

2026

Elective Benefits Reference Guide



Exclusive offerings for Hy-Vee Part-Time employees

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

HyVee®

Presented by Midwest Heritage Insurance Services.

WHAT'S NEW FOR 2026



New Carrier Change for your Elective Benefits - Accident, Critical Illness and Hospital Indemnity. Cancer plans are now available to PT employees as well!

- Accident – benefit increases along with adding a sports related injury benefit
- Cancer Advocate Plus Plan – available to PT employees
- Other benefits at a quick glance: Wellness benefits added to the Hospital and Accident plans, Childhood conditions added to the Critical Illness plan, plus more!

DID YOU KNOW?

Limited Medical Plan Coverage **INCLUDES:**

- **Preventive services covered at No Charge!**
 - » Flu Shots and COVID-19 Vaccines
 - » 19 Adult Preventive Services, including Depression Screening, Lung and Colorectal Cancer Screening and Diabetes Screening
 - » 28 Preventive Services for Women, including one Well-Woman Preventative Care Visit, Cervical Cancer Screening and Breast Cancer Screening Mammography
 - » 27 Preventive Services for Children, including Immunization Vaccines, Behavioral Assessments and Depression Screening
 - » ACA Mandated Preventive Prescriptions (Generic only)
- **Doctor's office visits covered with \$30 copay**
 - » Includes primary care or specialist office visit, 3 per year
- **Urgent Care office visit covered with \$50 copay**
- **Mental disorder and substance use disorder hospitalization coverage**

Virtual HealthConnect Program* – Whole Person Virtual Care with a Personal Touch

Through Virtual HealthConnect, Hy-Vee has bundled coverage for:

- **Telehealth services with no copay**
- Hospital confinement benefits
- Emergency room sickness benefits
- Term Life insurance
- Prescription drug discounts...

All at one low cost! Virtual HealthConnect may be a good fit for:

- Young adults who are covered under a parent's health insurance plan
- Individuals who are looking to complement a health insurance plan (may have coverage through another employer or a spouse)
- Employees who would benefit from access to virtual healthcare and virtual behavioral healthcare visits and resources
- Those who are looking for another way to receive discounts on care for the whole family

**Virtual HealthConnect is only available to part-time employees who have averaged 20 hours or more per week for six months. Hy-Vee contributes toward the cost of these benefits for contribution-eligible employees.*

***Employees can enroll in either the Limited Medical or Virtual HealthConnect, not both.**

WELCOME

Hy-Vee is committed to offering you a comprehensive, cost-effective and competitive elective benefits package to help protect you and your family. The elective benefits featured in this guide are exclusive to Part-Time Hy-Vee employees. If you need more information, visit the H.R./Benefits page on **Huddle**, or to enroll, visit **hy-veePTenroll.com**.

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

Looking forward to helping you balance it all!

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ELECTIVE BENEFITS FOR PART-TIME EMPLOYEES

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

There are three enrollment periods when you can elect benefits:

Initial Enrollment

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

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

Open Enrollment

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

Qualifying Events

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

Enroll

To enroll, visit hy-veePTenroll.com.

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

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

LIMITED MEDICAL INSURANCE



Protection from medical expenses.

Hy-Vee offers a way for Part-Time employees who do not have access to health insurance elsewhere to get basic medical coverage. Hy-Vee's Limited Medical Plan gives you access to preventive services at no cost and first-dollar coverage for minor, everyday medical expenses.

What it is...

Hy-Vee's Limited Medical plans provide protection against basic medical expenses. Preventive services – like flu shots, COVID-19 vaccines, and screening tests – are covered at no cost to you. Through the First Health network, you get access to a national network of hospitals and doctors – and great savings on healthcare. Hy-Vee's Limited Medical plans include a prescription drug copay benefit, and ACA-Mandated preventive prescriptions are covered at no cost to you. Telehealth services for both physical and mental health are also offered through these plans.

This coverage is best suited for employees who do not have access to health insurance through a source outside of Hy-Vee. If you are currently covered by a health insurance plan, this coverage is not recommended.

Are you interested in learning more about the health insurance options available to you and your family? Explore your options with a licensed Hy-Vee Elective Benefits Advisor today! Call 888-373-1122 or scan the QR code for more information.



What it covers...

These plans provide first-dollar coverage for medical expenses like hospitalization, surgeries, doctor office visits, emergency room sickness visits, lab and blood work, diagnostic testing and X-rays, and prescriptions.

Hy-Vee's Limited Medical plans include coverage for preventive services at no cost to you! This includes 19 adult preventive services, 28 preventive services for women, and 27 preventive services for children. ACA-Mandated preventive prescriptions (generic) are also covered at no cost.

Primary Care and Specialist Office Visits are covered with a \$30 copay, and one Urgent Care Visit is covered per year with a \$50 copay. Mental disorder and substance use disorder confinements are covered as any other inpatient hospitalization.

Recurro Virtual Health offers telehealth services for both physical and mental health, with 24/7 access to medical care and behavioral health visits in as few as 24 hours. There is NO copay and an unlimited number of visits. SupportLinc Employee Assistance Program offers unlimited telephonic access to behavioral health professionals to help individuals with a variety of life and mental health issues, as well as three in-person counselor visits.

IMPORTANT:

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



How do I enroll?

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

Weekly premiums

Voluntary Plan (employee pays full cost)				
Product Package	Member Only	Member + Spouse	Member + Child(ren)	Member + Family
Basic	\$20.20	\$35.41	\$31.49	\$46.34
Choice	\$32.44	\$59.58	\$51.49	\$77.28
Max	\$50.27	\$96.53	\$81.56	\$128.23

Employer-Sponsored Plan (Hy-Vee contributes to cost for eligible employees)				
Product Package	Member Only	Member + Spouse	Member + Child(ren)	Member + Family
Basic	\$9.89	\$24.79	\$20.99	\$35.53
Choice	\$21.47	\$47.62	\$39.92	\$64.74
Max	\$38.32	\$82.63	\$68.44	\$113.15

VIRTUAL HEALTHCONNECT

Virtual HealthConnect Program – Whole-Person Virtual Care with a personal touch.

Eligible* Hy-Vee employees who want to supplement existing health insurance coverage, Virtual HealthConnect may be a great option for you and your family!

Through Virtual HealthConnect, Hy-Vee has bundled coverage for:

- **Telehealth services with no copay - telehealth services for both physical and mental health, unlimited primary care and integrated urgent care visits**
- At-home labs
- Electronic prescription ordering
- Chronic care management
- Health risk assessment
- Hospital confinement benefits
- Emergency room sickness benefits
- Term Life insurance
- Prescription drug discounts
- Discounts on labs and imaging
- Emotional well-being and work-life balance resources...

All at one low cost! Virtual HealthConnect may be a good fit for:

- Young adults who are covered under a parent's health insurance plan
- Individuals who are looking to complement a health insurance plan (may have coverage through another employer or a spouse)
- Employees who would benefit from access to virtual healthcare and virtual behavioral healthcare visits and resources
- Those who are looking for another way to receive discounts on care for the whole family

**Virtual HealthConnect is only available to part-time employees who have averaged 20 hours or more per week for six months. Hy-Vee contributes toward the cost of these benefits for contribution-eligible employees.*

***Employees can enroll in either Limited Medical or Virtual HealthConnect, not both.**
Virtual HealthConnect is available to contribution-eligible employees only and includes dependent coverage.

Virtual Health Connect	
	Contributory Weekly Rate
Employee	\$5.60

LIFE INSURANCE



Financial protection for the unexpected.

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

What it is...

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

Basic Life Insurance

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

Voluntary Term Life Insurance

Coverage provided is as follows. For voluntary plan offering*

Guaranteed issue amounts are based on employee age as of January 1, 2026.

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

Coverage available for employees only.



How do I enroll?

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

Weekly premiums

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

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

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

* Please see actual policy to determine exact plan coverage.

CUSTOMIZED LIFE INSURANCE

Need additional life Insurance?

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

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

- Term and Whole Life coverage options available
 - Up to \$150,000 of coverage for employees with no health questions
 - Maximum coverage amount of \$225,000 for employees with limited health questions
 - Coverage for spouse and children also available with no health questions
 - Ability to lock in rates at your current age
 - You own the policy and can take it with you if you should ever leave employment
 - In most cases can be set up on payroll deduction
 - Long Term Care protection available



How do I enroll?

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



SHORT-TERM DISABILITY

Protecting you when you can't work.

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

How it works...

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



How do I enroll?

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

Weekly Premiums

Voluntary Plan

(employee pays full cost)

SHORT-TERM DISABILITY	
Employee Only:	\$1.47

Weekly Premiums

Employer-Sponsored Plan

(Hy-Vee contributes to cost for eligible employees)

SHORT-TERM DISABILITY	
Employee Only:	\$0.37

CUSTOMIZED LONG-TERM DISABILITY

Looking to supplement your Short-Term Disability plan?

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

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



How do I enroll?

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



CANCER ADVOCATE PLUS

Your DNA Can Guide Your Health - Don't Wait for a Diagnosis

Cancer Advocate Plus isn't just for those at high risk - it's for **everyone** who wants smarter, more personalized healthcare. This groundbreaking plan uses your DNA to help you make better decisions about your medications, monitor your health, and prepare for the unexpected.

From **day one**, you'll gain access to two powerful genetic tests that are often unavailable or very expensive through traditional medical plans. With Cancer Advocate Plus, both the **Pharmacogenomic (PGx) test** and **Hereditary Cancer Risk test** are included **at no extra cost**.

Why You Should Enroll - Even If You're Healthy

- **Optimize Your Medications:** PGx testing shows how your body responds to medications -helping you and your doctor choose the most effective treatments and avoid costly trial and error.
- **Ongoing Support:** As your health or prescriptions change, Cancer Advocate Plus continues to provide updated insights and expert guidance.
- **Know Your Risk:** Hereditary cancer testing gives you a clear picture of your genetic risk—so you can take action early, even if you feel fine today.
- **Stay Prepared:** You'll have continued access to precision tools and expert support—even if your health changes years from now.

If Cancer Does Strike - You're Covered

- **Expert Support:** Upon diagnosis, you'll receive personalized guidance from a team of specialists:
 - Oncology Nurse Navigator to guide your care journey.
 - Second opinion pathology review and biomarker testing.
 - Genetic tumor testing and clinical trial support.
 - Personalized treatment recommendations.
 - DNA-based recurrence monitoring.
 - Continued access to all precision cancer tools if cancer returns
- **Financial Protection:** Cash benefits to help ease the burden:
 - Diagnosis Benefit: \$5,000 (Employee), \$2,500 (Spouse)
 - Recovery Payments: \$2,500 (Employee), \$1,250 (Spouse) — twice
 - Skin Cancer Benefit: \$250
 - Carcinoma in Situ Benefit: 25% of the Diagnosis Benefit
- **Long-Term Monitoring:** DNA-based tools track your health and detect recurrence early.

Don't Wait for Symptoms. Take Control Today.

- Cancer Advocate Plus gives you the power to make informed decisions about your health whether you're managing prescriptions, assessing risk, or facing a diagnosis.
- **Enrollment is open. Your DNA is talking - are you ready to listen?**

Cancer Advocate Plus Weekly Premiums

\$10,000 BENEFIT AMOUNT

NON-TOBACCO			TOBACCO		
Ages	Employee	Employee & Spouse	Ages	Employee	Employee & Spouse
19-25	\$6.42	\$12.72	19-25	\$11.40	\$22.74
26-30	\$6.66	\$13.26	26-30	\$11.88	\$23.70
31-35	\$7.38	\$14.58	31-35	\$13.14	\$26.04
36-40	\$8.22	\$16.32	36-40	\$14.70	\$29.16
41-45	\$9.72	\$19.14	41-45	\$17.34	\$34.20
46-50	\$11.10	\$21.72	46-50	\$19.62	\$38.52
51-55	\$13.50	\$26.22	51-55	\$24.00	\$46.80
56-60	\$15.96	\$31.02	56-60	\$28.50	\$55.50
61-65	\$19.50	\$37.38	61-65	\$34.56	\$66.36
66-70	\$22.32	\$42.30	66-70	\$38.76	\$74.04
71-75	\$24.24	\$45.84	71-75	\$43.98	\$82.92
76-80	\$29.52	\$54.18	76-80	\$51.96	\$95.70
81+	\$32.28	\$58.56	81+	\$57.30	\$104.16

Who is Eligible?

All employees, age 19 and older, expecting to average at least 15 hours per week, and their spouses. You must be actively at work with Hy-Vee on the day your coverage takes effect.



How do I enroll?

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

DENTAL INSURANCE



Protecting your smile.

Dental care can be expensive and is not covered under medical insurance. Even minor procedures can be costly. Hy-Vee offers dental benefits to make it more affordable for you to care for your teeth. Take a look at how your Ameritas dental plans can help reduce your out-of-pocket costs.

Example out-of-pocket costs	Without insurance	At a network dentist
Two exams with X-rays	\$242	\$0 Both plans
Two cleanings	\$212	\$0 Both plans
One filling	\$201	\$11 Complete plan, \$53 Essential plan

These examples reflect amounts specific to your plan's benefit levels. Deductibles not included. Allowance and cost estimates are specific to ZIP code 50266. Actual charges may vary.



Exceptional network. The Ameritas Dental Network is one of the nation's largest. Plus, now you can visit dental providers in Mexico and still receive coverage. Scan the QR code or visit

ameritas.com-Find a Health Provider to find a new dentist or see if your current provider is in the Ameritas Classic and Plus network.

If your dentist is not in the network already, just go to ameritas.com, search for "nominate a provider" and complete the online form.

Flexibility. See any dentist. Both Ameritas dental plans allow you and your family members to receive care from any licensed dental provider, regardless if they are in- or out-of-network. You do not need to switch providers. Family members do not need to visit the same dentist.

Avoid paperwork. When visiting a network provider, there are no claim forms to submit. Ameritas can send claim payments directly to in- or out-of-network providers, so you only have to pay your portion. You are not required you to pay the entire amount upfront and wait to be reimbursed.

What it is ...

Everyone has different dental health needs. That's why Hy-Vee offers Part-time employees the choice between two dental plans. Review the plan benefits, then consider how much dental work you and your family typically receive during the year and your monthly budget for insurance.

Dental Plan Benefits	Complete Plan		Essential Plan
	In-network	Out-of-network	In and out-of-network
Maximum benefit The total amount insurance pays per person per calendar year.	\$1,000	\$1,000	\$600
Deductible The amount you pay before benefits apply, per person per calendar year.	\$0 Type 1 \$50 Type 2 & 3 \$150 family maximum	\$0 Type 1 \$75 Type 2 & 3 \$225 family maximum	\$5 per visit Type 1 \$50 Type 2 & 3 No family maximum
Preventive (Type 1)	100% Exams, X-rays, cleanings, space maintainers, child fluoride & sealants (<14)	100%	100% Exams, X-rays, cleanings, child fluoride & sealants (<18), space maintainers
Basic (Type 2)	90% Fillings, extractions, anesthesia	80%	50% Fillings, extractions, anesthesia, root canals, gum disease treatment, denture repair
Major (Type 3)	50% Root canals, gum disease treatment, denture & crown repair, onlays, crowns, bridges, dentures	50%	No coverage
Child orthodontia Lifetime maximum per person	50% \$1,000	50% \$1,000	No coverage

Weekly Premiums

	Complete Plan		Essential Plan	
	Contributory*	Voluntary**	Contributory*	Voluntary**
Employee only	\$2.76	\$7.79	\$1.49	\$3.45
Employee + spouse	\$8.24	\$15.58	\$4.82	\$7.31
Employee + children	\$11.23	\$19.59	\$7.41	\$10.30
Family	\$19.90	\$31.95	\$10.81	\$14.25

* Hy-Vee contributes to cost for eligible employees ** Employee pays full cost



How do I enroll?

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

VISION INSURANCE



Easing the burden of vision expenses.

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

What it is...

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

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

What it covers...

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

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



How do I enroll?

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

Weekly Premiums

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

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

** Discounts vary by services.

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

ACCIDENT INSURANCE

Protection from life's accidents.

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

How will you pay your bills?

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

What it is...

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

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

You decide how your money is spent.

Benefits from your accident insurance plan are paid directly to you. After an accident or other covered medical expense, you simply submit a claim. When it's approved, you'll receive a benefit check. Benefit amounts vary by claim and by plan type.¹

What it covers...

- Medical expenses from emergency room or doctor's office treatments
- X-rays
- Ambulance
- Hospital confinement
- Accidental death or dismemberment
- Dislocation and fractures²
- Burns
- Brain injuries
- Wellness Benefit
- And many more³

Our accident coverage helps offer peace of mind when an accidental injury occurs. Below is an example of how coverage is paid for a fractured ankle.²

Accident Claim Example

	LOW	HIGH
Emergency Room	\$300	\$400
X-ray	\$250	\$250
Sports Package Benefit	\$1,000	\$1,000
Ambulance (ground)	\$300	\$400
Fractured Ankle	\$2,400	\$3,200
Appliance, Crutches	\$375	\$500
Follow-Up Visit (2 visits)	\$300 (\$150 per visit)	\$400 (\$200 per visit)
Physical Therapy (2 visits)	\$180 (\$90 per visit)	\$240 (\$120 per visit)
Aspirin	\$15	\$20
TOTAL	\$5,120	\$6,410

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

New Sports Package

Playing sports can lead to injuries and unwelcome expenses. You'll receive 25% more, up to \$1,000 per person per year, for injuries resulting from participating in organized sports.



How do I enroll?

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

Weekly Premiums

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

¹ Limitations apply

² Covered fractures and dislocations require manipulation (open or closed reduction) by a physician

³ This list is an overview of coverage. Please see actual policy to determine exact plan coverage.

CRITICAL ILLNESS INSURANCE

Protecting you from unexpected illnesses.

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

What it is...

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

Critical Illness coverage works in two ways. First, you receive cash benefits when a covered critical illness occurs. Second, it rewards you for taking preventive measures before a critical illness strikes by partially reimbursing you for the cost of a wellness screening. By receiving one of the covered screenings and filing a claim, you are eligible to receive \$50 once annually for each person on your plan who receives a screening. You can choose how much coverage you want because we offer plans at the \$10,000, \$20,000, and \$30,000 benefit levels. Covered dependents will receive 50% of the employee benefit levels.

Covered Conditions

- Alzheimer's Disease (25%)
- Benign Brain Tumor
- Cancer
- Carcinoma In Situ (25%)
- Coma
- Coronary Artery Obstruction (25%)
- End Stage Renal Failure
- Heart Attack
- Loss of Sight, Speech, or Hearing
- Major Organ Failure
- Paralysis or Dismemberment
- Parkinson's Disease (25%)
- Skin Cancer (\$250)
- Stroke
- Sudden Cardiac Arrest
- Transient Ischemic Attack (10%)

Childhood Conditions* (100%)

- Autism Spectrum Disorder
- Cerebral Palsy
- Congenital Anomalies (such as lung defects, heart defects, spina bifida, cleft lip or palate, limb malformations, development disorders of the brain, born with loss of sight)
- Cystic Fibrosis
- Gaucher Disease
- Type 1 Diabetes
- Down Syndrome
- Muscular Dystrophy

*Childhood Condition benefit is payable once per child.

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



How do I enroll?

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

Weekly Premiums

CRITICAL ILLNESS									
\$10,000 BENEFIT AMOUNT									
NON-TOBACCO					TOBACCO				
Ages	EE	EE+SP	EE+CH	F	Ages	EE	EE+SP	EE+CH	F
19-29	\$0.73	\$1.16	\$0.73	\$1.16	19-29	\$1.03	\$1.66	\$1.03	\$1.66
30-39	\$1.23	\$1.96	\$1.23	\$1.96	30-39	\$1.83	\$2.86	\$1.83	\$2.86
40-49	\$2.13	\$3.36	\$2.13	\$3.36	40-49	\$3.73	\$5.76	\$3.73	\$5.76
50-59	\$3.73	\$5.76	\$3.73	\$5.76	50-59	\$6.23	\$9.56	\$6.23	\$9.56
60+	\$6.03	\$9.16	\$6.03	\$9.16	60+	\$10.33	\$15.56	\$10.33	\$15.56
\$20,000 BENEFIT AMOUNT									
NON-TOBACCO					TOBACCO				
Ages	EE	EE+SP	EE+CH	F	Ages	EE	EE+SP	EE+CH	F
19-29	\$1.23	\$1.86	\$1.23	\$1.86	19-29	\$1.83	\$2.86	\$1.83	\$2.86
30-39	\$2.23	\$3.46	\$2.23	\$3.46	30-39	\$3.43	\$5.26	\$3.43	\$5.26
40-49	\$4.03	\$6.26	\$4.03	\$6.26	40-49	\$7.23	\$11.06	\$7.23	\$11.06
50-59	\$7.23	\$11.06	\$7.23	\$11.06	50-59	\$12.23	\$18.66	\$12.23	\$18.66
60+	\$11.83	\$17.86	\$11.83	\$17.86	60+	\$20.43	\$30.66	\$20.43	\$30.66
\$30,000 BENEFIT AMOUNT									
NON-TOBACCO					TOBACCO				
Ages	EE	EE+SP	EE+CH	F	Ages	EE	EE+SP	EE+CH	F
19-29	\$1.73	\$2.56	\$1.73	\$2.56	19-29	\$2.63	\$4.06	\$2.63	\$4.06
30-39	\$3.23	\$4.96	\$3.23	\$4.96	30-39	\$5.03	\$7.66	\$5.03	\$7.66
40-49	\$5.93	\$9.16	\$5.93	\$9.16	40-49	\$10.73	\$16.36	\$10.73	\$16.36
50-59	\$10.73	\$16.36	\$10.73	\$16.36	50-59	\$18.23	\$27.76	\$18.23	\$27.76
60+	\$17.63	\$26.56	\$17.63	\$26.56	60+	\$30.53	\$45.76	\$30.53	\$45.76

Important:

If you're enrolled in the **MedMutual Protect Critical Illness Plan** as of **December 31, 2025**, your coverage will automatically transfer to a grandfathered Chubb Critical Illness (Issue Age) Plan.

- **You cannot make changes** to this plan once transferred.
- If you **waive** it, you **cannot re-enroll** later.
- To enroll in the **new Chubb Critical Illness (Attained Age) Plan**, you must first waive the grandfathered plan.

For questions, please contact **Midwest Heritage** using the information above.

* Limitations apply.

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

HOSPITAL INDEMNITY INSURANCE



Protection from hospital expenses.

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

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

What it is...

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

What it covers...

This plan provides the following coverage

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

How it works...

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

Jane delivers a baby and is hospitalized for a total of 3 days.

BENEFIT	Plan 1	Plan 2	Plan 3	Plan 4
Day 1: Hosital Admission + Hospital Confinement	\$660	\$1,320	\$1,870	\$2,530
Day 2 & 3 Hosital Confinement	\$220	\$440	\$440	\$660
Newborn Nursery (\$100/Day, Up to 2 Days)**	\$200	\$200	\$200	\$200
TOTAL BENEFIT:	\$1,080	\$1,960	\$2,510	\$3,390



How do I enroll?

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

Weekly premiums

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

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

** This is a new benefit for 2026.

IDENTITY PROTECTION

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

Which Plan is Right for You?

Available Plans	UltraSecure ID	UltraSecure Premium
\$1 Million Expense Reimbursement Insurance	INCLUDED	N/A
\$2 Million Expense Reimbursement Insurance	N/A	INCLUDED
Bank & Credit Card Activity Alerts	INCLUDED	INCLUDED
BreachIQ	N/A	INCLUDED
Child Identity Monitoring	INCLUDED	INCLUDED
Credit Freeze/Lock, Score Tracker, Alerts & Reports	INCLUDED	INCLUDED
Cyberbullying Reimbursement - \$25,000	N/A	INCLUDED
Dark Web Monitoring	INCLUDED	INCLUDED
Enhanced Financial Wellness Alerts	N/A	INCLUDED
Free Financial Counseling and Budgetary Tools	N/A	INCLUDED
Fully Managed Restoration & 24/7 Support	INCLUDED	INCLUDED
Medical ID Fraud Protection	INCLUDED	INCLUDED
Mobile Attack Controls	N/A	INCLUDED
Online PC Protection Tools	N/A	INCLUDED
Password Manager	N/A	INCLUDED
Ransomware Reimbursement - \$25,000	N/A	INCLUDED
Secure VPN	N/A	INCLUDED
Senior Family Member Protection	N/A	INCLUDED
Sex Offender Registration	INCLUDED	INCLUDED
Social Engineering Reimbursement - \$25,000	N/A	INCLUDED
SSN Tracker	N/A	INCLUDED

UltraSecure ID

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

UltraSecure Premium

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

**Children covered at no additional cost*

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

ADDITIONAL BENEFITS DETAILS

Dependent Eligibility

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

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

Dependent Children must meet the following requirements:

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

Making Changes to Coverage

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

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

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

DEPENDENT VERIFICATION DOCUMENT LIST

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

Legal Spouse

The covered employee's husband or wife under federal law

Document Options for Verifying Eligibility:

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

Common Law Spouse

Document Options for Verifying Eligibility:

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

Biological Child

Age Requirement: Under 26

Document Options for Verifying Eligibility:

- Government Issued Birth Certificate

Disabled Biological Child

Age Requirement: Under 26

Must be medically certified as disabled

Document Options for Verifying Eligibility:

- Government Issued Birth Certificate

Disabled Biological Child 26 and Over

Age Requirement: 26 and over

Must be unmarried and medically certified as disabled

Document Options for Verifying Eligibility:

- Government Issued Birth Certificate

Adopted Child

Age Requirement: Under 26

Document Options for Verifying Eligibility:

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

Disabled Adopted Child

Age Requirement: Under 26

Must be medically certified as disabled

Document Options for Verifying Eligibility:

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

Disabled Adopted Child 26 and Over

Age Requirement: 26 and over

Must be unmarried and medically certified as disabled

Document Options for Verifying Eligibility:

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

Foster Child

Age Requirement: Under 26

Document Options for Verifying Eligibility:

- Foster Care Letter of Placement

Legal Ward

Age Requirement: Under 26

Document Options for Verifying Eligibility:

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

Disabled Legal Ward

Age Requirement: Under 26

Must be medically certified as disabled

Document Options for Verifying Eligibility:

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

Disabled Legal Ward 26 and Over

Age Requirement: 26 and over

Must be unmarried and medically certified as disabled

Document Options for Verifying Eligibility:

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

Step Child

Age Requirement: Under 26

Document Options for Verifying Eligibility:

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

Disabled Step Child

Age Requirement: Under 26

Must be medically certified as disabled

Document Options for Verifying Eligibility:

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

Disabled Step Child 26 and Over

Age Requirement: 26 and over

Must be unmarried and medically certified as disabled

Document Options for Verifying Eligibility:

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

Qualified Medical Support Order

Age Requirement: Under 26

Qualified Medical Child Support Order (ordered for the employee)

Document Options for Verifying Eligibility:

- Qualified Medical Child Support Order

Making Changes to Coverage

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

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

COBRA EVENTS

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

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

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

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

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

CONTINUATION COVERAGE RIGHTS UNDER COBRA

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

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

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

WHAT IS COBRA CONTINUATION COVERAGE?

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

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

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

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

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

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

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

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

When is COBRA Coverage Available?

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

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

How is COBRA Coverage Provided?

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

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

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

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

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

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

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 paper or electronic medical record
- Correct your paper or electronic record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

YOUR CHOICES

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

- Tell family and friends about your conditions
- Provide disaster relief
- Provide pharmacy information
- It is important to understand that Hy-Vee will never market or sell your personal information

HY-VEE USES AND DISCLOSURES

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

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 AN ELECTRONIC OR PAPER COPY OF YOUR MEDICAL RECORD

- You can ask to see or get an electronic or paper copy of your medical record 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 information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

ASK US TO CORRECT YOUR MEDICAL RECORD

- You can ask us to correct health information about you that you think is 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 say "yes" to all reasonable requests.

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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.

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 health care 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 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 the Hy-Vee Privacy Officer at 515-267-2800.
- 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.

Hy-Vee 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.

TREAT YOU

- We can use your health information and share it with other professionals who are treating you.
- Example: A doctor treating you for an injury asks us about your pharmacy prescriptions.

RUN OUR ORGANIZATION

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
- Example: We use health information about you to manage your pharmacy prescriptions.

BILL FOR YOUR SERVICES

- We can use and share your health information to bill and get payment from health plans or other entities.
- Example: We give information about you to your health insurance plan so it will pay for your services.

How Else can Hy-Vee 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 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.

WORK WITH A MEDICAL EXAMINER OR FUNERAL DIRECTOR

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

ADDRESS WORKERS' COMPENSATIONS, 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.

HY-VEE'S 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

REQUIRED NONDISCRIMINATION AND ACCESSIBILITY NOTICE

Hy-Vee complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Hy-Vee does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Hy-vee Provides:

- Free aids and services to people with disabilities to communicate effectively with us, upon request or when necessary, such as:
- Qualified language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages upon request

If you need these services, contact the Hy-Vee benefits department.

If you believe that Hy-Vee has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Hy-Vee Civil Rights Coordinator, Attn: Legal Dept., 5820 Westown Parkway, West Des Moines, IA 50266, 515-267- 2800, Fax 515-327-2162, legalnotices@hy-vee.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Hy-Vee Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-874-3972.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-874-3972。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-874-3972.

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-874-3972.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-874-3972.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم: 1-866-874-3972

ປະຕິບັດ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ດ້ານພາສາ, ໂດຍບໍ່ຄ່ຽງຄ່າ, ແມ່ນມີຢູ່ພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-874-3972.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-874-3972 번으로 전화해 주십시오.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-874-3972 पर कॉल करें।

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-874-3972.

Geb Acht: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannst du mitaas Koschte ebber gricke, ass dihr helft mit die englich Schprooch. Ruf selli Nummer uff: Call 1-866-874-3972.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-874-3972.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-874-3972.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-874-3972.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-874-3972.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-874-3972.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-874-3972

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-874-3972.

XIYYEEFFANNAA: Afaan dubbattu Oromiiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-874-3972.

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\$mart\$art Hy-Vee E-Checking

(available to employees under 18)

- Designed for Hy-Vee employees 14-17 years old
- No adult required
- Includes same features as Hy-Vee E Checking account

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1. Open your account in Workday.
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- E-Statements*
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\$mart\$art Hy-Vee E-Savings

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