



Benefits Decisions Guide

YOUR 2026 BENEFITS CHOICES



Do Good. Bank Better.™





Do Good. Bank Better.SM

Dear VyStar Employees,

We are excited to introduce the **2026 Benefits Decision Guide!**

As part of our ongoing commitment to providing meaningful and affordable benefits, we continuously monitor the evolving healthcare and pharmacy landscape. With rising medical costs and new treatment innovations, we remain focused on offering a benefits package that balances quality care with financial sustainability—for both you and VyStar.

You are the heart of our organization, and we recognize that your health and well-being are essential to our shared success. That's why our benefits are designed to be flexible, inclusive, and responsive to your individual needs. From comprehensive medical coverage and pharmacy solutions, as well as voluntary worksite and legal benefits, our offerings aim to provide strong financial protection and peace of mind for you and your loved ones.

We encourage you to explore the 2026 Benefits Decision Guide and take full advantage of the resources available to help you make informed choices for yourself and your eligible dependents.

Thank you for your continued dedication and contributions to VyStar!

Warm regards,

Brian and Kwanza



Brian Wolfburg
President/CEO



Kwanza Suarez
Chief Human Resources
Officer



The information included in this guide is intended to summarize the benefits offered in a format that is clear and easy to understand. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal plan document or contract, which contains the complete provisions of the program. In case of any discrepancy between this handout and the legal plan document or contract, the legal plan document or contract will govern.

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Important Reminders

- **New Hires: Your elected coverage will begin on the first day of the month following 30 days of employment.** *If you do not finalize your enrollment within 30 days of your date of hire you will be default enrolled in Basic Life, Disability, Survivor Wage Payment and EAP coverages only.*
- **Your benefit choices will stay in effect until the next plan year.** If, however, you have a qualified change in family status, you may be able to change some of your benefit elections.
- **After your enrollment opportunity ends, you will not be able to make changes to your benefits** until the next Open Enrollment, unless you experience a qualifying life event (QLE) as outlined on page 4 of this guide. **You must notify the HR Benefits Team and provide the required documentation within 30 days of the (QLE).**
- **Verification of eligibility** for any covered dependent(s) is required upon initial enrollment, or at anytime throughout the year by HR or our 3rd party vendor, Aptia.

Who can enroll?*

Full-time employees (20+ hrs./wk.) – Coverage will begin on the first day of the month following 30 days of employment.

Eligible dependents – Includes:

- Your legally married spouse (excludes domestic partners, fiancé, and former spouse; must be legally married to cover spouse).
- Children up to age 26 (regardless of marital status); including a natural child, stepchild, a legally adopted child, or a child whom you or your spouse have court appointed legal guardianship), and disabled dependent children age 26 or older, provided the child was disabled prior to age 26.*

When Coverage Ends & COBRA

- End as of the last day you are an active employee of VyStar.
- Dependent children are eligible for medical, dental, and vision coverage until the end of the month they turn 26. They are eligible for accident, critical illness, hospital indemnity, and legal coverage until the end of the day they turn 26.
- Child supplemental life ends at 19, or at age 25 as long as the child maintains full-time student status.
- See Notices and Disclosures to learn more about COBRA and continuation coverage.

*Natural born dependents of covered dependent are eligible for Medical coverage for the first 18 month of their life.

What Is A QLE?

Qualifying Life Event (QLE)

If you experience a change in your situation like getting married, having a baby, or losing health coverage, that can make you eligible for a **30-day Special Enrollment Period**, allowing you to enroll in health coverage outside the annual Open Enrollment Period.

Qualifying Life Event	Medical	Dental	Vision	Vol. Spouse Life	Vol. Child Life	Dep. Care FSA	Healthcare FSA	Beneficiaries	Documentation
Change in marital status Marriage Divorce or Annulment Legal Separation Domestic Partner Dissolution Death of Spouse	✓	✓	✓	✓		✓	✓	✓	Marriage Certificate Divorce decree Final court document Notarized statement of disenrollment Death certificate
Change in Number of Dependents Birth Adoption Guardianship of a Child Death of a Dependent	✓	✓	✓		✓	✓	✓	✓	Birth Certificate Hospital announcement Adoption agreement Court decree for guardianship Death certificate
Dependent Becomes Eligible	✓	✓	✓	✓	✓	✓	✓	✓	Provide name Social Security Number Date of birth for dependents
Dependent loses other coverage	✓	✓	✓			✓	✓	✓	Proof of loss of coverage such as termination letter Certificate of creditable coverage
Dependent gains other coverage	✓	✓	✓			✓	✓	✓	Proof of coverage with start date of benefits and name(s) of covered dependents
A change in Team Member's, spouse's, or dependent's work hours	✓	✓	✓			✓	✓	✓	Proof of loss of coverage due to employment status change such as certificate of creditable coverage or letter from the company
Change in dependent care costs						✓			Letter from your day care provider
Court ordered dependent, add or drop from coverage	✓	✓	✓		✓	✓	✓	✓	Contact your benefits team directly

Plan changes must correspond with the change in status and may require documentation to prove eligibility.
If you are asked to prove eligibility, you will need to provide that proof within 30 days of the selection of your plan.
Reach out to BenefitsAdmin@VyStarcu.org with any questions.

MEDICAL

Quality health coverage is one of the most valuable benefits you enjoy as a VyStar employee. Our benefit programs offers plans to help keep you and your family healthy and provide important protection in the event of illness or injury.

Freedom of Choice

We offer three medical plans through Blue Cross Blue Shield, giving you the flexibility to choose what's best for your needs and your budget.

- BCBS 1250, an EPO (In-network only)
- BCBS 1500, a PPO
- BCBS HDHP, a PPO

Key features

All of VyStar's medical plans offer:

- Comprehensive, affordable coverage for a wide range of health care services.
- The same in-network providers and facilities under all three plan options, including Baptist Health and Mayo Clinic. Search network providers [here](#).
- In-network preventive care, with services covered at 100%, including annual physicals, recommended immunizations, well-woman and well-child exams, flu shots, and routine cancer screenings.
- Prescription drug coverage included with each medical plan.
- Financial protection through annual out-of-pocket maximums that limit the amount you'll pay each year.
- Choice of coverage levels
 - Employee Only
 - Employee + Spouse
 - Employee + Child(ren)
 - Family

Which plan is right for you?

Choosing the right benefits doesn't have to be overwhelming. Our Decision Support Tool is an easy, interactive resource designed to help you select the best-fit plans for you and your family. In just a few minutes, you'll receive personalized recommendations based on your expected healthcare needs—so you can feel confident in your choices.

Get a recommendation tailored to you, fast, easy, and completely confidential.

[Benefits Decision-Support Tool](#)

Medical plan costs

You and VyStar share the cost of your medical benefits. VyStar pays a generous portion of the total cost, and you pay the remainder through bi-weekly payroll deductions. Your specific cost is based on the plan and coverage level you select.

2026 bi-weekly deductions per pay period (pre-tax)

Coverage level	BCBS 1250	BCBS 1500	BCBS HDHP
Employee Only	\$66.00	\$54.22	\$27.03
Employee + Spouse	\$229.43	\$204.70	\$147.60
Employee + Child(ren)	\$204.15	\$181.78	\$130.11
Family	\$327.76	\$292.43	\$210.85

Compare Medical Plans

The chart below provides a comparison of key coverage features and costs.

	BCBS 1250 (In-network Only)		BCBS 1500 (PPO)		BCBS HDHP (PPO)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Calendar Year Deductible (CYD)						
Per person/per family	\$1,250/\$2,500	No Coverage	\$1,500/\$3,000	\$5,000/\$10,000	\$3,400/\$6,800	\$6,800/\$13,600
Out-of-pocket maximum¹						
Per person/per family	\$5,000/\$10,000	No Coverage	\$6,750/\$13,500	\$13,500/\$27,000	\$6,550/\$13,100	\$13,100/\$26,200
Coinsurance %						
% you pay, if applicable	20%	No Coverage	20%	40%	30%	50%
Common Services						
Primary Care office visits	\$20 copay	No Coverage	\$30 copay	CYD + 40%	CYD + 30%	CYD + 50%
Preventive care	\$0 copay	No Coverage	\$0 copay	CYD + 40%	\$0 copay	CYD + 50%
Specialist office visits	\$40 copay	No Coverage	\$60 copay	CYD + 40%	CYD + 30%	CYD + 50%
Teladoc General Med	\$0 copay	No Coverage	\$0 copay	No Coverage	\$0 copay	No Coverage
Teladoc Primary Care	\$10 copay	No Coverage	\$15 copay	No Coverage	\$10 copay	No Coverage
Teladoc Mental Health & Dermatology	\$20 copay	No Coverage	\$30 copay	No Coverage	\$20 copay	No Coverage
Outpatient surgery	CYD + 20%	No Coverage	CYD + 20%	CYD + 40%	CYD + 30%	CYD + 50%
Inpatient hospital (per stay)	CYD + 20%	No Coverage	CYD + 20%	CYD + 40%	CYD + 30%	CYD + 50%
Urgent Care	\$30 copay	No Coverage	\$50 copay	CYD + 20%	CYD + 30%	CYD + 30%
Emergency room ³	\$500 copay	\$500 copay	CYD + 20%	CYD + 20%	CYD + 30%	CYD + 30%
X Rays (Independent / Hospital)	\$0 / CYD + 20%	No Coverage	\$0 / CYD + 20%	CYD + 40%	CYD + 30%	CYD + 50%
Advanced Imaging (Independent / Hospital)	\$150 / CYD + 20%	No Coverage	\$150 / CYD + 20%	CYD + 40%	CYD + 30%	CYD + 50%
Retail prescription drugs (31-day supply)⁵						
Generic	\$15 copay	No Coverage	\$15 copay	No Coverage	CYD + \$15 copay	No Coverage
Brand Formulary	\$35 copay	No Coverage	\$35 copay	No Coverage	CYD + \$35 copay	No Coverage
Non-formulary	\$60 copay	No Coverage	\$60 copay	No Coverage	CYD + \$60 copay	No Coverage
Specialty	\$200 copay	No Coverage	\$200 copay	No Coverage	CYD + \$60 copay	No Coverage

¹ Includes your deductible, coinsurance and copays

² IMPORTANT: If a member requests multiple visits for the same service within a 24-hour period, the member will be asked to pay the full \$55 visit cost

³ Plan will pay 100% of billed charges for REAP Providers (Radiologists, Emergency Room Physicians, Anesthesiologists and Pathologists) when out-of-network REAP services are provided in the ER setting.

⁴ Will pay for out-of-network coverage in emergency situations (i.e. stroke, heart attack, other true emergency)

⁵ The prescription drug coverage for all group medical plans offered is considered to be Medicare Part D creditable coverage. Pharmacy Management Programs included in all group medical plans offered including Mandatory Generic, Prior Authorization, Step Therapy and Specialty Medications.

Money-saving tips - To stretch your health care dollars, remember to:

- **Visit in-network providers** who have agreed to accept lower negotiated rates. No balance billing!
- **Use the mail-order pharmacy** to save time and money when filling long-term prescriptions. Get a 90-day supply for 2.5x's the retail co-pay!
- **Contribute into the HSA or Healthcare FSA** to pay for out-of-pocket healthcare costs with pre-tax dollars!



A closer look at the HDHP

HDHP advantages

1. Lower paycheck costs

Your per-paycheck costs are lower compared to VyStar's other health plans, giving you the opportunity to contribute the cost savings to a tax-free (federal taxes) Health Savings Account (HSA). You pay for your initial medical costs (medical and prescriptions) until you meet your annual deductible, and then you pay a share of any further covered costs until you reach the annual out-of-pocket maximum.

2. Tax-advantaged savings account

To help you pay your deductible and other out-of-pocket costs, the HDHP lets you open an HSA and make tax-free contributions directly from your paycheck. VyStar also contributes to your HSA.

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. Health care expenses include eligible medical, dental, vision, prescription and many OTC items! In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave VyStar. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

Note: You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.

3. Free in-network preventive care

As with all VyStar health plans, preventive care is fully covered under the HDHP — you pay nothing toward your deductible and no copays as long as you receive care from in-network providers. Preventive care includes annual physicals, well-child and well-woman exams, immunizations, flu shots, and cancer screenings.

Using a HDHP

1 Free Preventive Care	You pay nothing for in-network preventive care.
2 Deductible	You pay 100% of your medical and prescription expenses up to the annual deductible amount. Use your HSA to plan ahead for these costs.
3 Coinsurance	You and the plan share costs once you meet your deductible, until you reach the out-of-pocket maximum.
4 Out-of-pocket Maximum	You're protected by an annual limit on costs. The plan starts to pay 100% once you've paid this amount during the year.

Money-saving tip

If you enroll in the HDHP, put the money you save through lower paycheck deductions into your tax-free HSA, so you'll have money available when you need to pay out-of-pocket costs.

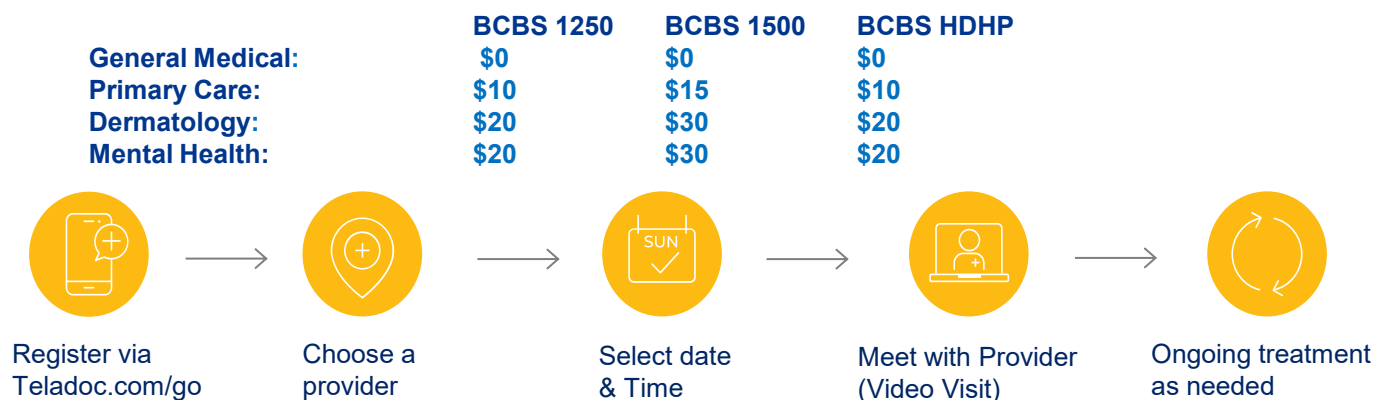
VyStar allows employees the flexibility to adjust their HSA contribution amount as often as every pay period, up or down.



TELEMEDICINE



Teladoc is a medical benefit provided to employees enrolled in a VyStar Medical Plan at low or no cost, that gives 24/7/365 access to U.S. board certified doctors who can resolve many of your medical issues via phone or online video. For more information go to myhealthtoolkitfl.com and sign up then download the app.



What can be treated?*

- Abscess
- Abnormal uterine bleeding
- Animal bites
- Complex chronic infections
- Cosmetic medications (hair loss)
- COVID
- Emergency contraception
- Emergency issues such as trauma or head injury
- Erectile dysfunction
- Mastitis
- Pediatric ear infection
- Pneumonia
- Prostatitis/Epididymitis
- STI/STD (exception is herpes)
- Skin conditions without sufficient or high-quality images
- Strep (flat denial if they are under three years of age)
- Tick bites
- Travelers health such as anti-malarials
- UTI
- Weightloss Management/Nutritional Counseling

Primary Care

Primary 360 allows you to manage your overall health—body and mind— with a U.S. board-certified primary care provider and care team. They will assist with coordination of additional health care services, if needed, and order any required testing. Primary 360 appointments are scheduled within days and can be accessed anywhere which helps if distance is a challenge.

Mental Health

Your mental health matters! Our goal is to make sure that VyStar employees have quick and affordable access to mental health care. Through our Teladoc program you can have real conversations and see real progress with a therapist of your choice. Available 7 days a week from the privacy of your own home.

* If you request multiple visits for the same service within a 24-hour period, you will be asked to pay the full visit cost of \$65-\$90

PREVENTIVE CARE

Employees and dependents covered by one of the VyStar Credit Union group medical plans can get checkups, screenings, vaccines, prenatal care, contraceptives, and more with no out-of-pocket costs. Discuss this information with your doctor.

Screenings

Physical Exam- Every year.

Body Mass Index- Annually.

Blood Pressure- At least every 2 years.

Colon Cancer - At age 45 in consultation with your doctor. You have three options for colon cancer screening: a colonoscopy every 10 years, a flexible sigmoidoscopy every five years or a blood test annually.

Diabetes Screening- Beginning at age 45 (If you have high blood pressure or high cholesterol, are overweight, or have a close family history of diabetes, you should consider an earlier screening.

Heart Screening- Beginning at age 65.

Vision Screening- Every year.

Lung Cancer Screening - For high-risk individuals, talk with your doctor.

Women's Recommendations

Mammogram- Annually for women starting at age 40.

Clinical Breast Exam- Every 3 years for women ages 20-39. Annually for age 40 and over.

Cholesterol- Ages 30 – 35 if at high risk, all women ages 45 and over.

Pap Test- Pap test every three years for women ages 21 – 65, or Pap test and HPV test every five years for women ages 30 – 65 (Women who have had a hysterectomy or are over age 65 may not need a Pap test.)

Osteoporosis Screening- Beginning at age 65, or at age 60 if risk factors are present.

Aspirin Use- At ages 50-79, talk with your doctor about the benefits and risks of aspirin use.

Pelvic Exam- Every year for ages 21 and over.

Men's Recommendations

Cholesterol- Ages 20-35 should be tested if at high risk. Men age 35 and over should be tested.

Prostate Cancer Screening- Ages 50 and over, discuss the benefits and risks of screening with your doctor. Age 45 for those at high risk talk with your doctor.

Abdominal Aortic Aneurysm- Once between 65 and 75 if you have ever smoked.

Aspirin Use- At ages 50-79, talk with your doctor about the benefits and risks of aspirin use.

Immunizations

Tetanus Diphtheria Pertussis (Td/Tdap)- Get Tdap vaccine once, then a Td booster every 10 years.

Influenza (Flu)- Yearly.

Herpes Zoster (Shingles)- two doses RZV for those 50 and older.

Varicella (Chicken Pox)- 2 doses.

Pneumococcal (Pneumonia)- 2 doses.

Measles, Mumps, Rubella (MMR)- 1 or 2 doses if no evidence of immunity.

Human Papillomavirus (HPV)- 1 or 2 doses for women if no evidence of immunity. 2 or 3 doses for men depending on age at series initiation.

Hepatitis A- 2 or 3 doses for at risk adults.

Hepatitis B- 3 doses for at risk adults.

Meningitis- 1 to 3 doses depending on indication.

Haemophilus influenzae Type b (Hib) 1 or 3 doses depending on health risks.

ColoGuard

Cologuard is an easy to use, noninvasive colon cancer screening test based on the latest advancements in stool DNA science. It is for adults 45 years or older who are at average risk for colon cancer, and it is available by prescription only. You can request a Cologuard kit online at [Cologuard® Colon Cancer Screening Tests](#)

Things to know about the test:

- It's used in the privacy of your own home.
- No special preparation, diet, or medication changes are required.
- No time off is required.

Additional Programs

Telephonic Wellness Coaching:

- Maternity Care
- Chronic Condition Support
- Case Management
- Stress Management

Chronic Condition Coaching:

- Alcohol/Substance Abuse
- Anxiety
- Asthma (adult & pediatric)
- Attention Deficit Hyperactivity Disorder for Adults
- Bipolar Disorder
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Coronary Artery Disease
- Depression
- Diabetes (adult & pediatric)
- Hyperlipidemia
- Hypertension
- Migraines
- Autism

SAVVY CONSUMER TIPS

Urgent Care Vs. Emergency Room

Reasons to use an urgent care center:

- 1. No appointments needed: Just walk right in.
- 2. Convenient hours: Some clinics are open seven days a week, with extended evening, weekend, and holiday hours, just like the ER.
- 3. Lower prices: Lower copays and out-of-pocket costs, with prices averaging \$100-\$175, compared to ER costs of \$750-\$1,000.
- 4. Less waiting: The average ER visit tops four hours, while urgent care visits are generally an hour or less.
- 5. More locations: With thousands of centers nation-wide, it's easy to find one near you. BCBS contracts with numerous urgent care clinics across the country.
- 6. Fully staffed by doctors: Clinics are overseen by doctors, with doctors providing the service.
- 7. Connections with local ERs: If you need more extensive care, you'll be referred to the closest ER.

See the Savings

If you're like many Americans, out-of-pocket costs like deductibles and copays are a part of your world. The cost savings you can achieve by using urgent care versus emergency room can be substantial! Here's what you could save:

Non-Emergency Services	Average ER Cost	Average Urgent Care Cost
Sprains	\$750-\$1,000	\$100-\$175
Influenza	\$750-\$1,000	\$100-\$175
Minor Lacerations	\$750-\$1,000	\$100-\$175
Headaches	\$750-\$1,000	\$100-\$175

Have a minor medical need?

If you need care for non-life-threatening minor ailments after your doctor's office is closed, you have options. BCBS also contracts with Convenient Care Clinics to give you an affordable alternative to the ER. The cost per visit for Convenience Care Clinics such as these are typically similar to the same cost as your Primary Care Physician.

The sites are staffed with nurse practitioners and physician assistants to handle ear infections, routine allergies, and other minor medical needs. Just like urgent care centers, evening and weekend hours are available with no appointments needed.

Emergency

If your medical need is more than urgent — for example, characterized by chest pain, trouble breathing, bad bleeding or other symptoms that are serious or put your life at risk —you should go straight to your local ER.

Plenty of services

Urgent care centers offer not only care for serious, non-life-threatening medical matters but also plenty of other services. Urgent care centers offer care for serious, non-life-threatening medical matters as well as fractures, infections, sports injuries, flu, falls, gastritis, cuts and lacerations, allergies, burns and rashes, cough, and much more.

Freestanding Imaging Centers

Save time and money by having your outpatient imaging/radiology services completed at in-network non-hospital affiliated freestanding facilities. These facilities provide similar quality as hospital affiliated locations and are often more convenient.

The BCBS online provider search will allow you to easily find a freestanding facility near you!

HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the HDHP, you may be eligible to open an HSA.



How does an HSA work?

Build tax-free savings for health care. You can make before-tax deductions from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical, prescription, dental, vision and many OTC expenses. The total amount that can be contributed to your HSA each year is limited by the IRS.

Note: VyStar may set a different limit. The following limits for 2026 include any Company contributions you receive:

- Up to \$4,400* for employee-only coverage.
- Up to \$8,750* if you cover dependents.
- Add \$1,000 to these limits if you're age 55 or older¹.

You may receive Company contributions. For 2026, VyStar will make the following contributions to your account if you are enrolled in the HDHP plan:

- Up to \$600 for employee-only coverage.
- Up to \$1,200 if you cover dependents.
- Contributions are pro-rated on a bi-weekly basis.

HSA Eligibility

In order to establish & contribute to an HSA, you:

- Must be enrolled in a VyStar's HDHP Plan.
- Cannot be covered by any other medical plan that is not a qualified high-deductible plan. *This includes a spouse's medical coverage unless it's an HSA-qualified plan.*
- Cannot be enrolled in a traditional health care FSA in 2026.
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid, or TRICARE.
- Cannot be claimed as a dependent on another person's tax return.

Important: During Open Enrollment, you must actively select an HSA for 2026, regardless of your contribution amount, in order to receive VyStar's contribution to your account.

Prior year elections do not automatically carryover.

- **Keep your money.** Unlike an FSA, the money in your HSA is always yours to keep and can be rolled over from year to year. You can take your unused balance with you when you retire or leave VyStar.
- **Use it like a bank account.** Pay for eligible medical, most prescription and over-the-counter drugs, dental, and vision expenses for yourself and your family by swiping your HSA debit card or reimburse yourself for payments you've made (up to the available balance in your account). Keep in mind that you may only access money that is actually in your HSA when making a purchase or withdrawal. There's no need to turn in receipts (but keep them for your records).
- **Earn interest and invest for the future.** Once your interest-bearing HSA reaches a minimum balance, you can invest in a variety of no-load mutual funds similar to 401(k) investments. You can learn more at MyAmeriflex.com or call 888-868-3539².
- **Never pay taxes.** Contributions are made on a before-tax basis, and your withdrawals will never be subject to federal income taxes when used for eligible expenses. Any interest or earnings on your HSA balance build tax-free, too.*

**Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified health care expenses (for a list of eligible expenses, see IRS Publication 502, available at www.irs.gov). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 10%-20% penalty tax before age 65. After age 65, withdrawals for ineligible expenses are not penalized. Please review your state regulations as you may have to pay state taxes depending on your residency.*

¹If an account holder enrolls in Medicare Mid-year, catch up contributions should be prorated. Authorized signers who are 55 or older must have their own HSA in order to make the catch-up contribution.

²Ameriflex does not provide tax advice. Consult your tax professional for tax-related questions. Investment accounts are not FDIC insured and they are not bank guaranteed. Investment accounts are not a deposit account, or an obligation of Ameriflex, and they may lose value. They are not guaranteed by any federal government agency.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSAs are tax-advantaged and are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

VyStar offers both a [Health Care FSA](#) and a [Dependent Care FSA option](#). It is important to understand the differences of each account.

VyStar offers you the following FSA options:

Health Care FSA

- Pay for eligible health care expenses, including out-of-pocket expenses such as plan deductibles, copayments, and coinsurance, but not insurance premiums.
- Health care expenses include eligible medical, prescription, dental, vision and many OTC items.
- Contribute up to \$3,400 in 2026.

Dependent Care FSA

- Pay for eligible dependent care expenses, such as day care for a child or adult dependent care, so you can work, look for work, or attend school full time.
- Contribute up to \$7,500 in 2026, or \$3,750 per spouse if you are married and file separate tax returns.

Estimate carefully

Keep in mind, FSAs are “use-it-or-lose-it” accounts. You generally must use the money in an FSA within the plan year. But VyStar offers the following:

- An option to carry over up to \$680 from your Health Care FSA into 2027 to use during that plan year.

HSA vs. FSA: What’s the difference?

	HSA	Health Care FSA	Dependent Care FSA
Must be enrolled in a medical plan	Yes (must be HDHP)	No (excludes HDHP)	No
Eligible for company contributions	Yes	No	No
Change your contribution amount any time	Yes	No**	No**
Access your entire annual contribution amount from the beginning of the plan year	No	Yes	No
Access only funds that have been deposited	Yes	No	Yes
“Use-it-or-lose-it” at year-end	No	Yes, limited rollover***	Yes, NO rollover
Money is always yours to keep	Yes	No	No
Eligible together	+Dependent Care FSA	+Dependent Care FSA	+HSA or Health Care FSA

**Mid-year changes required an IRS qualified life event

***Except for \$680* allowed rollover amount.

What’s an eligible expense?

Health Care FSA – Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at www.irs.gov.

Dependent Care FSA – Child day care, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at www.irs.gov.

Important: During Open Enrollment, you must actively re-elect any FSAs.

Prior year elections do not automatically carryover into a new Plan Year.



Dental

Healthy teeth and gums are important to your overall wellness. That’s why it’s important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health.

	Low Plan	High Plan
Annual deductible (per person/per family)	\$50/\$150	\$50/\$150
Calendar-year maximum (per person)	\$1,250	\$2,500
Preventive/diagnostic services	Covered in Full	Covered in Full
Basic services	80%	80%
Major services	50%	50%
Orthodontia (adult and children)	Not Covered	50%
Orthodontia Max	Not Applicable	\$2,000

Benefits shown are for in-network providers and are based on negotiated fees. Out-of-network coverage varies per plan. On the Low Plan, you are responsible for the difference between the amount your dentist charges and the in-network contracted amount. On the High Plan you are responsible for the difference between the amount your dentist charges and the usual and customary amount.

Examples of services:

- Preventive – Cleanings, exams, sealants, x-rays
- Basic – Fillings, extractions, endodontia, periodontia
- Major – Inlays, onlays, crowns, bridges, implants

Dental 2026 bi-weekly deductions (pre-tax)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Low Plan	\$1.44	\$9.23	\$15.03	\$24.75
High Plan	\$8.68	\$22.03	\$31.71	\$48.17

Vision

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for you and your covered dependents.

	Vision Plan
Exam (once every 12 months)	\$10 copay
Lenses (once every 12 months), standard	\$15 copay
Lenses (once every 12 months), progressive	\$30 copay
Frames (once every 24 months)	\$0 copay, \$130 allowance, 20% discount off remainder
Contact lenses (instead of glasses), disposable	\$0 copay; \$130 allowance, 15% discount off remainder
Contact lenses (instead of glasses), conventional	\$0 copay; \$130 allowance, 15% discount off remainder

Benefits shown are for in-network providers and are based on negotiated fees. Costs savings will be the highest when you use a provider that participates in the Eyemed Insight Network.

Discounts:

- Contacts Direct: Save \$20 of your next order of contacts and free shipping, [ContactsDirect.com](#)
- Eye Rewards: \$25 off any purchase or \$50 off purchases of \$200+ at [Sunglass Hut](#)
- Lasik Plus: Eyemed has partnered with the U.S. Laser Network to make laser vision corrections more affordable to its members

More discounts available at [EyeMedVisionCare.com](#).

Vision 2026 bi-weekly deductions (pre-tax)

Plan	Employee Only	Employee + Family
Vision	\$2.88	\$8.25



LIFE and ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) BENEFITS

Your benefits include programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental insurance coverage

Basic Life and AD&D

As an eligible employee, VyStar Credit Union provides Basic Life and Accidental Death and Dismemberment coverage at no cost to you. Employees receive a generous benefit of three times annual income to a maximum of \$750,000 through UNUM. The amount of coverage will reduce to 65% at age 65, 42% at age 70, and to 27% at age 75.

Supplemental Life and AD&D

In addition to the basic life insurance provided by VyStar Credit Union, employees have the option to purchase additional life insurance coverage through UNUM. The amount of coverage will reduce to 65% at age 65, 42% at age 70, and to 27% at age 75. Employees may purchase up to the lesser of 5 times annual income or \$500,000 (in \$10,000 increments). The guaranteed issue amount (no medical questions asked) is \$200,000 for employees at initial enrollment as a new hire.

Spouse Supplemental Life

Elect up to \$150,000 in \$5,000 increments; Spouse benefit amount cannot exceed 100% of the employee's election. The Guarantee Issue amount is \$50,000. The cost of spouse coverage is based on the employee's age

Child Supplemental Life

Coverage options are \$1,000 for children from live birth to 14 days and \$5,000 for children from 15 days to 6 months. After 6 months, the coverage options are \$5,000, \$10,000, and \$15,000 for children 6 months through age 19 (26 if financially dependent and a full-time student).

Note: Supp Life coverage elections/increases will be delayed if you are not actively at work because of an injury, sickness, or leave of absence on the date that insurance would otherwise become effective.

Evidence of Insurability

Employee or spouse elections, or initial elections more than the guaranteed issue amounts are required to complete a medical questionnaire.

Level Up Guarantee

At each annual enrollment employees may elect to increase their existing Supplemental Life up to \$20,000 without Evidence Of Insurability. Spouse coverage may be increased up to \$10,000. Once the Guaranteed Issue amount is reached for each plan (\$200k / \$50k), EOI is required for all elections.

VyStar Survivor Benefit

To minimize disruption to family members of employees who pass away, VyStar provides valuable Survivor Benefits to each employee at NO COST!

This benefit includes a **Survivor Wage Payment** (equal to 3 months of your Base Pay) paid directly to the beneficiary you designate in Workday, plus a 100% 3-month Survivor COBRA Subsidy and \$5,000 Survivor Child Education Fund for each surviving child under the age of 18.

For full details please refer to the VyStar Survivor Benefit [procedure](#) in VyGuide.

Supplemental Life Cost

Rates per \$1,000 of coverage (post-tax)	
	Employee's Cost (Bi-Weekly) Based on the Employee's age as of the effective date of coverage
Under 25	\$0.032
25-29	\$0.032
30-34	\$0.042
35-39	\$0.046
40-44	\$0.065
45-49	\$0.106
50-54	\$0.180
55-59	\$0.295
60-64	\$0.365
65-69	\$0.646
70-74	\$0.969
75+	\$0.969
AD&D insurance rates per \$1,000 of Coverage (all ages)	
\$0.010	

DISABILITY BENEFITS

Disability

The loss of income due to illness or disability can cause serious financial hardship for your family. Our disability insurance programs work together to replace a portion of your income when you're unable to work. The disability benefits you receive allow you to continue paying your bills and meeting your financial obligations during this difficult time.

All employees are provided with Short-term Disability and Core Long-term Disability at not cost!

The Core LTD plan is paid for by VyStar and will replace up to 60% of your monthly earnings up to \$5,000; this is a taxable benefit. If 60% of your monthly earnings (excluding bonus) exceeds \$5,000 you will have the option to elect the voluntary Buy-up LTD coverage. The Buy-up plan will provide additional income protection at 60% up to \$10,000 for a total monthly max benefit of \$15,000 when combined with the Core plan. The Buy-up plan cost is deducted post-tax, so the benefit portion is not taxable.

Summary of disability benefits

	Short-Term Disability	Core: Long-Term Disability	Buy-Up: Long-Term Disability
Who pays	VyStar	VyStar	Employee: <i>bi-weekly cost is \$0.15 per \$100 of your covered earnings and calculated in Workday</i>
Benefit provided*	Up to 60% of your base weekly pay	Up to 60% of your base monthly pay	Up to 60% of your base monthly pay
Maximum benefit payable	\$2,500 per week	\$5,000 per month	\$10,000 per month (for a total of \$15,000 combined with Basic LTD)
Maximum benefit duration	11 weeks	Until you're no longer considered disabled or you reach normal retirement age, whichever comes first	Until you're no longer considered disabled or you reach normal retirement age, whichever comes first
Waiting period	14 days from disability onset	90 days (or when STD benefit ends)	90 days (or when STD benefit ends)

*Eligible earnings differs based on Commissions, or non-Commissioned job status. Refer to the LTD certificate of coverage.



DISABILITY FAQ

Short-term Disability Insurance

How much does the plan pay if I become disabled?

After completion of the plan's 14-day elimination/waiting period, the plan will pay 60% of your weekly income up to a maximum weekly benefit of \$2,500. You must meet the plan's definition of "disabled" to qualify for benefits and certain rules apply.

Employee Cost?

VyStar provides Short-term Disability to eligible employees at no cost.

What is an Elimination Period? An elimination/waiting period is the period of time between the date the disability begins and the date benefit payments begin.

If I become disabled, how long will I receive benefits? Benefits generally continue until the earlier of when your disability ends or 11 weeks, until your Long-term Disability benefits begin.

Are disabilities due to pre-existing conditions covered? Yes.

Long-term Disability Insurance

How much does the plan pay if I become disabled?

The Core plan paid for by VyStar will pay you up to 60% of your monthly salary up to \$5,000. If 60% of your monthly base pay exceeds \$5,000 and you elected the voluntary Buy-up Long-term Disability coverage, it will pay you 60% of your monthly up to \$10,000 for a total max benefit of \$15,000 when combined with the Core plan.

If I become disabled, how long will I receive benefits?

Benefits begin after 90 days of disability and generally continue until the earlier of when your disability ends, age 65 or your Social Security Normal Retirement Age. If you're age 60 or older when your covered disability begins, your benefits duration may differ.

Need to start a claim or have questions?

Online at <https://portal.unum.com/>
By phone at 1-866-868-6737

How does this plan integrate with Paid Time Off

(PTO)? During the first 14 days employees are required to use available PTO. Short-term disability claims received by UNUM are paid at 60% after the 14-calendar day elimination/waiting period with benefits beginning on the 15th day.

If eligible, the WellPay Leave Plan will supplement any Short-term Disability payments for the next 4 weeks. Once exhausted employees are required to further supplement with available PTO. You would only be required to use 40% of your PTO time beginning on the 15th day of disability to not exceed 100% of your salary (60% paid by UNUM + 40% PTO.)

Should you use an excess of PTO while receiving disability payments, Payroll will be notified to reverse the overage.

Disability benefits are based on income as of what

date? Salary updates will be made if the change effective date is prior to the date of disability. If the salary change occurs with an effective date after date of disability, the salary is not updated during the active claim.

Are disabilities due to pre-existing conditions

covered? There is not pre-existing on Short-term Disability. For Long-term disability, you may not be eligible for disability benefits for a condition that existed 3 months prior to the effective date of coverage if the disability begins within the first 12 months after your effective date. There is no pre-ex on Long-term Disability for those who have been covered under our Long-term Disability plan for 12 months or more.

When am I considered disabled?

An employee is considered to be disabled on the date that they meet the Definition of Disability as outlined in the policy. An employee's medical records and information from their physician(s) will help determine that date.

Who should purchase buy up LTD?

Buy Up LTD is recommended for anyone whose annual salary is greater than \$100,000, excluding bonus.

VOLUNTARY WORKSITE BENEFITS

Accident

You can't always avoid accidents — but you can help protect yourself from accident-related costs that can strain your budget. Accident insurance supplements your primary medical plan and disability programs by providing cash benefits in cases of accidental injuries.

You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent. Benefits are paid in addition to other coverages you may have, such as medical or an AD&D plan.

Accident Bi-weekly Cost (post-tax)	
Employee	\$4.54
Employee & Spouse	\$7.38
Employee & Children	\$7.91
Family	\$10.74

Critical Illness

Critical Illness insurance helps offset the financial effects of a catastrophic illness by paying a lump sum benefit when you or your family members are diagnosed with a covered illness.

You have the options to choose from three levels of coverage on yourself \$10,000, \$20,000 or \$30,000. Children from live birth to age 26 are automatically covered at no extra cost.

Additionally, you have the option to elect coverage for your eligible Spouse at 50% of the Critical Illness benefit you have elected on yourself. The cost of spouse coverage is based on the employee's age

Please refer to Workday for bi-weekly costs specific to your age and selected benefit amount.

Hospital Indemnity

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs. You can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Benefits are paid directly to you based on the in-patient hospital scenario.

Hospital Indemnity Bi-weekly Cost (post-tax)	
Employee	\$8.00
Employee & Spouse	\$15.33
Employee & Children	\$12.07
Family	\$19.41

Legal Plan

Our ARAG legal plan covers a wide range of legal needs to address life's tough situations. These situations could include consultation and representation for: consumer protection, criminal matters, tax issues, family matters, real estate & home ownership, wills & estate planning, and much more. Family matters are only covered under the High Plan.

See the complete list of what your plan covers at: ARAGlegal.com/myinfo (Access code: 18863vcu)

Legal Plan Bi-weekly Cost (post-tax)	
Low Plan Employee	\$6.81
High Plan Employee	\$9.69

Pet Insurance

You can receive exclusive rates to cover your pet's health and wellness needs. Through the program with PetsBest, you can apply to ensure your pet and help cover the costs of veterinary care if your pet becomes ill or injured. If you have questions or are interested, visit www.petsbest.com/VYSTARCU



RETIREMENT & EDUCATION

401(k) Retirement

Saving for retirement has never been easier. The VyStar Credit Union 401(k) Plan allows you to make pre-tax contributions and/or post-tax Roth contributions to save for retirement.

You can contribute up to 100% of your compensation each paycheck, in accordance with IRS guidelines. Best of all, VyStar will match 100% up to 5% of your compensation. **That's free money!**

You can also track your progress towards retirement by downloading the Fidelity NetBenefits mobile app.

For more information about the VyStar Credit Union 401(k) Plan you can request a copy of the Summary Plan Description by emailing 401k@VyStarCU.org. You can also use this email address for other questions you have about the 401(k) plan.

Tuition Assistance

VyStar will cover tuition and textbook expenses—either in advance or through reimbursement—up to \$5,200 per year for required courses toward an Associate, Bachelor's, or Master's degree. **Employees must complete one year of service to be eligible** and applications for tuition assistance must be submitted within 30 days of the course start date.

Please note that if a course is not successfully completed, you will be required to reimburse VyStar for the associated tuition and textbook costs.

529 College Savings Plan Program

A 529 College Savings Plan is a tax-advantaged account designed specifically for education savings. Anyone can open a 529 account for self, child, relative, or friend.

There are many advantages of an Employer Sponsored 529 College Savings program Here are just a few:

- Deposits into your account can be made via convenient payroll deduction
- Lower deposit and contribution minimums than individual 529 plans
- Lower investment costs than individual 529 plans
- Earnings in your account are free from federal income tax if withdrawals are used to pay for qualified education expense
- VyStar will deposit an employer matching contribution up to \$38.46 per pay period, per eligible beneficiary (child, step-child, grandchild)

Refer to VyGuide on how to [enroll](#).





LEAVE OF ABSENCE: FMLA

VyStar supports our employees by promoting a balanced relationship between work/life responsibilities and we understand - life happens.

As an employee, you may be entitled to a medical leave of absence under the Family Medical Leave Act (FMLA). Your eligibility for FMLA leave is based upon certain guidelines and must be certified by your doctor. FMLA leave provides job protection should the need for you to take a leave of absence arise.

Who qualifies for FMLA?

Employees who have been employed with VyStar for 12 months or more AND have worked 1,250 hours preceding the requested date of leave AND have available FMLA hours AND have a qualifying condition/ reason certified by a health care provider.

What are qualifying leave situations?

- Serious health conditions for yourself, spouse, child or parent
- Birth or adoption of your child
- Care of a spouse, child, parent or next of kin with a serious injury or illness incurred or exacerbated within 5 years of active duty in the Armed Forces
- Qualifying exigency arising out of the fact that a spouse, child or parent is on active duty in the Armed Forces or is deployed to a foreign country

Does VyStar offer paid leave benefits?

In addition to Short-term and Long-term disability benefits certain supplemental Company Paid Leave benefits are offered. In qualifying situations, WellPay Leave, Childbirth Leave, Parental Bonding Leave and Family Care Leave benefits are available to employees who have worked for VyStar for at least one year.

Employees who are going to be out of work for 3 or more days (excluding vacation) are required to contact our Leave Administrator, UNUM at 1-866-868-6737.

UNUM will open any leave/disability claims that may be applicable to your individual situation. If the leave is planned, employees should contact UNUM 30 days in advance and as soon as possible if unplanned emergency. All intermittent leaves must be reported to UNUM within 48 hours

Once HR (Benefits) receives notice from UNUM that the requested leave has been validated and approved they will work with the manager/supervisor to code the time off accordingly.

If you are preparing for Leave of Absence (LOA) please refer to the VyStar Leave of Absence Guide found [here](#) for additional details.

NOTE: Employees are responsible for there share of premiums while on LOA. Details are included in the Leave Guide.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

It's not always clear where to turn for help with personal problems. Solutions can seem hard to find. That's why VyStar offers an Employee Assistance Program (EAP) through ComPsych. Your EAP can help you find the answers that work for you. Under the EAP, you and your immediate family members may receive no-cost, confidential help for a wide variety of concerns.

How does the EAP work?

The EAP provides you with counseling as well as referrals to legal, financial, child and elder care resources, which give you even more resources to keep work and life balanced.

Will anyone know that I have used the EAP?

No one will know you are using the EAP unless you tell them. HIPAA regulations for confidentiality are strictly followed. You must sign a Release of Information before your counselor is allowed to communicate any information, except by those situations required by law where there is a danger to self or others.

What services does the EAP include?

- 24/7 resource center
- Assessment of individual problems
- Telephonic consultations
- Five face-to-face consultations
- Short-term counseling
- Crisis management
- Work/life programs
- Online tools/sessions
- Legal and financial services
- Wellness coaching programs
- Child/elder care consultations

What issues can the EAP help me with?

- Stress at home or on the job
- Questions about a healthy lifestyle
- Attorney referrals for legal needs
- Parenting Concerns
- Aging and retirement
- Drugs and alcohol
- Depression and anxiety
- Conflicts and communication
- Help with problem solving
- Support during difficult life events
- and MORE!





WELLNESS

VyStar Wellness Initiative

VyStar believes that the most valuable thing you have is your personal health and wellness. That's why we've put such a focus on communicating ways you can take care of yourself, both physically and mentally.

We offer quarterly wellness challenges, paid time off to complete your annual medical wellness exams, and a \$75 credit toward a Fitbit or Garmin for new hires who complete their health assessment.

We strive to encourage our employees' healthy habits to help every member of the VyStar family live a long, healthy and fulfilled life.

BCBS Blue365

Blue365 gives you access to savings across all aspects of your life - including 20% off on Fitbit devices, discounts on healthy, organic meal delivery services from Sun Basket, and much more! Get started today at

[Home Page](#) | [Blue365 Deals](#)



Stay up to date with all things "wellness" on the **Wellness Corner** in MyStar!



WELLNESS

Personify Health (BCBS)

What is Personify Health?

When it comes to your health, small steps can lead to life-changing results. That's the idea behind Personify Health, an innovative program offered by your BCBS health plan, or if you waive medical coverage, through the 'Wellness Platform Only' plan.

Through our BCBS partnership, VyStar is offering Personify Health to provide a meaningful wellness platform. Employees who engage with Personify Health and complete the following activities will be eligible for a \$75 incentive.

Personify Health empowers people to lead happier and healthier lives by engaging them in personal, rewarding ways throughout their health and wellbeing journeys.

	Do healthy things	Earn Credits
Gated activity	Personal Health Assessment	50
	Complete health checkup <u>OR</u> biometric screening*	75
	Complete one of four Preventive Exams (Breast, Cervical, Colorectal Cancer Screening and Prostate Exam)	25
Health	Complete a Journey	10
	Set a well-being goal	5
	Set your interests	5
General	Create a Personal Challenge	5
	Nicotine-Free Attestation	10
	Flu Shot Attestation	10
Cards	Complete 20 Daily Cards/month, one time	25
	Track Healthy Habits 20 days/month, one time	25
Tracking	20-Day Triple Tracker: 7,000 steps/15 active minutes/15 workout minutes, one time	25



What can Personify Health do for you?

Personify Health is a digital program, so it is easy to make it part of your life. Brief daily check-ins help you build healthy habits, join fun activities with coworkers and track how you're doing – not just with physical health-related issues but also with your emotional, social and financial well-being.

How does it work?

Daily cards customized to your goals help you explore new ways to get healthier and earn rewards. Interesting challenges offer activities to tackle and perhaps share with coworkers, friends or family members. You can set goals and keep track of your progress, accessing Personify Health tools easily on your computer or mobile device.

Get Started Today!

Step 1

To join Personify Health, log into your **My Health Toolkit**, go to **Wellness and Care Management**, **Wellness Programs**, then **Personify Health** to enroll.

Step 2

Personify Health is committed to keeping your health and wellness data private. Read and accept the **Member Privacy Notice**, **Membership Agreement** and **Data Consent Notice**.

Step 3

Enter your preferred email address, create a password, and provide a few additional details to help us give you the best possible experience. Then select **Create My Account**.



*As we develop details for our Personify Health materials, some images and screenshots may vary from those featured in this product brief.

WELLNESS

FitOn Health - Get active on your own terms!



What is FitOn Health?

#1 Health & Fitness Platform- all in one place. Use your credits to reserve classes, activate gym memberships and gain unlimited access to the best digital fitness & wellness content.

When can I sign up?

Anytime! No need to wait for open enrollment or benefit fairs, create your account by going to fitonhealth.com/register.

How do I get started?

1. Go to: fitonhealth.com/register
2. Enter your email & choose a password
3. Verify your eligibility by entering your full legal name, birthday, and zip code

What are Credits?

Credits are tokens that can be used to activate gym memberships, reserve fitness classes, or other fitness services offered by FitOn Health (the fitness offering in your benefit package).

Who pays for credits?

30 FitOn credits per month are provided by VyStar at no cost to you. If you run out of the provided allotment, you can purchase additional credits as you go until your bank resets at the beginning of the month.

Where can credits be used?

Use your credits to reserve a fitness experience for any location or activity in the network. You can explore the network by visiting the 'In-Person' tab in your account.

When do credits refill?

Each month 30 new credits will be deposited into your account which you'll use to pay for any fitness experience in the network.

Do credits rollover from month to month?

No, they don't roll over, but you get a new set of credits on the 1st of every month.

Are there at-home options?

Yes! Find exactly what you're in the mood for by browsing all the available options including:

Genre: cardio, strength, yoga, etc.

Length: 5, 10, 15, 20, 30, or 45 minutes

Intensity: low, medium, or high

Trainer: choose from 50+ experts

Challenges, Experiences, and more!

Can I suggest a studio?

Yes! Go to:

[Fitonhealth.com/request](https://fitonhealth.com/request)

Have Questions?

You can find answers to more questions at www.fitonhealth.com/help or receive assistance with your account by contacting support@fitonhealth.com.



On-demand fitness
and wellness classes



Nutrition programs with
500+ exclusive recipes



Step & workout challenges
to help keep you motivated



Invite & workout with
friends and co-workers



FINANCIAL WELLNESS

Wealthspire at Work Financial Education

Through our partnership with Wealthspire, VyStar offers employees personalized Financial Wellness analytics and tools to help you no matter the stage of your financial journey.

Visit Wealthspire at work

<https://atwork.wealthspire.com/vystar> to complete your Financial Checkup. Upon completion, you will be provided with your Financial Wellness Score and a customized action plan based on your individual needs and goals.

You can also schedule free confidential One on One meetings with a fully independent Wealthspire Financial Advisor. As a Fiduciary for the VyStar Credit Union 401(k) Plan, a Wealthspire Financial Advisor will be able to help you with your 401(k) investments, contribution elections, and any other financial wellness related questions you may have.

That's it, you are on your way to financial freedom!

Adoption & Surrogacy Assistance

These programs provide for reimbursement of up to \$10,000 in eligible adoption and/or surrogacy related expenses, per child, (i.e., legal fees, travel expenses, medical expenses not otherwise covered by insurance, court costs, etc.) that you incur for a while actively employed by VyStar.

For more information on these programs including eligible expenses, how to get reimbursed, and tax implications please refer to VyGuide.

Employee Loan Discount Program

Our Employee Loan Discount Program offers lower interest rates for employees on a range of VyStar loan products, including mortgages, consumer loans and auto loans.

Depending on the type of loan and an employee's number of years at VyStar, this program will lower interest rates resulting in noticeable reductions over the course of your loan.

This rate discount reduces your Consumer Loan interest rate by 25 basis points (0.25%), or 50 basis points (0.50%) if you have been an employee of VyStar Credit Union for 5 or more years. Mortgage & Home Equity Loans are eligible for 25 basis point (0.25%) discount regardless of tenure.

Complementary Financial Consultation

The VyStar Investment Services (VIS) advisors are a resource for you and your family! You can schedule an appointment with an advisor and review your current financial plan and goals – or create a new one.

VIS offers:

- Comprehensive Financial Planning
- Retirement Planning – Income & Expense Planning, Tax Efficient Investing, Social Security Estimates
- Portfolio & Investment Management
- Brokerage & Advisory Services
- IRAs & ROTH IRAs
- Individual Stocks, Bonds, ETS and Mutual Funds
- Individual Life Insurance & Long-Term Care

Trusts & Wills

In addition to the ARAG Legal Insurance benefits available to you, we provide you access to a resource that will assist you in building a customized will or trust. Protecting your family and your assets is a crucial part of your financial planning process.

Through our partner Trust & Will, you can take a quiz to determine whether a will or trust would best for you:

[Will or Trust – which is right for me?](#)



Extra Policies & Perks

Bitsy Box

Let us know if you recently became a new parent so we can celebrate your newborn with a gift box of various baby items including a VyStar onesie. If you have recently become a new grandparent, a VyStar onesie may be requested.

Simply email BenefitsAdmin@VyStarCu.org to request yours when your bundle of joy arrives!

Employee Discounts

Everyone loves a discount! With a range of discount offerings featuring national and local partners, VyStar makes it easy for employees to save money on the merchandise and activities they enjoy. Through our exclusive [VyStar Savings Marketplace](#), you will have access 24/7 to a wide variety of money saving offers, including discount tickets, cars, rentals, and hotels and much more!

Childcare Discount Program

Through the Learning Care Group employees receive an exclusive 10% discount off childcare, priority enrollment, and first year registration fees waived. There are several participating childcare centers in their national network such as La Petite Academy, TutorTime, Childtime Learning Centers and much more! For more information, please visit mylearningcaregroup.com/vystar

To maximize your benefits as a working parent, you are also encouraged to consider the Dependent Care FSA to pay your eligible childcare expenses with pre-tax dollars. Refer to details on p12.

Worldwide Travel Assistance

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Add the number to your cell phone contacts, so it’s always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day.

Within the US: 1-800-872-1414
Outside the US: 1-609-986-1234
Email: medservices@assistamerica.com
Reference Number: 01-AA-UN-762490



PTO Donation - Gift of Time

Employees can donate their PTO to any colleague within the VyStar organization or contribute to a general pool. This pool supports employees facing extended absences and unpaid time due to medical emergencies or natural disasters. For more details, refer to the Gift of Time procedure in VyGuide.

Extra Days Off

Pay it Forward Day

Contribute to your community by volunteering at a charity of your choice! Immediately upon hire, employees are eligible to use their Pay It Forward time off for paid time off to volunteer at any non-profit charitable organization to which they are personally passionate in supporting. This paid time off provides up to 6 hours for part-time employees and up to 8 hours for full-time employees.

Health Day

Your good health is important to VyStar! Each year, employees are encouraged to get their annual preventative medical screenings. **Employees will be eligible to use their Health Day after completing one year of service.** Health Day offers up to 6 hours of paid time off for part-time employees and up to 8 hours for full-time employees to complete these essential screenings.

Celebrate You

Each year you have a 30-day window to take time off to do just that - “celebrate you”. **After completing one year of service with VyStar employees are eligible to request their Celebrate You day** 15 days before their birthday, on their birthday, or up to 15 days after their birthday.

VyStar Insurance Agency

We’ve got you covered with a wide range of insurance options including auto, home, flood, umbrella coverage and more.

- Free quote and coverage comparison checks
- Licensed expert professionals
- Personalized consultation to meet your needs
- Customized savings through carrier discounts

Contact 877-997-2221 option 2, or Insurance@vystarcu.org

ENROLLING & MAKING CHANGES

After you've carefully considered your benefit options and anticipated needs, it's time to make your benefit selections for the 2026 Plan Year.

How to enroll

You can enroll for your benefits through Workday by completing your New Hire or Open Enrollment benefit task in your inbox.*

You can access Workday from your VyStar desktop or Workday Mobile app 24/7. If using the Mobile App, you will be prompted to enter your VyStar Network Credentials and provide authentication via the Microsoft Authenticator App or SMS.



If you need to register for MFA, please refer to the MFA Registration Guide in VyGuide.

For Workday access issues, please send an email to ITWorkday@vystarcu.org

*If you go out on leave of absence, you will not have access to Workday and must complete a paper enrollment form by the specified deadline.

Changes during the year

After your enrollment opportunity ends, you won't be able to change your benefits coverage during the year unless you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your spouse/domestic partner's employment status that affects your benefits eligibility.

Effective date of coverage

New Hires: the effective date for elected coverages is the first day of the month following your date of hire.

Open Enrollment: changes are effective January 1st of the new Plan Year.

Mid-Year: effective first of the month following approved event when received within 30 days from date of qualifying event. *Birth/Adoption is the only exceptions retro effective to date of event.*

Anytime Access

You can review your Benefit elections and deductions, Pay history and Total Rewards Statement at anytime via Workday under:



Benefits and Pay



Important Contacts

Please contact the appropriate provider listed below to learn more about a specific benefit plan.

Benefit Plan	Provider	Phone Number	Website
Medical & Prescription	BCBS (Group #6024N)	877-317-7453	Myhealthtoolkitfl.com
Savings Accounts (HSA and FSA)	Ameriflex	888-868-3539	MyAmeriflex.com
Dental	Delta Dental (Group #10-0419)	800-521-2651	Deltadentalins.com
Vision	EyeMed (Group #1018633)	866-939-3633	Eyemedvisioncare.com
Employee Assistance Program (EAP)	ComPsych	866-380-1275	Guidanceresources.com Web ID: VyStarEAP
Telemedicine services	Teladoc	800-Teladoc (800-835-2362)	myhealthtoolkitfl.com
Life and AD&D insurance	UNUM (Group #997956)	For Existing Life Claims ONLY: 866-868-6737 *Note: Life & AD&D claims are submitted by VyStar HR	https://portal.unum.com/
Disability insurance	UNUM (Group #: STD 997951 / LTD 997955)	866-868-6737	https://portal.unum.com/
Legal plan	ARAG (Group #18863)	800-247-4184	ARAGlegal.com/myinfo Access Code: 18863vcu
Accident insurance	UNUM (Group #997952)	866-868-6737	https://portal.unum.com/
Critical illness insurance	UNUM (Group #997953)	866-868-6737	https://portal.unum.com/
Hospital indemnity insurance	UNUM (Group #997954)	866-868-6737	https://portal.unum.com/
Pet Insurance	PetsBest	877-738-7237	Petsbest.com
401(k) savings plan	Fidelity (Plan #32302)	800-835-5097	401k.com
FMLA & Leave of Absence	UNUM (Group #997955)	866-868-6737	https://portal.unum.com/
FitOn Health	FitOn Health		Fitonhealth.com/register
Employee Discounts	VyStar Savings Marketplace		Refer to MyStar (Discounts tab)
Worldwide Travel Assistance	UNUM (AssistAmerica)	800-872-1414 REF # 01-AA-UN-762490	Mobile App: AssistAmerica
Wealthspire Financial Education			https://atwork.wealthspire.com/vystar
Tuition Assistance	EdAssist	via online Chat	vystar.edassist.com/tuition/home
Internal Contacts			
VyStar Benefits Team	76 S. Laura Street Jacksonville, FL 32202		Benefitsadmin@VyStarcu.org
Lisa Morris	VP of Benefits	904-420-5056	morrisl@vystarcu.org
Brendi Mowles	Sr. Benefits Specialist	904-908-2592	mowlesb@vystarcu.org
Martina Montgomery	Benefits Specialist	904-474-6320	montgomerym@vystarcu.org
Michelle Hagan	AVP, Employee Financial Wellness	904-420-5192	haganm@vystarcu.org
Liz Ross	AVP, Leave of Absence	904-908-2415	rossl@vystarcu.org
Melanie Crum	Sr. Leave of Absence Specialist	904-474-6389	crumm@vystarcu.org
Jordyn Strommer	Recognition & Wellness Supervisor	904-908-2642	taylorj@vystarcu.org
Julia Jackson	Recognition & Wellness Coordinator	904-474-6325	jacksonj5@vystarcu.org
VyStar Investment Services (VIS)		904-908-2495	vismarketing@vystarcu.org
VyStar Insurance Agency		877-997-2221, option 2	insurance@vystarcu.org
VyStar Loan Discount Program	VyStar Credit Reporting Unit	ext3030, option 2	modification@vystarcu.org

Need Healthcare Advocate Support?

VyStar is pleased to offer access to MyAdvocate from CareNet. MyAdvocate is a confidential - no cost - benefit available to VyStar employees that delivers personalized, compassionate support - working closely with you, your insurance carriers and your healthcare providers to navigate the complex world of healthcare. Advocates are available to help you with Benefits education and navigation Billing and claims assistance Coordination of care ...and more!

Phone: 833-968-1775 (24/7 intake) Website: MyAdvocateServices.com

NOTICES & DISCLOSURES

Special Enrollment Rights

If you decline enrollment for yourself or your dependents (including your spouse) because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for the other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after your coverage or your dependents' coverage ends (or after the employer stops contributing toward the other coverage).

In addition, you may be able to enroll yourself and your dependents if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, if your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption or within 60 days of the date of loss of CHIP coverage. To request a special enrollment or obtain more information, contact Human Resources.

Portability of Coverage

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 entitles you to a complete transfer of benefits (no pre-existing condition exclusions) if you change jobs or your employer changes insurance carriers. To guarantee the portability of your benefits, your previous coverage must not have lapsed for more than 63 days prior to your new eligibility date, and you must provide proof of prior coverage to your new employer.

HIPAA Notice of Privacy Practices

The HIPAA Notice of Privacy Practices is posted on Workday. Paper copies are also available, free of charge, from Human Resources.

Medicare Part D Credible Coverage Disclosure Notice

What is considered creditable coverage? Under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Medicare Part D) prescription drug coverage is considered creditable if the amount the plan expects to pay on average for prescription drugs for individuals covered by the plan in the applicable year for which the disclosure notice is being provided is the same or more than what standard Medicare prescription drug coverage would be expected to pay on average. If the prescription drug coverage does not meet these standards it is considered to be non-creditable. VyStar's prescription drug plans are considered creditable coverage under Medicare Part D standards. Why is creditable coverage important? Making sure you have creditable coverage is important. If you fail to enroll in Medicare Part D when you first become eligible or if you drop or lose your creditable coverage and don't join a Medicare drug plan within 63 continuous days after your creditable coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later, which can only be done from October 15th through December 7th of each year. How can I find out more? 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.

Benefits Termination & COBRA

When does coverage end?

Your benefits will end as of the last day you are an active employee, the day you either elect not to participate in the plan, or end of month for ineligible dependents of an active employee.

What is COBRA Continuation Coverage?

The Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) provides insured employees and their covered spouse and child(ren) ("qualified beneficiaries"), the opportunity to continue group medical, dental, and vision coverage when a "qualifying event" would normally result in the loss of coverage eligibility. Common qualifying events include, but are not limited to, resignation or termination from employment, the death of an employee, a reduction in employee's hours, an employee's divorce, and dependent children no longer meeting eligibility requirements. Under COBRA, the employee and/or dependent pays the full cost of coverage at the current group rates plus a 2% administrative fee.

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Employer and Plan Administrator have been notified that a qualifying event has occurred. COBRA continuation coverage generally lasts for up to a total of 18 months, which can be extended for a total of 36 months in certain circumstances, or a total of 29 months due to disability.

Keep Human Resources Informed of Address Changes

In order to protect your family's rights, you should keep Human Resources informed of any address changes for you or your family members. You should also keep a copy, for your records, of any notices you send.

You Must Give Notice of Certain Qualifying Events

For the certain qualifying events, such as divorce or legal separation of the employee and spouse, dependent child's losing eligibility for coverage as a dependent child, or if you or a covered dependent becomes disabled before the 60th day of COBRA continuation coverage, you must notify the Plan Administrator within 60 days after the qualifying event occurs. Your notification must include a description and date of the event, documentation to validate the event (divorce decree, court order, death certificate, Social Security award letter, etc.), and must be sent to your plan administrator (see the contact list on the last page). How can I find out more? This is a general explanation. For more information on COBRA and the group medical, dental and vision plans contact your plan administrator. The contact information for both parties is listed on the last page of this booklet. More information can also be found at www.dol.gov/ebsa/cobra.html.

Newborns' and Mothers' Health Protection

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

NOTICES & DISCLOSURES

Children's Health Insurance Program

The notice that describes this program is posted on Workday. Paper copies are also available, free of charge, from Human Resources.

Women's Health and Cancer Rights Act

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. Such coverage will be subject the same benefit levels deemed appropriate for other medical and surgical procedures that are covered under this plan.

A Note About Social Security

Pre-tax deductions taken from your paycheck lowers your taxable income. Therefore, your Social Security taxes (and, consequently, your future Social Security benefits) may be lower. How you are affected depends on your pay and the amount of pre-tax contributions you make.

The reduction on Social Security benefits, if any, for most employees will be minimal – a few dollars a month. Younger employees who use large amounts of tax-free dollars to pay for benefits over a long period (20 to 30 years) may experience a greater reduction in benefits when they retire. However, for most people, the benefit reduction has been more than offset by the tax savings. For more information, please contact your local Social Security Administration office.

Pre-Tax or Post-Tax?

For some benefits, you can use pre-tax dollars from your pay. For others, you must use after-tax dollars. When you pay for benefits with pre-tax dollars, money is deducted from your pay before taxes are taken out. This way, you avoid paying Federal Income taxes on what you spend on qualified benefits.

With after-tax contributions, just the opposite is true. They're deducted from your pay after Federal Income taxes are calculated and deducted from your gross pay.

Health Care Reform: Affordable Care Act Summaries of Benefits and Coverage

The Patient Protection and Affordable Care Act (PPACA) requires health plans and health insurance issuers to provide uniform summaries of benefits and coverage (SBC). These SBCs are provided by our medical insurance carrier. You can access the SBCs on Workday. Paper copies are also available, free of charge, by calling Blue Cross Blue Shield Member Services. This notice is provided to eligible employees. It is the responsibility of the employee to share this information with eligible dependents. You can request a copy of this notice to be sent to eligible dependents that reside at an address other than your own by contacting Human Resources and providing the separate mailing address.

Health Insurance Marketplace (Exchange)

This section provides some basic information about the new Health Insurance Marketplace and employment-based health coverage offered by your employer. The Exchange Notice of Coverage Options is available on Workday and from the Human Resources Department.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. You may also be eligible for a tax credit that lowers your monthly premium. The annual open enrollment periods are listed below. An individual generally cannot enroll in a QHP outside of the open enrollment period, unless a special enrollment period applies.

2026 Coverage: November 1, 2025 – December 15, 2025

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 the least expensive plan that meets "minimum value" standards offered by 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.

Our group medical coverage has been determined to meet affordability and "minimum" value standards as required by the Affordable Care Act. This means that employees eligible for participation in our group medical coverage are not eligible for a premium reduced policy through the Marketplace. Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution 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. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost.

Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace.

NOTICES & DISCLOSURES

No Surprises Act

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You are never required to give up your protections from balance billing. You also are not required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing is not allowed, you also have these protections:

You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

Generally, your health plan must:

— Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").

— Cover emergency services by out-of-network providers.

— Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.

— Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact the Employee Benefits Security Administration at 1-866-444-EBSA(3272) for group health plans that are subject to ERISA, or the Department of Health and Human Services at 1-888-393-2789 for group health plans that are not subject to ERISA. The federal phone number for information and complaints is: 1-800-985-3059.

You may also receive help through an applicable state consumer assistance program. Visit <https://www.dol.gov/sites/default/files/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/consumer-assistance-programs.doc> for contact information by state.

Visit <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/no-surprises-act> for more information about your rights under federal law

Summary of Material Modifications

This enrollment guide does not constitute a Summary of Material Modifications (SMM) to the carrier summary plan descriptions (SPD) for any of the benefit plans offered, which govern the plans' operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.

Wellness Program Notices

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Note: when outcome-based programs inform enrollees of their failure to meet the original standard, the notice must indicate the availability of a reasonable alternative to qualify for the reward (and, if applicable, the possibility of a waiver).



This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights, and coverage effective dates for the benefits offered by VyStar. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While the guide is a tool to answer many of your benefit questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern the plans' operation. The noted plan changes in this guide do not serve as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.