2027 Benefits Guide

Position yourself Perfectly for Open Enrollment – Nov. 9 – Nov. 20, 2026

Take the guesswork out of 2027 benefits for you and your family!

Ancillary Products

Eder Financial

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2027 Benefits Guide

Position yourself Perfectly for Open Enrollment –
Nov. 9 – Nov. 20, 2026

This Benefits Guide includes a summary of your benefits.

For complete benefit details, please refer to your insurance contract/policy, which you can find online in your Benefits Administration System.

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At Eder Financial, we strive to offer you quality health and ancillary insurance products with a commitment to fast, friendly service. We enjoy serving you. Please let us know how we can help. For more information contact insurance@eder.org or visit www.ederfinancial.org.

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A Message from the President

Greetings!

It's a privilege to serve you by offering benefits that provide meaningful coverage and competitive rates for you and your family.

We understand that choosing benefits is an important decision and having access to quality insurance and resources provides peace of mind when life brings unexpected challenges. That is why we strive to make the process as simple and enlightening as possible.

To make informed decisions about your coverage, we encourage you to take a few moments to review this Benefits Guide, which has been especially designed to help you understand the benefits available to you.

In the Introduction section, you will find an overview of key features and helpful information to guide you through your coverage choices. We hope these resources make it easier for you to select the options that best meet your needs.

Thank you for the opportunity to serve you.

With gratitude,

Nevin Dulabaum

Nevin Dulabaum
President
Eder Financial

Introduction and Features

Notes

Welcome to Eder Financial's **2027 Benefits Guide**, your reference guidebook to help you and your family navigate the complex world of employee-based insurance coverage.

Please review the following features to help you make the most informed decisions when you choose your insurance benefits.

Features Include:

- **Plain English explanations** of why you might need specific coverage
- **Health facts and statistics** to enable you to better weigh your plan options before deciding
- **Notes section in the margin of every page** so you can jot down important information and reference it later
- **Glossary of healthcare terms and definitions** to better understand your coverage and benefits
- **Color-coded pages for each section** to make it easier to navigate between sections
- **Links to websites** embedded within pages so you can go directly to a specific web page to sign up, enroll, or obtain more information
- **And much more!**

We welcome your feedback. Please let us know what you think or if you have any questions. You can reach us at **insurance@eder.org** or 800-746-1505 Monday - Friday, 8 a.m. to 4 p.m. CST.

Thank you for being a valued customer!

Notes

TIP: If your dependent is no longer eligible for coverage, you must notify your benefits contact within 30 days of eligibility change to ensure they do not lose the right to elect continuation of coverage.

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Eligibility and Enrollment

Am I Eligible?

You are eligible to enroll in the benefits described in this Benefit Guide if you are working at least 16 hours or more per week, but an employer also has the option of raising the minimum number of hours required.

Check with your benefits contact to confirm the effective date of your benefits, or if you have questions about your eligibility.

Are My Dependents Eligible?

Eligible dependents include:

- ✔ Lawful spouse as determined under the laws of the state in which you reside;
- ✔ Your children at birth;
- ✔ Your spouse's children, who are in your spouse's custody, reside in your home, and are dependent on your spouse for support;
- ✔ Children that are legally adopted by you or placed with you for purpose of adoption prior to age 18;
- ✔ Children for whom you have legal guardianship, who are in your custody, residing in your home, and are dependent on you for support;
- ✔ Married/unmarried, student/non-student children through the date that he/she reaches age 26 for all lines of coverage;
- ✔ Children who are incapable of self support due to severe physical or mental handicap so long as they become incapable of self support while covered as a dependent. You must be legally responsible for this dependent's support or care;
- ✔ Children for whom you are required to provide coverage under the terms of a Qualified Medical Child Support Order (QMCSO). A court order for a dependent must be sent to your benefits contact or finance person. The order will not be implemented before being issued by a court or state administrative process.

How Do I Enroll?

The **MyBenefitCHOICE enrollment website (ederfinancial.mybenefitchoice.com) How-To-Enroll Guide** will take you step-by-step through the registration and enrollment processes to determine the Eder Health and Life Benefits programs that are best suited for you and your family.

- ✔ Once you've reached the **MyBenefitCHOICE** website, follow the steps outlined next to register for a new account, or sign in to your existing account.
- ✔ You can also find these steps in the **How-To-Enroll Guide** posted to the **MyBenefitCHOICE** website under **Get Answers/Enrollment & Eligibility.**

Additional Support

If you have questions or need help during the enrollment process, please contact the Eder Health and Life Benefits Service Center at **contact.center@milliman.com** or **800-217-0067**. Representatives from our strategic partner, Milliman, are available Monday through Friday from 7 a.m. to 7 p.m. Central Time.

1 All Users

- Go to **ederfinancial.org**, select **Health and Life Benefits**, then **Member Portal**.

OR

- Log in directly to **ederfinancial.mybenefitchoice.com**.

Register and Log in

2 New Users

Under **MyBenefitCHOICE**, select **Register**.

- You'll need your Social Security number, date of birth and zip code.
- Create a username and password.
- Confirm your personal information, benefits and beneficiaries.

Next time you visit the website, you will enter your username and password on the login page to access your information.

3 Existing Users

Enter your username and password, then select **Log In**, to access your information.

If you forget your username or password, use **Forgot your Username or Password?** at the bottom of the login page to reset your username or password.

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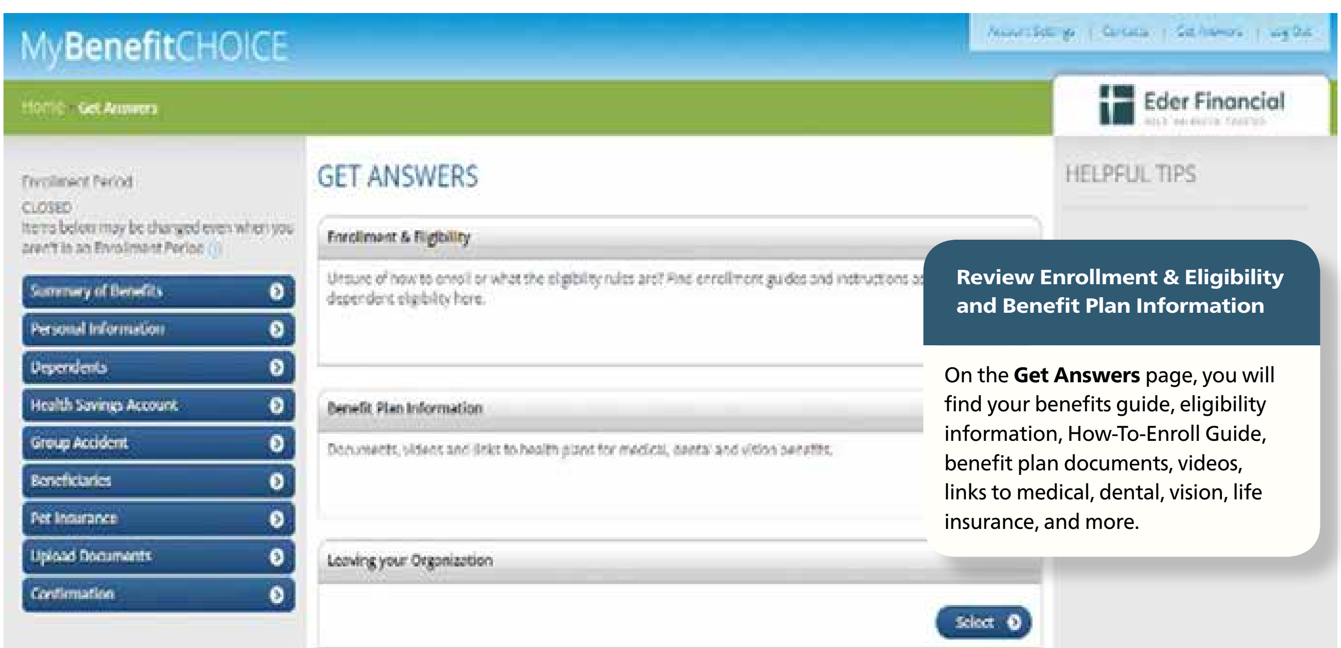
Where Can I Find Benefit Plan Information and My Plan Documents?

Go to the **Get Answers** section of the **MyBenefitCHOICE** website shown below:

✔ **Review Enrollment & Eligibility and Benefit Plan Information**

On the **Get Answers** page, you will find your Benefits Guide, eligibility information, How-To-Enroll Guide, benefit plan documents, videos, links to medical, dental, vision, life insurance, and more.



When Can I Enroll?

You can enroll from Monday, Nov. 9, 2026 through Friday, Nov. 20, 2026.

The benefits you elect during open enrollment will take effect Jan. 1, 2027 and continue through Dec. 31, 2027.

How Do I Change My Elections and Add Dependents After Enrolling?

Once open enrollment closes, you will not be able to change your benefit elections until the next open enrollment period unless you have a qualifying event, such as a change to family status or insurance coverage, which include the following:

- ✔ Your marriage, divorce, or legal separation
- ✔ The birth, adoption, or placement for adoption of a child
- ✔ Your child becomes eligible or ineligible for coverage
- ✔ Death of a dependent
- ✔ A court issued Qualified Medical Child Support Order (QMCSO) requiring the plan to provide medical coverage
- ✔ Involuntary loss of previously held health insurance coverage

Remember: You only have 30 days to make changes after a qualifying event.

You need to make any changes to your benefit elections or change dependents after a qualifying change in status within 30 days of the event. The change must be consistent with the status change. For example, if you have a baby, you can add the baby as a dependent, but you could not drop coverage for your spouse.

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Dental Insurance

Don't think that dental problems can happen to you?

- If they do, you'll need to be prepared to pay hundreds, or thousands of dollars out-of-pocket – ***unless you have dental insurance.***

Get the inside scoop now on why you need dental insurance and how it will protect you!

How Can Dental Insurance Help Me?

- ✔ Dental insurance helps pay for preventive services, like regular exams, teeth cleaning, and X-rays, to stop problems from occurring in the future.
- ✔ Dental insurance also pays for treatment to your teeth and gums caused by diseases or accidents.

Why Should I Care About Dental Services?

Did you know that over half of the US population, or 120 million people, are missing *at least one tooth*[1]?

Medical research shows that *poor dental hygiene* and *lack of preventive care* can cause tooth loss, cracked or fractured teeth, gum disease, and many other illnesses, including[2]:

- Alzheimer's disease
- Cancer
- Cardiovascular disease
- Diabetes
- Gum disease
- Respiratory disease
- Pregnancy complications
- Obesity
- Obstructive sleep apnea
- And many more

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Citations:
1 American College of Prosthodontists. (2022). Facts & Figures, Prosthodontics.
2 Grenis, R. (2022, April 18). American Academy for Oral & Systemic Health, 15 Diseases Caused by Poor Dental Hygiene.

PLUS – **If you have missing teeth, you could also risk having these problems:**

- Difficulty with speaking and chewing
- Jawbone deterioration
- Sagging facial appearance
- Damage to nearby teeth and misalignment
- Gum problems

How Can Dental Insurance Save Me Money?

✔ When you have Eder Dental Insurance, powered by Delta Dental, you will save *thousands of dollars* on many types of common dental procedures, dental exams, and dental care.

If you don't have dental insurance, you'll need to pay the full amount for services like these[3]:

Dental Service	Average Cost Without Insurance	Details
Preventive care	$205 - $710	average cost for one visit
Root canal	$2,000+	per tooth (Note: A root canal also typically requires placement of a crown.)
Crown	$850 - $2,300	per tooth
Tooth extractions	$170 - $400	per tooth
Filling	$130 - $350	per tooth
Dentures	$1,750 - $3,000	for upper or lower
Braces	$4,600 - $6,900	for an adolescent
Tooth implant	$4,400 - $8,400	per tooth

Without insurance, your out-of-pocket costs can vary depending on where you live in the US and can add up quickly without insurance.

Go to Delta Dental cost estimator to learn more:
www.deltadental.com/us/en/member/cost-estimator.html

You can find more details on your dental coverage on the next page.

Citations:
3 Delta Dental Member Tools. Cost Estimator.

Notes

You can save as much as 100% off the cost of dental services when you have Eder Dental Insurance, which translates into either paying nothing for your dental exam and procedures, or only paying a portion of the total cost.

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EDER DENTAL PROGRAM AT A GLANCE

	Option One	Option Two	Option Three
Annual Maximum	Plan pays $2,000 per person, per benefits year	Plan pays $1,500 per person, per benefits year	Plan pays $1,000 per person, per benefits year
Annual Deductible	In-Network Providers: $0 per person, $0 per family Out-of-Network Providers and In-Network Premier Providers: $50 per person, $150 per famiiy		
Preventive Services	Plan pays 100%*		
Basic Restorative Services	Plan pays 80% after deductible		
Major Restorative Services	Plan pays 50% after deductible		
Orthodontia	Plan pays 50% up to $3,000 per adolescent member, per lifetime	Plan pays 50% up to $1,500 per adolescent member, per lifetime	Plan pays 50% up to $1,000 per adolescent member, per lifetime
Out-of-Network Schedule	Maximum Plan Allowance		

To find a provider, go to https://www.deltadental.com/us/en/member/find-a-dentist.html.

Preventive services are covered every 6 mos., counted from the service date, not by the calendar year.

COVERAGE INCLUDES**

Preventive Care

- Oral examinations and cleanings (Two per calendar year)
- Bitewing X-rays (Two per calendar year)
- Fluoride Treatments through age 18
- Sealants through age 15
- Space Maintainers through age 18

Orthodontia

- Covers services for children to age 19

Basic Restorative Services

- Amalgam and composite filling (once per surface in a 12-month interval)
- Simple extractions
- Endodontics root canal
- Non-surgical periodontics

Major Restorative Services

- Surgical periodontics
- Inlays, crowns, onlays
- Bridges and dentures
- Implants

Dental coverage is offered on a group plan basis. If you select this coverage, you must remain enrolled for the entire year unless you have an eligible life event as defined by the IRS.

***For other services and exclusions, see your Eder Dental materials and the summary plan description.*

Vision Insurance*

Don't pay in full for your eye care!

Read on to learn how vision insurance protects your health and helps you avoid high costs.

What is Vision Insurance?

✔ Vision insurance helps pay for preventive services, like regular eye exams, prescription eyeglasses and lenses, contact lenses, and eye tests that diagnose eye problems or the potential for them to occur in the future.

Why Should I Care About Vision Insurance?

Did you know that your eyes are a "window" to your overall health?

✔ You can become your own health advocate by scheduling yearly eye exams.

✔ Your eyecare professional will identify eye problems and other conditions you may have, enabling you to get treatment right away – *and potentially save your eyesight!*

✔ **Regular eye exams, *which Eder Vision Insurance pays for*******, are the best way for your eyecare professional to find:**

- **Early signs of glaucoma,** known as the "silent killer of sight" because it has no symptoms until it has severely progressed and may not respond to treatment
- **Diabetes**
- **High blood pressure**
- **High cholesterol**
- **Rheumatoid arthritis**
- **Brain tumors and neurological problems**
- **Hormonal problems**
- **Allergies**
- **Other symptomless eye diseases,** such as macular degeneration, diabetic retinopathy, and cataracts
- **That you need new eyeglasses and contact lenses** when old prescriptions cause headaches, eye strain, and dizziness

✔ If you delay your eye exams, you risk prolonging treatment for eye or health problems and allowing those conditions to become worse and cause permanent eye damage or blindness.

**Eligible vision insurance members can receive discounts on hearing aids and related services.*

***You may have a $10 copayment per exam, depending on the vision benefits option you choose.*

1 Glaucoma Research Foundation. (2022, February 28). Glaucoma Facts and Stats.

Notes

Did you know that over half of people in the US with glaucoma *DON'T KNOW IT?*[1]
That means that they aren't getting the treatment they need and could potentially go blind.

Notes

SOLUTION: You can save as much as 100% off the cost of vision services when you have vision insurance, which translates into either paying nothing for your eye care, or only paying a copayment or portion of the total cost.

How Can Vision Insurance Save Me Money?

When you have Eder Vision Insurance, you will save ***hundreds, if not thousands, of dollars*** on many types of vision services.

You can save as much as 100% off the cost of vision services when you have Eder Vision insurance, which means you either pay nothing for your eye care, or only a copayment.

If you don't have vision insurance, you'll have to pay the full amount for services like these:

Vision Service	Average Cost Without Insurance	Details
Eye exam	$70 - $200	average cost for one visit
Eyeglass frames	$80 – $700+	one pair of frames
Eyeglass lenses	$40 - $400+	one pair of lenses
Contact lenses	$45 - $150	for daily wear disposable lenses; $200+ per lens for specialty lenses
Various eye tests	$35 - $200	depending on the test

EXAMPLE: Compare typical costs of common eye care services *with* and *without insurance*

Services	Without Insurance	With Option One Vision Insurance
Exam	You pay $144	You pay $10
Eyeglass Frame	You pay $130	You pay $56
Basic Restorative Services	$86 single lenses + $99 transitional lenses + $107 anti-reflecting coating You pay $292	$62 transitional lenses + $61 anti-reflecting coating (single lenses covered under materials copay) You pay $123
Major Restorative Services	$566	$189

Without insurance, your out-of-pocket costs can vary depending on where you live in the US and can add up quickly.

VISION BENEFITS AT A GLANCE[1]

	Option One		Option Two		Option Three	
Services	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Eye Exam (once every 12 months)	Plan pays 100% after you pay $10 copay	Up to $35	Plan pays 100% after you pay $10 copay	Up to $35	Plan pays 100% after you pay $10 copay	Up to $35
Frames (once every 24 months for Option One and Option Two; once every 12 months for Option Three)*	Plan pays $120 allowance and 20% off balance over $120	Up to $48	Plan pays $100 allowance and 20% off balance over $100	Up to $40	Plan pays $140 allowance and 20% off balance over $140	Up to $56
Standard Plastic Lenses (once every 12 months) Single Vision Bifocal Trifocal	Plan pays 100% after you pay $25 copay	Up to: $25 $40 $60	Plan pays 100% after you pay $25 copay	Up to: $25 $40 $60	Plan pays 100% after you pay $10 copay	Up to: $25 $40 $60
Contacts (once every 12 months) Conventional and Disposable	Plan pays $135 allowance	Up to $95	Plan pays $115 allowance	Up to $81	Plan pays $155 allowance	Up to $109
Lasik Surgery	Up to 15% off usual and customary	N/A	Up to 15% off usual and customary	N/A	Up to 15% off usual and customary	N/A

**The eligibility timeline for frames is closely monitored, starting on the day of your exam, not the first day of the calendar year.*

Numerous eyecare providers participate with Eder Vision Insurance by EyeMed including:

3 Guys Optical
Abba Eye Care
All About Eyes
America's Best
Bard Optical
Clarkson Eyecare
Crown Optical
Dr. Tavel Family Eye Care
Drs. May & Hettler
EYEXAM of California
Eye Assoc. of New Mexico
Eye Boutique
Eyecare Associates
Eyecarecenter
Eyeglass World
Eyemart Express
Eyes on Missouri
Eyetique
For Eyes Optical
Gulf Coast Optometry
Heartland Vision
Henry Ford OptimEyes
International Eyecare Center
Lens Crafters
Marion Eye Centers & Optical
Meijer Optical
Midwest Eye Consultants
Midwest Vision Centers
MyEyeDr.
Nationwide Vision Centers
Northeastern Eye Institute
Oakley Store
One Hour Optical
Ossip Optometry
Pearle Vision
Quantum Vision
Rx Optical
SEE, Inc.
SVS Vision
Schaeffer Eye Center
Shopko Optical
Site for Sore Eyes
Southwestern Eye Center
Sterling Vision Care
Texas State Optical
The Eye Doctors
Today's Vision
Vista Optical
Walmart Vision
Wing Eyecare
Wisconsin Vision

Listing is not all-inclusive. Actual insurance acceptance may vary by location.

Retail providers are conveniently located in or nearby major shopping centers and offer longer hours on nights and weekends. Many even have on-site labs so members can get their glasses in about an hour or during the same day.

You can find a provider with the provider locator function on our website at www.eyemed.com or call us at 1-866-9EYEMED. This list is subject to change. Access website for current providers.

1 Eligible vision insurance members can receive discounts on hearing aids and related services.

Notes

Basic Life Insurance and Accidental Death and Dismemberment (AD&D) Benefit[1]

Why Do I Need Life Insurance?

Even if you think nothing can happen to you – you're healthy, strong, young, never been hospitalized – it can.

- Don't risk leaving your loved ones in a financial bind.

While no one enjoys dwelling on harsh realities, purchasing life insurance may help to decrease anxiety you may feel about your family's financial protection.

- Have you thought about how much your family relies on you and how life insurance could help them if something happened to you?

Expect the best, but plan for the worst.

✔ Most people are confident with their decision to purchase life insurance to help with funeral expenses, estate administration costs, debts and medical expenses not covered by health insurance.

✔ But have you thought about expenses like your mortgage, college tuition, a spouse's retirement, home maintenance, tax preparation, healthcare, retirement funds, and other benefits?

Certain life events result in an increased need for life insurance:

✔ Your children may be getting closer to college age

✔ Your spouse may not be working

✔ You may be supporting aging parents

1 Basic Life and Accidental Death and Dismemberment insurance provided by Reliance Standard Life Insurance

How Much Life Insurance Will I Need*?

Experts recommend that you have at least ***five to 10 times your annual income*** in life insurance protection.

- ✔ If you don't think you already have as much coverage as you may need, now is your chance to secure additional protection for your family.
- ✔ You can purchase the amount that's right for you.

You also receive a separate basic accidental death and dismemberment (AD&D) benefit for the same amount.

What's the Accidental Death and Dismemberment Benefit?

- **If you suffer the loss of a limb or your eyesight in a covered accident, you'll receive a percentage of your AD&D benefit amount depending on the type of loss.**
- **Please ask your benefits contact person for your eligibility criteria and coverage amounts.**

Be Sure to Name a Beneficiary

Don't forget to name a beneficiary for your life and AD&D insurance benefits. You are automatically the default beneficiary if you cover your spouse and/or eligible children without a completed beneficiary form.

** Coverage reductions begin at age 65.*

For Insureds age 65 and over, the Amount of Basic Life, Accidental Death and Dismemberment and Supplemental Life Insurance is subject to automatic reduction. Upon the Insured's attainment of the specified age below, the Amount of Basic Life, Accidental Death and Dismemberment and Supplemental Life Insurance will be reduced to the applicable percentage. This reduction also applies to Insureds who are age 65 or over on their Individual Effective Date.

Age	Percentage of available or in force amount at age 64
65+	52%

Notes

TIP: You can find the **Accidental Death and Dismemberment Loss Schedule** in the **Additional Helpful Information** section of this guide.

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Notes

TIP: You can find the schedule for **Accidental Death and Dismemberment Loss Schedule** in the **Additional Helpful Information** section of this guide.

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Supplemental Life Insurance and Accidental Death and Dismemberment (AD&D) Benefits*

Don't miss your chance to buy additional coverage for yourself and your dependents at group rates.

For You:

Coverage is available in multiples of $10,000 up to the lesser of 5x salary or $400,000.

You can elect coverage up to the Guarantee Issue amount of up to $300,000 without providing proof of good health (Evidence of Insurability).

For Your Dependents:

You can also purchase Supplemental Life and AD&D Insurance for your eligible spouse and Dependent Life and AD&D for your eligible children.

Coverage for Your Spouse:

- Coverage for your spouse is available in multiples of $10,000 up to the lesser of 50% of the employee's amount or $150,000.
- Evidence of Insurability is not required for up to $40,000 in coverage.
- To obtain coverage for your spouse or dependent, you must elect coverage for yourself.

TIP: The premium you pay is based on your age and your coverage. Your spouse's coverage is based on your spouse's age.

Coverage for Your Children

- Coverage for your eligible unmarried children is $1,000 between ages 14 days and six months.
- For eligible unmarried children from age six months to age 26 you may choose a flat $10,000 or $20,000. Offered on a guaranteed issue basis.

Be Sure to Name a Beneficiary

Don't forget to name a beneficiary for your life and AD&D insurance benefits. You are automatically the beneficiary if you cover your spouse and/or eligible children.

** Coverage reductions begin at age 65.*

For Insureds age 65 and over, the Amount of Basic Life, Accidental Death and Dismemberment and Supplemental Life Insurance is subject to automatic reduction. Upon the Insured's attainment of the specified age below, the Amount of Basic Life, Accidental Death and Dismemberment and Supplemental Life Insurance will be reduced to the applicable percentage. This reduction also applies to Insureds who are age 65 or over on their Individual Effective Date.

Age	Percentage of available or in force amount at age 64
65+	52%

Accident Insurance

Notes

Accident Insurance

Do you really want to risk running out of money if you're in an accident?

- **Take control of your future and get the cash you and your family will need if there's an accident – *or accidental death.***

What is Accident Insurance?

- Have you or a family member ever had an automobile, bicycle, or skiing accident?
- How about a slip and fall on icy, wet, or uneven sidewalks, stairs, or hallways?

Did you know that accidents are the 3rd leading cause of death in US[1]?

- ***Even if you think you won't be in an accident and you have plenty of money, why take a chance?***

Accident insurance pays you or your designee a lump-sum benefit for expenses like these that your medical insurance only partially covers, or doesn't cover:

- ✔ Emergency room services
- ✔ Medical procedures
- ✔ Wheelchair, braces, crutches, walkers
- ✔ Ambulance transportation
- ✔ Occupational and physical therapy
- ✔ Paralysis benefits
- ✔ Transportation to and from appointments
- ✔ And much more

Citations:
1 National Safety Council. (2024). Injury Facts: The Source for Injury Stats.

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Notes

Why Should I Buy Accident Insurance If I Already Have Other Types of Insurance?

Accident insurance is your secret reserve giving you cash when you need it to pay the expenses that other insurances do not cover.

REMEMBER: ***You buy insurance to protect your future***[2]***:***

- ***Life insurance*** ... in case you die.
- ***Disability insurance*** ... in case an illness stops you from working.
- ***Medical insurance*** ...i n case you get sick or want preventive care.

  and ...

- ***Accident insurance***...in case you and your family need money to pay expenses caused by a covered accident.
  - Accident insurance can even pay death benefits if your employer's plan includes this provision.

Protect your future with accident insurance today – evaluate your options on the next page.

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Citations:
2 Reliance Standard. (2019, February). Emergency Management Alliance, Voluntary Accident Insurance.

ACCIDENT INSURANCE OPTIONS

Plan Design	Plan A	Plan B	Plan C
Coverage Type	On and off the job (24 hr)	On and off the job (24hr)	On and off the job (24hr)
Portability	Included	Included	Included
Children Age Limits	Up to age 26	Up to age 26	Up to age 26

Plan Provisions	Plan A	Plan B	Plan C
Accident Emergency Room Treatment	$150	$200	$250
Accident Follow-up Visit-Doctor	$50	$75	$100
Air Ambulance	$500	$750	$1,000
Ambulance	$100	$150	$200
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace fo the neck	$100	$150	$200
Blood / Plasma / Platelets	$200	$300	$400
Burns (2nd Degree / 3rd Degree)	$800 for 2nd degree $6,400 for 3rd degree	$1,600 for 2nd degree $12,800 for 3rd degree	$3,200 for 2nd degree $25,600 for 3rd degree
Burn - Skin Graft	25% of burn benefit	25% of burn benefit	25% of burn benefit
Coma	$5,000	$7,500	$10,000
Concussions	$100	$150	$200
Dislocations	Up to $1,600 for Non-surgical $3,200 for surgical repair	Up to $2,400 for Non-surgical $4,800 for surgical repair	Up to $3,200 for Non-surgical $6,400 for surgical repair
Diagnostic Exam (Major)	$100	$200	$400
Emergency Dental Work	$150 for Crown; $50 for Extraction	$300 for Crown; $75 for Extraction	$400 for Crown; $100 for Extraction
Eye Injury	$100 for removal of foreign object, $200 for surgical repair	$150 for removal of foreign object, $300 for surgical repair	$200 for removal of foreign object, $400 for surgical repair
Family Medical Leave	Included	Included	Included
Fracture	Up to $2,500 for Non-surgical $5,000 for surgical repair	Up to $3,750 for Non-surgical $7,500 for surgical repair	Up to $5,000 for Non-surgical $10,000 for surgical repair
Hospital Admission	$500	$1,000	$1,500
Hospital Confinement	$200/day - up to 365 days	$250/day - up to 365 days	$350/day - up to 365 days
Hospital ICU Admission	$1,000	$1,500	$2,250
Hosptial ICU Confinement	$400 / day - up to 30 days	$500 / day - up to 30 days	$700 / day - up to 30 days
Initial Physician's Office / Urgent Care Facility Treatment	$50	$75	$100
Knee Cartilage	$300	$450	$800
Laceration	$400	$600	$800
Lodging - The hospital must be more than 50 miles from the insured's residence	$100/day - up to 30 days if more than 100 miles from residence	$150/day - up to 30 days if more than 100 miles from residence	$200/day - up to 30 days if more than 100 miles from residence
Occupational or Physical Therapy	$25/session - up to 6 sessions	$35/session - up to 6 sessions	$50/session - up to 6 sessions
Paralysis Benefits	$10,000 quadriplegia; $5,000 paraplegia/hemiplegia	$15,000 quadriplegia; $7,500 paraplegia/hemiplegia	$20,000 quadriplegia; $10,000 paraplegia/hemiplegia
Prosthetic Device / Artificial Limb	1: $500; 2 or more: $1,000	1: $750; 2 or more: $1,500	1: $1,000; 2 or more: $2,000
Rehabilitation Unit Confinement	$50 / day - up to 30 days	$100 / day - up to 30 days	$150 / day - up to 30 days
Ruptured Disc with Surgical Repair	$500	$750	$1,000
Surgery - Abdominal or Thoracic	$1,000	$1,500	$2,000
Surgery - Exploratory or Arthoscopic	$100	$150	$200
Tendon / Ligament / Rotator Cuff	$600	$900	$1,500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident	$300, if more than 100 miles from residence	$450, if more than 100 miles from residence	$600, if more than 100 miles from residence

Notes

DID YOU KNOW?
You have a 27% chance of living in poverty when you have a severe disability.

Eder Financial

Disability Insurance

Why Do I Need Disability Insurance?[1]

Having a disability is more common than you think.

- Protect yourself today against personal bankruptcy, mortgage foreclosure, and poverty with disability insurance.

Can you guess how many Americans became disabled in the last 10 minutes?

- Almost 500...that's an estimated 72,000 people a day!

Disabilities aren't just due to accidents – they're also caused by back injuries, cancer, heart disease, and other illnesses.

What are My Odds of Becoming Disabled?

- ✔ *1 out of 3 Americans between ages 35 – 65 will become disabled for more than 90 days.*
- ✔ *1 out 5 people under 65 will be unable to work for at least a year due to an illness or accident.*
- ✔ ***PLUS** - 1 in 7 people will be disabled for 5+ years.*

Your chances of becoming disabled increase with age.

Why Should I Care About Disability Insurance?

Every year, 350,000 Americans go bankrupt because of injuries and unexpected illnesses:

- ✔ ***62% of all bankruptcies*** in the U.S. are from the inability to pay medical expenses, *and*
- ✔ ***50% of mortgage foreclosures*** are due to these bankruptcies

Be Sure to Name a Beneficiary

Don't forget to name a beneficiary for your Disability Insurance benefits. You are automatically the beneficiary if you cover your spouse and/or eligible children.

Citations:
1 Reliance Standard. (2024). Disability Insurance.

Disability insurance pays your lost income when workers' compensation doesn't:

- ✔ Workers' compensation insurance only applies to injuries you sustain at work, not anywhere else
- ✔ ***CAUTION -*** Statistics show that there are almost twice as many off-the-job injuries as on-the-job injuries

Do I Need Short-Term or Long-Term Disability Insurance, or *BOTH?*

Having BOTH short-term and long-term disability is your best bet to protect your income if you are injured or ill because:

- ✔ **Long-term disability won't start** until 90 calendar days after your illness or injury, if approved.
  - o **You won't have any income for 3 months** until your long-term disability kicks in.
- ✔ **Short-term disability covers you first,** before long-term disability takes effect.
  - o **You'll get *up to* 11 total weeks of coverage**, that's almost 3 months.
  - o **Long-term disability then takes over** when your short-term disability benefits end.

SHORT-TERM DISABILITY BENEFITS

Benefit	Description
Weekly benefit amount	60% of eligible predisability weekly earnings up to $1,250 per week
When benefits begin	Benefits are paid from the 15th consecutive day of a qualifying disability
When benefits end	Up to 11 weeks of benefit based on medical necessity

LONG-TERM DISABILITY BENEFITS*

Benefit	Description
Monthly benefit	66.67% of monthly earnings to a maximum benefit of $5,000 per month
When benefits begin	After 90 days or the date your insured short-term disability (STD) payments end, if applicable
When benefits end	Generally when you reach retirement age, but your age at the time of injury/illness may affect the end date

** In the event of a disability, if you are over age 70 and receive Social Security Benefits, you won't be eligible for a benefit payout from Long-Term Disability Insurance.*

Notes

IMPORTANT TIP!
Sign up for short- and long-term disability insurance today - ***BEFORE*** you are injured or become ill - because the insurance won't cover pre-existing conditions.

Eder Financial

Notes

Critical Illness Insurance*

Why do I need Critical Illness Insurance?

- ✔ Even though your medical insurance provides coverage for many costs associated with a critical illness, like cancer or a stroke, you will most likely have other out-of-pocket expenses you'll need to pay.
- ✔ When you or a loved one is battling a major illness, Critical Illness Insurance pays you a lump sum to help cover your expenses, including deductibles, copays, and even everyday living expenses.

How much will Critical Illness Insurance pay for my expenses?

- ✔ It depends on the specific Benefit Plan you select. Benefit Plan options for you, your spouse, and your children are listed in the table below.

TIP: All amounts are Guaranteed Issue (GI), which means no health questions will be asked to guarantee coverage.

Benefit Plan Options

Coverage Amount	$10,000	$15,000	$20,000	$25,000	$30,000
Employee	Option Available	Not Available	Option Available	Not Available	Option Available
Spouse - Not to exceed 100% of Employee amount	Option Available	Option Available	Option Available	Option Available	Option Available
Child(ren) - One cost for children no matter the number of children covered	50% of Employee Amount				

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* *Minimum Critical Illness Insurance participation in the overall organization is required. Please check your confirmation statement in January 2026 to be sure.*

What health conditions are considered to be a critical illness?

✔ Please refer to the table below for a list of critical illnesses.

Critical Illnesses – Adult Benefits	Percentage of Benefit Plan Selection Paid to You
Acute Respiratory Distress Syndrome	25%
Alzheimer's	100%
Benign Brain Tumor	100%
Carcinoma in Situ	25%
Coma	100%
Coronary Disease	50%
Heart Attack	100%
Invasive Cancer	100%
Loss of Hearing / Sight / Speech	100%
Major Organ Failure (includes bone marrow)	100%
Motor Neuron Disease (ALS, Lou Gehrig's)	100%
Multiple Sclerosis	100%
Paralysis	100%
Parkinson's	100%
Ruptured Cerebral, Carotid or Aortic Aneurysm	100%
Severe Brain Damage	100%
Skin Cancer	5%
Stroke	100%
Critical Illnesses – Child Benefits	
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Down Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%

Notes

You Can Earn $50!

Did you visit the doctor for your annual exam?

Submit a claim to Reliance and receive $50!

This additional benefit is available to all covered family members.

This annual wellness incentive reduces the net cost of the critical illness benefit. Check out the rates when you enroll and remember to factor in this discount.

Notes

DID YOU KNOW?

Many people who qualify for EAP benefits never use them, even though benefits are FREE.

The EAP also provides you with:

- A Member Portal with Instant Access to Care
- An Online Financial Wellness Center
- Self-Care Assessments & Soft Skills Courses
- Access to 1,000+ Articles, Podcasts, Well-Being Materials, and More
- Exclusive Marketplace Discounts

Learn more today at **rsli.mylifeexpert.com**.

Eder Financial

Employee Assistance Program (EAP)

Your well-being, productiveness, and happiness depend on balancing your life at home and your life at work.

It's difficult to be on task at work when you are worrying about problems at home. You can't devote sufficient time to yourself and your family if you are feeling overwhelmed by the demands of your job.

If you are enrolled in Eder Financial's Disability Insurance, you automatically receive Employee Assistance Program benefits.

Your benefit package includes a confidential Employee Assistance Program at no cost to you.

You have unlimited access (24/7) to consultants by telephone, as well as resources and online tools for help with short-term problems. When you call in, you will speak with Master's level counselors who are able to help with the following concerns:

✔ Locate child care and eldercare services

✔ Mental health services (3 visit limit)

✔ Financial planning

✔ Work conflicts

✔ Personal or work relationships, parenting, divorce, bereavement

✔ Referral to a local attorney

✔ And much more

You also have unlimited website access where you can find books, articles, and guides.

You can find services for eldercare, childcare, along with camps, schools, and more. You'll also get access to financial calculators.

You and your immediate family may contact the EAP for toll-free assistance at **855-775-4357**. Be sure to provide your group name as **Eder Financial**.

You can also go to the EAP website at **www.myassistanceprogram.com/rsl**. Go to the **Comprehensive Member Portal & App** section to login or create a new account using the company code provided on the screen.

Notes

Benefits Contact Information

Eder Financial

1505 Dundee Ave., Elgin, IL 60120
www.ederfinancial.org
Toll Free: 800-746-1505

Local: 847-695-0200
Fax: 847-742-6336
E-mail: insurance@eder.org

Need Help?

Please contact Eder Financial with any questions.

You can also contact individual insurance plans shown in the table below.

Thank you for being a valued customer!

	CARRIER	PHONE	WEBSITE
EDER DENTAL INSURANCE	Delta Dental	(855) 327-8336	www.deltadentalil.com
EDER VISION INSURANCE	EyeMed	(866) 268-4063	www.eyemedvisioncare.com
EDER LIFE/ ACCIDENTAL DEATH AND DISMEMBERMENT	Reliance Standard	Contact Eder Financial (800) 746-1505	www.ederfinancial.org/Life
EDER ACCIDENT INSURANCE	Reliance Standard	Contact Eder Financial (800) 746-1505	www.ederfinancial.org
EDER DISABILITY INSURANCE	Reliance Standard	Contact Eder Financial (800) 746-1505	www.ederfinancial.org
EDER CRITICAL ILLNESS INSURANCE	Reliance Standard (DBA Reliance Matrix)	Contact Eder Financial (800) 746-1505	www.ederfinancial.org
EDER EMPLOYEE ASSISTANCE	Reliance Standard	(855) 775-4357	www.myassistanceprogram.com/rsl

Important Note:

The information in this benefits guide is a general outline of the benefits offered to the employees served by Eder Financial Insurance Services and its affiliate companies. The benefits program is effective Jan. 1, 2027 for eligible employees and their dependents. Specific details and plan limitations are provided in the Evidence of Coverage (EOC), which is based on the official Plan Documents that may include policies, contracts, and plan procedures. The EOC and Plan Documents contain all the specific provisions of the plans. In the event that the information in this benefits guide differs from the Plan Documents, the Plan Documents will prevail.

Accidental Death and Dismemberment Loss Schedule

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

DESCRIPTION OF COVERAGE:

LOSS OF LIFE, LIMB[1], SIGHT[2], SPEECH[3] OR HEARING[4]: If, due to injury, an Insured suffers any one of the following specific losses within 365 days from the date of the accident, we will pay the benefit amount listed below. However, if more than one listed loss results from any one accident, we will only pay the one largest applicable benefit as listed below.

LOSS:	BENEFIT AMOUNT:
Loss of Life	the Insured's Principal Sum
Loss of Two or More Members	the Insured's Principal Sum
Loss of Speech and Hearing	the Insured's Principal Sum
Loss of One Member	1/2 of the Insured's Principal Sum
Loss of Speech or Hearing	1/2 of the Insured's Principal Sum
Loss of Thumb and Index Finger[5] of the Same Hand	1/4 of the Insured's Principal Sum

DEFINITIONS:

"Member(s)" means: hand, foot or eye.

"Loss(es)" must result directly and independently from Injury, with no other contributing cause.
As used in this benefit with respect to:

(1) a hand or foot, Loss means the complete severance through or above the wrist or ankle joints;

(2) an eye, Loss means the total and irrecoverable loss of sight;

(3) speech, Loss means the total and irrecoverable loss of the function;

(4) hearing, Loss means the total and irrecoverable loss of the hearing in both ears;

(5) a thumb and index finger, Loss means the complete severance through or above the metacarpophalangeal joint.

Glossary

Allowed amount

The maximum amount a plan will pay for a service. May also be called "eligible expense," "payment allowance," or "negotiated rate."

Annual limit

A cap on the benefits your insurance company will pay in a year while you're enrolled in a particular insurance plan. These caps are sometimes placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated costs for the rest of the year.

Benefits

The items or services covered under an insurance plan. Covered benefits and excluded services are defined in the insurance plan's coverage documents.

Brand name (drugs)

A drug sold by a drug company under a specific name or trademark and that is protected by a patent. Brand name drugs may be available by prescription or over the counter.

Chronic disease management

An integrated care approach to managing illness, which includes screenings, check-ups, monitoring and coordinating treatment, and patient education. It can improve your quality of life while reducing your healthcare costs if you have a chronic disease by preventing or minimizing the effects of a disease.

Claim

A request for payment that you or your provider sends to your health insurance company after you receive care.

Coinsurance

The percentage of costs of a covered service you pay (20%, for example) after you've paid your deductible.

Copayment

A fixed amount ($20, for example) you pay for a covered service after you've paid your deductible.

Covered health service

A service could be an office visit, test, prescription, or another medical treatment your health insurance covers. Before you seek care, check to make sure the service is covered.

Deductible

The amount you pay for covered services before your insurance plan starts to pay. With a $2,000 deductible, for example, you pay the first $2,000 of covered services yourself.

After you pay your deductible, you may pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

Dependent

A child or other individual for whom a parent, relative, or other person may claim a personal exemption tax deduction.

Dependent coverage

Insurance coverage for family members of the policyholder, such as spouses, children, or partners.

Disability

A limit in a range of major life activities. This includes activities like seeing, hearing, walking, and tasks like thinking and working. Because different programs may have different disability standards, please check the program you're interested in for its disability standards. The list of activities mentioned above isn't exhaustive.

Drug list

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a formulary.

Emergency services

Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Excluded services

Services that your insurance or plan doesn't pay for or cover.

Family Medical Leave Act (FMLA)

The Family Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

Fee for service

A method in which doctors and other providers are paid for each service performed. Examples of services include tests and office visits.

Formulary

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Generic drugs

A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs. The Food and Drug Administration (FDA) rates these drugs to be as safe and effective as brand-name drugs.

Group health plan

In general, a health plan offered by an employer or employee organization that provides health coverage to employees and their families.

Health coverage

Legal entitlement to payment or reimbursement for your healthcare costs, generally under a contract with a health insurance company, a group health plan offered in connection with employment, or a government program like Medicare, Medicaid, or the Children's Health Insurance Program (CHIP).

Health insurance

A contract that requires your health insurer to pay some or all of your healthcare costs in exchange for a premium.

High deductible health plan (HDHP)

A plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more healthcare costs yourself before the insurance company starts to pay its share (your deductible). A high deductible plan (HDHP) can be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.

In-network coinsurance

The percent (for example, 20%) you pay of the allowed amount for covered services to providers who contract with your insurance or plan. In-network coinsurance usually costs you less than out-of-network coinsurance.

In-network copayment

A fixed amount (for example, $15) you pay for covered services to providers who contract with your insurance or plan. In-network copayments usually are less than out-of-network copayments.

In-network provider

A doctor, hospital, or other provider in the plan's network. Network providers accept the plan's payment plus member cost-sharing as payment in full. You pay less when you use an in-network provider instead of an out-of-network provider. With the exception of care for emergent and urgent conditions, if the plan does not offer out-of-network coverage, you must see an in-network provider for all covered services.

Inpatient care

Healthcare that you get when you're admitted as an inpatient to a healthcare facility, like a hospital or skilled nursing facility.

Job-based health plan

Coverage that is offered to an employee (and often his or her family) by an employer.

Large group health plan

In general, a group health plan that covers employees of an employer that has 51 or more employees. In some states large groups are defined as 101 or more.

Lifetime limit

A cap on the total lifetime benefits you may get from your insurance company. An insurance company may impose a total lifetime dollar limit on benefits (like a $1 million lifetime cap) or limits on specific benefits (like a $200,000 lifetime cap on organ transplants or one gastric bypass per lifetime) or a combination of the two. After a lifetime limit is reached, the insurance plan will no longer pay for covered services.

Medically necessary

Healthcare services or supplies needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Mental Health Parity Act

Also called the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). A federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits.

Network

The facilities, providers and suppliers your insurer or plan has contracted with to provide services.

Network plan

A plan that contracts with doctors, hospitals, pharmacies, and other providers to provide members of the plan with services and supplies at a discounted price.

Out-of-network coinsurance

The percentage (for example, 40%) you pay of the allowed amount for covered services to providers who don't contract with your insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance.

Out-of-network copayment

A fixed amount (for example, $30) you pay for covered services from providers who don't contract with your insurance or plan. Out-of-network copayments usually are more than in-network copayments.

Out-of-network provider

Provider who does not have a contract with your health insurer to provide services to you at a discount. You will generally pay more to see an out-of-network provider. If you have an EPO or HMO plan, you are not covered for out-of-network services (except for emergency and urgent care services).

Out-of-pocket costs

Your expenses that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services plus all costs for services that aren't covered.

Out-of-pocket estimate

An estimate of the amount that you may have to pay on your own for services. The estimate is made before your plan has processed a claim for services.

Out-of-pocket maximum/limit

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance for in-network services, your plan pays 100% of the costs of covered benefits.

The out-of-pocket limit doesn't include:

- Your monthly premiums
- Anything you spend for services your plan doesn't cover
- Out-of-network services
- Costs above the allowed amount for a service that a provider may charge

Physician services

Healthcare services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan allowance

The set amount your plan will pay for a health service, even if your provider bills for more.

Plan year

A 12-month period of benefits coverage under a plan. This 12-month period may not be the same as the calendar year. To find out when your plan year begins, you can check your plan documents or ask your employer.

Policy year

A 12-month period of benefits coverage under an individual insurance plan. This 12-month period may not be the same as the calendar year. To find out when your policy year begins, you can check your policy documents or contact your insurer.

Pre-existing condition

A health problem, like asthma, diabetes, or cancer, you had before the date that new health coverage starts. Insurance companies can't refuse to cover treatment for your pre-existing condition or charge you more.

Preauthorization

A decision by your insurer or plan that a service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your insurance or plan will cover the cost.

Preferred provider

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Preferred Provider Organization (PPO)

A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

Premium

The amount you pay for your insurance every month. In addition to your premium, you usually have to pay other costs for your care, including a deductible, copayments, and coinsurance.

Prescription drug coverage

Health insurance or plan that helps pay for prescription drugs and medications.

Prescription drugs

Drugs and medications that, by law, require a prescription.

Skilled nursing facility care

Skilled nursing care and rehabilitation services provided on a continuous, daily basis in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous injections that can only be given by a registered nurse or doctor.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of healthcare.

UCR (usual, customary, and reasonable)

The amount paid for a service in a geographic area based on what providers in the area usually charge for the same or similar service. The UCR amount sometimes is used to determine the allowed amount.

Urgent care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

Wellness program

A program intended to improve and promote health and fitness that's usually offered through the work place, although insurance plans can offer them directly to their enrollees. The program allows your employer or plan to offer you premium discounts, cash rewards, gym memberships, and other incentives to participate. Some examples of wellness programs include programs to help you stop smoking, diabetes management programs, weight loss programs, and preventative health screenings.

Workers' compensation

An insurance plan that employers are required to have to cover employees who get sick or injured on the job.

Notice of Privacy Practices

Your Information.
Your Rights.
Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ ***See page 35*** *for more information on these rights and how to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

➤ ***See page 36*** *for more information on these choices and how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the healthcare treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ ***See pages 36 and 37*** *for more information on these uses and disclosures*

Your Rights

When it comes to your health information, you have certain rights.
This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records	• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. • We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. • We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. • We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	• You can ask us **not** to use or share certain health information for treatment, payment, or our operations. • We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	• You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. • We will include all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	• You can complain if you feel we have violated your rights by contacting us using the information on page 1. • You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.** • We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	• Share information with your family, close friends, or others involved in payment for your care • Share information in a disaster relief situation *If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
In these cases we *never* share your information unless you give us written permission:	• Marketing purposes • Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

Help manage the healthcare treatment you receive	• We can use your health information and share it with professionals who are treating you.	***Example:*** *A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*
Run our organization	• We can use and disclose your information to run our organization and contact you when necessary. • **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** (This does not apply to long term care plans.)	***Example:*** *We use health information about you to develop better services for you.*
Pay for your health services	• We can use and disclose your health information as we pay for your health services.	***Example:*** *We share information about you with your dental plan to coordinate payment for your dental work.*
Administer your plan	• We may disclose your health information to your health plan sponsor for plan administration.	***Example:*** *Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

Help with public health and safety issues	• We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Do research	• We can use or share your information for health research.
Comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	• We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.
Abide by laws to protect reproductive healthcare information	• We cannot share reproductive protected healthcare information about you when the purpose of the request is to*: • Investigate or impose liability for the mere act of seeking, obtaining, providing, or facilitating reproductive healthcare. The reproductive healthcare must also be: • Lawful in the state where care was provided. **AND/OR** • Protected, required, or authorized by Federal law, regardless of the state where care was provided. **AND/OR** • Provided by another person or entity (not by us).

**Per the 2024 Privacy Rule, effective June 25, 2024*

We never market or sell personal information.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective date of notice: October 7, 2025

Notes

2027 Benefits Guide

Position yourself Perfectly for Open Enrollment – Nov. 9 – Nov. 20, 2026

Eder Financial
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