



**FIRSTRUST
BANK**

**APEX COMMERCIAL
CAPITAL**

a FIRSTRUST BANK Subsidiary

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EMPLOYEE BENEFITS GUIDE

Welcome!

We encourage you to take the time to carefully review the information in this guide to ensure that you make the best decisions for you and your family.

Once you have submitted your final elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualifying life event (see page 5 of this guide).

QUESTIONS?

If you have questions about your benefits, please contact the Benefits Member Advocacy Center (MAC) at **800.563.9929** (Monday - Friday, 8:30 am to 5:00 PM ET) or go to **www.connerstrong.com/memberadvocacy**.

For additional questions, please reach out to your Human Resources department:

- Christine Cost: **215.728.8347**
- Vicki Driggs: **215.728.8308**

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ONLINE ENROLLMENT

Dayforce

READY TO ENROLL?

When you are ready to enroll, visit our online enrollment system, **Dayforce**.

www.dayforcehcm.com/mydayforce/login.aspx

Your username to login to Dayforce for enrollment is your normal login information for company, username and password.

EXAMPLE:

- **Company:** Firsttrust
- **Username:** 01234
- **Password:** Firsttrust

Your password is your normal login password. If you forget your password, please submit a Dayforce password reset ticket within Salesforce and the TSG tab. Remember to select **Human Resources** as the category to ensure we receive the request.

Before you begin your enrollment, make sure you have your Social Security number, along with the birth dates and Social Security numbers of your dependents and beneficiaries.



ENROLLING IN BENEFITS

What You Need to Know

ELIGIBILITY

You are eligible if you are a full-time or part-time employee regularly schedule to work at least 30 hours per week. New hires are eligible the first of the month following 30 days of employment.

WHO CAN YOU ADD TO YOUR PLAN?

ELIGIBLE DEPENDENTS:

- Legally married spouse*
- Natural or adopted children up to age 26, regardless of student and marital status
- Children with disabilities 26 years or older

* SPOUSAL COVERAGE

If your spouse has access to other medical and prescription coverage through their own employer, then your spouse is **NOT ELIGIBLE** for medical and prescription coverage at Firsttrust Bank.

QUALIFYING LIFE EVENTS

Generally, you may enroll in the plan, or make changes to your benefits, when you are first eligible. However, you can make changes/enroll during the plan year if you experience a qualifying life event. **You must submit your paperwork to Human Resources within 30 days of the change in status**, by using the Life Event form in Dayforce. Examples of a qualifying life event:

- You get married, divorced, or legally separated
- You have a baby or adopt a child
- You or your spouse has a change in employment status
- Your spouse dies
- You become eligible for or lose Medicare



MEDICAL BENEFITS

Independence Administrators

| | HDHP 4000 | HDHP 1650 | PPO |
|---|--------------------------------|--------------------------------|-------------------------------------|
| MEDICAL BENEFITS | IN-NETWORK | IN-NETWORK | IN-NETWORK |
| DEDUCTIBLE (PLAN YEAR) Single/Family* | \$4,000/\$8,000* | \$1,650/\$3,300* | None |
| OUT-OF-POCKET MAXIMUM Single/Family** | \$6,000/\$12,000** | \$3,000/\$6,000** | \$3,000/\$6,000 |
| COINSURANCE (% Plan Pays) | 80% after deductible | 80% after deductible | 100% |
| EMPLOYER FUNDED HSA | Conditional | Conditional | No |
| PREVENTIVE CARE SERVICES | Plan pays 100% | Plan pays 100% | Plan pays 100% |
| PCP OFFICE VISITS | Plan pays 80% after deductible | Plan pays 80% after deductible | \$30 copay |
| SPECIALIST OFFICE VISIT | Plan pays 80% after deductible | Plan pays 80% after deductible | \$50 copay |
| INPATIENT HOSPITAL | Plan pays 80% after deductible | Plan pays 80% after deductible | \$500 copay per admission |
| OUTPATIENT SURGERY | Plan pays 80% after deductible | Plan pays 80% after deductible | \$250 copay |
| OUTPATIENT LAB & X-RAY | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 100% |
| TELEMEDICINE | Plan pays 80% after deductible | Plan pays 80% after deductible | \$40 consultation fee |
| EMERGENCY ROOM | Plan pays 80% after deductible | Plan pays 80% after deductible | \$100 copay (waived if admitted) |
| URGENT CARE | Plan pays 80% after deductible | Plan pays 80% after deductible | \$70 copay |
| OUT-OF-NETWORK BENEFITS | | | |
| DEDUCTIBLE (PLAN YEAR) Single/Family* | \$5,000/\$10,000* | \$5,000/\$10,000* | \$500/\$1,500 |
| OUT-OF-POCKET MAXIMUM Single/Family | \$10,000/\$30,000 | \$10,000/\$30,000 | \$4,000/\$12,000 |
| COINSURANCE (% Plan Pays) | Plan pays 50% after deductible | Plan pays 50% after deductible | Plan pays 70% after deductible |

* The entire family deductible must be met before plan pays any benefits.

** The out-of-pocket maximum for any one individual in a family on the HDHP 4000 is \$6,550. Once any individual meets the individual out-of-pocket maximum, that individual has no further liability for the balance of the year. Other members of the family will continue to pay toward the family out-of-pocket maximum.

EXPANDED PREVENTIVE MEDICATIONS & SERVICES



The company has elected to provide coverage for certain services and prescription drugs that will bypass the HDHP deductible for specific chronic conditions. This means the following will be subject to either copay or coinsurance with no deductible.

| PREVENTIVE CARE FOR SPECIFIED CONDITIONS: | FOR INDIVIDUALS DIAGNOSED WITH: |
|---|--|
| Angiotensin Converting Enzyme (ACE) inhibitors | Congestive heart failure, diabetes, and/or coronary artery disease |
| Anti-restorative therapy | Osteoporosis and/or osteopenia |
| Beta-blockers | Congestive heart failure and/or coronary artery disease |
| Blood pressure monitor | Hypertension |
| Inhaled corticosteroids | Asthma |
| Insulin and other glucose lowering agents | Diabetes |
| Retinopathy screening | Diabetes |
| Peak flow meter | Asthma |
| Glucometer | Diabetes |
| Hemoglobin A1c testing | Diabetes |
| International Normalized Ratio (INR) testing | Liver disease and/or bleeding disorders |
| Low-density Lipoprotein (LDL) testing | Heart disease |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | Depression |
| Statins | Heart disease and/or diabetes |

Visit <https://www.irs.gov/newsroom/irs-expands-list-of-preventive-care-for-hsa-participants-to-include-certain-care-for-chronic-conditions> for more information.

PRESCRIPTION BENEFITS

Independence Administrators

If you participate in one of the medical plans, you are automatically enrolled in the prescription drug plan that corresponds with the medical plan of your choice, administered through Independence Administrators.

The prescriptions under the High Deductible Health Plan (HDHP) are subject to the medical plan deductible, with the exception of those medications and services included on the expanded preventive list, prior to copays. Please see previous page for details.

| | HDHP 4000 | HDHP 1650 | PPO |
|-----------------------------------|--|----------------------------------|------------------|
| RETAIL (30-DAY SUPPLY) | | | |
| | The following copayments will apply after the medical plan deductible is met. | | |
| GENERIC | \$20 | \$20 | \$20 |
| PREFERRED BRAND | \$40 | \$40 | \$40 |
| NON-PREFERRED BRAND | \$70 | \$70 | \$70 |
| SPECIALTY* | Plan pays 80% after deductible | Plan pays 80% after deductible | Plan pays 100% |
| MAIL ORDER (90-DAY SUPPLY) | | | |
| | The following copayments will apply after the medical plan deductible is met. | | |
| GENERIC | \$40 | \$40 | \$40 |
| PREFERRED BRAND | \$80 | \$80 | \$80 |
| NON-PREFERRED BRAND | \$140 | \$140 | \$140 |
| SPECIALTY* | Plan pays 80% after deductible** | Plan pays 80% after deductible** | Plan pays 100%** |

All prescription drug out-of-pocket costs accumulate to the medical plan out-of-pocket maximum.

* Specialty medications are covered only through Independence Administrators exclusive specialty pharmacy, OptumRx.

** Please note: Mail Order Specialty medications are only available at a 30-day supply.

MANDATORY GENERIC

If a brand drug is filled when a generic is available, you are responsible for paying the difference between the discounted price for the generic drug and the brand drug plus the appropriate cost-sharing for the brand drug.

ABOUT THE MAIL ORDER PROGRAM

Using the mail order program for your maintenance medications will save you money. You will receive up to a 90-day (3-month) supply for two retail copays. In addition to the savings, your prescription(s) will be delivered right to your home.

To begin using mail order, simply complete a mail order form at www.myibxtapbenefits.com and send along with your prescription(s) written for a 90-day supply of medication.



SPECIALTY DRUG COVERAGE

Optum Specialty Pharmacy

Optum Specialty Pharmacy is a truly patient-centric specialty pharmacy. Optum Specialty Pharmacy's staff of clinical experts personally guides patients through their prescribed treatments to ensure safe, effective and timely administration. Optum Specialty Pharmacy offers thorough education on all medications offered, including injection teaching, and their proactive refill reminders and fast, free home delivery make it easy for patients to adhere to their treatments without disruption or delay. The Optum Specialty Pharmacy goal is to keep member treatment comfortable, efficient and successful in an effort to pursue better health.

WHAT ARE SPECIALTY DRUGS?

Specialty drugs are typically drugs that are administered (injections or infusions) at a patient's home, doctor's office or outpatient facility. Specialty drugs meet certain criteria including, but not limited to:

- Used to treat rare, complex or chronic diseases
- Require a health care provider to administer
- Have complex storage or shipping requirements
- Require comprehensive patient monitoring and education

HOW DO I GET STARTED?

Call **855.242.2241** to get enrolled in the program. Once you are enrolled, ordering your specialty medication is easy using the phone number listed on your ID card. Medications are delivered anywhere in the U.S. in confidential packaging and with no additional shipping charges. After you fill your first prescription with Optum Specialty Pharmacy, you will be called when it is time for your prescription to be refilled to schedule your next delivery.

In an effort to reduce waste and save you money, you will receive a limited supply of the first fill of a new specialty medication. The Optum Specialty Pharmacy clinicians will work with you to ensure the drug you are taking is right for you. You will receive the remainder of your specialty supply once determined that your script is safe and effective for you.

HOW DO I KNOW IF THE MEDICATION I'M TAKING IS A SPECIALTY DRUG?

To find out if the medication you are taking is a specialty drug, call the Optum customer service number, **888.678.7013**, also found on your ID card.



SPECIALTY DELIVERY BY OPTUM SPECIALTY PHARMACY

Optum specialty drugs are distributed exclusively by Optum Specialty Pharmacy - a leading specialty pharmacy and expert in medication management. Learn more about Optum Specialty Pharmacy at www.specialty.optumrx.com.

HEALTH SAVINGS ACCOUNT (HSA)

HealthEquity

If you elect to participate in one of the HDHP plans, you may be eligible to contribute funds into an HSA through pre-tax dollars.

HSA ADVANTAGES

- The money you deposit and withdraw is tax-free
- Helps pay for eligible out-of-pocket expenses
- The money deposited into your account is yours until you spend it, and you can keep it even if you change jobs, health plans, or retire
- Use it when you need it or let it grow as an investment tax-free

CONTRIBUTION LIMITS

There are contribution limits, set by the Internal Revenue Service (IRS) and adjusted annually. The 2025 limits are:

- **\$4,300** for individual coverage
- **\$8,550** for family coverage
- \$1,000 extra if you are 55 or older, also known as catch-up contributions

These annual limits include the HSA contribution from Firsttrust Bank.

QUALIFIED MEDICAL EXPENSES

You can use the funds in your HSA to pay for qualified medical expenses such as:

- Doctor visits
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications
- Chiropractic services
- Acupuncture
- Hearing aids and batteries

For a list of qualified medical expenses, visit www.irs.gov.

IMPORTANT NOTE:

HSA elections can be changed at any time within the appropriate section of the Dayforce benefits system.



FLEXIBLE SPENDING ACCOUNTS (FSA)

WEX Health, Inc.

Firsttrust Bank provides you with the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts (FSA). Employees enrolled in an HDHP are not eligible to enroll in a Healthcare FSA. Employees cannot enroll in both a HSA and a Healthcare FSA.

HEALTHCARE FSA

The Healthcare FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents.

ELIGIBLE EXPENSES INCLUDE:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Prescription contact lenses, glasses, and sunglasses
- LASIK eye surgery

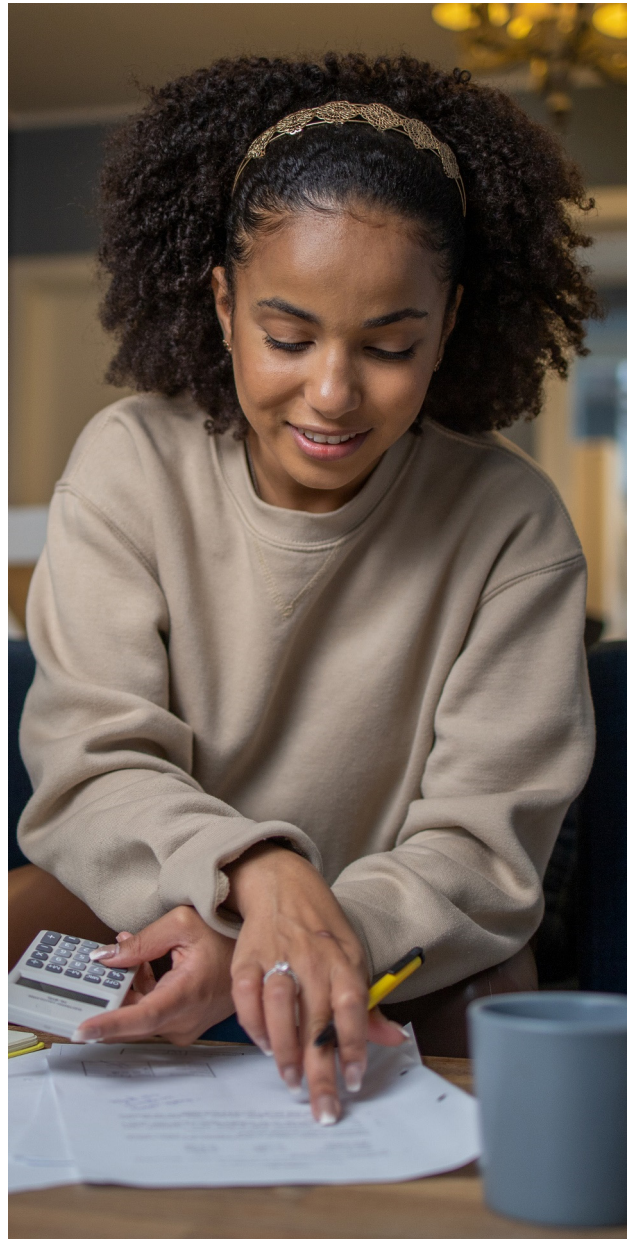
For more information about Flexible Spending Accounts, please visit www.irs.gov.

DEPENDENT CARE FSA

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents under the age of thirteen (13) and eligible adult dependents.

ELIGIBLE EXPENSES INCLUDE:

- Au Pair
- After school programs
- Baby-sitting/dependent care to allow you to work or actively seek employment
- Day camps and preschool
- Adult/eldercare for adult dependents



IMPORTANT:

Expenses for the 2025 plan year **MUST** occur by March 15, 2026. Claims for the 2025 plan year **MUST** be submitted by March 31, 2026.

DENTAL PLANS

Delta Dental

Eligible employees have the option of two Delta Dental plans. Plan details for 2025 are outlined below. To find a participating dentist near you, visit www.deltadentalins.com or call **800.932.0783** for assistance.

DHMO BASE PLAN DELTACARE USA PLAN PA15B *

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| | IN-NETWORK | IN-NETWORK** | OUT-OF-NETWORK** |
|--|---|---|---|
| PLAN YEAR DEDUCTIBLE (1/1/2025 - 12/31/2025) Individual/Family | N/A | \$50 / \$150 | \$50 / \$150 |
| PLAN YEAR MAXIMUM (1/1/2025 - 12/31/2025) (per patient) | N/A | \$2,000 | \$2,000 |
| PREVENTIVE & DIAGNOSTIC SERVICES Exams, Cleanings, Bitewing X-rays (each twice in a calendar year) Fluoride Treatment (once in a calendar year, children to age 19) | Refer to DeltaCare USA Plan PA15B Fee Schedule | Plan pays 100% (Deductible does not apply) | Plan pays 100% (Deductible does not apply) |
| BASIC SERVICES Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants | Refer to DeltaCare USA Plan PA15B Fee Schedule | Plan pays 80% | Plan pays 80% |
| MAJOR SERVICES Crowns, Gold Restorations, Bridgework, Full and Partial Dentures | Refer to DeltaCare USA Plan PA15B Fee Schedule | Plan pays 50% | Plan pays 50% |
| ORTHODONTIA BENEFITS (Adults & child(ren) - up to age 19) | Refer to DeltaCare USA Plan PA15B Fee Schedule | Plan pays 50% (Deductible does not apply) | Plan pays 50% (Deductible does not apply) |
| ORTHODONTIA LIFETIME MAXIMUM (per patient) | N/A | \$1,500 | \$1,500 |

* All Delta Dental DHMO participants must select a DeltaCare USA participating provider.

** Reimbursement is based on PPO contracted fees for PPO dentists. Non-participating dentists may balance bill above the maximum allowable charge. Members are responsible for balance bill.



VISION PLAN

EyeMed

The EyeMed vision plan provides in-network coverage for vision services. The EyeMed network includes PLUS Providers with national retail locations such as Pearle vision, Target Optical, LensCrafters as well as local providers. To locate participating EyeMed providers, visit www.eyemed.com.

EYEMED VISION PLAN

| | IN-NETWORK | OUT-OF-NETWORK REIMBURSEMENT |
|---|---|--------------------------------|
| EXAMS | | |
| Eye Exam at PLUS Providers | \$0 copay | Up to \$40 |
| Eye Exam | \$10 copay | Up to \$40 |
| FRAMES | | |
| Frames at PLUS Providers | \$0 copay; 20% off balance over \$180 allowance | Up to \$91 |
| Frame Allowance | 20% off balance over \$130 | Up to \$91 |
| LENSES | | |
| Single Vision Lenses | \$0 copay | Up to \$30 |
| Bifocal Lenses | \$0 copay | Up to \$50 |
| Trifocal Lenses | \$0 copay | Up to \$70 |
| Lenticular Lenses | \$0 copay | Up to \$70 |
| Progressive | \$55 copay | Up to \$50 |
| Progressive Premium Tier 1/Tier 2/Tier 3 | \$85 copay/\$95 copay/\$110 copay | Up to \$50 |
| Progressive Premium Tier 4 | \$175 copay | Up to \$50 |
| CONTACT LENSES | | |
| Disposable | 100% off balance over \$130 allowance | Up to \$91 |
| Conventional | 15% off balance over \$130 allowance | Up to \$91 |
| Medically Necessary | Paid in full | Up to \$210 |
| LENS OPTIONS | | |
| Anti-Reflective (AR) Coating (Standard/Premium) | \$45 copay/\$58-\$85 copay | Up to \$5 |
| Polycarbonate (age 19 and over) | \$40 copay | Not Covered |
| Polycarbonate (under age 19) | \$0 copay | Up to \$5 |
| Scratch/Tint/UV | \$15 copay | Not Covered |
| Photochromic | \$75 copay | Not Covered |
| FREQUENCY | | |
| Exam | Once every calendar year | Once every calendar year |
| Lenses | Once every calendar year | Once every calendar year |
| Frames | Once every other calendar year | Once every other calendar year |
| Contacts | Once every calendar year | Once every calendar year |



EMPLOYEE CONTRIBUTIONS

Per Pay

The pre-tax contributions shown below are effective January 1, 2025 through December 31, 2025. Contributions are on a bi-weekly/pre-tax basis.

MEDICAL AND PRESCRIPTION DRUG PLAN CONTRIBUTIONS

| | HDHP 4000 | HDHP 1650 | PPO |
|------------------------------|-----------|-----------|----------|
| EMPLOYEE ONLY | \$16.80 | \$72.56 | \$189.34 |
| EMPLOYEE + SPOUSE | \$120.88 | \$254.59 | \$534.59 |
| EMPLOYEE + CHILD(REN) | \$62.42 | \$165.98 | \$382.85 |
| FAMILY | \$154.14 | \$324.62 | \$681.65 |

DENTAL PLAN CONTRIBUTIONS

| | DHMO BASE PLAN DELTACARE USA PLAN PA15B | PPO BUY UP DELTA DENTAL OF PA |
|------------------------------|---|-------------------------------|
| EMPLOYEE ONLY | \$0.00 | \$13.95 |
| EMPLOYEE + SPOUSE | \$5.39 | \$32.68 |
| EMPLOYEE + CHILD(REN) | \$5.43 | \$30.18 |
| FAMILY | \$10.57 | \$43.52 |

VISION PLAN CONTRIBUTIONS

| | EYEMED VISION PLAN |
|------------------------------|--------------------|
| EMPLOYEE ONLY | \$1.49 |
| EMPLOYEE + SPOUSE | \$2.82 |
| EMPLOYEE + CHILD(REN) | \$2.97 |
| FAMILY | \$4.37 |



WELLNESS PROGRAM

FirstFitness

We care about the well-being of our employees and partner with you in a variety of ways to improve your physical, mental, and financial wellness.

WELLNESS PROGRAM HIGHLIGHTS

- ALL employees have access to the CHC Wellbeing portal. CHC Wellbeing provides valuable health and wellness information and tools to employees, spouses, and family members.
 - Register for access to the portal at <https://app.chcw.com>
 - Enter in program code **4518Fir153** in the 'New Participants' box and click 'Log In'
- ALL employees have opportunities throughout the year to participate in healthy activities, wellness challenges, lunch & learns, and seminars to improve their physical, mental, and financial wellness.
- ALL employees may participate in a company paid, 10-week Freedom From Smoking Plus program sponsored by the American Lung Association.
- ALL employees can save money on gym memberships and fitness products via HUSK Marketplace. Visit marketplace.huskwellness.com/connerstrong to learn more.
- ALL employees have access to an Employee Assistance Program through Carebridge. (See next page!)
- All employees are eligible to receive an annual free biometric assessment.



EARN HSA CONTRIBUTIONS

- Employees with single coverage on a company HDHP will have an opportunity to earn up to a \$825 HSA contribution, to be paid the first pay in January 2026, for completion of biometric wellbeing assessment, reaching their health goal, and participation in wellness activities.
- Employees with Employee + Spouse, Employee + Child(ren), or Family coverage on a company HDHP will have an opportunity to earn up to a \$1,650 HSA contribution, to be paid the first pay of January 2026, for completion of biometric wellbeing assessment, reaching their health goal, and participation in wellness activities, including credit for activities completed by the entire family!

** Unable to participate because of a health condition? Visit the Rewards page on the CHC portal or call 866.373.4242 to learn more about available "Reasonable Alternatives".*



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Carebridge

Your employee assistance program (EAP) through Carebridge is a **confidential** mental health and work-life benefit available to you 24/7 via phone, email, chat, and digital tools.

WORKLIFE

Carebridge EAP is your new 24/7 confidential resource for. :

- Childcare & Parenting
- Eldercare Referrals
- Legal Concerns
- Financial Wellness
- Mindfulness & Meditation
- Life Coaching
- Positive Behavioral Change

MENTAL HEALTH

Carebridge offers free consults, short-term care through their extensive network of licensed counselors, and assistance with referrals for long-term care.

CAREBRIDGE CAN HELP WITH:

- Stress
- Anxiety
- Depression
- Grief
- Child and teen development
- Family transitions
- Relationship conflicts
- Work concerns
- Alcohol and substance abuse
- Trauma
- Domestic abuse
- Burnout



CONTACT CAREBRIDGE:

You may contact Carebridge in any of the following ways:

- Phone: **800.437.0911**
- Email: **clientservice@carebridge.com**
- Website: **www.carebridge.com**
- Download the Carebridge EAP app and use the access code **54KTP**

ADDITIONAL RESOURCES

Guardian Nurses & CancerCARE

GUARDIAN NURSES

Guardian Nurses is a team of Registered Nurses who have one goal: To make the healthcare system work for patients and families.

WHAT DOES GUARDIAN NURSES DO?

When you turn to Guardian Nurses, you get answers to your questions and a nurse advocate to help you navigate the healthcare system so that it works for you. A registered nurse gets to know you, your situation, and your needs. Your nurse gathers the best available information and explains it in plain language so that you can make the best possible decisions for yourself or a loved one. Then your nurse becomes your personal guide and champion, advocating for you with doctors, hospitals, insurance companies, nursing homes, equipment suppliers, community services - anyone and everyone involved in your care. Your nurse will even go with you to your doctors' appointments and assist with various other healthcare needs.

GUARDIAN NURSES SERVICES ALSO INCLUDE:

- Providing guidance and advocacy during hospitalizations
- Researching treatment options so you have reliable information
- Explaining everything so you can make the best possible decisions
- Making appointments and participating, if needed
- Getting supplies or healthcare equipment
- Coaching for managing chronic health conditions
- Facilitating care and treatment
- Expediting specialists' appointments
- Assisting with discharge planning

HOW TO CONTACT GUARDIAN NURSES:

- Call **215.836.0260, press 3** or
- Email: **NewReferral@guardiannurses.com**

CANCERCARE

CancerCARE was developed to ensure you receive the best possible care in the event of a cancer diagnosis. The CancerCARE Program provides access to cancer experts that can answer questions about your diagnosis, treatment, and any potential side effects. They will also guide you through your treatment process helping you utilize all resources available to you. This program is provided at no cost to you.

HOW CANCERCARE HELPS:

- **Member Engagement** - Early notification and registration into the CancerCARE Program
- **Fact Finding** - Clinical fact gathering and the most precise evaluation prior to the start of any treatment
- **Centers of Excellence** - Accessing the top facilities for high-risk or misdiagnosed cancers
- **Oncology Nurse Experts** - Ongoing support, guidance, and education
- **Treatment Reviews** - Top quality guidelines and evidence based data consistently ensuring your treatment plan is right for you
- **Treatment** - Whether your treatment is in a community hospital or Center of Excellence, you will receive premier, top qualify care

REGISTERING IS CONFIDENTIAL AND CONVENIENT

If you or your covered dependent have a new or existing cancer diagnoses, call the Customer Service team at **877.640.9610**.

To learn more, visit: <https://cancerCAREprogram.net>

LIFE & DISABILITY INSURANCE

Lincoln Financial Group

All active, full-time employees regularly working at least 30 hours each week are eligible to receive Life & Disability benefits

BASIC LIFE AND AD&D INSURANCE

Eligible on the 90th day of employment

All benefit eligible employees are automatically enrolled in the Basic Life and AD&D plan. Firsttrust Bank pays 100% of the cost for this benefit.

| BASIC LIFE/AD&D INSURANCE | |
|------------------------------|---|
| LIFE/AD&D BENEFIT | 1x Salary up to \$200,000 Maximum Reduces to 65% at age 70 and then to 50% at age 75 |

VOLUNTARY LIFE INSURANCE

Eligible on the 90th day of employment

This benefit is **VOLUNTARY**. The employee pays 100% of the cost for this benefit.

| BENEFIT DESCRIPTION | |
|------------------------------|--|
| EMPLOYEE | Increments of \$10,000 up to 5 times salary or \$500,000, whichever is less |
| SPOUSE (UNDER AGE 70) | Increments of \$5,000, up to a maximum of 100% of employee election or \$500,000 |
| DEPENDENT CHILD | |
| Birth to age 6 months | \$1,000 |
| Over 6 months of age | \$5,000 or \$10,000 |
| GUARANTEED ISSUE AMOUNTS* | |
| EMPLOYEE | \$200,000 |
| SPOUSE (UNDER AGE 70) | \$30,000 |

* Guaranteed issue amounts are only available to employees/spouses in their initial eligibility period.

Evidence of Insurability (EOI) is required for employee elections made in excess of \$20,000 outside of the initial eligibility period.

SHORT-TERM DISABILITY

Eligible on the 90th day of employment

This benefit is **VOLUNTARY**. The employee pays 100% of the cost for this benefit.

| SHORT-TERM DISABILITY | |
|-------------------------------|----------|
| BENEFIT | 60% |
| MAXIMUM WEEKLY BENEFIT | \$2,000 |
| ELIMINATION PERIOD | 7 Days |
| DURATION OF BENEFITS | 12 weeks |

LONG-TERM DISABILITY

Eligible on the 180th day of employment

All benefit eligible employees are automatically enrolled in the Long-Term Disability plan. Firsttrust Bank pays 100% of the cost for this benefit.

| LONG-TERM DISABILITY | |
|--------------------------------|--------------------------|
| BENEFIT | 60% |
| MAXIMUM MONTHLY BENEFIT | \$15,000 |
| ELIMINATION PERIOD | 90 Days |
| DURATION OF BENEFITS | Later of age 65 or SSNRA |

VOLUNTARY BENEFITS

Lincoln Financial Group

ACCIDENT INSURANCE

Accidents happen and they can affect your financial health. With Accident Insurance, you get a benefit to help pay for costs associated with a covered accident or injury. You can use the money however you would like.

ACCIDENT INSURANCE COVERS:

- Initial & Emergency Care
- Hospitalization
- Fractures & Dislocation
- Follow-Up Care

CRITICAL ILLNESS

We know that everyone has different needs when coping with a critical illness. With Critical Illness insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, if they are diagnosed with a covered critical illness such as:

- Cancer
- Heart Attack
- Stroke

This plan can help ease some of your financial worries so you can stay focused on your health. You choose how to spend or save your benefit. It can be used for expenses such as:

- Paying for child care or help around the house
- Travel costs to see a specialist
- Medical treatment and doctor visits
- Copays and deductibles
- Prescription drug costs

HOSPITAL INDEMNITY

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection.

With hospital indemnity insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness.

IT CAN BE USED FOR EXPENSES, SUCH AS:

- Copays
- Deductibles
- Coinsurance
- Unexpected costs
 - Child care
 - Follow-up services
 - Help for the home

DID YOU KNOW?

These voluntary benefits can help offset medical out-of-pocket costs.



VOLUNTARY BENEFITS

IDIQ

IDIQ ID THEFT PROTECTION

IDIQ offers the Diamond plan for credit monitoring and ID theft protection. With the Diamond plan, you are able to view your credit report and score from all three bureau's every 30 days, get \$1,000,000 in ID theft insurance and 24/7 daily credit monitoring.

| TIER | PER-PAY RATES | MONTHLY RATES |
|-------------------|---------------|---------------|
| EMPLOYEE | \$5.98 | \$12.96 |
| EMPLOYEE + SPOUSE | \$11.96 | \$25.92 |

** The Diamond Plus ID plan can also be offered to a spouse/ domestic partner and dependents over the age of 18.*



BENEFITS MEMBER ADVOCACY CENTER (MAC)

Conner Strong & Buckelew



Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Guide your way through the enrollment process or how you can add or delete coverage for a dependent
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm ET. After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

CONTACT THE BENEFITS MAC

- Phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Web: **www.connerstrong.com/memberadvocacy**
- Email: **cssteam@connerstrong.com**
- Fax: **856.685.2253**

PAID-TIME OFF

Firstrust Bank

VACATION TIME

At Firstrust Bank full-time and part-time employees who are scheduled to work at least 20 hours per week are eligible for paid vacation benefits following 90 days of employment. Eligible employees receive paid vacation according to the schedule below. New Hires receive prorated vacation days as outlined in the Employee Handbook.

- **Non Exempt Employees:**
 - 0-2 full years - 2 weeks
 - 3-4 full years - 2 weeks and 2 days
 - 5 full years - 3 weeks
- **Exempt Employees:**
 - 3 weeks

Employees may request to either buy or sell one week (5 days) of vacation time each year, pending the department manager’s approval.

FLEX DAYS

Firstrust recognizes that employees need flexible time off for unplanned personal or family illness, to conduct personal business, to observe ethnic or religious holidays, or for wellness reasons. At Firstrust Bank, full-time and part-time employees regularly scheduled to work at least 20 hours per week, are eligible for paid Flex day benefits following 90 days of employment.

Full-time employees are eligible for seven (7) Flex days per year, which is prorated for New Hires as outlined in the Employee Handbook. Flex time for part-time employees is prorated to the average of hours worked.

SICK BANK

Any unused Flex days are placed in a “sick bank” for use during a future disability. Firstrust Bank will match all banked days, day for day, up to a maximum bank of 60 days.

YEARS OF SERVICE TIME

Benefits eligible employees earn Years of Service time to provide the employee with pay continuation during medical leave for their own serious illness or injury.

Eligible employees earn up to 13 weeks of Years of Service time based on tenure as outlined in the Employee Handbook. This calculation will be prorated for part-time employees.

If you have a qualified disability for a serious illness/ condition that requires a leave from work for more than 3 consecutive days, your leave or a portion of your leave may be paid based on available banked sick days, Years of Service time, Flex and vacation days. Refer to the Employee Handbook for more information.

COMPANY PAID HOLIDAYS

Firstrust Bank recognizes certain national and banking holidays by closing offices. The holiday schedule is published annually on the employee BenePortal and may change from year to year.



401(K) RETIREMENT PLAN

John Hancock Retirement Plan Services, LLC

With the Firsttrust 401(k) program you can lower your taxable income by making pre-tax contributions to your account, boost your savings with the power of compounding and tax-deferred growth, and consolidate your savings by rolling in money from previous qualified 401(k) plans. The Firsttrust 401(k) plan* is offered through John Hancock Retirement Plan Services, LLC.

HERE'S WHAT YOU NEED TO KNOW:

- Full-time employees and part-time employees working at least 20 hours per week (1,000 hours per year) are eligible to participate in the Plan.
- New Hires are eligible to contribute at the beginning of the first quarter following their first three months of employment.
- The normal enrollment period begins on your date of eligibility and lasts for 60 days. All selections made during this period will be effective immediately, once payroll processing is complete.
- If you do not desire to enroll in the 401(k), you must opt-out on the John Hancock website.
- If you have taken no action within 60 days following your date of eligibility, you will be automatically enrolled in the plan at a pre-tax contribution rate of 6%.
- Your deferral percent will automatically increase each year by 1% until you reach 10%, unless you elect otherwise.
- You can adjust your contribution rate, change the allocation of your assets, or opt out of participation at any time.

** The overview contained in this Benefit Guide is intended to provide a brief description of the Plan's features. Complete details of the Plan are contained in the Plan document. If there is a difference between the information provided and the Plan document, the Plan document (available in your Human Resources Department) will govern. The information provided on taxes is general in nature and may not apply to your personal circumstances. You should consult a tax advisor for more information.*

*** Eligible employees may elect to contribute up to the maximum amount of their pay as permitted by law.*

**** Compensation from Super or extraordinary bonuses and long-term incentive payments are not eligible for a Company match.*

CONTRIBUTIONS

- Your contributions to the Plan are made through the convenience of automatic payroll deductions.
- You may contribute from 1% to 100% of your pay** as pre-tax contributions. Contributing to the Plan on a pre-tax basis allows you to reduce the amount of current income taxes you pay each year.
- Firsttrust will make matching contributions to participants in the Plan beginning on the first day of the quarter following 3 months of employment. The matching contribution is \$0.50 for every dollar a participant contributes, up to 6% of your compensation***.
- Your pre-tax contributions, any Firsttrust contributions made on your behalf, and any earnings in your account are not subject to current income taxes until they are paid to you from the Plan.

GET STARTED!

Visit www.myplan.johnancock.com or call the John Hancock Participant Service Center at **800.294.3575** to learn the complete details about participating in the Plan as well as the available investment options.

For your first login:

- Click the blue link that says **“Register Now. Get Started with your Plan”**
- Enter your social security number in the User ID field (no dashes)
- Enter your date of birth (MM/DD/YYYY)

ADDITIONAL BENEFITS

Firstrust Bank

EMPLOYEE DISCOUNTS

All employees are eligible for discounts and premiums on Firstrust banking services and products.

DEPOSIT PRODUCTS

- Three (3) Employee Checking accounts with free checks, no monthly maintenance fee, and interest on all balances.
- Two (2) Employee Savings accounts with no minimum balance or service charge; APY on all balances equivalent to Market Rate Savings highest tier.
- No annual fee VISA Debit Card.
- Up to \$12 per month for local STAR ATM surcharges automatically credited at the end of your statement period for checking transactions only.
- Bonus of .25% added to annual percentage yield for Certificate of Deposit* accounts.
- Free internet banking and bill pay.

CREDIT PRODUCTS

- A no annual fee Firstrust Platinum Rewards Employee Credit Card* with a Discounted APR of Prime + 1.74%, 1.25 Points earned per \$1 spent, 0% introductory rates.
- Additional .25% off stated APR on fixed-rate Home Equity loans* with no closing costs.
- Home Equity Line of Credit* at WSJ Prime minus 1% for life of employment; 3% floor.
- Mortgage, line of credit and satisfaction fee discounts*

PLUS

- Mutual fund investments available from Firstrust Financial Resources with reduced transaction fees.
- Free Safe Deposit Box*, Money Orders, Overdraft Transfers*, Stop Payments, and Wire Transfers.

*Subject to qualification criteria or other product specific criteria. See Employee Handbook for complete information.

TUITION REIMBURSEMENT

All regular full-time employees with more than six (6) months service qualify for educational benefits including:

- Tuition reimbursement for any job related course, undergraduate or graduate degree program in which they receive a grade "C" or better up to \$5,250 per year.
- Professional development courses from any banking or other approved professional association.

EMPLOYEE REFERRAL BONUS

Firstrust extends the opportunity for employees* who refer a qualified applicant who is subsequently hire for full time and/or part time employment with Firstrust to receive a \$1,500 Employee Referral Bonus.

HOW DO I QUALIFY?

Candidate must include referral's name on application in www.firstrust.com/careers. Employee should email HR with candidate referral name and position to HResources@firstrust.com.

Please review the Employee Referral Flyer on the BenePortal for more details. It can be found under My HR > Employee Referral Program or at:

www.firstrusthr.com/employee-referral-program.



Carrier Contacts

| PROGRAM | VENDOR | PHONE | WEBSITE/EMAIL |
|---|--|--|--|
| MEDICAL & PRESCRIPTION DRUG | Independence Administrators | 888.356.7899 | www.myibxtpabenefits.com |
| SPECIALTY DRUGS | Optum Specialty Pharmacy | 855.242.2241 | www.specialty.optumrx.com |
| HEALTH SAVINGS ACCOUNT | HealthEquity | 866.346.5800 | www.healthequity.com |
| TELEMEDICINE | Teladoc | 800.835.2362 | www.teladochealth.com |
| WELLNESS PROGRAM | CHC | 866.373.4242 | https://app.chcw.com |
| FLEXIBLE SPENDING ACCOUNTS | WEX | 833.225.5939 | www.wexinc.com/products/benefits/flexible-spending-account-fsa/ |
| DENTAL | Delta Dental | PPO: 800.932.0783 DMO: 800.422.4234 | www.deltadentalins.com |
| VISION | EyeMed | 866.939.3633 | www.eyemed.com/en-us |
| LIFE & DISABILITY & VOLUNTARY LIFE INSURANCE | Lincoln Financial Group | 800.423.2765 | Claims@LFG.com ClientServices@LFG.com DisabilityClaims@LFG.com |
| GUARDIAN NURSE ADVOCATES | Guardian Nurses | 215.836.0260 | www.guardiannurses.com |
| EMPLOYEE ASSISTANCE PROGRAM | Carebridge | 800.437.0911 | www.carebridge.com Download the Carebridge EAP app |
| ONLINE ENROLLMENT | Dayforce | N/A | www.dayforcehcm.com/mydayforce/login.aspx |
| ADVOCACY, BENEFITS, AND CLAIMS ASSISTANCE | Benefits MAC (provided by Conner Strong & Buckelew) | 800.563.9929 | www.connerstrong.com/memberadvocacy |
| FIRSTTRUST BANK HUMAN RESOURCES | Christine Cost Vicki Driggs | 215.728.8347 215.728.8308 | ccost@firsttrust.com vdriggs@firsttrust.com |
| 401(K) RETIREMENT PLAN | John Hancock | 800.294.3575 | www.myplan.johnhancock.com |



Legal Notices

Notice Regarding Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment. However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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

New dependent by marriage, birth, adoption, or placement for adoption If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources.

Newborns' and Mothers' Health Protection Act

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

Women's Health and Cancer Rights Act

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the standard deductibles and coinsurance apply. If you would like more information on WHCRA benefits, please speak with Human Resources.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIP (855-692-7447)

CALIFORNIA – MEDICAID
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

Legal Notices

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fss/dfrr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-495-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfnv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct RlIt Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP)
Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: <https://dva.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-562-3022

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhr.wv.gov/bms/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

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

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



Firsttrust Bank reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.