



EMPLOYEE BENEFITS

Make benefits happen.

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ABOUT THIS GUIDE

The employee benefits program is a key component of your total compensation. This guide will provide you with an overview of the benefit plan options that are available to you and your eligible dependents, the enrollment process, 2025 contributions and vendor contact information. We ask that you take the time to read the information carefully to ensure that you are well acquainted with your benefit options.

If at any time you have questions regarding your benefits, claim submissions, need an ID card or have questions on your eligibility, you may call or e-mail Iowa Bankers Insurance and Services for assistance.

IBBP Customer Service

Toll Free: 800-258-1415

Fax: 515-286-4214

www.bankers-ins.com

The Benefits at-a-Glance contained in this Benefits Guide contain a brief description to highlight your benefits and options. Other benefits and restrictions may apply. Please refer to your policy or plan booklet for full details. Certain exclusions and limitations may apply. In the event there is a conflict between this information and the official plan documents, including insurance contracts, certificates, or summary plan descriptions, the official plan documents will govern. Iowa Bankers Benefit Plan reserves the right to amend, modify or terminate any plan at any time.

ELIGIBILITY FOR BENEFITS**Employees**

You are eligible for benefits if you are a permanent employee of the bank who is scheduled to work no less than 30 hours each week. If you cease to work or are no longer scheduled to work at least 30 hours each week, you cease to be a covered employee under the plans.

Dependents

If you elect coverage, your dependents are also eligible for coverage. Dependents are defined as:

- Your spouse to whom you are legally married, as defined by the laws of the state of the covered employee's residence. This will include common law spouses and same-sex marriage partners. Evidence of common law marriage status must be provided at the time the employee chooses to enroll his/her spouse for coverage if they are a common law spouse.
- Your dependent children until they reach the age of 26. Coverage will continue through the end of the month that they turn 26. They may continue coverage beyond age 26 if they are unmarried, full-time students in an accredited school. Dependent children include natural children, adopted children (as defined), and stepchildren. No person may be covered as both an employee and a dependent under this Plan. Likewise, no person may be a covered dependent of more than one covered employee under this Plan.

You are responsible to report changes in a dependent's status within 30 calendar days of the change. The Plan Administrator retains the right to retroactively terminate coverage of a dependent as of the date he or she no longer satisfies the Plan's eligibility requirements and receive reimbursement from you or a dependent for any benefits that the Plan pays.

ENROLLMENT

New Hire Enrollment

To enroll in the bank's benefits, the employee must complete online enrollment within the 30-day period following the date he/she becomes eligible. If you fail to apply for coverage in a timely manner, you will not be eligible for coverage under the plan except during annual renewal.

New hire coverage for medical, dental, vision, employee FSA contributions & life/disability insurance begins the first month following the date of hire. If an employee is hired on the first working day of the month, he or she can elect coverage to begin on the first day of employment or the first of the month following their hire date.

Coverage Tiers (Medical, Dental and Vision)

Providing coverage that best suits you and your family is important. You may elect one coverage tier for medical and another coverage tier for dental or vision. Your coverage election options are as follows:

Medical	Dental	Vision
Employee Only Coverage	Employee Only Coverage	Employee Only Coverage
Employee Plus Child (or Children)	Employee Plus Child (or Children)	Employee Plus Child (or Children)
Employee, Spouse and Children	Employee, Spouse and Children	Employee, Spouse and Children
N/A	N/A	Employee Plus Spouse

MAKING CHANGES DURING THE YEAR

Employee may elect to make changes to their benefits coverage only when a qualified life change event occurs and will have 30 days from the date of the qualified life change event to change your benefit election. Please see Human Resources for additional information.

Qualified life change events include:

- Birth of a child (60 days)
- Adoption of a child or placement of a child for adoption by an approved agency (60 days)
- Marriage (including common law marriage if the state the employee resides in recognizes common law marriages)
- Exhaustion of COBRA coverage under another employer-sponsored group health plan (Termination of COBRA benefits other than for voluntary termination prior to expiration of COBRA eligibility or due to non-payment of premium)
- Loss of eligibility for the following coverage:
 - Other employer sponsored health/dental coverage for employee, spouse, or dependent
 - Medicaid (Title XIX)
 - Children's Health Insurance program (CHIP also known as *Hawk-I* in Iowa)
- Employer ceases contribution to other creditable coverage for employee, spouse, or dependent

- Becoming eligible for Medicaid or CHIP premium assistance
- Transfer resulting in plan member's loss of network

Any changes must be submitted to Human Resources in writing within 30 calendar days of the event. Failure to notify Human Resources of benefit eligibility changes within 30 calendar days may result in loss of benefit coverage. You, your spouse or your dependents may also be responsible for any charges incurred in the plan.

MEDICAL COVERAGE

The Iowa Bankers Benefit Plan offers you and your family important protection against the financial hardship that an illness or injury can bring. You and Farmers State Bank share in the cost of this coverage.

Medical Plan Options

The bank has two medical plan options. These plans feature a Preferred Provider Organization (PPO). The PPO is designed to provide you with the highest level of benefit payment and limit your out-of-pocket costs when you use physicians, hospitals and other health care specialists that are part of the PPO network. If you need help locating an Alliance Select network provider, please visit the Wellmark website at www.wellmark.com.

Traditional PPO – Medical Benefits at-a-Glance		
Benefit	Benefit Plan	
Insurance Carrier	Iowa Bankers Benefit Plan	
Third Party Administrator	Wellmark, Inc.	
Provider Network	Alliance Select	
Wellmark Deductible	\$4,500 Single /\$9,000 Family	
Self-funded Deductible	\$2,000 Single/\$4,000 Family	
Wellmark Out-of-Pocket Maximum	\$9,000 single/ \$18,000 Family	
Self-funded Out-of-Pocket Maximum	\$4,000 Single/\$8,000 Family	
Lifetime Maximum	Unlimited	
	In-Network	Out of Network
Coinsurance	10%	20%
Preventive Services	Plan pays 100%	Deductible + 20%
Office Services <ul style="list-style-type: none"> • Physician's Office Visit • Diagnostic X-ray, EKG, EEG, Stress Tests, MRI, MRA, CT Scans • Lab Benefits • Routine Eye Exam 	10%	Deductible + 20%

Chiropractic Care	10%	Deductible + 20%
Mental /Nervous/Drug Abuse/Alcoholism <ul style="list-style-type: none"> • Office • Inpatient and Outpatient 	Office Visit : 10% Deductible + 10%	Deductible + 20%
Emergency Room	Deductible + 10%	Deductible + 20%
Hospital <ul style="list-style-type: none"> • Inpatient and outpatient 	Deductible + 10%	Deductible + 20%
Prescription Drug Benefits <ul style="list-style-type: none"> • Tier 1 • Tier 2 • Tier 3 • Tier 4 • Specialty 	Retail \$10 Copay \$30 Copay \$60 Copay \$90 Copay \$75.00-Biosimilar \$125-Preferred \$250-Non-Preferred	Mail Order \$20 Copay Plan pays 100% \$60 Copay \$120 Copay \$180 Copay Specialty not available for mail order

High Deductible Health Plan PPO – Medical Benefits at-a-Glance		
Benefit	Benefit Plan	
Insurance Carrier	Iowa Bankers Benefit Plan	
Third Party Administrator	Wellmark, Inc.	
Provider Network	Alliance Select	
Wellmark Deductible	\$5,500 Single /\$11,000 Family	
Self-funded Deductible	\$3,500 Single/7,000 Family	
Wellmark Out-of-Pocket Maximum	\$5,500 single/ \$11,000 Family	
Self-funded Out-of-Pocket Maximum	\$3,500 Single/\$7,000 Family	
Lifetime Maximum	Unlimited	
	In-Network	Out of Network
Coinsurance	Deductible Applies Provider Savings	Allowed amount applies toward deductible
Preventive Services	Plan pays 100%	Allowed amount applies toward deductible
Office Services <ul style="list-style-type: none"> • Physician's Office Visit 	Deductible applies	

<ul style="list-style-type: none"> • Diagnostic X-ray, EKG, EEG, Stress Tests, MRI, MRA, CT Scans • Lab Benefits • Routine Eye Exam 	Provider savings	Allowed amount applies toward deductible
Chiropractic Care	Deductible applies Provider savings	Allowed amount applies toward deductible
Mental /Nervous/Drug Abuse/Alcoholism <ul style="list-style-type: none"> • Office • Inpatient and Outpatient 	Deductible applies Provider savings	Allowed amount applies toward deductible
Emergency Room	Deductible applies Provider savings	Allowed amount applies toward deductible
Hospital <ul style="list-style-type: none"> • Inpatient and outpatient 	Deductible applies Provider savings	Allowed amount applies toward deductible
Prescription Drug Benefits <ul style="list-style-type: none"> • Tier 1 • Tier 2 • Tier 3 • Tier 4 • Specialty 	Using In-Network Pharmacy Deductible applies Provider savings	Using Out-of-Network Pharmacy Allowed amount applies toward deductible

DENTAL COVERAGE

The bank's dental program is insured through Delta Dental of Iowa. Dental coverage is available to you and your covered dependents. This plan features the largest dental network in the country. Three out of four dentists participate in one or more of Delta Dental programs. You and the bank share in the cost of premiums.

PLAN 1

SUMMARY OF COVERAGE

Deductible

Individual

Family

Delta Dental
PPO™ Dentist

\$15*

\$45*

Delta Dental Premier®/
Out-of-Network Dentist

\$25*

\$75*

Annual Period Maximum

per person per calendar year

\$1,500

Annual Maximum Carry Over - To GoSM

Included

Enhanced Benefits Program

Included

CheckUp PlusSM

(diagnostic and preventive dental services do not count toward the annual benefit maximum)

Included

BENEFIT CATEGORIES

Coinsurance paid by member

Diagnostic & Preventive Services

(check-ups, teeth cleaning, x-rays, fluoride, sealants)

0%

Routine & Restorative Services

(cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)

10%

20%

Endodontic Services

(root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings)

20%

Periodontal Services

conservative procedures (nonsurgical) and maintenance therapy
complex procedures (surgical)

20%

50%

High Cost Restorations

(cast restorations - crowns, inlays, onlays, posts, cores)

20%

Prosthetics

(bridges, dentures, implants)

50%

Corrective Orthodontia Benefit & Lifetime Maximum

(includes adult orthodontics)

50% coinsurance and
\$2,000 lifetime maximum