

2025



EMPLOYEE BENEFITS GUIDE

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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 Open Enrollment period of November 4 – November 15, 2024. All elections you make during the Open Enrollment period will be effective on January 1, 2025. New hires have 30 days to make benefit elections and your elections will be effective on the first of the month after date of hire. No changes can be made outside of Open Enrollment unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.). Additional details on Qualified Life Events are located on page 4.

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 2025 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 in order to be enrolled for the 2025 plan year. If you do not take action, or complete your enrollment prior to the Open Enrollment deadline of November 15th, you will forgo your opportunity to enroll in all benefits for 2025.

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.

If you work at least 30 hours per week, you are eligible for benefits. Benefits are effective the first of the month following 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 Open Enrollment period. However, since life happens, you also may 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 adoption 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 coverage 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 OPEN ENROLLMENT

During the year, you cannot make changes to your medical, dental, vision or health care options 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).

BENEFIT 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





START BY LOGGING INTO YOUR ACCOUNT

1. Visit www.benselect.com/INTERLINC
2. Under "Employee ID/Username" - enter your Social Security number with NO DASHES.
Enter your PIN: Your Pin will be the last four (4) digits of your Social Security number and last two (2) numbers of your birth year.
 - Example SS # 987-65-4321 Birth Year: 1984 PIN Example: 432184



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 Benefits Communication Group Service Center at 888-705-5968 if you have difficulty completing registration or accessing the benefits portal.

ALWAYS USE NEXT OR BACK at the bottom of the screen for the OPTIMAL use of website navigation.



LAUNCH YOUR ENROLLMENT

When you log in, you'll see a Review Information on the Personal Information Page.

- For updates or changes please log into Paycom self-service or contact HR.

Spouse & Dependents page

- Click Add ("Plus" icon at top right of table) to add your spouse and/or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan.
- Click the Pencil icon next to your dependent for any changes or updates or delete with the X
- Click "SAVE"
- Click the NEXT button when you are finished.



SELECT YOUR BENEFITS PLANS

Start enrollment by clicking NEXT

- Medical
 - The option to enroll will be shown for each plan available to you. It will include tier levels if you'll be including dependents to coverage. The Per Pay Period cost is also listed. You will also have the option to decline coverage as well.
 - Make your selection and click Next.
 - If you select a tier that includes spouse or dependents, but have not entered their information into the system, you'll receive an error message. At the top of the page, you'll see "You & Your Family" select Spouse and Dependents to add applicable dependents and hit next.
- These steps apply for all benefit offerings.
- For each benefit selection, you'll have the option to Review.
 - If you need to make changes, click the BACK button.
 - To Confirm and move forward, select NEXT.



BASIC LIFE A&D INSURANCE

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add (Plus sign) if you do not see the desired person.
- You may change the percentages, as long as they add up to 100%.
- Clicking *All living children* will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.

Note: Editing a beneficiary that is of a coverable type (such as spouse or child) will edit that dependent's information as well. For this reason, it is recommended to add a new beneficiary rather than edit one that is already in the list as a dependent.



VOLUNTARY LIFE - EOI

- Select the desired amount of coverage for Voluntary Life Insurance.
- If you select above the Guaranteed Issue amount for Voluntary Life Insurance the Benefit Amount Indicator will change from Green to Red. This means you will need to fill out the Click Here Link to complete the Evidence of Insurability form on Mutual of Omaha's website. Complete the form online and go back continue your enrollment.
- Once you have elected your amount, hit next.
- You will be required to add or update a beneficiary for this benefit.
- The amount above the Guaranteed Issue amount will show as pending on the confirmation statement.



FINAL REVIEW

Sign and Submit screen will show all benefits selected along with the total contribution amounts.

You can make changes at this point by clicking on each benefit. If no changes are needed click Next.

A confirmation statement will appear that needs to be signed with the same PIN from logging in.

3. Enter your PIN: Enter the last four (4) digits of your Social Security number and last two (2) numbers of your birth year.
 - Example SS # 987-65-4321 Birth Year: 1984
PIN Example:432184
4. The confirmation statement can be downloaded for record keeping purposes.
5. A confirmation statement will be sent to the email on file overnight.
6. Log out when finished.



Our medical coverage, administered by Cigna Healthcare, 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 like 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 your deductible which applies to all health care expenses, including those for prescription drugs (Preventive care is covered at 100%, no deductible applies). Once your deductible has been met, you will be responsible for the coinsurance 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 medical care is obtained from an in-network facility or provider, you receive those services at a discounted contract rate. Cost of care when using out-of-network providers will be significantly higher.



MEDICAL PLAN COMPARISON

	PPO 1	PPO 2	HDHP 1	HDHP 2	HDHP 3
	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK	IN-NETWORK
CALENDAR YEAR DEDUCTIBLE					
Individual	\$750	\$2,000	\$1,650	\$3,300 [^]	\$5,000
Family	\$2,250	\$6,000	\$3,300	\$6,400	\$10,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)					
Individual	\$3,000	\$4,000	\$3,300	\$6,400	\$5,000
Family	\$9,000	\$11,700	\$6,600	\$12,800	\$10,000
	YOU PAY	YOU PAY	YOU PAY	YOU PAY	YOU PAY
COPAYS/COINSURANCE					
Preventive Care	\$0	\$0	\$0	\$0	\$0
Primary Care Physician	\$30	\$30	20%**	20%**	\$0**
Specialist	\$40	\$50	20%**	20%**	\$0**
Urgent Care	\$75	\$75	20%**	20%**	\$0**
Emergency Room	\$150 + 20%*	\$150 + 20%*	20%**	20%**	\$0**
PHARMACY					
RETAIL RX (UP TO 30-DAY SUPPLY)					
Generic	\$20	\$15	20%**	20%**	\$0**
Preferred Brand Drugs	\$40	\$40	20%**	20%**	\$0**
Non-Preferred Brand Drugs	\$60	\$60	20%**	20%**	\$0**
Specialty Drugs	\$20/\$40/\$60	\$15/\$40/\$60 copay	20%**	20%**	\$0**
MAIL ORDER RX (UP TO 90-DAY SUPPLY)					
Generic	\$60	\$45	20%**	20%**	\$0**
Preferred Brand Drugs	\$120	\$120	20%**	20%**	\$0**
Non-Preferred Brand Drugs	\$180	\$180	20%**	20%**	\$0**

[^] If you elect employee only coverage under this plan, the individual deductible is \$3,200. If you elect any other tier of coverage under this plan (employee plus any dependents), the individual deductible is \$3,300 per IRS regulations.

*Deductible Waived

** After deductible

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 Cigna Healthcare 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 (age 12+)
- Pink eye
- Asthma
- Fever (age 3+)
- Rash
- Cold/flu
- Nausea
- Sinus infections

ACTIVATE YOUR ACCOUNT OR SCHEDULE A VIRTUAL VISIT

- Call MDLIVE at 888-726-3171
- Access MDLIVE by logging into myCigna.com and clicking on "Talk to a doctor"



HSA

An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars — now or in the future. The HSA is administered by HSA Bank. Once you're enrolled in the HSA, 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, each year, during Open Enrollment, you must actively update your contributions in the ViaBenefits portal.

HOW A HEALTH SAVINGS ACCOUNT WORKS

ELIGIBILITY

You must be enrolled in the High Deductible Health Plan.

CONTRIBUTIONS

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximums to \$4,300 for an individual and \$8,550 for family coverage. You can make an additional \$1,000 catch-up contribution if you are age 55+.

ELIGIBLE EXPENSES

Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members.

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.

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 health care expenses.

YOUR HSA IS ALWAYS YOURS — NO MATTER WHAT!

One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave InterLinc or retire, your HSA goes with you!

THE TRIPLE TAX ADVANTAGE

- 1 You can use your HSA funds to cover qualified medical expenses, plus dental and vision expenses too — or retire — tax-free.
- 2 Unused funds grow and can earn interest over time — tax-free.
- 3 You can save your HSA funds to use for your health care when you leave InterLinc or retire — tax-free.

THE HDHP AND HSA: HOW THEY WORK TOGETHER

Your contributions help to cover a portion of your deductible and coinsurance.

FREE IN-NETWORK PREVENTIVE CARE

To emphasize the importance of wellness, preventive care is covered at 100%, if you receive this care from in-network providers.

DEDUCTIBLE

You pay for your initial medical costs until you meet your annual deductible. This deductible is higher compared to the other medical plan, but offset by your HSA contributions.

COINSURANCE

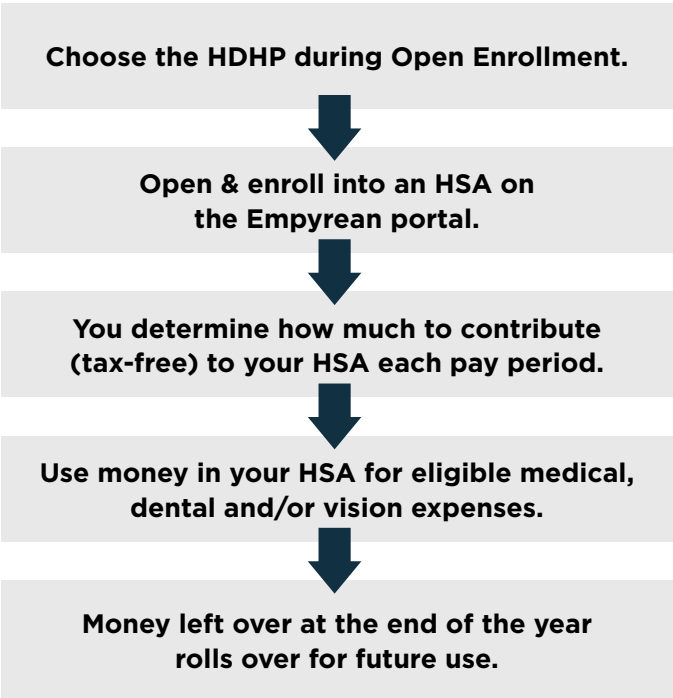
Once the deductible is met, you will pay coinsurance – a percentage of eligible health care expenses – until you meet the out-of-pocket maximum.

OUT-OF-POCKET MAXIMUM

The plan limits the total amount you'll pay each year. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible, in-network expenses for the remainder of the year.

HOW THE HSA WORKS

Please note: Funds available for reimbursement are limited to the balance in your HSA.



Yolanda enrolls herself only in the HDHP with HSA. She chooses to use her HSA to pay for covered services — this reduces her out-of-pocket amount needed to meet her deductible before her health plan begins to pay.

YEAR 1 EXAMPLE	YEAR 2 EXAMPLE
Yolanda contributes a total of \$3,850.	She contributes \$3,850 for a total of \$7,000. (\$3,150 + \$3,850)
She uses her HSA to pay \$700 of eligible expenses.	She uses her HSA to pay \$1,250 of eligible expenses.
She has \$3,150 in her HSA to roll over to next year!	She has \$5,750 in her HSA to roll over to next year!



DENTAL

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 dental plan administered by Cigna Healthcare, it is important to verify if your dentist is participating in the network. Under either plan below, 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 the amount over the negotiated discounted rate (balance bill).

	DPPO LOW PLAN	DPPO HIGH PLAN
	IN-NETWORK	IN-NETWORK
CALENDAR YEAR DEDUCTIBLE		
Individual	\$50	\$50
Family	\$150	\$150
ANNUAL BENEFIT MAXIMUM		
Per Individual	\$1,250	\$1,500
	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 26th 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 mycigna.com. Click on Search for a provider, Click Dental, and choose the TOTAL CIGNA DPPO. You can even access enhanced search tools including verified patient reviews, Brighter Scores and a treatment cost estimator that shows costs specific to your plan.

CIGNA DPPO 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 TOTAL CIGNA DPPO 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.



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 Mutual of Omaha while utilizing EyeMed Vision Care Network. Visit www.mutualofomaha.com/vision or call to 833-279-4358 to find a network provider in your area.

	VISION PLAN	
	IN-NETWORK	OUT-OF-NETWORK
	YOU PAY	REIMBURSEMENT UP TO
COST		
Exam	\$10 copay	Up to a \$37 allowance
Materials	\$25 copay	N/A
COVERED SERVICES — LENSES		
Single Lenses	\$25 copay	Up to a \$25 allowance
Bifocals	\$25 copay	Up to a \$40 allowance
Trifocals	\$25 copay	Up to a \$55 allowance
Frames	\$150 allowance*	Up to a \$75 allowance
COVERED SERVICES — CONTACTS IN LIEU OF FRAMES/LENSES		
Contacts - Medically Necessary	\$0 copay, covered in full	\$210 allowance
Contacts - Conventional or Disposable	\$150 allowance**	\$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. Participating Providers can be found by searching the U.S. Lasik Network.

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 Mutual of Omaha.

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 LEVEL	COVERAGE AMOUNT
Employee	Flat \$25,000

VOLUNTARY LIFE AND AD&D COVERAGE

Voluntary Optional 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 FOR	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.

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.

DISABILITY

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 Mutual of Omaha.

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.

COVERAGE	BENEFIT
Short-Term Disability	<ul style="list-style-type: none">• 60% of your weekly earnings to a max of \$2,000 per week.• Benefits payable up to a maximum of 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 and no enrollment is needed.

COVERAGE	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.

A qualifying disability is a sickness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.

AN EXAMPLE: HOW STD AND LTD CAN WORK TOGETHER

Let's say you have an accident on the ski slopes and you must be away from work due to your injuries. Here's how your disability benefits would work:



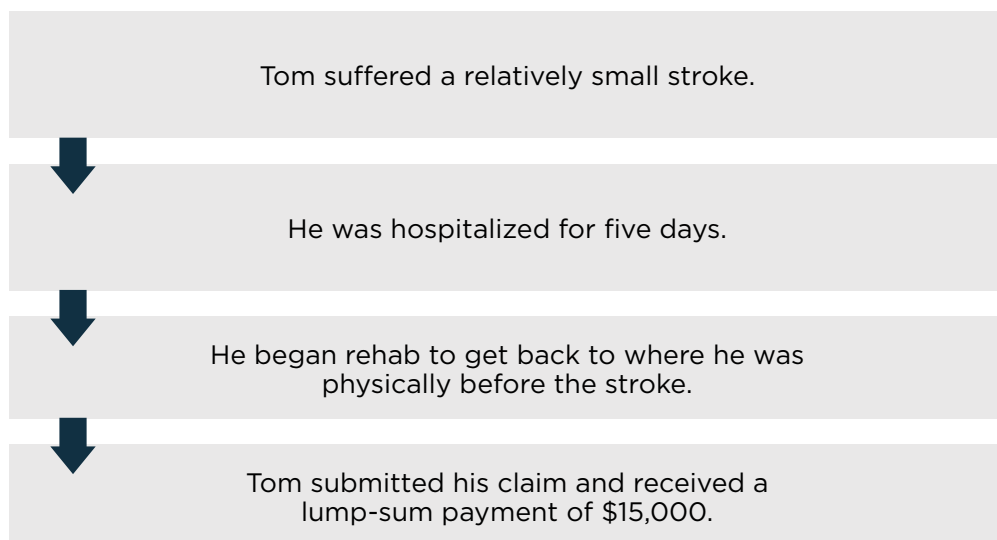
CRITICAL ILLNESS INSURANCE

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 Mutual of Omaha, 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
- Stroke
- Alzheimer's Disease
- 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	Increments of \$5,000 up to \$30,000	\$30,000
Spouse	Increments of \$1,000 up to 50% of employee's benefit or \$15,000	\$15,000
Child (benefit per child)	50% of employee's benefit up to \$15,000	All child amounts are Guaranteed Issue

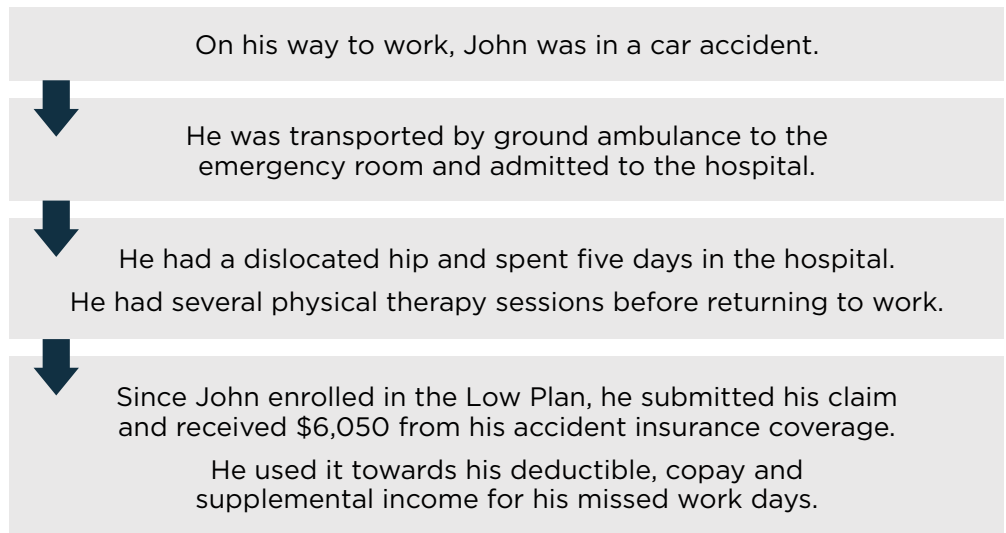
ACCIDENT INSURANCE

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 Mutual of Omaha and there are two (2) levels of coverage to choose from.

- **Emergency Room Visits**
- **Hospital Stays**
- **Fractures and Dislocations**
- **Medical Exams** – including major diagnostic exams
- **Physical Therapy**
- **Transportation and Lodging** – if you are away from home when the accident happens

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.



JOHN'S ACCIDENT INSURANCE BENEFITS PAID A TOTAL OF: \$6,050					
Ground Ambulance	\$200	MRI	\$200	Dislocated Hip	\$3,000
Emergency Room	\$200	Hospital Stay - Admission	\$1,000	Medical Device	\$200
X-Ray	\$50	Hospital Stay - Daily (5 days)	\$1,000	Physical Therapy (4 sessions)	\$200

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 Mutual of Omaha. Hospital Indemnity Insurance is administered by Mutual of Omaha and there are two (2) levels of coverage to choose from.

- **Hospital Admission**
- **Hospital Confinement**
- **Hospital Intensive Care**
- **Surgical Care**
- **Medical Diagnostic and Imaging**
- **Transportation and Lodging**

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 child care, and other expenses you may have.

TOTAL HOSPITAL INDEMNITY BENEFIT PAID: \$1,000

In April, Sarah unexpectedly needed back surgery.	Sarah was admitted to the hospital for surgery.	After surgery, she began physical therapy to increase her strength and flexibility.	Since Sarah is enrolled in the High plan, when she submitted her claim, she received a lump-sum payment of \$1,000.
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This example is for illustrative purposes and does not reflect events experienced by an actual participant.

EMPLOYEE ASSISTANCE

Planning for life events or simply managing daily life can affect your work, health and family. InterLinc offers an EAP service through Mutual of Omaha that is available to you, your spouse, and dependent children up to age 26 that reside with you. This service can 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 can refer you to a provider for up to 3 face-to-face counseling or video telehealth sessions at no cost to you. 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
- Retirement Planning
- 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

Visit the Employee Assistance Program

website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap or
call us: 1-800-316-2796

ADDITIONAL 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.



2025 EMPLOYEE CONTRIBUTIONS

INTERLINC DEFINED CONTRIBUTIONS

Employee	\$690.00
Employee + Spouse	\$790.00
Employee + Child(ren)	\$858.88
Employee + Family	\$1,294.00

EMPLOYEE MEDICAL MONTHLY CONTRIBUTIONS

	\$5,000 HDHP	\$3,300 HDHP	\$1,650 HDHP	\$2,000 PPO	\$750 PPO
Employee	\$0.00*	\$0.00*	\$72.55	\$106.35	\$147.61
Employee + Spouse	\$483.08	\$526.22	\$681.70	\$746.94	\$826.59
Employee + Child(ren)	\$368.90	\$410.47	\$560.32	\$623.18	\$699.95
Employee + Family	\$599.12	\$663.27	\$894.49	\$991.51	\$1,109.95

* If you elect this plan, you will have funds left over to help pay for any other benefits you choose, including the HSA.

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

2025 EMPLOYEE CONTRIBUTIONS

	SUPPLEMENTAL LIFE - PER \$1,000	
COVERAGE	AGE	RATE
Employee & Dependent 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
	RATE	
Employee AD&D Rate	\$0.017	
Spouse AD&D Rate	\$0.017	
	LIFE	AD&D
Dependent Child Rates	\$0.273	\$0.017

	CRITICAL ILLNESS - PER \$1,000	
AGE^	EMPLOYEE / SPOUSE	EMPLOYEE + SPOUSE*
<30	\$0.36	\$0.78
30-39	\$0.60	\$1.20
40-49	\$1.50	\$3.00
50-59	\$3.10	\$6.20
60-69	\$6.50	\$13.00
70-79	\$12.28	\$24.56
80-99		

*Child insurance is automatic. A separate premium is not required. Child coverage terminates at age 26 unless the child is incapacitated.

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

IMPORTANT CONTACTS

COVERAGE	CONTACT	PHONE	WEBSITE
Medical & Prescription Drug	Cigna Healthcare	800-521-2227	www.mycigna.com
Health Savings Account	HSA Bank	800-357-6246	www.hsabank.com
Dental	Cigna Healthcare	800-244-6224	www.mycigna.com
Vision	Mutual of Omaha	833-279-4358	www.mutualofomaha.com/vision
Life and AD&D	Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Disability	Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Critical Illness	Mutual of Omaha	800-877-5176 Opt. 4	www.mutualofomaha.com/support/forms
Accident Insurance	Mutual of Omaha	800-877-5176 Opt. 4	www.mutualofomaha.com/support/forms
Hospital Insurance	Mutual of Omaha	800-877-5176 Opt. 4	www.mutualofomaha.com/support/forms
Employee Assistance Program	GuidanceResources	800-316-2796	www.mutualofomaha.com/eap
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	888-726-3171	www.mycigna.com/MDLive

NOTES

NOTES

This brochure highlights the main features of the InterLinc Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. InterLinc reserves the right to change or discontinue its employee benefits plans at any time.

