

2015-2016 Employee Benefits Guide



The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official Plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the Plans as described in this material and official Plan documents, the language of the documents shall govern.

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Bank Star



Contact Information

Bank Star in partnership with the following carriers, strives to meet your benefit needs. If you have any questions regarding your benefits, please contact the corresponding carrier listed below or your Bank Star human resources representative.

Contact Information		
Vendors	Phone Number	Website
Coventry Health Care (Medical) Group Number: 6395400000	800-755-3901	www.chcmissouri.com
Humana (Dental) Group Number: 577329-0001	800-233-4013	www.humanadental.com
Humana (Vision) Group Number: 577329-0001	800-233-4013	www.humanavisioncare.com
Mutual of Omaha (Basic Life & AD&D, Voluntary Life & AD&D, Dependent Life, Short-Term Disability and Long-Term Disability) Group Number: GA000A1G4	800-369-3809	www.mutualofomaha.com
Call A Doc Plus	800-835-2362	www.teladoc.com
CBIZ (Flexible Spending Accounts)	800-815-3023	www.myplans.cbiz.com
Benefits Team	Phone	Email
CBIZ Asha Kuhn Tina Borge	(314) 692-2249 Toll Free (800) 844-4510	akuhn@cbiz.com tborge@cbiz.com

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Understanding Your Health Plan Options

As an employee of Bank Star you have the choice between two medical plan options. Regardless of the plan you choose to elect, the deductible will run on a calendar year basis (January 1—December 31). These options are re-evaluated every year and are effective each February 1st. You have the choice of a PPO Plan (Traditional Plan) and a Qualified High Deductible Health Plan (Basic Plan).

While each plan gives you the option of using out of network providers, it is to your advantage to use in network providers because Coventry has negotiated significant discounts with in network providers. If you choose to go out of the network, you will be responsible for the difference between the actual charge and Coventry's UCR (Usual, Customary and Reasonable) charge for the service or procedure plus any deductible and coinsurance associated with your service or procedure.

The major advantage the Qualified High Deductible Health Plan has over the PPO Plan is the Qualified High Deductible Health Plan offers you significantly lower premiums than the PPO Plan. You can establish an Health Savings Account (HSA) banking arrangement with a bank of your choice and contribute all or part of the premium savings into the HSA. The HSA can be used to cover medical expenses including deductibles. You will receive a debit card to access the funds in your HSA. These funds are yours forever even if you leave Bank Star. They are not forfeited at the end of the year.

The HSA Qualified Plan offers several benefits:

- Lower premium contributions and potential maximum out of pocket expenses.
- Routine preventive exams are covered at 100%.
- Catastrophic coverage.
- The HSA banking arrangement is owned by the employee.
- This type of arrangement offers you more control over your health care dollars.



✓ Frequently Asked Questions

How many hours per week must I work to be eligible for the insurance benefits?

- ✓ You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

Will I receive a Medical ID card?

- ✓ You will receive an ID card in the mail if you are electing medical coverage.

Does the deductible run on a calendar year or policy year basis?

- ✓ The deductible runs on a calendar year basis.

When will my benefits become effective?

- ✓ Your medical benefits insurance will begin on the first of the month following thirty (30) days of employment for regular full-time employees.

How long can I cover my dependent children?

- ✓ Dependent children are eligible until the end of the month in which they turn age 26.

The traditional plan may be for you if:

- You are not interested in establishing a Health Savings Account.
- You would rather pay more in monthly premiums and less on medical expenses when they occur.
- You expect to incur medical expenses at the beginning of the year and don't have the resources to pay for them.

Understanding Health Savings Accounts

What is an HSA?

A savings account set up by you where you can deposit money to be used by you to pay for current or future medical expenses for you and/or your dependents. Once money goes into the account, it's yours forever - the HSA is in your name, just like a personal checking or savings account.

Why would I want an HSA?

Because you are able to claim a tax deduction for the amount you contributed into your HSA, and you able to use tax-free funds for healthcare expenses. Please consult your tax accountant for more information. Your HSA contributions do NOT count toward your taxable income for federal taxes.

What rules must I follow?

- You must be covered under a *Qualified High Deductible Health Plan (QHDHP)* in order to establish an HSA.
- You cannot establish an HSA if you or your dependents also have a medical flexible spending account (FSA).
- **You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.**
- You cannot be enrolled in Medicare.
- You cannot be claimed as a dependent under someone else's tax return.

What else do I need to know?

- Contributions are based on a calendar year. The contribution limits for 2015 are \$3,350 for Single and \$6,650 for Family coverage. You cannot put more than this amount in the account; you can put less.
- Your contributions grow tax-free, and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision and prescriptions).
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).

✓ Frequently Asked Questions

What will I pay at the pharmacy with the HSA qualified plan options?

- ✓ You will pay the actual discounted cost of the drug until you satisfy your calendar year deductible in full, then your pharmacy copays will apply.

What will I pay at the physician's office with the HSA qualified plan option?

- ✓ You will provide your ID card at the time of the visit. The office will submit the claim to Coventry. Coventry will discount the charges based upon the physician's contract with Coventry. You will receive an Explanation of Benefits (EOB) from Coventry that illustrates your responsibility. You will receive a bill from the physician's office. You will pay them the discounted cost from the EOB.

Where can I obtain a copy of an EOB?

- ✓ You can access all of your EOB information, and even print a copy, by registering on www.chcmisouri.com.

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When to Use Primary Care, Convenience Care, Urgent Care, Emergency Care or Lab Services

Primary Care

For routine, primary/preventive care, or non-urgent treatment, we recommend going to your doctor's office for medical care. Your doctor knows you and your health history, and has access to your medical records. You may also pay the least amount out of pocket when you receive care in your doctor's office.

Convenience Care

Sometimes, you may not be able to get to your doctor's office, and your condition is not urgent or an emergency. In these situations, you may want to consider a Convenience Care Center that can be an alternative to seeing your doctor.

Convenience Care Centers are conveniently located often in malls or some retail stores, such as CVS Caremark, Walgreens, Wal-mart and Target, and offer services without the need to schedule an appointment. Services at a Convenience Care Center may be provided at a lower out of pocket cost than an urgent care center visit and are subject to primary care physician office visit copays and/or deductible/coinsurance.



Typical conditions that may be treated at a Urgent Care Center include:

- Sprains
- Strains
- Mild asthma attacks
- Minor infections
- Vaccinations
- Small cuts
- Sore throats
- Rashes
- Preventive Screenings
- Back Pain or Strains

This is a sample list and not all-inclusive. For a full listing of services please visit each center's Website.

Services at a Convenience Care Center are generally available to patients 18 months of age or older. Services that are available may vary per center. We do, however, recommend that you seek routine medical care from your primary care physician whenever possible.

To find an in-network Convenience Care Center near you, visit our website at www.chcmisouri.com.

Urgent Care

Sometimes you may need medical care fast, but a trip to the emergency room may not be necessary. Of course, during office hours you may be able to go to your doctor for any urgently needed service; however, if you require urgent care outside your doctor's regular office hours or you are unable to be seen by your doctor immediately, you may consider going to an urgent care center. At an urgent care center, you can generally be treated for many minor medical problems faster than at an emergency room.

We do however, recommend that you seek routine medical care from your primary care physician whenever possible.

Services that are available for Urgent Care may vary per center. If you choose to use an urgent care center, please make sure it is in-network by calling the toll-free number on the back of your medical ID card or visiting the carrier's website at www.chcmisouri.com.

Convenience Care Center



Typical conditions that may be treated at a Convenience Care Center include:

- Common infections (e.g.: bronchitis, bladder infections, ear infections, pink eye, strep throat)
- Minor skin conditions (e.g.: athlete's foot, cold sores; minor sunburn, poison ivy)
- Flu shots
- Pregnancy tests

This is a sample list and not all-inclusive. For a full listing of services please visit each center's Website.

Emergency Room

If you think you or your loved one may be experiencing an emergency medical condition, you should go to the nearest emergency room or call 911. Emergency services are always considered at the in-network benefit level.

An emergency medical condition is any condition (including severe pain) which you believe that without immediate medical care may result in:

- Serious jeopardy to your or your loved one's health, including the health of a pregnant woman or her unborn child
- Serious impairment to your or your loved one's bodily functions
- Serious dysfunction of any of your or your loved one's bodily organ or part


EMERGENCY ROOM

Some examples of emergency conditions may include the following:

- Heavy bleeding
- Large open wounds
- Chest pain
- Sudden change in vision
- Major burns
- Spinal injuries
- Severe head injuries
- Difficulty breathing
- Sudden weakness or trouble walking

This list only provides examples and is not intended as an exclusive list. If you believe you or your loved one is experiencing an emergency medical condition, you should go to the nearest emergency room or call 911, even if your symptoms are not described here.

If you obtain care at an emergency room, you will likely pay more out of pocket than if you were treated at your doctor's office, a Convenience Care Center or urgent care facility.

 <p>If you have an emergency, always CALL 9-1-1</p>	<p>If an emergency, no matter where you are, call 911 or go to the nearest emergency room for treatment. In an emergency, all facilities are considered in-network.*</p>
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*If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once the condition has been stabilized.

Lab Services

If you require lab work consider having these services performed at Quest. If you choose to use Quest, services associated with the cost of your lab work will not apply to the deductible and coinsurance and will be covered 100% in most cases.

Your Health Plan Options

Below are the per paycheck costs associated with each of the two medical plan options being offered for 2015/ 2016 plan year. Please note that your premiums will be withheld from your paycheck on a pre-tax basis for medical, dental and vision insurance. This can save you considerable money as the savings are based upon your individual tax bracket. Your election can only be changed mid plan year if you experience a qualifying life status change. You must notify Human Resources within 30 days of the event.

NOTE: If you purchase a Prescription Drug Product from a Non-Network Pharmacy, you are responsible for any difference between what the Non-Network Pharmacy charges and the amount

Coventry would have paid for the same Prescription Drug Product dispensed by a Network Pharmacy.

Coventry (Basic) Qualified High Deductible Health Plan—Per Paycheck Employee Cost

Type of Coverage	Employee Cost
Employee	\$37.91
Employee & Spouse	\$189.74
Employee & Child(ren)	\$151.78
Employee & Family	\$303.60

Coventry (Traditional) PPO Plan—Per Paycheck Employee Cost

Type of Coverage	Employee Cost
Employee	\$85.60
Employee & Spouse	\$285.11
Employee & Child(ren)	\$235.23
Employee & Family	\$434.74

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Coventry (Basic) Qualified High Deductible Health Plan

Plan Highlights	In-Network	Out-of-Network
Deductible <i>(per calendar year)</i>		
Individual	\$2,750	\$5,500
Family	\$5,500	\$11,000
Out-of-Pocket Maximum <i>(per calendar year)</i> <i>(includes deductibles & copays)</i>		
Individual	\$3,500	\$10,000
Family	\$7,000	\$20,000
Coinsurance <i>(the amount the plan pays)</i>	100%	80%
Office Visits (Preventive—100% in-network)	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drug		
Retail Pharmacy	Deductible then \$12 / \$30 / \$55 / \$150 / \$300	Deductible then \$12 / \$30 / \$55 / \$150 / \$300
Mail Order Pharmacy	Deductible then \$30 / \$75 / \$165 / NA / NA	Deductible then \$30 / \$75 / \$165 / NA / NA

The Qualified High Deductible Health Plan (QHDHP) has lower premiums and higher deductibles and qualifies to open a Health Savings Account (HSA)

Coventry (Traditional) PPO Plan

Plan Highlights	In-Network	Out-of-Network
Deductible <i>(per calendar year)</i>		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Out-of-Pocket Maximum <i>(per calendar year)</i> <i>(includes deductibles & copays)</i>		
Individual	\$3,500	\$6,000
Family	\$7,000	\$12,000
Coinsurance <i>(the amount the plan pays)</i>	80%	60%
Office Visits (Preventive—100% in-network)	\$20 / Primary Care Physician \$40 / Specialist	60% After Deductible
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	\$50 Copay	\$50 Copay
Emergency Room	\$200 Copay	\$200 Copay
Prescription Drug		
Retail Pharmacy	\$15 / \$40 / \$65 / \$150 / \$300	\$15 / \$40 / \$65 / \$150 / \$300
Mail Order Pharmacy	\$37.50 / \$100 / \$195 / NA / NA	\$37.50 / \$100 / \$195 / NA / NA

The Traditional PPO Plan has higher premiums with lower deductibles, and does not qualify for you to open a Health Savings Account (HSA)

Both plans are included in Coventry's 2015 Certificate of Coverage (COC). This is a brief summary only. For exact terms and conditions, please refer to your summary plan description.

Dental Insurance

Humana will be your dental carrier for 2015 / 2016 plan year. Employees are eligible for dental insurance the first of the month after thirty (30) days of employment for regular full-time employees. Dependent children are eligible until the end of the month in which they turn age 26.

Members can choose to use an out of network dentist, however claim payments will be based on the usual and customary limits in the area the dentist is located. Members may be billed for any amount charged over the usual and customary limit.

Humana Dental Per Paycheck Employee Cost

Type of Coverage	Employee Cost
Employee	\$2.90
Employee & Spouse	\$11.48
Employee & Child(ren)	\$11.89
Employee & Family	\$20.84

Please note: If you do not enroll during your initial enrollment period you will be subject to a 6 month waiting period on major services and orthodontia if you decide to enroll in the future.

The following is a brief summary of your Humana dental benefits.

Humana Dental Plan Summary

PPO Benefits	In-Network	Out-of-Network
Deductible		
Individual	\$50	\$50
Family (Waived for Diagnostic Services)	\$150	\$150
Coinsurance		
Diagnostic	100%	100%
Basic	80%	80%
Major	50%	50%
Endodontics & Periodontics	50%	50%
Orthodontia (Child Only to Age 18)	50% up to \$1,000 Lifetime Maximum	50% up to \$1,000 Lifetime Maximum
Annual Maximum Benefit	\$1,500	\$1,500

After the annual maximum has been met, members will have a 30% discount on all services with the exception of implants and orthodontia.



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Vision Insurance

Humana will be your vision carrier for 2015 / 2016 plan year. Employees are eligible for vision insurance the first of the month after thirty (30) days of employment for regular full-time employees. Dependent children are eligible until the end of the month in which they turn age 26.

Humana Vision Plan Summary

Benefits/Service	In-Network	Out-of-Network
Examination Copay	\$10 Copay	\$35 Allowance
Frequency of Service:		
Exam		Every 12 Months
Lenses		Every 12 Months
Frames		Every 24 Months
Frame	\$50 Wholesale Allowance	\$40 Retail Allowance
Lenses:		<u>Allowance</u>
Single	\$15 Copay	\$25
Bifocal	\$15 Copay	\$40
Trifocal	\$15 Copay	\$60
Contact Lenses:		
Necessary	Paid in Full	\$210 Allowance
Elective	\$150 Allowance	\$150 Allowance

Humana Vision Per Paycheck Employee Cost

Type of Coverage	Employee Cost
Employee	\$4.15
Employee & Spouse	\$8.30
Employee & Child(ren)	\$7.88
Employee & Family	\$12.39



Flexible Spending Accounts (FSAs)

Types of Accounts

SECTION 125 MEDICAL ACCOUNT: This account enables you to pay with pre-tax dollars any medical, dental, vision, and prescription drug expenses that are not covered under your insurance program or that of your spouse. You may also cover dependent health care expenses through the account even if you choose single coverage. The total amount of your annual pledge is available to you up front thus reducing the risk of a large out-of-pocket expense at any one time during the plan year. Be aware that with the Section 125 Medical Account, any unused portion of the account at the end of the plan year is forfeited.

DEPENDENT CARE EXPENSE ACCOUNT: This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Care centers which qualify include dependent care centers, preschool educational institutions, and individuals, as long as the caregiver is not a child of yours under age 19 or anyone you can claim as a dependent for tax purposes. Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. Either may be better, depending on your personal situation. You may not use both. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

How the Account Works

When you have eligible expenses not covered under the health insurance plan, such as copayments and deductibles, you can either use your flexible spending account debit card to pay for out-of-pocket expenses at qualified vendors or submit a FSA claim form with your receipt to CBIZ. Reimbursement is issued to you through direct deposit into your bank account, or if you do not wish to have direct deposit, a manual check may be issued to you.

Maximum Contributions

Maximum Contributions	
Section 125 Medical Account	\$2,550 max
Dependent Care Expense Account	\$5,000 max

Contact Information

You may request a full statement of your accounts at any time by calling CBIZ at 1-800-815-3023 (option #4) or log on to www.myplans.cbiz.com to review your Flexible Spending Account balance. The address to mail claims to is CBIZ Flex, 2797 Frontage Rd NW, Suite 2000, Roanoke, VA 24017.



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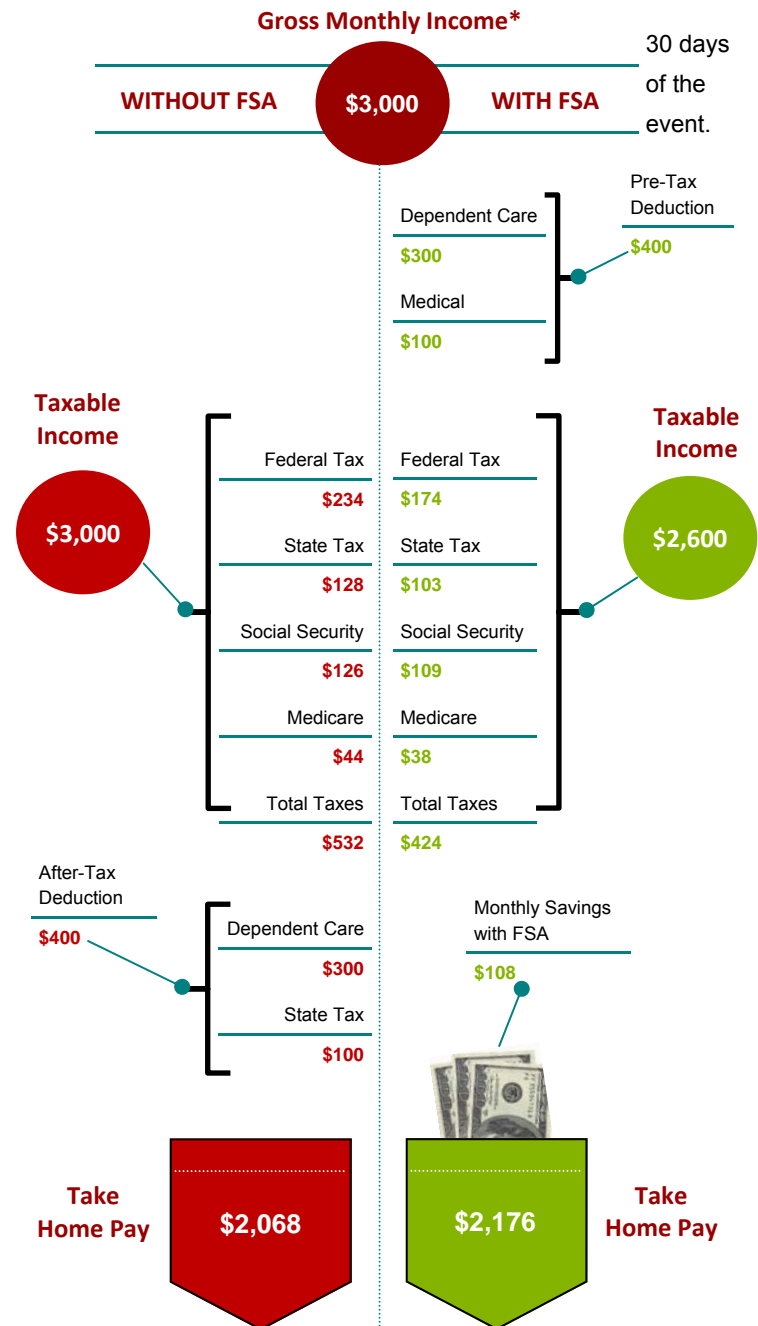
When you have dependent care expenses, you may complete a dependent care claim form and submit it to CBIZ. You must either submit a receipt with your claim form or have the day care provider sign the claim form. A reimbursement is issued to you directly through direct deposit or with a manual check.

Below is a partial list of eligible expenses that can be reimbursed from a Section 125 Medical Account. Other out-of-pocket expenses may qualify.

Alcoholism treatment	Laboratory fees
Artificial limbs	Licensed osteopaths
Ambulance	Licensed practical nurses
Braces	Orthodontia
Chiropractors	Orthopedic shoes
Coinsurance and copayments	Obstetrical expenses
Contact lens solution	Oxygen
Contraceptives	Prescription drugs
Crutches	Podiatrists
Deductible amounts	Prescribed vitamin supplements (medically necessary)
Dental expenses	Psychiatric care
Dentures	Psychologist expenses
Dermatologists	Routine physical
Diagnostic expenses	Seeing-eye dog expenses
Eyeglasses, including exam fee	Smoking cessation programs
Handicapped care and support	Sterilization and reversals
Nutrition counseling	Substance abuse treatment
Hearing devices and batteries	Surgical expenses
Hospital bills	

Your Flexible Spending Account Plan election(s) can only be changed mid plan year if you experience a qualifying life status change. You must notify Human Resources within

How will a flexible spending arrangement save you money?



* This is an example and for illustration purposes only. Taxes are not exact and will vary.

Basic Life and AD&D

Bank Star provides two and a half times your annual earnings to a maximum of \$50,000 in Basic Life and Accidental Death and Dismemberment insurance. This coverage is offered through Mutual of Omaha and is at no cost to you. Coverage for your spouse and children is also available for a monthly cost of \$1.44. Spouses are eligible for \$5,000 in coverage and \$2,500 is available for your dependent children. Additional Life and AD&D coverage is available under the Voluntary Life and AD&D coverage described below.

Employees are eligible the first of the month after thirty (30) days of employment for regular full-time employees.

Voluntary Life and AD&D and Dependent Life

Rates per \$1,000 of coverage			
	Age	Employee	Spouse*
Voluntary Life	<24	\$0.060	\$0.060
	25-29	\$0.060	\$0.060
	30-34	\$0.070	\$0.070
	35-39	\$0.080	\$0.080
	40-44	\$0.130	\$0.130
	45-49	\$0.210	\$0.210
	50-54	\$0.350	\$0.350
	55-59	\$0.550	\$0.550
	60-64	\$0.860	\$0.860
	65-69	\$1.55	\$1.55
	70-74	\$2.77	
	75-79	\$4.57	
	80+	\$9.25	
	Child(ren)	\$0.130/month for \$1,000 coverage	
Voluntary AD&D		\$.020 \$.040 for Child(ren)	

- Voluntary Employee Life & AD&D, minimum \$10,000 to a maximum of 5 times annual salary or \$250,000 in \$10,000 increments. The guarantee issue amount for the employee is up to \$100,000.
- Optional Dependent Life & AD&D, for spouse, minimum \$10,000 up to 50% of the employee amount to \$100,000 maximum in \$10,000 increments. The guarantee issue amount for the spouse is up to \$50,000
- Optional Dependent Life & AD&D, for children, minimum \$1,000 up to \$10,000 maximum. The guarantee issue amount for children is \$10,000.
- If you do not enroll during your initial enrollment period in the Voluntary Life and AD&D you will be required to complete an Evidence of Insurability form and be approved by Mutual of Omaha before you are able to obtain coverage in the future.

Please note: If you elect Voluntary Life for yourself and/or your dependents, Voluntary AD&D is an automatic election based on the voluntary life insurance amount.

*Spouse rate is based on the employee's age.



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Disability Insurance

Short-Term Disability

Short-Term Disability insurance is offered through Mutual of Omaha. Bank Star contributes 80% of the premium cost. The plan benefit is 60% of basic weekly earnings up to a maximum of \$1,500 per week. Basic earnings is the average of your gross weekly income for the year immediately prior to the onset of disability and includes commissions, bonuses, overtime pay, shift differential pay or any other earnings. There is a waiting period of 30 days for an accident and 30 days for sickness and continues for 9 weeks.

Long-Term Disability

Long-Term Disability insurance is offered through Mutual of Omaha and Bank Star contributes 80% of the premium for this benefit. The plan benefit is 60% of basic monthly earnings up to a maximum of \$7,500 per month. Basic earnings is the average of your gross monthly income for the year immediately prior to the onset of disability and includes commissions, bonuses, overtime pay, shift differential pay or any other earnings. The benefits begin after a 90 day waiting period.

Long-Term Care

Long-term care is defined as the type of care received either at home or in a facility when someone needs assistance with activities of daily living, or suffers severe cognitive impairment due to an accident, an illness or advancing age. Health insurance won't cover the cost for nursing home stays, and government programs like Medicare and Medicaid often fall short as well. That is why Bank Star offers employees and their extended families the opportunity to purchase long-term care insurance at a group rate through Unum. Employees' spouses, their parents and grandparents and their spouses' parents and grandparents and siblings, and children 18 or older are also eligible to purchase coverage.

Bank Star pays the full premium for a basic level of long-term care coverage for all benefit eligible employees. In addition to the base level, employees can purchase amounts up to and including a \$6,000 monthly benefit and a facility benefit duration of 3 or 6 years on a guarantee issue basis. All newly hired employees will have 30 days to sign up for the guarantee issue coverage. Completion of a benefit election form is required for enrollment. If you choose an amount or a duration beyond the guarantee issue, a medical questionnaire will also be required. All family members must complete the benefit election form as well as a medical questionnaire. Plan options are listed below. Please contact Human Resources to obtain the forms.

Benefit Duration	3 Years	6 Years	Unlimited Duration
Facility Benefit Amount per \$1,000 Increments	\$2,000 to \$8,000	\$2,000 to \$8,000	\$2,000 to \$8,000
Residential Care Facility II	60%	60%	60%
Lifetime Maximum Per \$1,000 Increments	\$36,000	\$72,000	Unlimited
Professional Home Care	50%	50%	50%
Total Home Care—Option	50%	50%	50%

Call A Doctor Plus

Call A Doctor Plus (formally Virtual Health 24/7) is the new age of healthcare. Bank Star provides this service at no cost to you and your family members. This program provides a complete package of virtual benefits, which give you unlimited access to doctors, counselors, support from patient healthcare advisors and a wellness platform. There is no cost for you to use this plan.

Teladoc - "Concierge Doctor" services 24/7. The physicians can consult, diagnose and provide treatment plans - including prescription medications. This is available by Phone – (800) 835-2362; Online – www.teladoc.com; Mobile App – Search for 'Teladoc' in the Apple and Android stores

Health Advocate - Counseling services for emotional and personal challenges 24/7. The counselors help with problem resolution in relationships, work-life, stress, alcoholism, legal concerns, financial concerns and more. Plus, their Medical Bill Saver program and comprehensive Advocacy Services will help you with medical bills, care coordination, fee negotiation and so much more.

WellCard Discount Card - This is a discount health card that provides you with savings on a wide range of health care products and services, including prescription drugs, lab tests, vision care, and dental care.

401(k) Retirement Plan

The 401(k) plan is managed by Pentegra. The contributions to the 401(k) plan are deducted pre-tax and pre FICA from your paycheck. Employees are eligible to participate in the 401(k) plan the first of the month after competing a 90 day waiting period or after completing 480 hours of service.

An employee may contribute from 1% up to 60% of their eligible pay in the Plan up to the annual IRS dollar limit. In addition, Bank Star will make a competitive matching contribution (100% of the first 4% of the amount you save) as defined by the Retirement Savings Plan.

Paid Time Off (PTO)

Holidays

Bank Star provides all full-time employees with paid holidays. In order to qualify for holiday pay, you must work the scheduled workday immediately before and after the holiday. Only excused absences will be considered exceptions to this policy. For holidays falling on Saturday the bank will be open the preceding Friday. For holidays falling on Sunday, the bank will be closed the following Monday. We observe the following holidays:

New Year's Day	Labor Day
Dr. Martin Luther King Jr. Day	Columbus Day
President's Day	Veteran's Day
Memorial Day	Thanksgiving Day
Fourth of July	Christmas Day

Vacation

Full time employees are granted annual vacation time on January 1st of each year based upon years of completed services on January 1 in accordance with the following schedule:

Full-time employees	Officers	Number of Weeks of Vacation
1-6 years of completed service	1-4 years of completed service	2 weeks vacation
7-14 years of completed service	5-11 years of completed service	3 weeks vacation
15+ years of completed service	12+ years of completed service	4 weeks vacation

If you are a new employee, you are granted annual vacation time in your first year after 90 days of employment following an example in the below table:

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Employment Status	Hired between January 1 and March 30	Hired between April 1 and June 30
Full Time Employee	5 days	3 days
Officers	6 days	4 days
Part Time Employees working 30 hours per week	3.5 days	2.5 days
Part Time Employees working 25 hours per week	3 days	2 days
Part Time Employees working 20 hours per week	2 days	1 days

Employees hires after June 30 are not granted any vacation time for the remainder of the year.

All vacation is to be taken in the calendar year allowed. For internal control purposes, the Bank policy dictates that one week of vacation be taken concurrently. All vacation periods must be used during the current vacation year and cannot be carried over to be used during the following year.

Employees who have completed more than two years of service are expected to give a two-week notice of resignation in order to receive pay for earned and unused vacation upon termination of employment. If you are terminated for cause, no accrued unused vacation will be paid. Employees who have not completed two years of service will not be paid unused vacation at the time of termination even if a two-week notice is provided.

If you are a part-time employee regularly scheduled to work, you are eligible for paid vacation. You will earn pro-rata vacation hours based upon the average number of regularly scheduled hours worked. No individual employed on a part-time basis shall be entitled to unused vacation pay upon termination. Below is an example of vacation hours available to a part time employee:

Number of hours worked per week	Number of vacation hours per year
30	60
25	50
20	40

All vacation requests must be submitted to your supervisor, or if your supervisor is unavailable, to Human Resources, at least 1 day in advance. The bank has the discretion to approve or deny vacation requests based on operational requirements and staffing needs. Vacation time may be taken in minimum increments of 4 hours.

Sick Time

Bank Star provides sick day benefits to all regular full-time and part-time employees for temporary absence due to illness or injury, medical appointments or family medical emergencies that cannot be handled outside scheduled working hours.

If you are a full-time employee you are allowed six (6) days for sick pay or family emergencies, if necessary, during the calendar year. Sick days may be carried over, to a later calendar year, and accumulated with a cap of twenty-four (24) days.

New employees have no sick days for the first ninety (90) days. During this 90-day period, non-exempt employees will be docked for any absences and the attendance policy will apply. Once the introductory period has been completed, the employee will receive a pro-rated number of sick days for the remainder of the calendar year (i.e. 1/2 day per month). Any hours of absence which exceed the six (6) days during the year are deducted from the employee's salary and considered unexcused absences/incidents.

If you are a part-time employee regularly scheduled to work, you are eligible for pro-rated sick time as listed in the examples below:

Number of hours worked during the week	Number of sick hours per year	Number of sick hours earned per month in the first year of employment
30	36	3
25	30	2.5
20	24	2

Sick days can be taken in one hour minimum increments. Unused sick pay is not paid out upon termination of

employment.

If an employee will not be coming into work because of illness or injury or a medical appointment, he or she must notify his or her supervisor or manager at least one hour prior to the start of his or her shift. If an employee becomes sick during the work day, he or she must notify his or her manager or supervisor before leaving the work site. Failure to notify one's supervisor or manager as stated herein may result in disciplinary action, up to and including termination.

Bank Star reserves the right to require a satisfactory statement from a health care provider whenever an employee misses work due to an illness or injury.

Bereavement (Funeral) Leave

Employees are allowed up to three (3) days per year with pay for funerals/bereavement of members of their immediate family. Immediate family/stepfamily members include: spouse, children, parents, brothers, and sisters. A two (2) day absence with pay is allowed for parents-in-law, children-in-law, grandparents and grandchildren. The period of time that an employee is on bereavement leave is not considered time worked for purposes of determining eligibility for overtime calculation.

An employee seeking paid bereavement leave must notify his or her supervisor or manager or Human Resources of the death before taking leave.

Jury Duty

All regular full-time and regular part-time employees shall be allowed to attend jury duty service in accordance with their legal obligations to do so.

An employee who receives a jury duty summons shall present the summons to his or her supervisor immediately. Employees on jury duty must report to work on days or parts of days when they are not required to serve. Employee will be reimbursed for the difference between the jury pay and regular pay for the absence up to 30 days. A part-time employee called for jury duty on a regularly scheduled work day, will be reimbursed for

any difference between jury pay and pay for the hours scheduled to work that day. Time spent on jury duty is not considered as time worked in computing overtime.

Service Awards

The Bank appreciates the effort you put into your work and your service. When you have been with the Bank for five years and every five years of completed service, thereafter, you will receive a Service Award. The Award will be a gift to you and a token of sincere appreciation for years of service.

Voting

Bank Star encourages employees to fulfill their civic responsibilities by participating in elections. Generally, employees are expected to find time to vote either before or after their regular work schedule. Polls are generally open from 7 am to 7 pm and allow all bank employees to vote either prior to their shift or after the shift, as generally bank hours are from 8 am to 5 pm. However, if employees are unable to vote in an election during their non-working hours, Bank Star will grant up to 3 hours of unpaid time off to vote.

Worker's Compensation Insurance

Bank Star provides a workers' compensation insurance program. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, workers' compensation insurance provides benefits after a short waiting period.

Employees who sustain work-related injuries or illnesses should inform their supervisor immediately. No matter how minor an on-the-job injury may appear, it is important that it be reported immediately. This will enable an eligible employee to qualify for coverage as quickly as possible. The accident report must be completed and forwarded to Human Resources for timely reporting to the insurance carrier.

Leave of Absence

Military Service Leave

A military Leave of Absence will be granted to employees who are absent from work because of service in the U.S. uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA). Advance notice of military service is required, unless military necessity prevents such notice or it is otherwise impossible or unreasonable.

Employees will receive partial pay for two-week training assignments and shorter absences. Upon presentation of satisfactory military pay verification data, employees will be paid the difference between their normal base compensation and the pay (excluding expense pay) received while on military duty.

Continuation of health insurance benefits is available as required by USERRA based on the length of the leave and subject to the terms, conditions and limitations of the applicable plans for which the employee is otherwise eligible.

Employees on military leave for up to 30 days are required to return to work for the first regularly scheduled shift after the end of service, allowing reasonable travel time. Employees on longer military leave must apply for reinstatement in accordance with USERRA and all applicable state laws.

Employees returning from military leave will be placed in the position they would have attained had they remained continuously employed or a comparable one depending on the length of military service in accordance with USERRA. They will be treated as though they were continuously employed for purposes of determining benefits based on length of service.

Business Travel Expenses

Bank Star will reimburse employees for reasonable business travel expenses incurred while on assignments away from their normal work location. All business travel must be approved in advance by the employee's supervisor or manager.

When approved, the actual costs of travel, meals, lodging, and other expenses directly related to accomplishing business travel objectives will be reimbursed by Bank Star. Employees are expected to limit expenses to reasonable amounts.

Expenses that generally will be reimbursed include the following:



- Airfare or train fare for travel in coach or economy class or the lowest available fare.
- Car rental fees, only for compact or mid-sized cars.
- Fares for shuttle or airport bus service, where available; costs of public transportation for other ground travel.
- Taxi fares, only when there is no less expensive alternative.
- Cost of standard accommodations in low to mid-priced hotels, motels, or similar lodgings.
- Cost of meals, no more lavish than would be eaten at the employee's own expense.
- Tips not exceeding 15% of the total cost of a meal or 10% of a taxi fare.
- Charges for telephone calls, fax, and similar services required for business purposes.

When travel is completed, employees should submit completed expense reports. Reports should be accompanied by receipts for all individual expenses.

Employees should contact their supervisor for guidance and assistance on procedures related to travel arrangements, expense reports, reimbursement for specific expenses, or any other business travel issues.

Abuse of this business travel expenses policy, including falsifying expense reports to reflect costs not incurred by the employee, can be grounds for disciplinary action, up to and including termination of employment.

Banking Accounts

As an employee of Bank Star you are eligible to open a free Bank Star checking account. This account is a bonus plus banking account which includes:

- Unlimited check writing
- A free ATM card and free ATM transactions
- No monthly or membership fees
- Free cashier checks and money orders
- Free identity theft protection
- Free check printing
- Interest will be paid on account balances over \$1,500

In addition to the checking account, you will be enrolled in the Savers Club automatically. The Savers Club entitles you to discounts on a variety of items including travel, hotel stays, car rentals, entertainment, movie theater tickets, retail shops, etc.

To open up an account please contact any of our Customer Service Representatives.

Medicaid CHIP Notice

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

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

If you believe you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or go to www.insurekidsnow.gov website to find out how to apply. If you qualify, ask your State if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

Link to the latest form:

<http://www.dol.gov/ebsa/pdf/chipmodelnotice.pdf>

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/ebsa

1-866-444-3272

Menu Option 4, Ext 61565

U.S. Department of Health and Human Services

Centers for Medicare and Medicaid Services

www.cms.hhs.gov

1-877-267-2323

Add additional States as appropriate from the list.

Summary of Material Modification

Your Employer has amended the Bank Star Health Benefits Plan. This contains a summary of the modifications that were made. It should be read in conjunction with the Summary Plan Description. If you need a copy of your Summary Plan Description, please contact Human Resources.

Special Enrollment Notice

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans. If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. If coverage is lost, you must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll any new dependent within 30 days of the event. To request special enrollment or obtain more information, contact Human Resources.

Women's Health and Cancer Rights Act of 1998

As a requirement of the Women's Health and Cancer Rights Act of 1998, your plan provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. The benefits must be provided and are subject to the health plan's regular co-pays, deductibles, and co-insurance.

You may contact our health carrier at the phone number on the back of your ID card for additional benefit information.



Notice of Privacy Practices

The Bank Star Benefit Plans are subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources.

Marketplace Options

Health Insurance Marketplace Coverage Options and Your Health Coverage

General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by Bank Star.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance which meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit which lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October through February 15.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium. Savings depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer which offers minimum essential coverage and meets affordability standards, you will not be eligible for a tax credit through the Marketplace. If you purchase health coverage through the Marketplace, you may lose any employer contribution offered for the employer-offered coverage. Employer and employee contributions for employer-offered coverage are often excluded from Federal income tax. Payment for Marketplace coverage is made on an after-tax basis.

More Information

New employees will receive a notice of Marketplace Coverage Options advising the standards of offered coverage. Please visit HealthCare.gov for more Marketplace information.

Definition of Insurance Terms

Coinsurance – Your share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. The plan pays any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

Copays – A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care, or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

Deductible – The amount of money you pay before service are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services as required under the Affordable Care Act.

Emergency Room – Services you receive from a hospital for any serious condition requiring immediate care.

Lifetime Benefit Maximum – All plans are required to have an unlimited lifetime maximum.

Medically Necessary – Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

Network Provider - A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services

Out-of-Pocket Maximum – This most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance, and copays are included in the out-of-pocket maximum.

Preferred Provider – A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

Prescription Drugs – Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail Order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before a copays are applied.

Preventive Services – All services coded as Preventive must be covered 100% without a deductible, coinsurance, or copayments.

UCR (Usual, Customary and Reasonable) – The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

