

2023

Elective Benefits Reference Guide



Exclusive offerings for Hy-Vee Part-Time employees

MIDWEST HERITAGE
A Hy-Vee Company
Banking • Investments • Insurance



Presented by Midwest Heritage Insurance Services.

WELCOME

Hy-Vee is committed to offering you a comprehensive, cost-effective and competitive elective benefits package to help protect you and your family. The elective benefits featured in this guide are exclusive to Part-Time Hy-Vee employees. If you need more information, visit [the Huddle HR page](#) or to enroll visit [hy-veePTenroll.com](#).

Hy-Vee part-time employees who have been part of the Hy-Vee family for at least six (6) months and average 20 hours or more a week are eligible to have Hy-Vee help pay for part of your health and wellness benefits like Limited Medical, Dental, Short-Term Disability and Life Insurance plans which can help substantially lower your benefits cost. It's one more way Hy-Vee can show you how we appreciate your commitment to our fundamentals and to caring for our customers. If you haven't yet reached that threshold, please take a look at the material in this book and start thinking about the benefits choices you'd like to make once you become eligible and talk with your location's HR manager about your options.

Looking forward to helping you balance it all!

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ELECTIVE BENEFITS FOR PART-TIME EMPLOYEES

Eligibility: Part-Time employees, age 19 and older, expecting to average at least 15 hours per week. Dependent options are available on many of the benefit offerings. See plan details for specific plan eligibility.

There are three enrollment periods when you can elect benefits:

Initial Enrollment

Initial Enrollment is the 30 calendar days that you have beginning on your date of hire to enroll yourself and your dependents in benefits. If you don't enroll within 30 days of becoming eligible, you'll be required to wait until the next Open Enrollment to enroll in benefits.

New hires can enroll in most benefits without having to answer medical questions. However, if you choose to waive coverage during your initial enrollment opportunity and enroll at a later date, you may be required to answer medical questions. Benefits elected during initial enrollment will be effective on your 31st day of employment.

Open Enrollment

During Open Enrollment, you can make changes to your benefit elections including enroll in or waive benefits, and add or remove dependents. Although some benefits can only be changed during Open Enrollment, there are a variety of benefit offerings available throughout the year. Visit with your store Benefits Advisor to find out more.

Qualifying Events

If you have a qualified life event throughout the year, you may have an opportunity to make changes to your elections if done within 30 days of the qualified change. Some qualified life events include: marriage, divorce, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, or change in spouse's benefits. For newborn children, be sure to enroll them within 30 days of their birth. Don't wait on the Social Security number or birth certificate.

Enroll

To enroll, visit [hy-veePTenroll.com](#).

When logging in for the first time, have this information handy:

- Employee ID (if you don't have an employee ID, you may use your Social Security Number)
- Valid email address
- Dates of birth for all eligible family members
- Social Security numbers for all eligible family members
- Beneficiary designation information

LIMITED MEDICAL INSURANCE



Protection from medical expenses.

Hy-Vee now offers a way for Part-Time employees who do not have access to health insurance elsewhere to get basic medical coverage. Hy-Vee's Limited Medical Plan gives you preventive services and first-dollar coverage for minor, everyday medical expenses.

What it is...

Hy-Vee's Limited Medical plans provide protection against basic medical expenses. You'll have a doctor's office pre-pay of just \$10 before insurance benefits are applied to help with common medical expenses.

This coverage is best suited for employees who do not have access to health insurance through a source outside of Hy-Vee.

If you are currently covered by a health insurance plan, this coverage is not recommended.

What it covers...

These plans provide first-dollar coverage for medical expenses like hospitalization, surgeries, doctor visits, ER sickness visits, lab and blood work, X-rays, MRIs, CT and PET scans, and prescriptions. Benefits are payable for you and your covered family members' annual physicals and well child care (age 4 or below).**

MDLive gives you access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video, or mobile app visits. SupportLinc Employee Assistance Program offers unlimited telephonic access to behavioral health professionals to help individuals with a variety of life and mental health issues, as well as three in-person counselor visits.

IMPORTANT:

The Hy-Vee Limited Medical plan is limited medical coverage only. It's not intended to replace the need for a major medical plan.



How do I enroll?

- First 30 days of employment and each year during Open Enrollment
- Enroll online at hy-veePTenroll.com

Weekly premiums

Voluntary Plan (employee pays full cost)				
Product Package	Member Only	Member + Spouse	Member + Child(ren)	Member + Family
Basic	\$20.89	\$41.42	\$32.18	\$48.74
Choice	\$31.83	\$63.12	\$48.85	\$74.05
Max	\$51.33	\$101.73	\$78.71	\$119.21
Employer-Sponsored Plan (Hy-Vee contributes to cost for eligible employees)				
Product Package	Member Only	Member + Spouse	Member + Child(ren)	Member + Family
Choice	\$14.30	\$42.30	\$29.60	\$52.16
Max	\$31.70	\$76.74	\$56.26	\$92.67

LIFE INSURANCE



Financial protection for the unexpected.

Life is unpredictable. You can't predict when you'll die, whether from disease, accidental injury, or natural causes. You can, however, purchase coverage to help provide cash benefits to help pay for funeral expenses, or additional expenses your family may have to face without the paycheck of a wage earner. Make sure money won't be a concern for you or your family with our group voluntary term life plan available for all Part-Time employees.

What it is...

Everyone has the need for financial security, but the needs of each person can vary. That is where term life insurance can help. It provides cost-effective coverage at economical group rates and offers peace-of-mind during life-changing events. Final expenses and daily bills shouldn't add to the stress. The cash benefit when a covered employee dies can be used to pay off debts, provide for childcare or educational expenses, or replace income to continue the same standard of living.

Basic Life Insurance

Hy-Vee offers Basic life insurance coverage to provide financial protection if you die while you are still working. Hy-Vee covers the full cost of a \$10,000 benefit amount for eligible Part-Time employees. Part-Time employees who are not eligible may choose to enroll in the voluntary offering.

Voluntary Term Life Insurance

Coverage provided is as follows. For voluntary plan offering*

Guaranteed issue amounts are based on employee age as of January 1, 2020.

19 - 59: \$30,000
 60 - 69: \$20,000
 70+: \$10,000

Coverage available for employees only.



How do I enroll?

- First 30 days of employment and each year during Open Enrollment
- Enroll online at hy-veePTenroll.com

Weekly premiums

		Ages						
Maximum Employee Life Amount		Under 30	30-34	35-39	40-44	45-49	50-54	55-59
\$30,000		\$0.90	\$1.04	\$1.38	\$2.01	\$3.18	\$4.64	\$7.75

		Ages	
Maximum Employee Life Amount		60-64	65-69
\$20,000		\$7.52	\$12.46

		Ages		
Maximum Employee Life Amount		70-74	75-79	80+
\$10,000		\$9.78	\$16.50	\$28.13

* Please see actual policy to determine exact plan coverage.

CUSTOMIZED LIFE INSURANCE

Need additional life Insurance?

If \$10,000, \$20,000, or \$30,000 of life insurance isn't enough or if you're interested in adding whole life, we've got you covered. As a Hy-Vee Part-Time employee you have access to exclusive life insurance offerings. Our advisors can help you take care of your loved ones by customizing a life insurance plan to meet your needs and budget.

Here's what you need to know about this life insurance offer:

- Term and Whole Life coverage options available
 - Up to \$100,000 of coverage for employees with no health questions
 - Maximum coverage amount of \$250,000 for employees with limited health questions
 - Coverage for spouse and children also available with no health questions
 - Ability to lock in rates at your current age
 - You own the policy and can take it with you if you should ever leave employment
 - In most cases can be set up on payroll deduction

SHORT-TERM DISABILITY

Protecting you when you can't work.

Your financial stability depends on your ability to work. If you had an illness or injury, how would you continue to pay your bills? Hy-Vee's Short-Term Disability coverage can help ease the burden if you become disabled.

How it works...

Short-term disability pays you 60% of your weekly earnings (not to exceed \$150) if an off-the-job illness or injury prevents you from working.* After a seven-day elimination period, you'll receive benefits for up to 13 weeks. Pregnancy is considered a pre-existing condition, therefore coverage doesn't begin until ten months after your policy goes into effect.



How do I enroll?

- First 30 days of employment and each year during Open Enrollment
- Enroll online at hy-veePTenroll.com

Weekly Premiums Voluntary Plan

(employee pays full cost)

SHORT-TERM DISABILITY	
Employee Only:	\$1.47

Weekly Premiums

Employer-Sponsored Plan

(Hy-Vee contributes to cost for eligible employees)

SHORT-TERM DISABILITY	
Employee Only:	\$0.37

CUSTOMIZED LONG-TERM DISABILITY

Looking to supplement your Short-Term Disability plan?

What happens if you have Short-Term disability coverage and at the end of the 13-week benefit you're not able to go back to work? Our advisors can meet with you one-on-one to learn more about your personal situation and then discuss the various elimination periods and benefit durations available to help you find the solution that best fits your needs and budget. Benefit durations are available ranging from two years all the way up to age 67.

Please note, current Life and Long-Term Disability offerings may vary. Depending on the product and the coverage amount selected, guaranteed issue may be available. If not, applicants may have to answer health questions or go through the full underwriting process.



How do I enroll?

- Contact Midwest Heritage Insurance Services at **800-622-0057** or csr@mhbankins.com
- See your store Benefit Advisor throughout the year



* Limitations apply. See policy for more information.

DENTAL INSURANCE



Protecting your smile.

Dental health is an important part of your overall wellness. However, dental procedures can be costly and not covered under medical insurance. You could face sizable bills from even minor dental procedures. How will you keep your teeth and gums healthy without draining your savings?

What it is...

Hy-Vee offers a choice of dental coverage for Part-Time employees at affordable rates. These benefits help make taking care of your dental health simpler and more affordable, by covering either in part or in full the costs of services like:

- Diagnostic and Preventive Services (covered at 100%)
 - » Dental Cleaning
 - » Oral Evaluations
 - » Fluoride Applications
 - » X-Rays
 - » Sealant Applications
 - » Space Maintainers
 - » Periodontal Maintenance Therapy
- Routine and Restorative Services (Covered at 90% when services are received by a PPO provider, 80% when services are received by a Premier provider)
 - » Emergency Treatment
 - » General Anesthesia/Sedation
 - » Restoration of Decayed or Fractured Teeth
 - » Limited Occlusal Adjustments
 - » Routine Oral Surgery
 - » Posterior Composites w/ Alternate Processing
- Root Canals (covered at 50%)
 - » Apicoectomy
 - » Direct Pulp Cap
 - » Pulpotomy
 - » Retrograde Fillings
 - » Root Canal Therapy
- Gum and Bone Diseases (covered at 50%)
 - » Conservative Procedures (Non-surgical)
 - » Complex Procedures (Surgical)
- High Cost Restorations (covered at 50%)
 - » Cast Restorations
 - » Crowns
 - » Inlays
 - » Onlays
 - » Post and Cores
 - » Recementing Crowns/Inlays/Onlays
- Dentures and Bridges (covered at 50%)
 - » Bridges
 - » Dentures
 - » Repairs and Adjustments
 - » Recementing of Bridges
 - » Implants Not Covered
- Orthodontia (covered at 50%)



How do I enroll?

- First 30 days of employment and each year during Open Enrollment
- Enroll online at hy-veePTenroll.com

Weekly Premiums

Voluntary Plan (employee pays full cost)

DENTAL	
Employee Only:	\$7.49
Employee & Spouse:	\$14.98
Employee & Children:	\$18.84
Family:	\$30.72

Weekly Premiums

Employer-Sponsored Plan (Hy-Vee contributes to cost for eligible employees)

DENTAL	
Employee Only:	\$2.65
Employee & Spouse:	\$7.93
Employee & Children:	\$10.81
Family:	\$19.13

* Reimbursements vary by procedures. Yearly and lifetime plan limitations apply. Please consult your policy for plan limits and reimbursement amounts.

** This list is just an overview of coverage. Please see actual policy to determine exact coverage, reimbursement limits, yearly and lifetime maximums and waiting period restrictions.

VISION INSURANCE



Easing the burden of vision expenses.

Taking care of your vision can be costly. How will you afford to pay for the eye care your family needs? Hy-Vee's Vision plan has you covered. We offer a vision plan so you have the access to in-network discounts and services to keep your vision expenses in check.

What it is...

Hy-Vee's Vision plan helps you in many ways.

- For eye exams and lenses, you'll only pay affordable copays.*
- For expenses like frames, follow-up exams, optional lens coatings, and elective Lasik and PRK vision correction surgery procedures, you'll receive allowances and percentage discounts to help reduce your out-of-pocket costs.**
- The plan is flexible and gives you access to a nationwide network of eye care providers.

What it covers...

With the vision plan, you'll get coverage where you need it most.***

	EYEMED ACCESS NETWORK PAYS	OUT-OF-NETWORK PAYS
EXAMS — once every 12 months		
Exam with Dilation as Necessary	Covered in full after a \$15 copay	Up to \$45
Standard Contact Lens Fit and Follow-Up	Up to \$55	N/A
Premium Contact Lens Fit and Follow-Up	10% off retail	N/A
LENSES — once every 12 months		
Single vision	Covered in full after a \$10 copay	Up to \$45
Bifocal	Covered in full after a \$10 copay	Up to \$65
Trifocal	Covered in full after a \$10 copay	Up to \$85
Lenticular	Covered in full after a \$10 copay	Up to \$85
Standard Progressive	\$75	Up to \$47
Premium Progressive	\$75; 80% of charge less \$120 allowance	Up to \$47
Elective Contact Lens	\$0 copay, up to \$150 allowance	
	15% off balance over \$150	Up to \$120
Medically necessary Contact Lens	Covered in full	Up to \$210
FRAMES — once every 24 months		
Frames	\$0 copay, \$150 allowance; 20% off balance over \$150	Up to \$75



How do I enroll?

- First 30 days of employment and each year during Open Enrollment
- Enroll online at hy-veePTenroll.com

Weekly Premiums

VISION	
Employee Only:	\$1.96
Employee + 1 Dependent:	\$2.90
Employee + 2 or More Dependents:	\$5.22

* Subject to frequency limits per service year and calendar year based on services used. Please consult policy brochures for more information.

** Discounts vary by services.

*** This is an overview of plan benefits. For details on each benefit, refer to policy.

ACCIDENT INSURANCE

Protection from life's accidents.

Accidents. They come from out of nowhere. When you or a family member is involved in an accident, you seek immediate medical care, but that's just the beginning of the story. Accidents affect our entire lives. They interrupt our work schedules and often lead to follow-up appointments, trips to the store for supplies, and additional need for childcare. You could face tremendous unplanned expenses not covered by your medical insurance.

How will you pay your bills?

Hy-Vee's Accident plan can help. This plan can help you minimize the effects of those sudden out-of-pocket expenses. You can plan for life's unforeseen circumstances and protect your finances.

What it is...

Hy-Vee's Accident plan picks up where other coverage leaves off. The benefits you receive from the accident plan can help you pay for:

- Unpaid time off
- Travel expenses
- Deductibles, copays, maximum out-of-pocket expenses
- Other medical and nonmedical bills associated with the accident
- And more

You decide how your money is spent.

Benefits from your accident insurance plan are paid directly to you. After an accident or other covered medical expense, you simply submit a claim. When it's approved, you'll receive a benefit check. Benefit amounts vary by claim and by plan type.*

What it covers...

- Medical expenses from emergency room or doctor's office treatments
- X-rays
- Ambulance
- Hospital confinement
- Accidental death or dismemberment
- Dislocation and fractures
- Burns
- Brain injuries
- And many more**

Our accident coverage helps offer peace of mind when an accidental injury occurs. Below is an example of how coverage is paid for a fractured ankle.

Weekly Premiums

	LOW	HIGH
Emergency Room	\$300	\$400
X-ray	\$300	\$400
Ambulance (ground)	\$300	\$400
Fractured Ankle	\$2,400	\$3,200
Appliance, Crutches	\$375	\$500
Follow-Up Visit (2 visits)	\$300 (\$150 per visit)	\$400 (\$200 per visit)
Physical Therapy (2 visits)	\$180 (\$90 per visit)	\$240 (\$120 per visit)
Aspirin	\$15	\$20
TOTAL	\$4,170	\$5,560

The example shown above is for illustrative purposes only. Refer to plan certificate for details.



How do I enroll?

- First 30 days of employment and each year during Open Enrollment
- Enroll online at hy-veePTenroll.com

Weekly Premiums

ACCIDENT	LOW	HIGH
Employee Only:	\$3.70	\$4.93
Employee & Spouse:	\$6.40	\$8.53
Employee & Children:	\$8.05	\$10.73
Family:	\$9.99	\$13.31

* Limitations apply.

** This list is an overview of coverage. Please see actual policy to determine exact plan coverage.

CRITICAL ILLNESS INSURANCE

Protecting you from unexpected illnesses.

Your financial security relies on your ability to remain healthy. If you or a family member develops a critical illness such as Parkinson's or Alzheimer's disease, or are struck by a sudden illness like a heart attack or stroke, how will you continue to pay your bills? You can plan for the unplanned with Hy-Vee's group Critical Illness Insurance plan.*

What it is...

A major illness like a heart attack or an invasive cancer could prevent you from working. It can result in unforeseen bills and leave you buried under out-of-pocket expenses you haven't planned for. Critical Illness Insurance fills in the gaps so you can focus on recovery. Critical Illness Insurance is not traditional medical insurance. It pays you, not your doctors and hospitals, so you decide how to use benefit dollars.

Critical Illness coverage works in two ways. First, you receive cash benefits when a covered critical illness occurs. Second, it rewards you for taking preventive measures before a critical illness strikes by partially reimbursing you for the cost of a wellness screening. By receiving one of the covered screenings and filing a claim, you are eligible to receive \$50 once annually for each person on your plan who receives a screening. You can choose how much coverage you want because we offer plans at the \$10,000 and \$20,000 benefit levels. Covered dependents will receive 50% of the employee benefit levels.

What it covers...

- Heart attack
- Stroke
- Invasive cancer
- Coronary artery bypass surgery
- End stage renal failure
- Carcinoma in situ
- Advanced Alzheimer's disease
- Advanced Parkinson's disease
- Benign brain tumor
- Complete blindness
- Complete hearing loss
- Paralysis
- And more**

Note: A percentage of the basic benefit amount is payable for each covered person for coronary artery bypass surgery, carcinoma in situ, and advanced Alzheimer's disease.



How do I enroll?

- First 30 days of employment and each year during Open Enrollment
- Enroll online at hy-veePTenroll.com

Weekly Premiums

CRITICAL ILLNESS									
LOW PLAN - \$10,000 BASIC BENEFIT AMOUNT									
NON-TOBACCO					TOBACCO				
Ages	EE	EE+SP	EE+CH	F	Ages	EE	EE+SP	EE+CH	F
18-29	\$1.29	\$2.13	\$1.29	\$2.13	18-29	\$1.83	\$2.94	\$1.83	\$2.94
30-39	\$2.19	\$3.48	\$2.19	\$3.48	30-39	\$3.31	\$5.17	\$3.31	\$5.17
40-49	\$3.89	\$6.03	\$3.89	\$6.03	40-49	\$6.75	\$10.32	\$6.75	\$10.32
50-59	\$6.77	\$10.35	\$6.77	\$10.35	50-59	\$11.30	\$17.15	\$11.30	\$17.15
60+	\$10.90	\$16.54	\$10.90	\$16.54	60+	\$18.53	\$27.99	\$18.53	\$27.99
HIGH PLAN - \$20,000 BASIC BENEFIT AMOUNT									
NON-TOBACCO					TOBACCO				
Ages	EE	EE+SP	EE+CH	F	Ages	EE	EE+SP	EE+CH	F
18-29	\$2.18	\$3.47	\$2.18	\$3.47	18-29	\$3.26	\$5.08	\$3.26	\$5.08
30-39	\$3.97	\$6.16	\$3.97	\$6.16	30-39	\$6.22	\$9.53	\$6.22	\$9.53
40-49	\$7.38	\$11.26	\$7.38	\$11.26	40-49	\$13.09	\$19.83	\$13.09	\$19.83
50-59	\$13.14	\$19.91	\$13.14	\$19.91	50-59	\$22.20	\$33.50	\$22.20	\$33.50
60+	\$21.39	\$32.28	\$21.39	\$32.28	60+	\$36.65	\$55.18	\$36.65	\$55.18

* Limitations apply.

** This list is just an overview of coverage. Please see actual policy to determine exact plan coverage.

HOSPITAL INDEMNITY INSURANCE



Protection from hospital expenses.

Hospital stays are expensive. Even short stays can lead to large bills, and major medical coverage only takes care of part of this. While you may have major medical coverage through Hy-Vee or elsewhere, you'll incur out-of-pocket expenses not paid by your medical plan. Having the right coverage in place to help when a sickness or injury occurs can help eliminate your financial concerns and provide support at a time when it's needed most. These expenses can eat away at your bank account or HSA and they may cause you to delay needed medical care.

You need to protect yourself so going to the hospital doesn't cause extra financial stress. Your focus should be on healing, not on how you'll pay for your stay. Hy-Vee's hospital indemnity coverage can help minimize the effects of hospital expenses.

What it is...

Hy-Vee's Hospital Indemnity coverage pays you directly when you or a covered family member has a hospital stay. It's your money so you decide how it's spent. After a covered hospital stay, you simply submit a claim. When it's approved, you'll receive a benefit check. Benefit amounts vary by claim and by plan type.

What it covers...

This plan provides the following coverage*

- Lump sum benefit for the first day you're confined to a hospital
- Daily benefit for additional days thereafter
- Daily Intensive Care Unit Benefit

How it works...

Below is an example of how benefits might be paid in the event that you or a covered family member is hospitalized.**

Jane suffers bruising and swelling of her head and left leg after a cycling accident. She is admitted to intensive care for trauma to her head and remains in intensive care for two days. Jane is then moved to a regular hospital room to undergo surgery on her foot. She stays in the hospital for an additional three days for recovery.

BENEFIT	Plan 1	Plan 2	Plan 3	Plan 4
1st Day Confinement	\$660	\$1,320	\$1,870	\$2,530
Daily Hospital Confinement	\$440	\$880	\$880	\$1,320
<i>Total of benefit paid for four days</i>				
Hospital Intensive Care	\$200	\$400	\$400	\$600
<i>Total of benefit paid for two days</i>				
TOTAL BENEFIT:	\$1,300	\$2,600	\$3,150	\$4,450



How do I enroll?

- First 30 days of employment and each year during Open Enrollment
- Enroll online at hy-veePTenroll.com

Weekly premiums

HOSPITAL INDEMNITY	Plan 1	Plan 2	Plan 3	Plan 4
Employee Only:	\$1.74	\$3.48	\$4.35	\$6.09
Employee & Spouse:	\$4.50	\$9.00	\$11.67	\$16.17
Employee & Children:	\$3.00	\$6.00	\$7.53	\$10.53
Family:	\$4.89	\$9.81	\$12.63	\$17.52

* This list is just an overview of coverage. Please see actual policy to determine exact plan coverage.

** The example shown above is for illustrative purposes only. Refer to plan certificate for details.

Identity Protection



Hy-Vee recognizes the exponential increase in fraud and scams as your digital footprint expands, and the vulnerabilities that can result from having sensitive personal information exposed. That's why we offer identity protection benefits through IdentityForce. Their team of experts is here to provide you and your family with world-class identity theft protection plans built to proactively monitor, alert, and help you fix any identity theft compromises. Security incidents, scams, and fraud continue to grow. As our world becomes increasingly digitalized, and virtual, it's even more important to have IdentityForce in your corner.

WHICH PLAN IS RIGHT FOR YOU?

UltraSecure ID:

- \$1 Million Expense Reimbursement Insurance
- Fully Managed Restoration & 24/7 Support
- SSN Tracker
- Sex Offender Registration
- Medical ID Fraud Protection
- Dark Web Monitoring
- Bank & Credit Card Activity Alerts
- Child Identity Monitoring
- Credit Freeze/Lock, Score Tracker, Alerts & Reports

UltraSecure Premium includes all ID features PLUS many more:

- \$2 Million Expense Reimbursement Insurance
- BreachIQ
- Senior Family Member Protection
- Social Engineering Reimbursement - \$25,000
- Cyberbullying Reimbursement - \$25,000
- Ransomware Reimbursement - \$25,000
- Mobile Attack Controls
- Online PC Protection Tools
- Secure VPN
- Password Manager

Weekly Rates:

UltraSecure ID

Employee*: \$1.04/week
Employee + Family: \$2.08/week

UltraSecure Premium

Employee*: \$1.62/week
Employee + Family: \$3.00/week

*Children covered at no additional cost

* The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policy described. Please refer to the actual policy for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

ADDITIONAL BENEFITS DETAILS

Dependent Eligibility

In most cases, you may also cover your eligible dependents, including:

- Your legal spouse
- Natural child
- Child placed with you for adoption or a legally adopted child
- Child for whom you have legal guardianship
- Foster child
- Employee's natural child a court orders to be covered
- Employee's stepchild

Dependent Children must meet the following requirements:

- Under age 26
- Totally and permanently disabled either physically or mentally and the disability must have existed before the child was age 26 and covered as an eligible dependent at the time of disability.

Making Changes to Coverage

Once you have made your enrollment choices, you generally cannot change them during the year. However, you may make certain dependent changes, and possibly plan changes, if you have a qualifying event that affects your benefits. Typical qualifying events include:

- Marriage or divorce (no grace period except in Nebraska)
- Birth or adoption or placement for adoption of a child
- Death of a spouse or other eligible dependent
- Enrollment in (or loss of) state or federal medical coverage
- A change in your employment or your spouse's employment status
- Active military service

If you have a qualifying event and wish to add dependents, proper documentation must be submitted (birth certificate, marriage license, etc.). Contact your benefits administrator for details on how to make changes to your coverage.

DEPENDENT VERIFICATION DOCUMENT LIST

Without proper documentation, dependent(s) will not be added to the benefit plan. If proper documentation is obtained later, dependent(s) may be added during the next open enrollment. Necessary verification documents for adding each type of dependent are as follows:

Legal Spouse

The covered employee's husband or wife under federal law

Document Options for Verifying Eligibility:

- Government Issued Marriage Certificate and Federal Tax Return Issued Within Last 2 Years OR
- Government Issued Marriage Certificate and Proof of Joint Ownership Issued Within Last 6 Months OR
- Government Issued Marriage Certificate Only (if married in the past 12 months)

Common Law Spouse

Document Options for Verifying Eligibility:

- Notarized Affidavit of Common Law Marriage and Proof of Joint Ownership Issued Within Last 6 Months

Biological Child

Age Requirement: Under 26

Document Options for Verifying Eligibility:

- Government Issued Birth Certificate

Disabled Biological Child

Age Requirement: Under 26

Must be medically certified as disabled

Document Options for Verifying Eligibility:

- Government Issued Birth Certificate

Disabled Biological Child 26 and Over

Age Requirement: 26 and over

Must be unmarried and medically certified as disabled

Document Options for Verifying Eligibility:

- Government Issued Birth Certificate

Adopted Child

Age Requirement: Under 26

Document Options for Verifying Eligibility:

- Adoption Placement Agreement and Petition for Adoption; OR
- Adoption Certificate

Disabled Adopted Child

Age Requirement: Under 26

Must be medically certified as disabled

Document Options for Verifying Eligibility:

- Adoption Placement Agreement and Petition for Adoption; OR
- Adoption Certificate

Disabled Adopted Child 26 and Over

Age Requirement: 26 and over

Must be unmarried and medically certified as disabled

Document Options for Verifying Eligibility:

- Adoption Placement Agreement and Petition for Adoption; OR
- Adoption Certificate

Foster Child

Age Requirement: Under 26

Document Options for Verifying Eligibility:

- Foster Care Letter of Placement

Legal Ward

Age Requirement: Under 26

Document Options for Verifying Eligibility:

- Government Issued Birth Certificate and Court Ordered Document of Legal Custody

Disabled Legal Ward

Age Requirement: Under 26

Must be medically certified as disabled

Document Options for Verifying Eligibility:

- Government Issued Birth Certificate and Court Ordered Document of Legal Custody

Disabled Legal Ward 26 and Over

Age Requirement: 26 and over

Must be unmarried and medically certified as disabled

Document Options for Verifying Eligibility:

- Government Issued Birth Certificate and Court Ordered Document of Legal Custody

Step Child

Age Requirement: Under 26

Document Options for Verifying Eligibility:

- Government Issued Birth Certificate, Government Issued Marriage Certificate, and Federal Tax Return Issued Within Last 2 Years OR
- Government Issued Birth Certificate, Notarized Affidavit of Common Law Marriage, Proof of Joint Ownership Issued Within Last 6 Months, and Federal Tax Return Issued Within Last 2 Years

Disabled Step Child

Age Requirement: Under 26

Must be medically certified as disabled

Document Options for Verifying Eligibility:

- Government Issued Birth Certificate, Government Issued Marriage Certificate, and Federal Tax Return Issued Within Last 2 Years OR
- Government Issued Birth Certificate, Notarized Affidavit of Common Law Marriage, Proof of Joint Ownership Issued Within Last 6 Months, and Federal Tax Return Issued Within Last 2 Years

Disabled Step Child 26 and Over

Age Requirement: 26 and over

Must be unmarried and medically certified as disabled

Document Options for Verifying Eligibility:

- Government Issued Birth Certificate, Government Issued Marriage Certificate, and Federal Tax Return Issued Within Last 2 Years OR
- Government Issued Birth Certificate, Notarized Affidavit of Common Law Marriage, Proof of Joint Ownership Issued Within Last 6 Months, and Federal Tax Return Issued Within Last 2 Years

Qualified Medical Support Order

Age Requirement: Under 26

Qualified Medical Child Support Order (ordered for the employee)

Document Options for Verifying Eligibility:

- Qualified Medical Child Support Order

Making Changes to Coverage

To add a new spouse, or new child, to your benefit coverage, you must notify Midwest Heritage Insurance Services within 30 days of the marriage, birth, adoption, or other change.

- Please note: For newborn children, be sure to enroll them within 30 days of their birth --- do not wait on the social security number or birth certificate, those can be submitted at a later date! If a family member becomes ineligible, or you wish to remove them due to other coverage, you must notify Midwest Heritage Insurance Services within 30 days of the event date.

COBRA EVENTS

COBRA provides certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates. However, COBRA is only available when coverage is lost due to certain events (see below).

A Qualifying Beneficiary is an individual covered by a group health plan on the day before a Qualifying Event (below) who is either an employee, the employee's spouse, or an employee's dependent child. In certain cases, a retired employee's spouse and dependent child may be qualified beneficiaries.

A Qualifying Event is an event that would cause an individual to lose health coverage. The type of qualifying event will determine the qualified beneficiaries, and the amount of time they are eligible for COBRA.

- Qualifying Events for Employees:
 - » Voluntary or involuntary termination of employment for reasons other than gross misconduct
 - » Reduction in the number of hours of employment
- Qualifying Events for Spouses:
 - » Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct
 - » Reduction in the hours worked by the covered employee
 - » Covered employee becoming entitled to Medicare
 - » Divorce or legal separation of the covered employee
 - » Death of the covered employee
- Qualifying Events for Dependent Children:
 - » Same as Qualifying Events for Spouses plus Loss of dependent child status under plan rules

You may be eligible for COBRA if you were enrolled in the health plan while working and the health plan is still in effect for active employees. To ensure proper COBRA rights are applied, notify Midwest Heritage of any family status change as soon as possible and before 30 days have passed.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

You are receiving this notice because you are covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally does not accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Hy-Vee, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer,] or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's loss of eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Midwest Heritage Insurance Services.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage: If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled, and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Second qualifying event extension of 18-month period of continuation coverage: If your

family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months; if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions concerning your Plan or your COBRA continuation coverage rights, they should be addressed to the contact identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes In order to protect your family's rights; you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

HY-VEE MEDICARE AISLE



Hy-Vee & Midwest Heritage

As a proud member of the Hy-Vee family, Midwest Heritage is your trusted source for banking, investments and insurance services. Our relationship with Hy-Vee allows us to provide the products and resources of a larger financial institution without sacrificing our award-winning customer service. Our experienced, customer service-oriented team of experts will take a genuine interest in you, and go the extra mile to make sure you're satisfied.

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You'd expect Hy-Vee to go the extra mile when it comes to making your life easier, healthier and happier.

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As you or a family member turn 65, Medicare becomes a big part of your health journey. That's where Hy-Vee Medicare Aisle comes in.

We can help you understand how Medicare parts work while helping you find coverage that fits your current lifestyle, prescriptions, and budget.

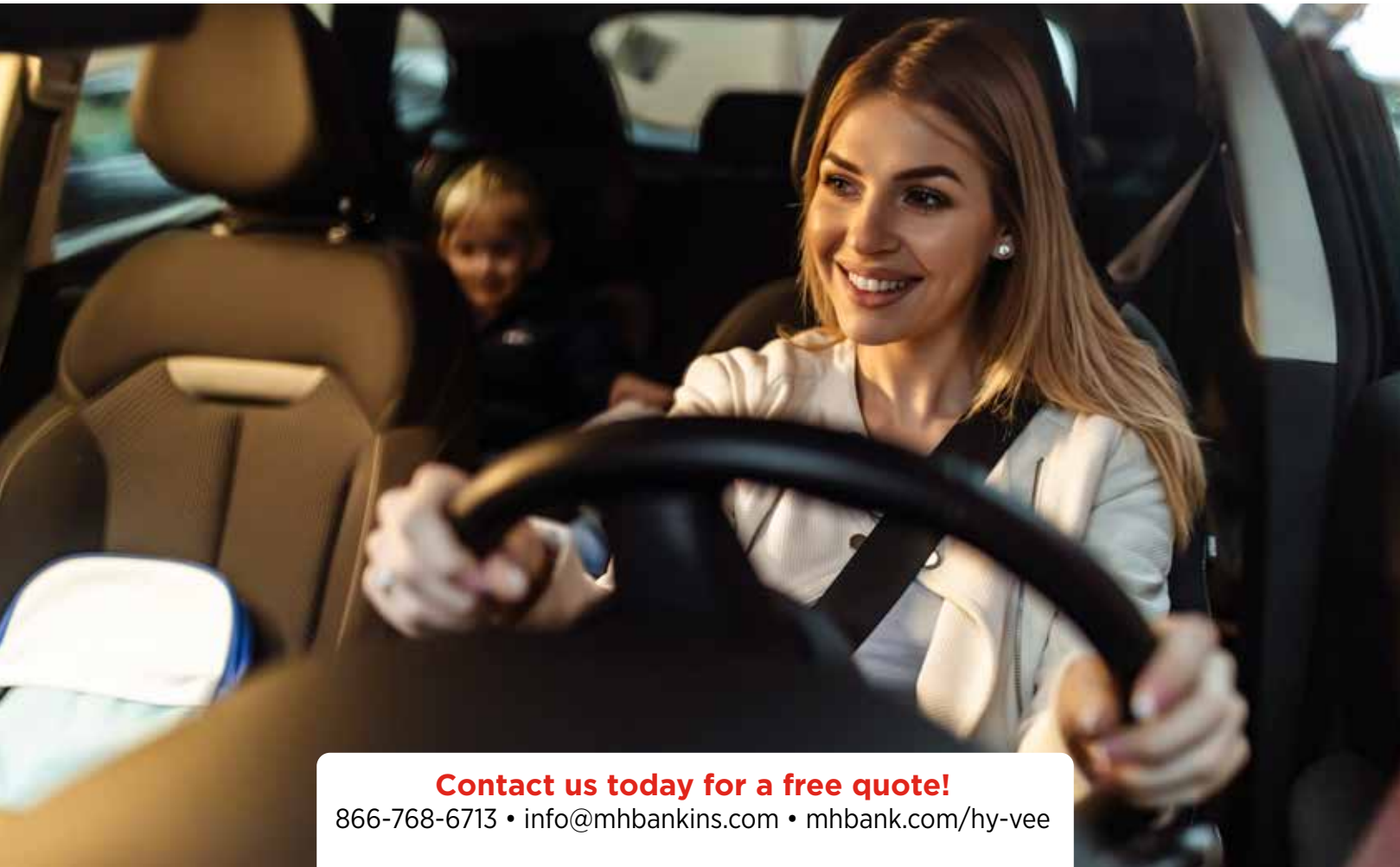
Our licensed sales agents are ready to help you see which Medicare options might be the right fit for you. We understand the questions you might have because we talk to Hy-Vee employees and customers about Medicare every day.

We're not tied to any particular insurance company or focused on certain types of plans. You can rely on us for unbiased information — with absolutely no sales pressure — and a helpful smile on the line every time.

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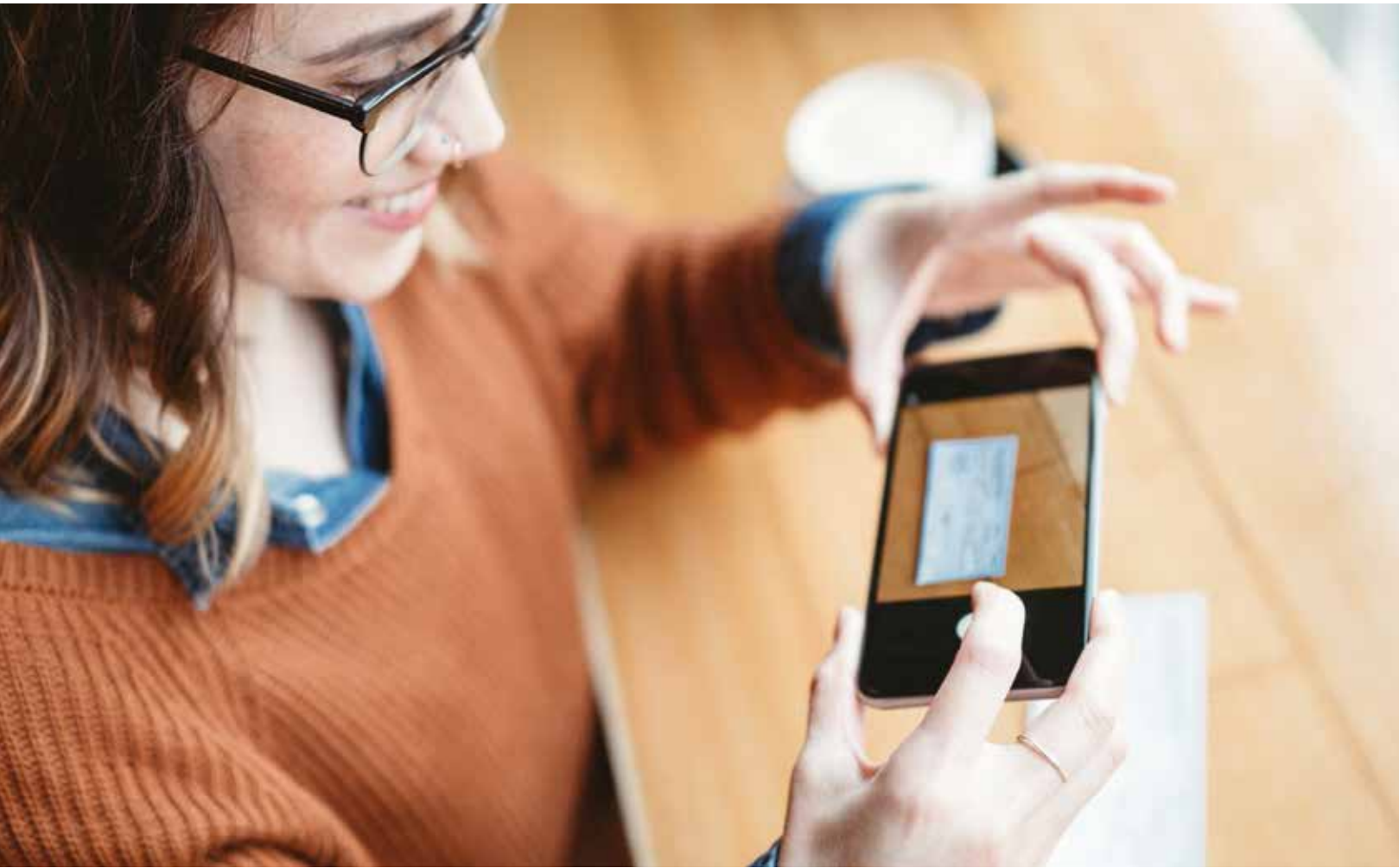
A farm operation includes many unique exposures and assets, so it's critical farm and ranch owners have the proper protection. Our team of insurance experts are here to assist you and structure a policy that is in the best interests of your farm and family. Midwest Heritage partners with the leading farm and ranch insurance companies in the nation providing coverage across eight Midwest states. We offer many options with robust coverage and competitive rates. Our niche includes, but is not limited to:

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- Row crop
- Hobby farms
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- Greenhouse nurseries
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