.87
Employee + Family	\$35.03	\$71.24

DON'T LET YOUR EMPLOYEE BENEFITS CONFUSE YOU



BENEFIT RESOURCE CENTER (BRC)

The BRC is available to all employees on our benefits plan, as well as their covered dependents. The BRC is your toll-free one-call benefits information hotline. The BRC is staffed with experienced Benefit Specialists who have specific knowledge of *your* plans. These specialists will be able to:

- Answer benefit plan/policy questions
- Assist with eligibility and claim problems with carriers
- Provide claim appeals information and explain the process
- Explain allowable family status election changes (adding newborns, marriage, divorce, etc.)
- Provide vendor plan contact information
- Help you understand your Explanation of Benefits
- Assistance with finding a Primary Care Physician
- Assistance with the Wellness Plan

CONTACT THE BENEFIT RESOURCE CENTER



By phone: **855-874-0110**
(Toll-Free)
8 AM - 5 PM CT Mon - Fri

Via Email:
BRCSouthwest@usi.com
24 / 7



**BENEFITS CAN BE CONFUSING. YOU DON'T HAVE TO FEEL OVERWHELMED.
LET THE BRC HELP YOU GET THE MOST VALUE FROM YOUR PLANS.**

BENEFITS INFORMATION WHEN YOU NEED IT MOST

InterLinc Mortgage Services

FIND IT IN THE APP STORE

Search for 'MyBenefits2GO' and download our free app.

Enter this code when prompted:

D47941

HIGHLIGHTS OF THE MyBenefits2GO APP

- Access benefits information on the go
- Convenient contact information for Carriers and HR
- Organized plan information in one place
- View the most updated plan information
- Store your ID cards in the app



MyBenefits2GO: FREE MOBILE BENEFITS APP FOR ANDROID AND IPHONE

The MyBenefits2GO app gives you on-the-go access to your benefit and insurance policy details, HR contact information and more!

The app is a quick and simple way for you and your enrolled dependents to access benefit summaries and other important information about our group plans. Store photos of ID cards in the app and easily locate carrier and HR contact information—all in one place. The MyBenefits2GO app is free for iPhone and Android.

GETTING IN TOUCH

The app provides employees and their enrolled dependents single-point contact information for benefits resources and insurance carriers.

LIGHTENING WALLETS

The app allows you to store and share images of your ID cards, freeing up space and giving you access when you need it.

KEEPING UP-TO-DATE

The app automatically connects you with the most updated plan information and allows for message reminders from your employer.

STAYING ORGANIZED

The app gives you access to benefit plan information and ID cards—all in one place.

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IMPORTANT CONTACTS

COVERAGE	CARRIER	PHONE	WEBSITE
Benefit Enrollment Portal	Empyrean Benefits	800-641-3616	Compass.emyreanbenefits.com/ Interlinc
Medical & Prescription Drug	BCBSTX	800-521-2227	www.bcbstx.com
Health Savings Account	HSA Bank	800-357-6246	www.hsabank.com
Dental	BCBSTX	800-521-2227	www.bcbstx.com
Vision	BCBSTX	855-556-8796	eyemedvisioncare.com/bcbstxvis
Life and AD&D	Prudential	888-598-5671	www.prudential.com/mybenefits
Disability	Prudential	888-598-5671	www.prudential.com/mybenefits
Critical Illness	MetLife	800-438-6388	www.metlife.com/mybenefits
Accident Insurance	MetLife	800-438-6388	www.metlife.com/mybenefits
Hospital Insurance	MetLife	800-438-6388	www.metlife.com/mybenefits
Employee Assistance Program	GuidanceResources	800-311-4327	www.guidanceresources.com Web ID: GEN311
Identity Theft	ID Watchdog	866-513-1518	www.idwatchdog.com
Legal Assistance Program	Hyatt Legal Plans	800-821-6400	info.legalplans.com
Pet Insurance	Nationwide	877-738-7874	www.petinsurance.com
Virtual Visits - MDLIVE	MDLive	888-680-8646	www.MDLIVE.com/bcbstx

NOTES



This InterLinc Benefits Guide is not intended as a complete description of InterLinc's employee benefit plans and constitutes only a summary. The controlling provisions are provided in specific policies, and this summary does not modify those provisions or benefits in any way. Benefit plan exclusions, limitations, and/or reductions may apply. Each plan is governed by master insurance policies, insurance contracts and plan documents. If there is any difference in this summary, the legal contracts, policies and plan documents will govern.

For full copies of benefit summaries and plan documents please contact the HR Department.