



FRINGE BENEFITS FOR EMPLOYEES OF HAWTHORN BANK

All full-time employees have the option to participate in the United Health Care **Health Insurance** plan, which will be offered the first of the month following 30 days of employment. Plans, coverage, and employee biweekly premiums are listed below:

United High Deductible HSA Plan

COVERAGE TYPE	Employee Biweekly Premium
Employee -	\$ 20.00
Employee & Child(ren) -	\$171.42
Employee & Spouse -	\$275.23
Employee, Spouse & Child(ren) -	\$412.02

United PPO Low Plan

COVERAGE TYPE	Employee Biweekly Premium
Employee -	\$ 20.00
Employee & Child(ren) -	\$165.40
Employee & Spouse -	\$265.56
Family -	\$397.56

United PPO Basic Plan

COVERAGE TYPE	Employee Biweekly Premium
Employee -	\$ 50.00
Employee & Child(ren) -	\$229.00
Employee & Spouse -	\$346.08
Family -	\$500.40

United PPO Plus Plan

COVERAGE TYPE	Employee Biweekly Premium
Employee -	\$ 75.00
Employee & Child(ren) -	\$301.68
Employee & Spouse -	\$435.65
Family -	\$612.21

All Premiums are stated as a bi-weekly rate and will be deducted from the employee's bi-weekly pay. All preventative care is covered at 100%. The PPO plans also include a prescription benefit.

Health Insurance Plan Overview

United HSA Plan	Deductible	Coinsurance	Out-of-Pocket	Physician Office Visit
In-Network	\$3,200 Individual \$6,400 Family	80/20	\$5,400 Individual \$10,800 Family	80% after deductible
Out-of-Network	\$8,100 Individual \$16,200 Family	50/50	\$10,000 Individual \$20,000 Family	50% after deductible

United PPO Low Plan	Deductible	Coinsurance	Out-of-Pocket <i>(All copays and encounter fees count toward the out-of-pocket)</i>	Physician Office Visit
In-Network	\$5,500 Individual \$11,000 Family	70/30	\$9,000 Individual \$18,000 Family	\$35 encounter fee PCP \$70 encounter fee w/ specialist
Out-of-Network	\$10,000 Individual \$20,000 Family	50/50	\$20,000 Individual \$40,000 Family	50% after deductible

United PPO Basic Plan	Deductible	Coinsurance	Out-of-Pocket <i>(All copays and encounter fees count toward the out-of-pocket)</i>	Physician Office Visit
In-Network	\$2,500 Individual \$5,000 Family	70/30	\$6,000 Individual \$12,000 Family	\$30 encounter fee PCP \$60 encounter fee w/ specialist
Out-of-Network	\$5,000 Individual \$10,000 Family	50/50	\$10,000 Individual \$20,000 Family	50% after deductible

United PPO Plus Plan	Deductible	Coinsurance	Out-of-Pocket <i>(All copays and encounter fees count toward the out-of-pocket)</i>	Physician Office Visit
In-Network	\$500 Individual \$1000 Family	80/20	\$5,000 Individual \$10,000 Family	\$25 encounter fee PCP \$50 encounter fee w/ specialist
Out-of-Network	\$1,500 Individual \$3,000 Family	60/40	\$8,000 Individual \$16,000 Family	60% after deductible

The **Dental Insurance** will be offered to all full-time employees on the first of the month following 30 days of employment. The Bank will pay the basic plan premium for the

employee and the employee will pay the premium for any additional coverage and/or qualified family members that they would like to have dental insurance coverage. The employee's payment is deducted from their bi-weekly pay. Coverage and bi-weekly costs are listed below:

United Health Care Basic LO Plan

Brief Summary:

- 100% Preventive/ 80% Basic
- No Benefits for Major Items / No Orthodontia Benefits
- Deductible = \$50 Individual/\$150 Family
- Annual Maximum Benefit = \$1,500

Type of Coverage	Employee Biweekly Premium
Employee	\$ 0.00
Employee + One	\$ 9.72
Family	\$26.20

United Health Care Advance HI Plan

Brief Summary:

- 100% Preventive/80% Basic
- 50% Major
- Orthodontia Benefits (Children ONLY; 50% up to \$1,500 lifetime maximum)
- Deductible = \$50 Individual/ \$150 Family
- Annual Maximum Benefit = \$1,500

Type of Coverage	Employee Biweekly Premium
Employee	\$ 7.71
Employee + One	\$23.82
Family	\$48.79

Vision **Insurance** will be offered to all full-time employees on the first of the month following 30 days of employment. This is a voluntary product, and the employee will pay the premium for this coverage. The premium is deducted from their bi-weekly pay. Coverage and bi-weekly costs are listed below:

United Health Vision Plan

Brief Summary:

- Exam Frequency = 12 months / Copay = \$10
- Lenses Frequency = 12 months / Copay = \$25
- Contact Lenses = Medically necessary Copay = \$25
- Frames Frequency = 12 months / \$150 Allowance

Type of Coverage	Employee Biweekly Premium
Employee -	\$ 3.31
Employee & Child(ren) -	\$ 7.37
Employee & Spouse -	\$ 6.29
Family -	\$10.38

All full-time employees are eligible for the **Hartford Life Insurance** benefit, which will be offered the first of the month following 30 days of employment. In addition, part-time employees working an average of 20 hours or more per week will be eligible for

life insurance on the first of the month following 30 days of employment. The bank pays the premium on two times the annual salary. Optional Life Insurance coverage is available at the employee's expense. Optional coverage may be purchased at one, two, or three times the annual salary. Spouse and/or dependent coverage is available at the employee's expense and only if the employee purchases optional coverage themselves.

Cafeteria Plan benefits will be offered the first day of the month following 30 days of employment for all full-time and part-time employees. The plan allows for preapproved expenses to be redirected and reduce taxes.

Short Term Disability Insurance will be offered the first of the month following 30 days of employment for all full-time employees. The premium is paid by the bank.

Long Term Disability Insurance will be offered the first of the month following 30 days of employment for all full-time employees. The premium is paid by the bank.

The **401(K) Profit Sharing Plan** is another qualified retirement plan. All full-time and part-time employees are eligible to participate on the first of the quarter following 90 days of employment. This plan allows the employee to make pre-tax and after-tax salary deferrals into the plan on a voluntary basis. The plan includes a discretionary company match as well as a discretionary profit-sharing contribution. For an employee to receive the discretionary profit-sharing contribution, the employee must complete 90 days of employment AND complete 1,000 hours of service. The employee is 100% vested in the plan after 5 years of qualified service from hire date. Money for each employee account is invested according to that employee's option as available through the plan.

All full-time and part-time employees are eligible to participate in **AFLAC Supplemental Insurance** products. The AFLAC products offered include Accident, Hospitalization, Critical Illness, and Cancer Insurance. Employees are eligible for these products on the first of the month following 30 days of employment for. The employee is responsible for paying 100% of the premium.

All full-time and part-time employees receive a free checking account, free printed checks, and a free safe deposit box.

All full-time and part-time employees' pay will be **Direct Deposited** into their account biweekly.

Full-time employees are eligible for Paid Time Off (PTO) and start accruing hours in the first pay period worked.

Years of Service	Hours Per Pay Period	Days	Max Accrual
0 – 5	6.15 hours	20 days	30 days (240 hours)
6 – 14	7.69 hours	25 days	30 days (240 hours)
15 +	9.23 hours	30 days	30 days (240 hours)

Full-time employees will be awarded their birthday off work with pay.

Each full-time employee is paid for all legal **holidays** that are observed Monday thru Friday by the Federal Reserve Bank of St. Louis usually resulting in nine or ten holidays a year.

The Bank offers a **Tuition Reimbursement Program** after 30 days of employment for full-time and part-time employees. This policy allows employees to obtain reimbursement for a percentage of tuition fees associated with successful completion of undergraduate or graduate courses from an accredited college or university. A detailed policy is in the Employee Handbook.

This is only a summary of the benefits offered by Hawthorn Bank. You may contact your Human Resources Representative for plan details.

Revised 10/29/2024