

2024 Employee Benefits Guide



Welcome to your 2024 Employee Benefits Guide

At Ardent Credit Union, we believe that the investment we make to provide a benefits package to our employees represents some of the most important dollars we spend. Employee satisfaction and retention are important to us, and that is why we continue to make every effort to provide the best quality benefit plans for our employees and their families.

Benefits Guide Overview

Your benefit plans for the plan year 2024 are highlighted in this booklet, including helpful charts, which allow you to easily compare your various benefit options.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Please keep this booklet in a convenient place so you can access information when the need arises.

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Eligibility & Enrollment

Eligibility Requirements

You are eligible to participate in the Ardent Benefits Program based on the eligibility rules outlined in Ardent's Health and Welfare (H&W) Plan document. Employees are encouraged to view the H&W Summary Plan Document (SPD) to determine how their employment with Ardent affects their benefits eligibility.

If employment terminates, most benefits will cease at the end of the month in which termination takes place.

Eligible Dependents

Medical / Rx, Dental and Vision Coverage

Your eligible dependents include:

- A spouse to whom you are legally married.
- A dependent child under age 26. Coverage will terminate at the end of the month of the dependent child's 26th birthday.

Enrollment

As a new hire or during the Annual Open Enrollment period, you are eligible for the Ardent benefit plans described in this benefits booklet once you have completed your eligibility period. Please contact HR for details on the deadline for submitting your online enrollment elections. Any elections made will remain in affect and cannot be changed or revoked until the next annual open enrollment period, unless the change is on account of and consistent with a family/life status change also known as a Qualified Life Event (QLE) as described under the Enrollment Changes section of this guide.

Notice Regarding Special Enrollment

If you are waiving enrollment in the medical plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may, in the future, be able to enroll yourself or your dependents in the medical plan, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Enrollment Changes

Benefit elections will remain in effect and cannot be changed or revoked until an affirmative election is made during an Open Enrollment period or unless the change is on account of and consistent with a family status change also known as a QLE. You will be deemed to have a status change if:

- Your marital status changes through marriage, the death of your spouse, divorce, legal separation, or annulment;
- Your number of dependents changes through birth, adoption, placement for adoption, or death of a dependent;
- You, your spouse, or dependent terminate or begin employment;
- You, your spouse, or dependent experience an increase or reduction in hours of employment (including a switch between part-time and full-time employment; strike or lock-out; commencement of or return from an unpaid leave of absence);
- Gain or loss of eligibility under a plan offered by your spouse's employer (e.g., if your spouse switches from hourly to salaried employment and your spouse's employer's plan covers only salaried employees);
- Your dependent satisfies or ceases to satisfy the requirements for coverage under the Plan due to attainment of age or similar circumstance;
- A change in residence for you, your spouse or your dependent resulting in a gain or loss of eligibility.

In order to be permitted to make a change of election due to a status change, the status change must result in you, your spouse or dependent gaining or losing eligibility for coverage under this plan or a plan sponsored by another employer by whom you, your spouse, or dependent are employed. The election change must correspond with that gain or loss of eligibility.

You may also be permitted to change your elections for health coverage under the following circumstances:

- A court order requires that your child receive accident or health coverage under this plan or a former spouse's plan;
- You or your spouse or dependent becomes entitled to Medicare or Medicaid;
- You have a Special Enrollment Right if there is a significant change in the cost or coverage of your plan or your spouse's plan that is attributable to your spouse's employment.

You must notify HR within 31 days of the status change in order to make a change in your benefit elections.

If you (and / or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

Please see page 29 & 30 for additional details.

When you enroll in Ardent Credit Union's benefits, you authorize Ardent Credit Union to make the appropriate payroll deductions from your wages for the benefits listed below. Benefit costs are not prorated.

Independence Blue Cross

Medical/Rx Employee Contributions

PPO HSA \$2,000	2024 Non-Wellness Bi-Weekly Premium	2024 Wellness Bi-Weekly Premium	Smoker Surcharge	Spousal Surcharge
Single	\$50.33	\$38.33		n/a
Parent/Child(ren)	\$239.83	\$227.83	\$25.00 (for all tiers)	n/a
Employee/Spouse	\$306.02	\$294.02		\$57.69
Family	\$386.90	\$374.90		\$57.69
DPOS \$2,000 / \$30- \$60 80%	2024 Non-Wellness Bi-Weekly Premium	2024 Wellness Bi-Weekly Premium	Smoker Surcharge	Spousal Surcharge
Single	\$49.73	\$37.73		n/a
Parent/Child(ren)	\$236.25	\$224.25	\$25.00 (for all tiers)	n/a
Employee/Spouse	\$301.40	\$289.40		\$57.69
Family	\$381.02	\$369.02		\$57.69
PPO \$2,000 / \$30- \$60 80%	2024 Non-Wellness Bi-Weekly Premium	2024 Wellness Bi-Weekly Premium	Smoker Surcharge	Spousal Surcharge
Single	\$50.29	\$38.29		n/a
Parent/Child(ren)	\$239.57	\$227.57	\$25.00 (for all tiers)	n/a
Employee/Spouse	\$305.68	\$293.68		\$57.69
Family	\$386.48	\$374.48		\$57.69

MetLife

Dental Employee Contributions

Dental	2024 Bi-Weekly Dental Premium
Single	\$1.66
Parent/Child(ren)	\$11.11
Employee/Spouse	\$10.95
Family	\$18.49

VSP

Vision Employee Contributions

Vision	2024 Bi-Weekly Vision Premium
Single	\$0.20
Parent/Child(ren)	\$1.40
Employee/Spouse	\$1.37
Family	\$2.25

Medical

Ardent offers medical coverage through Independence Blue Cross (IBX) & Keystone Health Plan East. Below please find helpful information about the medical plans coverage:

IBX High Deductible Health Plan (HDHP) PPO HSA and PPO Plan

You may choose your provider(s) from the National BCBS network or out-of-network. If you receive services from out-of-network providers, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

- *You do not need to select a Primary Care Provider (PCP).*
- *You never need a referral.*

Keystone Direct POS Plan (DPOS)

Under this plan, you must select a Primary Care Provider (PCP). Referrals are required for routine radiology/diagnostic, chiropractic services/spinal manipulations and physical/occupational therapy.

Most PCPs are required to choose a radiology, physical therapy, occupational therapy, and laboratory provider where they will send all their Keystone members. You can view the sites selected by your PCP at www.ibx.com

In-Network Providers are doctors, hospitals, and other health care providers who have contracted with the insurance carrier. These providers have agreed to honor your membership card and bill the carrier directly for services rendered. By utilizing in-network providers, your out-of-pocket costs are kept to a minimum.

Out-of-Network Providers have no contract with the carrier. You may be responsible for paying your provider in full, and then requesting reimbursement directly from the carrier. Unlike participating providers, out-of-network providers may “balance bill” you the difference in their billable charge and the insurance carrier’s maximum allowable charge.

Pre-Approval/Prior Authorization

Approval from IBX for non-emergency or elective hospital admissions and procedures prior to the admission or procedure. For in-network servicers, your PCP will contact IBX for authorization. For out-of-network services, you are responsible for obtaining approval for certain services. Refer to your Summary Plan Description for a complete listing of services requiring preapproval/prior authorization.

Participating Lab Providers

Lab Corp participates with Independence Blue Cross. To find the participating lab nearest you sign onto <https://www.ibx.com/login>

Preventive Care Services

Preventive Care is the care and counseling you receive to prevent health problems. It’s one of the best ways to keep you and your family in good health. It can include Check-ups (annual physicals, pediatric well-visits, gynecology well-visits), Cancer and other health screenings and Immunizations. Please review the preventive care services list for recommended services based on your personal risk factors, age, and gender at <https://www.ibx.com/stay-healthy/health-and-wellness-perks/preventive-care>.

Prescription Drug

Through the IBX medical plan, you have access to prescription drug coverage.

The pharmacy benefit provides wide-ranging coverage for prescription drugs when prescribed by a licensed, practicing physician. The formulary includes generic drugs and a defined list of brand drugs that have been evaluated for their medical effectiveness, positive results, and value. Generic drugs are just as effective as brand drugs and result in the lowest cost-sharing for you. Ask your physician whether generic drugs are right for you. The 5 tier structure under the Select Drug Program Formulary is as follows:

- Low Cost Generic
- Generic
- Preferred Brand
- Non-Preferred Brand
- Specialty Medications

Generic vs. Brand Name Drugs

Generic drugs are either chemically equivalent or therapeutically equivalent, which means they either have the same ingredients or the same clinical results as their brand name counterparts. Because they are not protected by a patent, they generally are far less costly than brand name drugs and result in the lowest cost sharing for you. Brand name drugs are selected single-source drugs, which are patent protected and usually more expensive than multi-source drugs.

What is the Select Drug Program?

The Select Drug Program is based on an incentive formulary that includes all generic drugs and a defined list of brand drugs that have been evaluated for their medical effectiveness, positive results and value. You may view the IBX Select Drug Program Formulary at <https://www.ibx.com/resources/for-providers/policies-and-guidelines/pharmacy-information/drug-formularies/select-drug-program-formulary> or at www.ibx.com.

Prior Authorization

Some drugs need prior authorization obtained by your prescribing physician before they can be filled by your pharmacist. The IBX Drug Formulary shows which medicines need prior authorization. Your doctor or pharmacy can also tell you. Your physician will need to notify IBX directly.

Mail Order

If you are taking a maintenance drug on an ongoing basis you will save money through the home delivery service administered by Optum Rx. To purchase a 90-day supply for the cost of two retail copayments complete the Mail Order Form available online at <https://www.ibx.com/get-care/prescription-drug-information/manage-your-prescription-drug-benefit> or www.ibx.com.

Independence Blue Cross

PPO HSA \$2,000/80% w Int Rx

Health Savings Account
Ardent Credit Union will contribute \$500/Single coverage and \$1,000/Family coverage, prorated for those eligible after 1/1/24.

		IN-NETWORK	OUT-OF-NETWORK
Deductible (Aggregate)	Single / Family	\$2,000 / \$4,000	\$5,000 / \$10,000
Note: For the HSA plan, one individual with a family can satisfy the full family deductible, whereas under the DPOS Plan, one individual within a family only needs to meet an individual deductible.			
Coinsurance		20%	50%
Out of Pocket Maximum	Single / Family	\$6,750 / \$13,500	\$10,000 / \$20,000
Physician Services <ul style="list-style-type: none"> Primary Care Physician Specialists Injectable Medications (administered by physician) <ul style="list-style-type: none"> Standard Biotech/Specialty 		20% after deductible 20% after deductible 0% after deductible 20% after deductible in home or office setting, 40% after deductible in a hospital setting	50% after deductible
Adult & Child Preventive Care		0% no deductible	50% no deductible
Hospital Benefits <ul style="list-style-type: none"> Inpatient Services Outpatient Surgery 		20% after deductible	50% after deductible
Emergency Services <ul style="list-style-type: none"> Emergency Room Ambulance (emergent use) Urgent Care 		20% after deductible	Paid at in-network level Paid at in-network level 50% after deductible
Outpatient Services <ul style="list-style-type: none"> Lab and Pathology Routine Radiology and Diagnostic MRI/MRA, CT/CTA Scan, PET Scan 		20% after deductible	50% after deductible
Maternity Services <ul style="list-style-type: none"> First OB Visit Delivery 		20% after deductible	50% after deductible
Therapy Services <ul style="list-style-type: none"> Spinal Manipulations—20 visits per year Speech—20 visits per year Occupational and Physical Therapy—30 visits per year; combined 		20% after deductible	50% after deductible
Mental Health and Substance Abuse <ul style="list-style-type: none"> Inpatient Services Outpatient Services 		20% after deductible	50% after deductible
Prescriptions (medical deductible applies prior to Rx copay)		IN-NETWORK	OUT-OF-NETWORK
Retail Pharmacy—up to 30 day supply <ul style="list-style-type: none"> Tier 1 Low-Cost Generic Drugs Tier 2 Generic Drugs Tier 3 Preferred Brand Drugs Tier 4 Non-Preferred Drugs Tier 5 Self-Administered Specialty Drugs 		\$3 copay after deductible \$20 copay after deductible \$40 copay after deductible \$70 copay after deductible 50% after deductible up to \$500	50% after deductible 50% after deductible 50% after deductible 50% after deductible Not Covered
Mail Order Pharmacy—up to 90 day supply <ul style="list-style-type: none"> Tier 1 Low-Cost Generic Drugs Tier 2 Generic Drugs Tier 3 Preferred Brand Drugs Tier 4 Non-Preferred Drugs Tier 5 Self-Administered Specialty Drugs 		\$6 copay after deductible \$40 copay after deductible \$80 copay after deductible \$140 copay after deductible Not covered	Not Covered

Independence Blue Cross

DPOS \$2,000/\$30-\$60/80%

Health Reimbursement Arrangement (HRA)
For the DPOS plan, Ardent Credit Union provides
reimbursement for deductible & coinsurance expenses.
See Page 16 for details

		IN-NETWORK	OUT-OF-NETWORK
Deductible – Embedded	Single / Family	\$2,000 / \$4,000	\$5,000 / \$10,000
Note: Each covered family member only needs to satisfy the individual deductible, not the entire family deductible, prior to receiving plan benefits (where deductible applies).			
Coinsurance		20%	50%
Out of Pocket Maximum	Single / Family	\$7,900 / \$15,800	\$10,000 / \$20,000
Physician Services			
<ul style="list-style-type: none"> • Primary Care Physician • Specialists • Injectable Medications (administered by physician) <ul style="list-style-type: none"> • <i>Standard</i> • <i>Biotech/Specialty</i> 		\$30 copay \$60 copay 0%, no deductible \$150 in home or office, \$300 no deductible in a hospital setting	50% after deductible
Adult & Child Preventive Care		0% no deductible	50% no deductible
Hospital Benefits			
<ul style="list-style-type: none"> • Inpatient Services ▪ Outpatient Surgery (ambulatory) 		20% after deductible \$300 after deductible	50% after deductible
Emergency Services			
<ul style="list-style-type: none"> • Emergency Room (copay not waived if admitted) • Ambulance (emergent use) • Urgent Care 		\$300 after deductible 20% after deductible \$100 no deductible	Paid at in-network level Paid at in-network level 50% after deductible
Outpatient Services			
<ul style="list-style-type: none"> • Lab and Pathology • Routine Radiology and Diagnostic • MRI/MRA, CT/CTA Scan, PET Scan 		\$60 copay \$60 copay \$200 copay	50% after deductible
Maternity Services			
<ul style="list-style-type: none"> • First OB Visit • Delivery 		20% after deductible	50% after deductible
Therapy Services¹			
<ul style="list-style-type: none"> • Spinal Manipulations—20 visits per year • Speech—20 visits per year • Occupational and Physical Therapy—30 visits per year; combined 		\$60 copay	50% after deductible
Mental Health and Substance Abuse			
<ul style="list-style-type: none"> • Inpatient Services • Outpatient Services 		20% after deductible Office: \$60 copay All other service: \$60 copay	50% after deductible
Prescriptions (deductible does not apply)		IN-NETWORK	OUT-OF-NETWORK
Retail Pharmacy—up to 1-30 day supply			
<ul style="list-style-type: none"> • Generic Drugs. • Preferred Brand • Non-Preferred Drugs • Specialty Drugs 		\$20 copay \$40 copay \$60 copay 50% after deductible up to \$500	30% after deductible 30% after deductible 30% after deductible Not Covered
Mail Order Pharmacy—up to 31- 90 day supply			
<ul style="list-style-type: none"> • Generic Drugs. • Preferred Brand • Non-Preferred Drugs • Specialty Drugs 		\$40 copay \$80 copay \$120 copay Not Covered	Not Covered

¹Under this plan, you must select a Primary Care Physician (PCP). Referrals are required for routine radiology/diagnostic, spinal manipulations and physical/occupational therapy. **Designated Site:** Most PCPs are required to choose a radiology, physical therapy, occupational therapy, and laboratory provider where they will send all their Keystone members. You can view the sites selected by your PCP at www.ibx.com

Independence Blue Cross

PPO \$2,000/\$30-\$60/80%

Health Reimbursement Arrangement (HRA)
For the PPO plan, Ardent Credit Union provides reimbursement for deductible & coinsurance expenses.
See Page 16 for details

**For Out
of Area
Employees**

		IN-NETWORK	OUT-OF-NETWORK
Deductible (Aggregate)	Single / Family	\$2,000 / \$4,000	\$5,000 / \$10,000
Note: Each covered family member only needs to satisfy the individual deductible, not the entire family deductible, prior to receiving plan benefits (where deductible applies).			
Coinsurance		20%	50%
Out of Pocket Maximum	Single / Family	\$7,900 / \$15,800	\$10,000 / \$20,000
Physician Services			
<ul style="list-style-type: none"> • Primary Care Physician • Specialists 		\$30 copay \$60 copay	50% after deductible
<ul style="list-style-type: none"> • Injectable Medications (administered by physician) <ul style="list-style-type: none"> • <i>Standard</i> • <i>Biotech/Specialty</i> 		0% no deductible \$150 copay \$300 copay	
Adult & Child Preventive Care		0% no deductible	50% no deductible
Hospital Benefits			
<ul style="list-style-type: none"> • Inpatient Services • Outpatient Surgery 		20% after deductible \$300 copay after deductible	50% after deductible 50% after deductible
Emergency Services			
<ul style="list-style-type: none"> • Emergency Room (copay not waived if admitted) • Ambulance (emergent use) • Urgent Care 		\$300 copay after deductible \$200 copay after deductible \$100 copay per visit	Paid at in-network level Paid at in-network level 50% after deductible
Outpatient Services			
<ul style="list-style-type: none"> • Lab and Pathology • Routine Radiology and Diagnostic • MRI/MRA, CT/CTA Scan, PET Scan 		\$60 copay \$60 copay \$200 copay	50% after deductible
Maternity Services			
<ul style="list-style-type: none"> • First OB Visit • Delivery 		20% after deductible	50% after deductible
Therapy Services			
<ul style="list-style-type: none"> • Spinal Manipulations—20 visits per year • Speech—20 visits per year • Occupational and Physical Therapy—30 visits per year; combined 		\$60 copay	50% after deductible
Mental Health and Substance Abuse			
<ul style="list-style-type: none"> • Inpatient Services • Outpatient Services 		20% after deductible Office: \$60 copay	50% after deductible
Prescriptions (medical deductible applies prior to Rx copay)		IN-NETWORK	OUT-OF-NETWORK
Retail Pharmacy—up to 1-30 day supply			
<ul style="list-style-type: none"> • Generic Drugs • Preferred Brand • Non-Preferred Drugs • Specialty Drugs 		\$20 copay \$40 copay \$60 copay 50% after deductible up to \$500	30% after deductible 30% after deductible 30% after deductible Not Covered
Mail Order Pharmacy—up to 31- 90 day supply			
<ul style="list-style-type: none"> • Generic Drugs. • Preferred Brand • Non-Preferred Drugs • Specialty Drugs 		\$40 copay \$80 copay \$120 copay Not Covered	Not Covered

Save money and time with virtual care benefits

Members have several options to receive care quickly and conveniently from a doctor, specialist, or behavioral health professional.

When it's not an emergency, virtual care is a fast, convenient, and affordable option. Whether you're connecting with your own doctor or need to talk with someone after hours or when you're away from home, Independence Blue Cross provides you with options in every situation.

Visit teladochealth.com or ibx.com to get started using your virtual care benefits.

		Teladoc Health (Teladoc)		Primary care provider (PCP) or specialist	
	Treatment for	Access ¹	Cost-share ²	Access ¹	Cost-share
Telemedicine	Non-emergency conditions, such as: <ul style="list-style-type: none"> • Sinus pain • Pink eye • Earaches • Sore throat • Flu • E-prescribing (when appropriate) 	Teladoc General Medical gives you 24/7 access to board-certified doctors who can provide a diagnosis, initiate treatment, and write prescriptions, as appropriate, via phone or video.	\$0 ²	Available if your PCP or specialist offers virtual care	Reduced Cost-share ³
Telebehavioral health	Support for conditions such as: <ul style="list-style-type: none"> • Anxiety • Depression • Bipolar disorders • Adjustment disorders • E-prescribing (when appropriate) 	Teladoc Mental Health Care provides access to board-certified psychiatrists and licensed psychologists or therapists by phone or video.	\$0 ²	Available if your licensed behavioral health provider (including psychiatrists, psychologists, and counselors) offer virtual care. ⁴ Our network has expanded to include providers with specialties in anxiety, depression, eating, obsessive-compulsive disorder, and substance abuse disorders for all ages.	\$0 ⁴
Teledermatology	Diagnosis and treatment for a variety of skin, hair, and nail conditions, and e-prescribing (when appropriate)	Teladoc Health Dermatology gives you access to convenient and reliable skin care from a licensed dermatologist for a wide range of conditions without the wait.	\$0 ²	Available if your specialist offers virtual care.	Reduced Cost-share ³

¹ Refer to your health plan benefits for how virtual care visits are covered.

² Cost-share is \$0 after deductible for HSA plans.

³ Reduced cost-share in comparison to what your cost-share is for an in-office visit. Refer to your health plan for cost-sharing details.

⁴ You must have mental health benefits through Independence Blue Cross and should refer to your health plan for information about how mental health and telebehavioral health are covered.

Teladoc Health, Inc. is an independent company that provides virtual care, and digital mental health services.

Quartet is a separate and independent company that facilitates and coordinates timely access to behavioral health services for Independence Blue Cross members.

Shatterproof/ATLAS: Shatterproof, a national non-profit dedicated to reversing the addiction crisis in the U.S., is leading the implementation of Shatterproof's Treatment Atlas tool, a quality measurement system for addiction treatment facilities. Shatterproof is an independent company that provides behavioral health services for Independence Blue Cross.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.

Save money and time with virtual care benefits

How to access virtual care

Teladoc Health

Activate your Teladoc account and schedule an appointment in one of the following ways:

- Call **1-800-835-2362**
- Visit **teladochealth.com**
- Download the Teladoc mobile app

PCP and specialists

Contact your in-network provider directly to set up a virtual care appointment. If the provider offers virtual care, the provider will give you instructions for setting up your appointment. Our Find a Doctor tool at **ibx.com** identifies if a provider offers virtual care services.

Behavioral health care providers

To find a behavioral health provider, call the Mental Health/Substance Abuse number on the back of your member ID card or use the Find a Doctor tool at **ibx.com**.

You may also use the following resources:

Quartet

Use Quartet to connect with an in-network mental health care provider who fits your needs and preferences. Visit **quartethealth.com/ibx** to get started.

ATLAS

You also have access to ATLAS (Addiction Treatment Locator, Assessment, and Standards), a free online tool by Shatterproof that connects you and your loved ones with trustworthy, in-network addiction treatment. For more information about the ATLAS tool, visit **treatmentatlas.org**.

Watch the following YouTube Video to learn how to manage your healthcare and benefits at IBX.com

<https://youtu.be/2wpmLRi0zIY?si=8U4rSLvi-6iHoTy3>

Do you know you can access your Independence Blue Cross member ID card(s) digitally? This may be helpful if you don't have your physical card on hand — like if you left it at home, lost it, or need to fax or email it to a health care provider.

1. Online at ibx.com

When you log into your member account at ibx.com, you'll see your digital member ID card right on your home page.

- Select *Print* to print the card or save a PDF.
- Select *Send* to email or fax a copy of the card.
- Select *Order New* to order a replacement card.
- If any dependents are covered by your health plan, select *View All* to see each dependent's digital member ID card.

Not yet registered for online account access? Visit ibx.com and sign up today.

2. On your smartphone

Download the Independence Blue Cross mobile app on your iPhone or Android smartphone, and log in using the same username and password you use for your member account at ibx.com. You'll see your digital member ID card right on your home screen.

- Select *View/Send ID Card* to see additional options.
- Select *Send a Copy of ID Card* to email or fax the card to someone.
- Select *Request a New ID Card* to order a replacement.
- Use the drop-down menu to view the ID cards of any dependents on your plan.
- If you have an iPhone, select *Add to Apple Wallet* to make your card easily accessible.

Having your ID card handy is important

You may need your member ID card at any time for doctor visits, at the pharmacy, and to contact our Customer Service team. So it's good to know you have options to access it wherever you are!

2 WAYS TO ACCESS ID CARDS



Log in at **ibx.com** to Find a Doctor

The Find a Doctor tool at **ibx.com** helps you make confident decisions about your health care.



Easy-to-use search

Simple navigation helps you get faster, more accurate results when looking for doctors, hospitals, or other facilities.

Doctor and hospital profiles

Informative doctor and hospital profiles and nationally recognized quality measurements help you find the doctor that is right for you. Our provider profiles offer more than just location and phone number. You can also view credentials, hospital affiliations, reviews from other members, office hours, gender, specialty, language spoken, and whether they're accepting new patients.

Rate and review your experience

See what other members thought about a doctor or hospital, and share your own experiences. Anyone can read ratings and reviews, but you must log in at **ibx.com** to submit a review.

Compare doctors and facilities

Easily compare up to five doctors and hospitals at once. You can compare specialties, education, board certifications, quality reviews, and more.

Questions?

Call Customer Service at the number on the back of your member ID card.

Get rewarded for making healthy choices

Earn credits for your healthy habits and redeem them

1. Get healthy and earn a \$300 e-gift card

Take healthy actions at your own pace, and watch your credits grow. We offer a variety of activities to help you develop healthy habits.

You may earn a \$300 e-gift card reward when you complete six simple tasks.

You must complete *all* of the following activities:

- Annual check-up with PCP
- Get a flu shot
- Get digitally engaged by logging in at ibx.com
- and opting in to IBX Wire.

2. Tools for your rewards program

Begin your journey to Achieve Well-being by logging in at ibx.com. You can quickly access your Rewards information from your homepage. Once you are on the rewards page, you can review the rewards program description and deadlines for completing the required activities.

3. Start earning today

In the Achieve Well-being section, you can see the activities you need to complete in order to earn credits to redeem as an e-gift card. Select an activity to read more about how to complete it. If you have previously completed any activities, the information will be automatically updated in the system. Completed activities are highlighted in gray.

You must complete **any three** of the following activities:

- Complete an appropriate health screening*
- Download and register for the HUSK Movement app (formerly GlobalFit Anywhere)
- Complete your Well-being Profile by logging in at ibx.com
- Complete a nutrition counseling visit
- Visit a network dentist for an exam and/or cleaning†

4. Get rewards

The ultimate benefit of smart living is improved health. But getting rewarded along the way is nice, too. The credits that you earn for your healthy habits are redeemable for e-gift cards.

Options for e-gift cards include Amazon, Dunkin', Best Buy, and many more. You can choose from a combination of e-gift cards not to exceed \$300.

Log in at ibx.com to start earning credits today!

* A list of preventive services that are part of Achieve Well-being can be found by logging in at ibx.com and selecting *Achieve Well-being* from the Health & Well-Being menu at the top.

† Subscribers must have enrolled in dental coverage through Independence to complete this activity.

If the Rewards program is not showing in the member portal upon log in, you may not be part of a group that is eligible for the Rewards program. Please check with your benefits administrator. This program is available to subscribers enrolled in 2023 - 2024 fully insured small or large group/portfolio plans.

Please have your member ID card ready when you call or text to sign up. Text STOP to stop and HELP for help. Terms and conditions available at myhelpsite.net/ibx. Notification messages within IBX Wire are sent via automated SMS. Enrollment in IBX Wire is not a requirement to purchase goods and services from Independence Blue Cross. Wire is a trademark of Relay Network, LLC., an independent company.

Standard message and data rates may apply.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — independent licensees of the Blue Cross and Blue Shield Association.



Empower to improve your chronic conditions

Livongo's personalized, data-driven solutions support your diabetes and hypertension to live a better and healthier life.

Diabetes management

More than 10 percent of U.S. adults have been diagnosed with diabetes, and cases are increasing most rapidly in the 18 – 34 age group.¹ Diabetes ranks third in terms of health impact on quality of life and cost.²

With Livongo's diabetes management solution, your eligible employees will receive:

- A cellular-connected, interactive blood glucose meter
- Unlimited glucose testing supplies, including test strips that are automatically shipped when supplies run low
- Health Nudges based on your employee's blood glucose patterns to support behavior change
- Digital tools across mobile and web
- One-on-one coaching by professional coaches trained to support diabetes
- Remote monitoring and outreach when glucose readings are out of normal range

Hypertension management

About 1 in 2 adults in the U.S. live with hypertension, yet many may not even be aware of their high blood pressure.³ Sometimes called the "silent killer" due to a lack of symptoms for many people, hypertension puts individuals at risk of kidney failure and stroke, as well as heart disease, the leading cause of death in the U.S.^{4,5}

With Livongo's hypertension management solution, your eligible employees will receive:

- A cellular-connected, interactive blood pressure monitor
- Remote monitoring and outreach when blood pressure readings are out of normal range
- One-on-one coaching by professional coaches trained to support hypertension
- Health Nudges based on your employee's blood pressure reading patterns to support behavior change
- Online and mobile support tools

Proven diabetes management solution

25% employee enrollment rate

\$131 per patient per month savings⁶

3.4x Y1 diabetes ROI⁷

Measurable clinical outcomes⁸

0.8% reduction in HbA1c at 90 days

15% reduction in hypoglycemia

7% average sustained HbA1c at three years

Proven hypertension management solution

15% employee enrollment rate

\$81 per patient per month savings⁹

2.1x Y1 hypertension ROI¹⁰

Measurable clinical outcomes

14.2% mmHg reduction in average systolic blood pressure¹⁰

0.1 0.1 mmHg reduction in average diastolic blood pressure¹⁰

A science-driven approach for lasting outcomes

Data monitoring with connected devices

Your participating employees will receive monitoring devices with easy-to-use touchscreens. Their readings are sent seamlessly to the Livongo cloud, allowing for real-time analytics, insights, and remote monitoring. Through the Livongo platform, your employees can easily share health data with their health care providers and family members, contact a coach, and contact Livongo member support. The blood glucose meter automatically triggers orders of testing supplies, such as test strips and lancets, when the user's supply gets low.

Driving behavior change

Livongo's devices do much more than check blood glucose or blood pressure — they help drive behavior change. The devices interpret the data collected and offer your employees tips on how to improve their readings. Your employees will get personalized Health Nudges based on their blood glucose or blood pressure patterns. Health Nudges include invitations to review data insights, recipe ideas for healthy meals, and other content about managing their conditions. The devices also track medication adherence, allowing for proactive outreach to non-adherent employees who don't have their blood glucose or blood pressure under control.

Support from expert coaches

Digital engagement is proven to be effective, but sometimes your employees just need to connect with someone to discuss their unique needs. Livongo's coaches are certified Chronic Care Professional coaches and are trained to support both hypertension and diabetes. These expert coaches are available for one-on-one live coaching and 24/7 remote monitoring with emergency outreach in the case of extreme blood glucose or blood pressure readings.



Why Livongo through Independence Blue Cross

Advantages of purchasing the Livongo program through Independence Blue Cross (Independence) include:

- Claims-based payment process
- No administrative fee and preferred pricing, as compared with direct-to-customer pricing
- Livongo and Independence representatives help manage all aspects of the program, from implementation to ongoing support
- Lower implementation burden as a result of Independence's contracting efforts and employee eligibility determinations
- Reporting on engagement, satisfaction, and outcomes

1 2020 National Diabetes Statistics Report <https://www.cdc.gov/diabetes/data/statistics/statistics-report.html>

2 Blue Cross Blue Shield (BCBS) Health Index

3 <https://www.cdc.gov/bloodpressure/facts.htm>

4 <https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/in-depth/high-blood-pressure/art-20045888>

5 <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

6 The Diabetes Control and Complications Trial Research Group. 1993. "The Effect of Intensive Treatment of Diabetes on the Development and Progression of Long-Term Complications in Insulin-Dependent Diabetes Mellitus." *New England Journal of Medicine* 329(14): 977-986. <https://doi.org/10.1056/NEJM199309033291401>

7 Stratton, I.M., A.L. Adler, H.A. Neil, et al. 2000. "Association of glycaemia with macrovascular and microvascular complications of type 2 diabetes (UKPDS 33): Prospective observational study." *British Medical Journal* 2000; 321(7258): 405-412. <https://doi.org/10.1136/bmj.321.7258.405>

8 Based on Livongo's internal reporting on average engagement rate across current customers and partner contracts.

9 Livongo's medical savings and ROI methodology evaluated medical claims data across Livongo for Hypertension program participants from the four employers that were 12-months post-launch of the program.

10 To determine change in blood pressure over the 12-month study period, participants' final blood pressure (computed as an average of the last two readings) was compared to their baseline measurement (calculated as the average of up to the first five readings within 30 days of the first reading, dropping the first reading per the American Heart Association recommendation).

Livongo is an independent company.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

Health Savings Account (HSA)

When you enroll in the Personal Choice HDHP you will also gain access to the Health Savings Account (HSA). The HSA is linked to the HDHP and allows employees to set aside tax-free dollars to help fund deductibles and copays.

For 2024, Ardent Credit Union will contribute:

- **\$500** annually for individual (pro-rated monthly) OR • **\$1,000** annually for family (pro-rated monthly)

The Ardent Credit Union contribution will occur on the last pay of each month.

You may contribute additional funds to your HSA account up to the following IRS limits.

In 2024, the “*proposed*” total combined (Ardent and employee) contribution cannot exceed:

- **\$4,150** for individual coverage OR • **\$8,300** for family coverage

For employees age 55 or older, you can make an additional \$1,000 contribution in 2024.

The HSA account belongs to you, earns interest and any unused dollars will roll over every year.

These funds have a tax advantage as they are earmarked for qualified medical, prescription, vision, dental expenses as defined by the IRS.

Penalty fees and taxes apply if funds are used for other than eligible expenses.

NOTE: PLEASE DO NOT MAKE POST TAX CONTRIBUTIONS TO YOUR HSA ACCOUNT.

Parking & Commuter Benefits



Parking and Edenred (formerly RideEco)

- Ardent Credit Union provides a low cost parking benefit to employees who regularly drive to work. Please see the HR department for more information on this benefit.
- For employees who regularly use public transportation, Ardent Credit Union offers Edenred, a commuter benefit program.
- Employees can place orders for transportation tokens and/or passes, up to the government set monthly pre-tax limit of **\$300** in 2024.
- Ardent Credit Union provides up to **\$70** per month of the cost for participants.
- Employees are prohibited from receiving both parking and Ardent Credit Union's contribution to Edenred.

Health Reimbursement Account (HRA) offered with DPOS & PPO plans

When you enroll in the Keystone Direct POS Plan or the IBX PPO Plan you will also gain access to the Health Reimbursement Arrangement (HRA).

Enrolled as Single (applicable to charges subject to the \$2,000 medical deductible):

- Employees are responsible for the \$2,000 Deductible
- Ardent will reimburse \$500 after the Deductible has been met
- Ardent will also reimburse up to \$500 for coinsurance expenses over the deductible

Enrolled with dependents (applicable to charges subject to the \$4,000 deductible):

- Employees are responsible for the \$4,000 Family Deductible
- Ardent will reimburse \$500 after the Family Deductible has been met
- Ardent will also reimburse up to \$1,000 for coinsurance expenses over any INDIVIDUAL or any DEPENDENT'S deductible expenses

No copays are reimbursable, only deductible and coinsurance related expenses



It Pays to Participate

Now is your opportunity to start paying for many of your out-of-pocket expenses with tax-free dollars. These expenses, such as insurance co-payments, orthodontia and child care services, are items that many people have to pay for anyway. Using an FSA to pay for these expenses tax-free is like getting a discount on something you would have bought at full price. The FSA plan administered by Advantage Benefits Plus is only available to those not eligible to participate in an HSA plan.

Health Care Flexible Spending Account

- The maximum amount you may contribute is **\$3,050** (2024 “Proposed” limit is \$3,200)
- The FSA plan is only available to those who are not eligible to contribute to a Health Savings Account (HSA).

Dependent Care Flexible Spending Account

- If you have children, a disabled spouse, or elderly relatives, you can take advantage of the Dependent Care FSA to help you pay for these expenses and get a tax break at the same time.
- The maximum amount you may contribute is **\$5,000**. (2024 “Proposed” limit is \$5,000)

Important FSA Information

Visa Card

The Benefits Card gives you easy access to the funds in your employee-benefit account. You cannot use it at an ATM or to obtain “cash back” when making a purchase or at physician or dentist offices, vision care providers and hospitals.

Claims and Reimbursement

You may make a request for reimbursement at any time during the plan year by completing the applicable reimbursement form. Reimbursements will be made check or by direct deposit. If you request a reimbursement for more money than is currently in your Dependent Care Account, you will be reimbursed with the total balance of your account. The remainder of your request will be considered on subsequent processing dates.

Use It or Lose It

If your eligible expenses turn out to be less than the amount contributed to your account, federal law requires that the unused balance be forfeited (the “Use it or Lose it” rule). Do not contribute more than you are reasonably certain to use.

Your FSA plan has a 2 ½ month Grace Period that allows you to file claims for services that incurred in 2023 until **March 15th, 2024** after the plan year has ended. Claims must be submitted no later than **March 15th, 2024**. After that date, you forfeit any balance remaining in the account.

Do I need the receipts?

Possibly—so please save all of your itemized receipts!

For some expenses, Advantage Benefits Plus may need additional information, including receipts, to verify eligibility of the expense and to comply with IRS rules.

If You Leave the Company

Your participation in the Flexible Spending Accounts will end on the date of your termination of employment. You have 90 days after your termination date to file a claim for reimbursement of expenses. This means that you may submit for reimbursement of any qualified expenses incurred on or before the date of your termination unless a COBRA election is made.

Specific questions related to eligible and non-eligible FSA expenses should be directed to Advantage Benefits Plus at

<https://abplus.lh1ondemand.com/Login.aspx?ReturnUrl=%2f>

For an itemized list of eligible and ineligible items that are reimbursable through your FSA account, visit the FSA Store online at Advantage Benefits or visit the IRS website at **www.irs.gov**.



Ardent Credit Union has engaged the services of Alight to act as your advocate and provide you with pricing and quality information for alternate health providers. They will even coordinate with your doctor and schedule appointments and tests, etc. In addition, Alight will also act as a personal health advisor, answer questions regarding your benefits and assist you with bill reconciliation in coordination with your provider.



- Unlimited access to healthcare expert
- Unbiased doctor recommendations
- Hospital cost and quality information
- Bill reconciliation
- Complete guidance for your healthcare
- Insider information on saving money

Take advantage of your benefits!

Let us handle the healthcare stuff.

As your personal Health Pro, I'll simplify your healthcare experience, so you can spend time on better things. I can help you:



Understand your benefits

Clear up any confusion about your health plan.



Find great doctors

Locate highly rated doctors, dental providers and eye care professionals.



Pay less for prescriptions

Get recommendations for lowering the cost of your medications.



Save money on healthcare

Compare prices and choose more cost-effective options.



Resolve billing errors

Don't overpay! Your Health Pro can help you avoid paying more than you owe.



Schedule appointments

Have your appointments scheduled at times most convenient for you.

Contact your Health Pro to get started

800-513-1667 x3036

Sunny.Mistry@alight.com

Member.alight.com

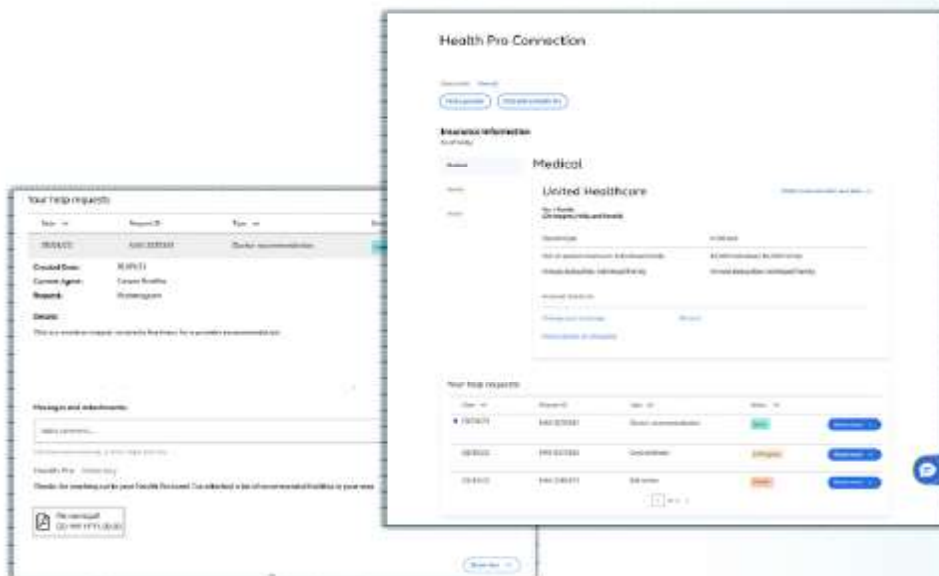
Alight Worklife[®] Health Pro Connection



Health Pro Connection

Provides access to all Navigation resources in one centralized location, including self-service tools and Health Pro support.

- New features answer frequently asked questions like “what’s my deductible?” and “what’s the status of my bill review?”
- Provides instant access to messaging with a Health Pro



What's included?

Employees choose to engage how they want with access to:

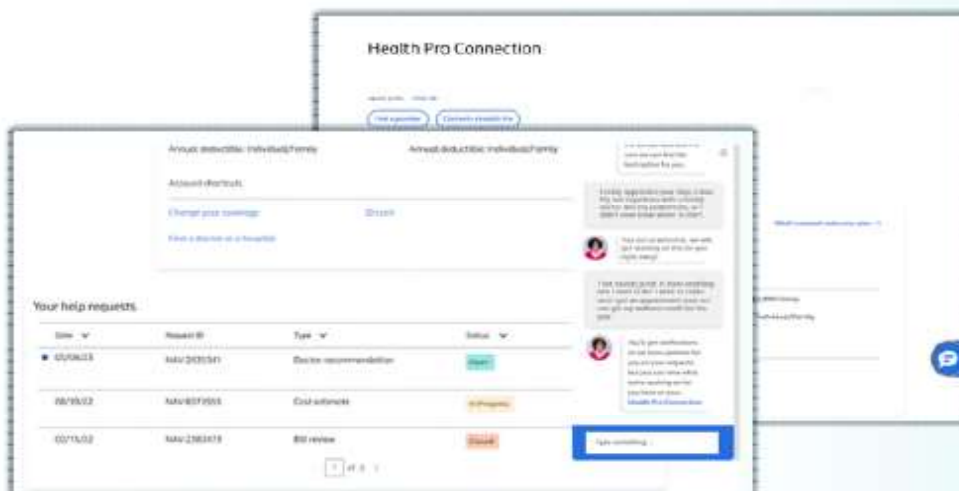
- Get key plan details, such as current deductible, co-insurance, co-pays, and out-of-pocket limits
- Track and review the progress of Health Pro requests with updates via email and in the portal
- Message their Health Pro
- Find a doctor through SmartSelect MD provider search
- View a digital ID card for Medical, Dental, Vision, and Rx plans (this is a buy-up)

alight

Health Pro Message Center

Available from all Health Navigation resource pages, including Health Pro Connection and SmartSelect MD.

- Supports live and after-hours messaging with a Health Pro
- Integrated across the entire suite of Navigation digital features



What's included?

Employees get the support they need from their Health Pro team by:

- Messaging one-on-one with a Health Pro during business hours
- Receiving updates on an open request
- Sending a message after hours to initiate a new request
- Accessing Health Pro appointment scheduling after hours

	IN-NETWORK PDP Plus	OUT-OF-NETWORK ²
Annual Deductible Single / Family	\$50 / \$150	\$50 / \$150
Deductible Waived for Preventive	Yes	
Class I Preventive Services**		
Exam & Cleaning Frequency	2 every 12 months	
Sealants X-rays Full Mouth X-rays Cleaning Fluoride Treatments	0%	20% of Negotiated Fee
Class II Basic Services**		
Space Maintainers Basic Restorative (Amalgam and Composite) Simple Extractions Repairs Endodontics (Root Canal) Surgical and Non-Surgical Periodontics Complex Oral Surgery Emergency Palliative Treatment	20%	40% of Negotiated Fee
Class III Major Services**		
Inlays, Onlays and Crowns Prosthetics (Bridges, Dentures) General Anesthesia Implant Services (1 per tooth in 10 years)	50%	50% of Negotiated Fee
Class IV		
Orthodontia for dependents to age 19 ¹	50%	50%
Lifetime Orthodontic Maximum Per Member	\$1,000	
Annual Benefit Maximum	\$2,000	
<p>Take Advantage of online self-service capabilities with Met Life’s member portal at www.metlife.com/mybenefits or download the MetLife App from the App Store or Google Play.</p> <ul style="list-style-type: none">• Check the status of your claims• Locate a participating PDP dentist• Access MetLife’s Oral Health Library• Elect to view your Explanation of Benefits Online <p>Register at www.metlife.com/mybenefits and follow the easy registration instructions!</p>		
<p>^{**}Please note services have various frequency limitations. Please refer to your plan document for specific benefit frequency limits.</p>		
<p>¹Dependents are covered until the age of 26; Ortho benefits to age 19</p>		
<p>² Reimbursement is based on our Negotiated Fee Schedule. Non-network dentists may bill the member for any difference between our allowance and their fee (balance bill).</p>		



Benefit	Description		Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness		\$10	Every calendar year
Prescription Glasses			\$25	See frame and lenses
Frame	• \$130 Allowance for a wide selection of frames • 20% off amount over your allowance		Included in Prescription Glasses	Every other calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children		Included in Prescription Glasses	Every calendar year
Lens Options	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses <i>Average 20-25% discount off other lens options</i>		\$55 \$95 \$150—\$175	Every calendar year
Contacts (Instead of glasses)	• \$130 Allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)		\$0 Up to \$60	Every calendar year
Extra Savings and Discounts	Glasses and Sunglasses • 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.			
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.			
Out of Network Coverage Reimbursement	Exam Up to \$45	Single Vision Lenses Up to \$30	Lined Trifocal Lenses Up to \$65	Contacts Up to \$105
	Frame Up to \$70	Lined Bifocal Lenses Up to \$50	Progressive Lenses Up to \$50	

In-network providers use the VSP Choice Network.

Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit www.vsp.com for details, how to find a vision provider, member discounts and extras and how to access the member portal and more. You may also download the VSP App from the App Store or Google Play to manage and access your benefit information at any time and from anywhere.



Introducing your Employee Assistance Program

Get help for problems, grow personally, develop professionally, save money & enhance your life!

We all face problems from time to time. Usually, we can handle them ourselves but sometimes it makes more sense to reach out for help.

That's why Ardent Credit Union provides you and your family with a confidential Employee Assistance Program or EAP, a benefit offering resources and solutions for the problems you encounter. Just as health insurance addresses your physical health, your EAP benefits help with your emotional and mental well-being. And your EAP benefits also include much more than just help for problems – we have a host of benefits and opportunities to help you grow professionally, save money, improve your health, and enhance your personal life! Best of all, because Ardent Credit Union has covered the cost of services, there is no cost to you.

©

COUNSELING BENEFITS

Help with personal issues from relationships to stress and substance abuse.

WORK/LIFE BENEFITS

Assistance for other personal, financial and legal issues.

SELF-HELP RESOURCE BENEFITS

Access a vast collection of self-help tools and articles.

PEAK PERFORMANCE COACHING

One-to-one telephonic personal & professional coaching.

LIFESTYLE SAVINGS BENEFITS

Get negotiated discounts and deals for wellness, shopping, travel & more.

PERSONAL DEVELOPMENT & TRAINING BENEFITS

Over 8,000 eLearning opportunities to grow in your work, life, and career.

WELLNESS BENEFITS

Coaching, information, and resources to improve your overall wellness.

HOW DOES THE EAP WORK?

Getting the help you need is simple. Call the EAP 24 hours a day, 7 days a week to reach a professional counselor via our toll-free number or log on to our website to access other benefits.

800-252-4555

www.theEAP.com

MORE BENEFITS FOR YOU

Your EAP provides access to more problem-solving solutions and life enhancement benefits than any other EAP. And nearly 99% of those who use the EAP are satisfied with the experience.



LIFE /ACCIDENTAL DEATH & DISMEMBERMENT (LIFE/AD&D) – 100% Paid by Ardent Credit Union	
Plan Provisions	Benefit Features
Who is Covered?	All active FT employees working a minimum of 30 hours per week
Effective Date	Date of Hire
Benefit Amount	1x basic annual earnings to a maximum of \$300,000 (rounded to the next higher \$1,000)
Guaranteed Issue Amount	\$300,000
Age Reduction Schedule	Original amount reduced by 35% at age 70; by 50% at age 75
Life Beneficiary Services provided by ComPsych® Corporation and FinancialPoint® Corporation Include:	Bereavement Counseling- Telephonic and in person, Funeral Planning Support and Referrals, Online Will Preparation, Identity Theft, Beneficiary Financial Counseling. Certain services may not be available in all states.

SHORT TERM DISABILITY (STD) – 100% Paid by Ardent Credit Union	
Plan Provisions	Benefit Features
Who is Covered?	Class 1: Active Full Time Hourly Employees working a minimum of 30 hours per week Class 2: Active Full Time Salaried Employees working a minimum of 30 hours per week
Effective Date	Date of Hire
Eligible Classes	Class 1: Active Full Time Hourly Employees working a minimum of 30 hours per week Class 2: Active Full Time Salaried Employees working a minimum of 30 hours per week
Benefit Amount	Class 1: 50% of base weekly salary to a maximum of \$1,500 per week Class 2: 50% of base weekly salary to a maximum of \$2,500 per week
Benefit Begins	14 day accident / 14 day illness
Benefit Duration	11 weeks from In Benefit Date
Definition of Disability	With partial: Unable to perform the material and substantial duties of your regular occupation and you have a 20% or more loss in your weekly earnings; and under the regular care of a doctor.
Guidance Resources and Travel Assistance include:	Guidance Resources/3 Face to Face EAP Sessions available through ComPsych Corporation. Travel Assistance benefits are provided by International Medical Group, Inc. (IMG), a third-party vendor not affiliated with Prudential. – additional information on these services can be found on the following pages of this guide.

LONG TERM DISABILITY (LTD) – 100% Paid by Ardent Credit Union	
Plan Provisions	Benefit Features
Who is Covered?	Class 1: Active Full Time Hourly Employees working a minimum of 30 hours per week Class 2: Active Full Time Salaried Employees working a minimum of 30 hours per week
Effective Date	Date of Hire
Benefit Amount	Class 1: 66.67% of basic monthly earnings to a maximum of \$8,000 Class 2: 66.67% of basic monthly earnings to a maximum of \$14,000
Benefit Begins	After 90 days of disability
Benefit Duration	To Social Security Normal Retirement Age with ADEA I
Definition of Disability	Class 1 & 2: 36 month own occupation then any occupation
Value Added Benefits Include	Guidance Resources/3 Face to Face EAP Sessions available through ComPsych Corporation. Travel Assistance benefits are provided by International Medical Group, Inc. (IMG), a third-party vendor not affiliated with Prudential. – additional information on these services can be found on the following pages of this guide.



An Overview of Your GuidanceResources® Program

No matter what's going on in your life, GuidanceResources® is here to help.

Personal problems, 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. This flyer explains how GuidanceResources can help you.

Confidential Counseling on Personal Issues

Your Employee Assistance Program (EAP) is a confidential assistance program to help address the personal issues you and your dependents are facing. This service, staffed by experienced clinicians, is available by phone 24 hours a day, seven days a week. A GuidanceConsultant™ 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:

- Depression
- Stress and anxiety
- Marital and family conflicts
- Alcohol and drug abuse
- Job pressures
- Grief and loss

Financial Information, Resources and Tools

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

- Saving for college
- Tax questions
- Getting out of debt
- Estate planning
- Retirement planning

Legal Information, Resources and Consultation

When a legal issue arises, our 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:

- Divorce and family law
- Bankruptcy
- Debt obligations
- Criminal actions
- Landlord and tenant issues
- Civil lawsuits
- Real estate transactions
- Contracts

Online Information, Tools and Services

GuidanceResources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial concerns. Create your own account by going to www.guidanceresources.com. Each time you return to the site, you will find personalized, relevant information based on your individual life needs. You can:

- Review in-depth HelpSheetsSM on topics you select
- Get answers to specific questions
- Search for services and referrals
- Use helpful planning tools

**WE ARE AVAILABLE 24 HOURS A DAY,
7 DAYS A WEEK.**

Call: 800.311.4327

TDD: 800.697.0353

Online: guidanceresources.com

Your company Web ID: GEN311

Travel Assistance Services



EMERGENCY MEDICAL TRANSPORT SERVICES

Dispatch of a Physician	Repatriation of Remains
Emergency Medical Evacuation	Return of Travel Companion
\$25,000 Emergency hospitalization*	Vehicle Return Services
Medical Repatriation	Visit of a Family Member or Friend
Return of Dependent Children	

*Only available when traveling outside your home country and the USA and can only be used in conjunction with an eligible medical evacuation



MEDICAL ASSISTANCE SERVICES

Convalescence Arrangements/Emergency Travel Arrangements	Medical & Dental Referrals
Outpatient & Inpatient Care	Prescription Transfer & Shipping
Interpretation Services	Telemedicine
Medical Monitoring	Replacement of Medical Devices



TRAVEL ASSISTANCE SERVICES

Emergency cash transfer	Lost Luggage and/or Document Assistance
Consulate and Embassy Location	Pet Housing and Return
ID Theft Assistance	Pre-Trip Informational Services
Legal referrals	Urgent Message Relay



SECURITY ASSISTANCE SERVICES

Emergency Political evacuation/repatriation	Natural Disaster Evacuation
Location Intelligence App	

ADDITIONAL ENHANCEMENTS AND HIGHLIGHTS



- Identity Theft Assistance is now included automatically
- Security assistance services are now included automatically with enrollment (including political and natural disaster evacuation)
- The trip limit is increasing from 120 to 180 days
- Telemedicine is now included automatically. This service allows travelers access to a medical doctor 24/7 through a videoconferencing app.
- Better traveler app with enhanced functionality and user experience
- Greater flexibility to customize offers for specific customers with unique needs (trip limits, covered maximums, integration with travel management software, out of country medical coverage, etc.)
- Hospital Guarantee of Payment up to \$25,000 (with Evacuation Service)

IMG Assistance Services can be accessed 24/7/365 via the following:

Phone: 317.927.6828, 855.847.2194

Email: assist@imglobal.com

This document is for informational purposes only and describes IMG's general capabilities and a broad overview of the services it offers. The actual services and payments that IMG arranges or provides for you will be determined by your services contract. This document is not a promise, a contract or a contract offer, but an invitation for you to make an offer.



WWW.IMGGLOBAL.COM

Ardent Credit Union provides all eligible employees the option to enroll in the company 401(K) plan. Employees can contribute a percentage of their pay by selecting the pre-tax (traditional) or post-tax (ROTH) deferral option. Newly eligible staff members will be auto enrolled at 5% if they do not enroll using a different percentage or opt out.

Eligibility and Participation: You must be at least 18 year of age and employed for three months to be eligible to participate in the 401(K) plan.

Enrollment Frequency: Eligible 1st day of quarter following 90 days of employment. 1/1, 4/1, 7/1 or 10/1. Contribution changes can be made monthly after initial enrollment.

Contribution Amounts: For 2024 the *“proposed IRS limits”* allow, eligible employees to defer the lesser of 50% of eligible compensation or \$23,000 into the Plan on a pre-tax basis. Employees age 50 and over may contribute an additional \$7,500 into the plan.

Employer Match: Eligible employees will receive a \$1 for \$1 match on the first 3% and \$.50 on the next 2% of their salary contributions.

Vesting Schedule: Both your contributions and Ardent’s Safe Harbor employer match are always 100% vested, with no risk of forfeiture.

Loans: Loans are available on this plan. The minimum loan amount is \$1,000. Only one outstanding loan is allowed at a time. Please note there is a \$150 fee for a loan.

Vanguard/Ascensus Phone—866.794.2145



Critical Illness, Accident & Hospital

What's covered?

Your GapAssist plan includes three types of coverage: critical illness, accident and inpatient hospital. The following pages describe how each type of coverage works and the costs associated with each plan. For your specific benefit amounts, please refer to your plan summary.

Plan Level	Accident	Critical illness*	Inpatient hospital
Base	\$1,000 per accident	\$5,000	\$200 per day
Classic	\$2,500 per accident	\$10,000	\$300 per day
Premier	\$5,000 per accident	\$15,000	\$400 per day

*Spouse benefits equal 50% and child coverage equals 25% of employee benefit amount.

Current Monthly Rates			
Coverage Level	Base	Classic	Premier
Employee	\$22.64	\$35.70	\$47.41
EE + Spouse	\$44.18	\$67.93	\$88.82
EE + Child(ren)	\$33.15	\$50.60	\$65.85
Family	\$57.86	\$87.33	\$112.78

Critical Illness Coverage- The first time you're diagnosed with a covered condition after the policy is in effect, you'll receive a lump-sum benefit payment based on the policy terms and diagnosis.

Covered conditions are grouped into three categories. Each condition is eligible for 25% or 100% of your benefit amount. The maximum benefit you can receive from a category equals 100% of your benefit amount.

At least 12 months must pass between the diagnoses of critical illnesses before an additional lump-sum payment can be made. However, if you receive a benefit at 25% for the initial critical illness of a particular category and later are diagnosed with a different illness within the same category, you could receive an additional lump-sum payment up to the maximum amount for that category without waiting for 12 months to pass between diagnoses.

What's covered after an accident?

- X-rays
- Dental
- Medical
- Inpatient Prescription Drugs
- Surgery
- Inpatient Hospital

	Covered critical illness conditions ¹	% of benefit amount paid*
Category 1	• Invasive cancer	100%
	• Minor cancer	25%
Category 2	• Heart attack • Stroke	100%
	• Coronary artery disease needing surgery or angioplasty	25%
Category 3	• Coma due to accident	100%
	• Occupational HIV infection due to accident	
	• Loss of sight**	
	• Loss of speech**	
	• Loss of hearing**	
	• Major organ failure	
	• End-stage renal disease	
	• Paralysis due to accident	
	• Severe burns	

** Benefit amounts reduce by 50% at age 70.

** Due to accident or specified disease.



Accident Coverage- The accident portion of your plan provides benefits for up to three (3) accidents per covered person per calendar year. All eligible expenses associated with an accident will be covered at 100%, up to the benefit limits.

Inpatient Hospital Coverage- Inpatient hospital coverage pays a set benefit amount for eligible services and supplies on each day you are charged room and board during a stay in a hospital or authorized facility, beginning on the first day of a covered stay lasting at least 24 hours. Each facility type has its own per-day benefit and calendar year maximum.

How to file a claim?**Critical illness**

To file a critical illness claim, call Symetra Select Benefits.

Accident and inpatient hospital

- 1 Show your Select Benefits ID card at the time of service. You may have the claim paid directly to the healthcare provider (this is called “assigning your benefits to your provider”), or pay and then submit a claim yourself for reimbursement.
- 2 If benefits are assigned, Symetra will pay the provider according to the policy.
- 3 Symetra will send you an Explanation of Benefits showing the original fee, the amount paid and any remaining balance owed to the provider.

MyGroup Online (MyGO)

Access and manage your benefits online, 24/7. You can submit an accident or hospital claim, request an ID card and download important forms—all through your computer or mobile device. Visit symetra.com/MyGO to get started.

Frequently asked questions**Critical illness coverage****Does the policy have to be effective to receive benefits?**

Yes, critical illness benefits will only be paid for covered conditions diagnosed after the policy is in effect.

Is there a waiting period?

Yes, there is a 30-day waiting period following the date your coverage goes into effect.

Are my benefits taxable?

Benefit payments under this policy may be considered taxable income if you pay premiums on a pre-tax basis, or if your employer pays premiums on your behalf without including them in your income. Symetra reports taxable income to you and the IRS as required on tax form 1099-MISC. For more information, consult your tax advisor.

How long do I have to file a claim?

You have 90 days from the date of service to file a claim.

If I file a claim, how long does it take to receive my benefits?

Symetra will make a decision on your claim within 30 days of receiving completed claim forms and required medical information. Depending on the complexity of the medical information received, this review period may be extended up to an additional 15 days. If your claim is approved, you can expect to receive payment within 7-10 days.

Accident and inpatient hospital coverage**What information does Symetra require to process a claim?**

- A statement explaining:
 - Date of accident
 - Place of accident
 - Cause of accident
- UB04 or HCFA 1500 form, or an itemized statement that includes diagnosis and procedure codes

Additional information such as doctor notes may be requested.

How long do I have to submit a claim?

- **Accident:** The first expense must be incurred within 60 days. Claims may be submitted up to 52 weeks after the date of injury, or until you have exhausted your accident benefit or exceeded your policy terms, whichever comes first.
- **Inpatient hospital:** You have 90 days from the date of service to file a claim.

Does the policy have to be effective to receive benefits?

Yes. The accident and medical services received must occur while the policy is active.





Contact the HTA Client
Services Team to set-up a
free consultation

(610) 430-6650 *(option 1)*

medicare@hta-insurance.com



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www.hta-insurance.com



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Your Full-Service Partners

HTA provides all you need to transition to Medicare, acquire the best secondary coverage, and get ongoing support.

Step-by-step, we explain the Medicare enrollment process and the Medicare claims systems, so you know what to expect. Our recommendations are always specific to your situation and health needs.

Empowering you to make informed choices

Your situation is unique. That's why we provide a no-cost phone consultation, followed by a detailed summary email and report outlining your specific "action plan," based on your health needs and situation.

We work to understand your specific situation to best advise on:

- Transitioning from a Group Health Policy to Medicare
- When to enroll or defer Medicare Part B if not retiring at age 65
- What happens when you and your spouse do not turn 65 at the same time
- Open Enrollment and Guaranteed Issue Periods and late penalties
- What does Medicare cover and not cover
- Is secondary insurance necessary and what are the options

Medicare Coverage Plan

HTA shops all Medicare-related products from over 35 leading insurance carriers.

We are here to guide you through your initial plan selections. We explain the products and help you complete the enrollment paperwork.

At each Annual Election Period HTA is available to shop your plans and review your prescription needs to insure you remain in the most appropriate coverage for the next plan year.

Plus, you will always have unlimited phone support for future questions and assistance.

Medicare Supplement Insurance pays the deductibles and copays on Original Medicare Parts A and B. When you first enroll in Medicare Part B or leave employer group coverage, you can apply for certain plans without having to answer medical questions. Your Medicare Supplement benefits remain the same each year. You can change your Medicare Supplement anytime, but may be subject to medical underwriting.

Medicare Advantage is an alternative to Medicare Supplement Insurance. Although you will still pay for Original Medicare Parts A and B, these plans are used instead of Original Medicare. Plan benefits change annually and should be reviewed during Annual Election Period. Changes can only be made once a year during the Annual Election Period.

Medicare Prescription Drug Plans can help cover some of your Rx costs. Initially choose a Medicare Prescription Drug plan that fits your medication list. You should enroll during your Initial Enrollment Period or Special Enrollment Period to avoid penalty. Plan benefits change annually and should be reviewed during the Annual Election Period, as changes can only be made at that time.

The Annual Election Period runs from Oct 15 – Dec 7 each year. All Medicare Supplements or healthcare policies are approved by the Federal Centers for Medicare and Medicaid Services.

Important Legal Notices

Notice of Creditable Coverage

Important Notice from Ardent Credit Union

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Ardent Credit Union and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Ardent Credit Union has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Ardent Credit Union coverage will not be affected. You can keep this coverage even if you elect Part D; the plan will coordinate with Part D coverage. If you are an active associate and decide to join a Medicare drug plan and drop your current Ardent Credit Union coverage, be aware that you and your dependents will be able to get this coverage back, provided you are still eligible to participate in the Ardent Credit Union Medical Plan.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Ardent Credit Union and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Ardent Credit Union changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1 800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 01, 2024
Name of Entity/Sender:	Ardent Credit Union
Contact—Position/Office:	Angelica Garcia - HR Generalist
Office Address:	3 Parkway, 1601 Cherry Street Philadelphia, Pennsylvania 19103 United States
Phone Number:	215.569.3700 Ext 7813

Important Legal Notices

Marketplace Notice

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.²

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

How Can I Get More Information?

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

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

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Ardent Credit Union		4. Employer Identification Number (EIN) 23-2088266	
5. Employer address 3 Parkway, 1601 Cherry Street		6. Employer phone number 215.569.3700 Ext 7813	
7. City Philadelphia		8. State Pennsylvania	9. ZIP code 19103
10. Who can we contact about employee health coverage at this job? Angelic Garcia			
11. Phone number (if different from above)		12. Email address Angelic.Garcia@ardentcu.org	

² An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Important Legal Notices

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Ardent Credit Union is committed to the privacy of your health information. The administrators of the Ardent Credit Union Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Angelic Garcia - HR Generalist at 215-569-3700 Ext 7813 or Angelic.Garcia@ardentcu.org.

Women’s Health & Cancer Rights Act

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: PPO HSA \$2,000/80% w Int Rx (Individual: 20% coinsurance and \$2,000 deductible; Family: 20% coinsurance and \$4,000 deductible)

Plan 2: PPO \$2,000/\$30-\$60/80%(Individual: 20% coinsurance and \$2,000 deductible; Family: 20% coinsurance and \$4,000 deductible)

Plan 3: DPOS \$2,000/\$30-\$60/80% (Individual: 20% coinsurance and \$2,000 deductible; Family: 20% coinsurance and \$4,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 215-569-3700 Ext 7813 or Angelic.Garcia@ardentcu.org.

Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA Special Enrollment Rights

Ardent Credit Union Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Ardent Credit Union Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Angelic Garcia - HR Generalist at 215-569-3700 Ext 7813 or Angelic.Garcia@ardentcu.org.

Important Legal Notices

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

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

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

Important Legal Notices

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479</p> <p>All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

Important Legal Notices

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health-care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP)(pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

Important Legal Notices

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

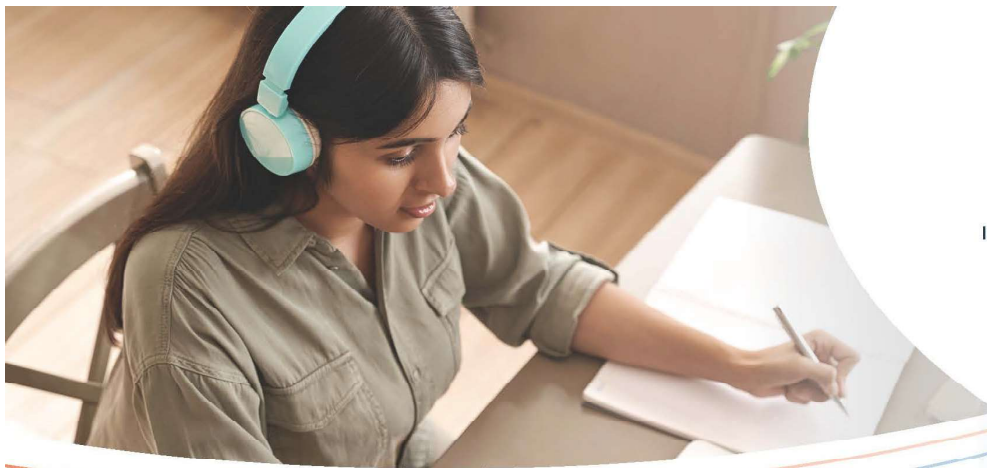
U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



Insurance | Risk Management | Consulting

Ask Your Advocate Team

Put our team to work to maximize your healthcare benefits.

Gallagher is ready to help you get the most from your benefit program by providing support from an advocate at no cost to you. Get assistance with:

1

Explanation of benefits

Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?

2

Prescription challenges

Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization for a medication?

3

Benefits questions

Are you unsure if the insurance company will pay for a certain procedure?

4

Claim issues

Did you receive a bill from a doctor but don't know why?

5

Difficult situations

Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

A licensed healthcare benefits advocate is ready to handle any situation in a discreet and confidential manner.

Hours of operation

Monday – Friday
8 a.m. – 6 p.m.

Connect With Us

Ardent Credit Union Advocate Center

Toll Free (833) 681-0158
E-Mail: bac.ardentcu@ajg.com

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Contact Information

Coverage	Carrier	Web Site Address	Customer Service
Medical / Rx	Independence Blue Cross	www.ibx.com	800-275-2583
Dental	MetLife	www.metlife.com/dental	800-275-4638
Vision	VSP	www.vsp.com	800-877-7195
FSA	Advantage	https://abplus.lh1ondemand.com/Login.aspx?ReturnUrl=%2f	800-809-6574
Life / AD&D / STD / LTD	Prudential	www.prudential.com	888-598-5671
401(K)	Vanguard/Ascensus	www.my.vanguardplan.com	866-794-2145
Voluntary GapAssist Coverage <i>Critical Illness, Accident & Hospital</i>	Symetra	www.symetra.com/MyGO	800-497-3699
Advocacy & Transparency Tool	Alight	www.alight.com	800-513-1667

Please Note: This booklet provides a summary of the benefits available. Ardent Credit Union reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern. Neither this booklet nor benefits described herein in any way creates an offer of employment or agreement of employment, for any period of time. If you are employed or should you be offered employment at Ardent Credit Union such employment is at will, meaning you can be discharged with or without notice and with or without cause at the complete discretion of Ardent Credit Union.

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