

BENEFIT GUIDE



2021

DEAR SECU FAMILY,



There is **no greater asset** at SECU than each of you ...

There is no greater asset at SECU than each of you, our valued employees who work hard every day to ensure the success of our organization and the satisfaction of our members. I would like to personally thank all of you for the dedication and commitment you show to your job and to our members. We would not be where we are today as Maryland's largest credit union without each of you.

To help support you and your families, SECU is pleased to offer a robust benefits package to meet your unique needs. We offer a variety of options that have coverage for each stage of your life. In this guide you will find everything you need to know about the different benefits available to you.

I encourage you to review this guide with your family and think about the coverage you may need. Please read all the information carefully and familiarize yourself with all of our offerings before making your selections.

We are proud to be able to offer this robust benefits package. I hope that all of you take advantage of the benefits that are available to you.

Thank you again for being part of the SECU family.

A handwritten signature in black ink, appearing to read 'Dave Smith'.

Dave



SECUCU is a great place to work, and we are pleased to offer a wide range of benefits that our employees can choose from to fit their unique needs. We are proud to offer the many benefits listed throughout this guide as a part of our total rewards package.

ENROLLMENT PROCESS

All new or existing team members are eligible to participate in our benefits program.

As a new hire, your benefits will begin the first day of the following month after your hire date. Please note that you have 31 days to enroll in our benefits. You are able to change your elections at any time during this period. In the event you complete your benefit elections after your eligible effective date, you are responsible for incurring the employee premium costs dating back to the effective date of coverage. Should you not enroll in benefits within your first 31 days, you will be required to wait until the next open enrollment period, unless you have a qualifying life event.

After you've reviewed this benefits guide, you can complete the registration process and enroll in the benefits by registering on the ADP website at **www.workforcenow.adp.com**. Once you log into ADP, you can find detailed information about our benefits options, enroll in your benefits, update your time and attendance, and find other important company information.

The links to all of our plan documents can be found on ADP under the "Resources" tab, and then navigating to the "Forms Library".

If there is ever a conflict between this enrollment guide, benefits summary and/or the plan document, the plan document will always prevail. SECUCU reserves the right to amend or terminate any of the provisions of the SECUCU Benefit Program at any time, in its sole discretion. To enroll in benefits, you will need to register for ADP. There you will also find detailed information about your benefit options, be able to record your time and attendance, and also get access to company information.

Enroll via our ADP App

1. Download the ADP mobile app
(tablets are not supported)
2. Log in using your ADP username and password (available upon your hire date)
3. Select the three bars at the top left of the screen
4. Select "Benefits"
5. At the top of the screen you will see "New Hire Enrollment"
6. Click "Enroll Now" to begin the process

Medical Plan: Cigna Option “A”

With Cigna, the health of you and your family is number one. Cigna offers 24/7 customer support, a national network of health care professionals that are designed with you and mind.

PLAN DETAILS	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$750 person / \$1,500 family	\$3,000 person / \$6,000 family
Out-of-pocket limit	\$2,500 person / \$5,000 family	\$5,000 person / \$10,000 family
Primary care visit to treat an injury or illness	\$20 co-pay/visit	Plan pays 60%
Specialist visit	\$30 co-pay/visit	Plan pays 60%
Other practitioner office visit	\$30 co-pay/visit for chiropractor	Plan pays 60%
Preventive care / screening / immunization	\$20 PCP or \$30 Specialist copay per visit No charge/screening No charge/immunizations	pays 60%
Diagnostic test (x-ray, blood work)	No charge	Plan pays 60%
Imaging (CT/PET scans, MRIs)	No charge if preventative; may subject to deductible, then 20%	Plan pays 60%
OUTPATIENT SURGERY	IN-NETWORK	OUT-OF-NETWORK
Facility fee (e.g. ambulatory surgery center)	Deductible, then 20%	Plan pays 60%
Physician/surgeon fees	Deductible, then 20%	Plan pays 60%
EMERGENCY SERVICES	IN-NETWORK	OUT-OF-NETWORK
Emergency room services	\$150 co-pay/visit	\$150 co-pay/visit
Emergency medical transportation	No charge	No charge
Urgent care	\$35 co-pay/visit	\$35 co-pay/visit
HOSPITAL STAY	IN-NETWORK	OUT-OF-NETWORK
Facility fee (e.g., hospital room)	Deductible, then 20%	Plan pays 60%
Physician/surgeon fees	Deductible, then 20%	Plan pays 60%

If you aren't clear about any of the underlined terms used in this form you can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

MEDICAL PLAN: CIGNA OPTION "A"

MENTAL, BEHAVIORAL HEALTH, SUBSTANCE ABUSE		IN-NETWORK	OUT-OF-NETWORK
Mental/Behavioral health outpatient services		Deductible, then 20%	Plan pays 60%
Mental/Behavioral health inpatient services		Deductible, then 20%	Plan pays 60%
Substance use disorder outpatient services		\$30 co-pay/office visit and No charge/other outpatient services	Plan pays 60%
Substance use disorder inpatient services		Deductible, then 20%	Plan pays 60%
MATERNITY		IN-NETWORK	OUT-OF-NETWORK
Prenatal and postnatal care		No charge	Plan pays 60%
Delivery and all inpatient services		Deductible, then 20%	Plan pays 60%
RECOVERY OR OTHER SPECIAL HEALTH NEEDS		IN-NETWORK	OUT-OF-NETWORK
Home health care		Deductible, then 20%	Plan pays 60%
Rehabilitation services (annual max of: 30 days for Rehabilitation services; 36 days for Cardiac rehab services)		Deductible, then 20%	Plan pays 60%
Habilitation services (Covered under age 19- Unlimited visits per calendar year)		Deductible, then 20%	Plan pays 60%
Skilled nursing care		Deductible, then 20%	Plan pays 60%
Durable medical equipment		Deductible, then 20%	Plan pays 60%
Hospice services		Deductible, then 20%	Plan pays 60%
EXCLUDED SERVICES & OTHER COVERED SERVICES			
Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)			
Acupuncture Cosmetic surgery Dental care (Adult) Dental care (Children) Long-term care		Non-emergency care when traveling outside the U.S. Private-duty nursing Routine foot care Weight loss programs	
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)			
Bariatric surgery Chiropractic care Hearing aids Infertility treatment			

Medical Plan: Cigna HDHP with HSA Option

In many ways, the HDHP works like a traditional health plan. If you need health care, you will visit a provider in your network and present your Cigna ID card. The difference is that you will be paying out-of-pocket for any health care services until you meet your annual deductible. If you choose to visit an out-of-network provider, your benefits are provided at the out-of-network level, with higher out-of-pocket costs. Once you have met your deductible, you will return to a more traditional payment structure—with simple co-pays or co-insurance, according to the terms of your plan.

Your deductible applies to everything, including prescriptions, office, and emergency room visits, except preventive care. Before the deductible is met, you pay the discounted charges for office visits and prescription drugs. Eligible medical and prescription drug expenses accumulate toward your deductible. It is also important to note that preventive services such as annual physicals and well-woman exams are always covered at 100% for in-network providers. Family deductibles may be satisfied by one family member or a combination of members on the family plan

PLAN DETAILS	IN-NETWORK	OUT-OF-NETWORK
SECU Contribution	\$520 Individual/\$1,040 Family	\$520 Individual/\$1,040 Family
Coinsurance	80%	60%
Annual Maximum	Unlimited	Unlimited
Deductible (Single/Family)	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Maximum (Single/Family) (includes deductible, copays)	\$4,000/\$8,000	\$8,000/\$16,000
Office Visits (PCP/SCP)	Deductible, then 80% covered	Deductible, then 60% covered
Preventive Care	100% covered	Deductible, then 60% covered
Diagnostic/Radiology/Laboratory Lab work X-rays MRI, CAT, PET	Deductible, then 80% covered	Deductible, then 60% covered
Hospital Services	Deductible, then 80% covered	Deductible, then 60% covered
Inpatient & Outpatient Services	Deductible, then 80% covered	Deductible, then 60% covered
Urgent Care	Deductible, then 80% covered	Deductible, then 80% covered
Emergency Room	Deductible, then 80% covered	Deductible, then 80% covered

MEDICAL PLAN: CIGNA HDHP WITH HSA OPTION

PRESCRIPTION	INTEGRATED WITH MEDICAL	NOT COVERED
30-day Supply	30-day Supply	30-day Supply
Retail	Deductible, then 80% covered	Not covered
Mail Order	Deductible, then 80% covered	Not covered
EXCLUDED SERVICES & OTHER COVERED SERVICES		
Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)		
Acupuncture Cosmetic Surgery & Therapies Private-duty nursing Dental care (Adult/Children)	Routine foot care Weight loss programs Massage Therapy	
Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)		
TMJ, Surgical and Non-Surgical Bariatric surgery Chiropractic care	Hearing aids Infertility treatment	

YOUR HEALTH SAVINGS ACCOUNT

Your Health Savings Account or “HSA” is a savings account that allows money to be deposited on a pre-tax basis and is intended to be used for qualified medical expenses only in conjunction with your high deductible health plan. Your HSA will operate similar to a flexible spending account (FSA), in that you may elect pre-tax payroll deductions to be deposited into your plan. The contributions you make to your HSA are deducted before taxes are taken out; thereby, reducing your taxable income.

SECU will also provide you money towards the HSA account. These monies will be deposited in January or the month following your benefit enrollment date. Contributions are based on annual amounts of \$520 for employee only coverage and \$1,040 annually for family coverage. These funds may be used to cover your medical costs until you reach your deductible. Keep in mind that you will not be able to

seek reimbursement of medical expenses until the amount you elect for your HSA has accrued.

The maximum HSA contribution (employee and employer combined contributions) for 2021 are as follows:

- » Employee Only coverage - \$3,600
- » Family coverage - \$7,200
- » There is no minimum contribution to the HSA

If you are age 55 or older, you may make additional “catch-up” contributions each year until you enroll in a Medicare plan. The additional “catch-up” contributions permitted for an HSA are \$1,000.

You may make contributions to your HSA up to the annual maximums determined by the IRS, less the amount contributed to your HSA by SECU. Changes to your HSA may occur at any time throughout the year by entering a direct deposit change in ADP.

PRESCRIPTION — CIGNA PARTICIPANTS ONLY

SECU has partnered with Express Scripts for your prescription drug benefits should you choose to enroll in a Cigna medical plan. These benefits include retail and mail order prescriptions for a flat copay through Express Scripts’ national network of pharmacies. The amount of your copay depends on whether you elect to have your prescription filled with a Generic Drug, Formulary

Brand Drug or Non-Formulary Brand Drug, as shown in our plan options below. Some prescribed preventive care drugs may be covered at 100%. In addition to partnering their large network for pharmacies, Express Scripts will deliver up to a 90 day supply right to your door and standard shipping is free.

OPEN ACCESS PLUS OPTION A			
	AT A RETAIL PHARMACY	HOME DELIVERY	SPECIALTY DRUGS
Generic drugs	\$10 up to a 30-day supply	\$30 up to a 90-day supply	\$10 up to a 30-day supply
Preferred brand-name drugs	\$30 up to a 30-day supply	\$90 up to a 90-day supply	\$30 up to a 30-day supply
Non-preferred brand-name drugs	\$50 up to a 30-day supply	\$150 up to a 90-day supply	\$50 up to a 30-day supply

For short-term prescriptions, such as antibiotics, use a participating retail pharmacy.

As a member, you can go to any of nearly 60,000 retail pharmacies, including most major drugstores. Just ask your retail pharmacy if it’s in our network. You can also log in to [express-scripts.com](https://www.express-scripts.com) and select “Locate a pharmacy” from the menu under “Manage Prescriptions.”

Express Scripts offers discounts should you use generics and preferred medications.

If you are taking a medication that’s not on the preferred list, ask your doctor to consider prescribing a lower cost generic or preferred brand-name drug. To find out which drugs are

preferred, log in to [express-scripts.com](https://www.express-scripts.com) and select “Learn about Formularies” from the “Health & Benefits Information” menu.

Note: Specialty Drugs must be filled through Express Script’s specialty group, Accredo Specialty Pharmacy. Information may be found on the Express Scripts website.

To learn more about your benefits, log in to [express-scripts.com](https://www.express-scripts.com) and select “View Benefit Highlights” from the drop-down menu under Health & Benefits Information. First-time visitors will need to register before using this service. You may also contact Member Services directly at 866-505-6162 with more specific questions.

Medical Plan: Kaiser Permanente Select HMO

Kaiser Permanente offers a variety of affordable, quality health insurance plans for you and your family. With the Kaiser medical plan, you can gain a great quality medical plan that will not only leave you and your family happy, but your wallet as well.

PLAN DETAILS	
Copayments	\$15 (PCP) / \$20 (Specialty)
Coinsurance	Coinsurance (Plan pays / Member pays) 100% / 0% except as otherwise indicated
Deductible	None
Maximum Annual Copayment	Individual: \$3,500 Family: \$9,400
Lifetime Maximum	No lifetime maximum
BENEFITS	MEMBER PAYS
OUTPATIENT SERVICES	
Preventive Health Office Visit	No charge
Preventive Health Screening Tests	No charge
OFFICE VISIT FOR ILLNESS	
Primary Care Office Visit	\$15 per visit (Copayment waived for children under age 5)
Specialty Care Office Visit	\$20 per visit
Routine pre-natal visit (after confirmation of pregnancy) and first post-natal visit	No charge
Diagnostic Tests and Procedures, X-rays & Laboratory Services	No charge
Specialty Imaging (e.g., CT, MRI, PET scan & Nuclear Medicine)	No charge
Outpatient Surgery (other than in a provider's office)	\$20 per procedure
HOSPITAL SERVICES	
Inpatient hospital care, including inpatient maternity care	No charge
Inpatient physician services	No charge
CHEMICAL DEPENDENCY AND MENTAL HEALTH SERVICES	
Inpatient hospital care	No charge
Outpatient services	\$20 per visit for individual therapy; \$10 per visit for group therapy

MEDICAL PLAN: KAISER PERMANENTE SELECT HMO

BENEFITS		MEMBER PAYS
THERAPY & REHABILITATION SERVICES		
Inpatient hospital care		No charge
Outpatient services		\$20 per visit
INFERTILITY SERVICES		
Office visits		50% of allowable charge
All other covered services for treatment of infertility (In vitro fertilization benefit limited to 3 attempts per live birth and a lifetime maximum Health Plan benefit of \$100,000)		50% of allowable charge
URGENT CARE & EMERGENCY SERVICES		
Urgent Care Office Visit		\$15 per visit (PCP) / \$20 per visit (Specialty)
After hours Urgent Care or Urgent Care Center		\$20 per visit
Hospital Emergency Room (waived if admitted as inpatient)		\$50 per visit
Ambulance		No charge
HOSPITAL ALTERNATIVES		
Skilled Nursing Facility (limited to 100 days per contract year)		No charge
Home Health Care		No charge
Hospice Care		No charge
OTHER SERVICES		
Durable Medical Equipment (DME)		
Basic DME		50% of allowable charge
Oxygen equipment		50% of allowable charge

MEDICAL PLAN: KAISER PERMANENTE SELECT HMO

PROSTHETICS	
Internal prosthetics	No charge
External prosthetics	Not covered except for hair prostheses, breast prostheses, mastectomy bras and urologic and ostomy supplies
VISION	
Office visit for medical conditions of the eye	\$15 per visit (PCP) / \$20 per visit (Specialty)
Routine eye refractions to determine need for vision correction	\$15 per visit with Optometrist \$20 per visit with Ophthalmologist (referral required)
Eyeglass frames and lenses (limited to one pair of glasses per contract year)	Member receives 25% discount off retail price when purchased from Plan Providers
Contact lenses	Member receives 15% discount off retail price on initial pair of contact lenses only, when purchased from Plan Providers
PRESCRIPTION DRUGS	
Covered prescription drugs (up to a 30-day supply) (Up to a 90-day supply for 2 copays)	
Plan Pharmacy & Mail Order	\$10 Generic / \$20 Preferred Brand / \$35 Non-Preferred Brand
Participating Network Pharmacy	\$20 Generic / \$40 Preferred Brand / \$55 Non-Preferred Brand

Dental Plan: Cigna Dental DPPO — Premium

Cigna Dental offers broad choice with the largest discounted DPPO network. Here's what makes them a leading provider of dental benefits:

Focus on Preventive Oral Health — helping our employees lead healthier, more productive lives.

Cutting Edge Customer Service — 24/7 live telephone service. Innovative myCigna.com, with oral health assessments and cost

estimator tools. Easy on-the-go access with the myCigna Mobile App.

Dental care is about more than brushing and flossing and Cigna understands how to help you be healthier. Even better, they have the tools and experience to help you save more money on the path to better health.

CIGNA DENTAL — DPPO PREMIUM PLAN		
Carrier Network (Owned/Leased/Both) Carrier Network Name	Owned Cigna Total DPPO	
	IN-NETWORK	OUT-OF-NETWORK
Deductible WellnessPlus Progressive Maximum	\$25 Individual / \$75 Family Year 1: \$1,250, Year 2: \$1,350, Year 3: \$1,450, Year 4: \$1,550	
DIAGNOSTIC/PREVENTATIVE	NO DEDUCTIBLE ON 100%	
Oral Evaluation	100%	100%
X-Rays	100%	100%
Fluoride	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
BASIC SERVICES		
Fillings	80%	75%
Simple Extractions	80%	75%
Oral Surgery	80%	75%
Nonsurgical Endodontics	80%	75%
Surgical Endodontics	80%	75%
Nonsurgical Periodontics	80%	75%
Surgical Periodontics	80%	75%

DENTAL PLAN: CIGNA DENTAL DPPO – PREMIUM

	IN-NETWORK	OUT-OF-NETWORK
MAJOR SERVICES	DEDUCTIBLE APPLIES	
Root Canals	50%	50%
Crowns	50%	50%
Restorations	50%	50%
Inlays / Onlays	50%	50%
Bridges / Dentures	50%	50%
Implants	50%	50%
TMJ	Not Covered	Not Covered
ORTHODONTICS		
Reimbursement Level	50%	50%
Lifetime Maximum	\$1,000	\$1,000
Adult Coverage	Not Included	Not Included
IN-NETWORK REIMBURSEMENT		
For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.		
OUT-OF-NETWORK REIMBURSEMENT		
For services provided by an out of network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the maximum allowable charge. The dentist may balance bill up to their usual fees.		

Dental Plan:

Cigna Dental DPPO – Low

CIGNA DENTAL – DPPO LOW PLAN		
Carrier Network (Owned/Leased/Both) Carrier Network Name	Owned DPPO Advantage	
	IN-NETWORK	OUT-OF-NETWORK
Deductible WellnessPlus Progressive Maximum	\$75 Individual / \$225 Family Year 1: \$750, Year 2: \$850, Year 3: \$950, Year 4: \$1050	
DIAGNOSTIC/PREVENTATIVE	NO DEDUCTIBLE ON 100%	
Oral Evaluation	100%	100%
X-Rays	100%	100%
Fluoride	100%	100%
Sealants	100%	100%
Space Maintainers	100%	100%
BASIC SERVICES	DEDUCTIBLE APPLIES	
Fillings	50%	50%
Simple Extractions	50%	50%
Oral Surgery	50%	50%
Nonsurgical Endodontics	50%	50%
Surgical Endodontics	50%	50%
Nonsurgical Periodontics	50%	50%
Surgical Periodontics	50%	50%

DENTAL PLAN: CIGNA DENTAL DPPO – LOW

MAJOR SERVICES		DEDUCTIBLE APPLIES	
Root Canals	0%	0%	0%
Crowns	0%	0%	0%
Restorations	0%	0%	0%
Inlays / Onlays	0%	0%	0%
Bridges / Dentures	0%	0%	0%
Implants	0%	0%	0%
TMJ	Not Covered	Not Covered	Not Covered
ORTHODONTICS			
Reimbursement Level	Not covered	Not covered	Not covered
Lifetime Maximum			
Adult Coverage			
IN-NETWORK REIMBURSEMENT			
For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
OUT-OF-NETWORK REIMBURSEMENT			
For services provided by an out of network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the maximum allowable charge. The dentist may balance bill up to their usual fees.			

Vision Plan: Avesis

For over 30 years Avesis has offered one of the best values in vision benefits. Their members have the freedom to choose from thousands of carefully selected providers in their nationwide network. Avesis contracts with optometrists, ophthalmologists and vision retail centers.

Avesis has maintained steady growth over the past two decades. They attribute this to their overall member and provider satisfaction. Avesis is proud to have one of the highest retention rates in the benefits industry for both members and providers.

IN-NETWORK VISION BENEFITS	
Vision Examination Frame (within plan allowance) Spectacle Lenses Standard Single Vision Standard Bifocal Standard Trifocal Standard Lenticular	Covered in Full after co-pay(s)
Contact Lenses Elective (up to plan allowance) Medically Necessary	No co-pay for contacts
Progressive lenses Specialty lenses Polycarbonate lenses	Level 1: \$75 copay, Level 2: \$110 copay, all other up to 20% off retail, plus a \$50 allowance Up to 20% off retail, plus the corresponding standard lens payment Covered in full
Lens Options ¹ Laser Vision Correction ² Additional Purchases ³	Discounted Items*
PLAN ALLOWANCES	
Frame	Members receive any frame with an approximate retail value between \$100–\$150 (up to a \$50 wholesale allowance). Frames from participating Wal-Mart locations are covered up to a retail value.

VISION PLAN: AVESIS

Contact Lenses (In lieu of spectacle lenses and frames)	Members receive a contact lens allowance of which can be used for materials and services.
Lasik Surgery (In lieu of all other services for the benefit year)	Discount ² plus one-time / lifetime allowance
CO-PAYS	
Vision Examination	\$10.00
Materials	\$25.00
BENEFIT FREQUENCY	
Vision Exam Spectacle Lenses Frames Contact Lens Allowance	Every 12 Months

* Not insured benefits

1 Up to 20% off on all lens options

2 5%–25% off on laser vision correction

3 Up to 20% off on all additional purchases or items not covered

Vision Plan: Cigna

With Cigna, the health of you and your family is number one. Cigna offers 24/7 customer support, a national network of health care professionals that are designed with you and mind.

In order to participate in Cigna vision coverage, you must elect a Cigna medical plan and there is no additional cost for the participant.

BENEFITS	IN NETWORK	OUT-OF-NETWORK
Examination co-pay	\$10	n/a
Materials co-pay	n/a	n/a
Exam	Covered in full	\$45 allowance
Single Vision Lenses	Not Covered	Not Covered
Bifocal Lenses	Not Covered	Not Covered
Trifocal Lenses	Not Covered	Not Covered
Lenticular Lenses	Not Covered	Not Covered
Contact Lenses (retail allowance) Elective Therapeutic	Not Covered Not Covered	Not Covered Not Covered
Frame (retail allowance)	Not Covered	Not Covered

IN-NETWORK BENEFITS INCLUDE:

One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses.

VISION NETWORK SAVINGS PROGRAM:

Minimum 20% savings on additional purchases of frames and/or lenses, including lens options, with a valid prescription; offered savings does

not apply to contact lens materials. Check with your Cigna Vision Network Provider for details.

Questions: Call 1-800-Cigna24 or visit us at www.myCigna.com.

If you aren't clear about any of the underlined terms used in this form you can view the Glossary at www.cciio.cms.gov or call 1-800-Cigna24 to request a copy.

Wellness Program — Medical Participants Only

SECU cares about your overall health and wellbeing. A healthy outside starts from a healthy inside! Help stay motivated and inspired with our BeWell program, where you can earn points and rewards for the healthy actions you take that focus on your wellbeing.



HERE'S HOW YOU GET STARTED
<p>Register at myCigna.com or download the myCigna app from your device's App Store</p> <p>Schedule your preventive healthy activity to earn rewards; it's that simple!</p> <p>Earn points for preventive healthy activities such as getting an annual check-up, having regular dental and vision exams, and completing online coaching programs.</p> <p>Employees who have earned points or participate in challenges throughout the year will have the chance to earn various prizes.</p>
CIGNA HEALTH PLAN PARTICIPANTS
<p>Points will automatically be added to your account when using Cigna services or going to your health care provider. If you receive services outside of your plan, such as getting your Flu shot from a pharmacy, then you must enter these activities into your Wellness Program account on myCigna.com or in your app.</p>
KAISER PERMANENTE PLAN PARTICIPANTS
<p>You will have to report your eligible healthy activities into your Wellness Program account on myCigna.com or in your app. SECU cares about you and your health. Get inspired and Be Well!</p>
PREVENTIVE CARE: HERE ARE OUR ANNUAL REQUIREMENTS TO SAVE MONEY ON YOUR BENEFIT PREMIUM COSTS.
<p>Annual Physical or OB/GYN Exam — 200 Points</p> <p>Biometric Screening — 100 Points</p> <p>Flu Shot — 25 Points</p> <p>Dental Exams — 75 Points (cap 2 per year)</p> <p>Vision Exam — 75 Points (Once/year; may be extended to two years with physician approval)</p>
ENGAGEMENT & EDUCATION
<p>Complete Online Health Assessment on mycigna.com — 200 Points</p> <p>Chronic Coaching — 100 points</p> <p>Wellness Challenges — 100 Points/Challenge</p> <p>Online Coaching for things such as — 50 Points (cap of 2) nutrition, exercise, healthy weight, managing stress, quitting tobacco, managing diabetes, controlling asthma and much more!</p> <p>Everfi Financial Education Required (8) & Additional Modules (8) — 75 Points each</p> <p>Learn more things you can do to earn points at www.mycigna.com or by downloading the myCigna app.</p>

It is always a great time to start focusing on your health and SECU is pleased to be your partner. Register today and start earning!

SECU reserves the right to modify the plan at any time and is subject to change with or without notice.

Only employees who participate in either the Cigna or Kaiser Permanente medical plans offered by SECU are eligible to participate and earn points and rewards under the program.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) allow you to pay for certain medical and/or dependent care expenses with pre-tax dollars. By contributing pre-tax, you will lower your taxable income and increase your spendable income. SECU offers you three options: a Medical FSA, Limited Purpose FSA, and a Dependent Care FSA through Discovery Benefits (www.discoverybenefits.com).

The maximum annual contribution to your medical and limited purpose FSA is \$2,750 per year.

The maximum annual contribution to your dependent care FSA is \$5,000 per year.

Medical FSA

The Medical FSA helps you pay for healthcare expenses not covered or only partially covered by your health, dental or vision insurance. The Medical FSA can be used to pay expenses for you or any of your qualified dependents, and the funds in the account are available on the first day of the plan year or your effective date.

Our FSA plan also provides the option to rollover unused FSA funds up to \$550 to be used during the following plan year, conditional upon enrolling in FSA benefits for the next plan year. This gives you more flexibility and control to spend your FSA money when you need it, using it for necessary out-of-pocket healthcare expenses, rather than feeling pressured to engage in last minute and potentially unnecessary spending at the end of the year.

Limited Purpose FSA

The Limited Purpose FSA is only for employees who enroll in the HDHP health plan option and open a Health Savings Account (HSA). The

Limited Purpose FSA helps cover costs for dental and vision expenses only that are not covered or only partially covered by your applicable dental or vision plan. All other medical expenses must be paid through your HSA account.

Dependent Care FSA

The Dependent Care FSA will save you money on the cost of dependent care expenses, while you and your spouse (if applicable) work. Childcare expenses like daycare centers or babysitters are eligible for children through age 12. Disabled or elder daycare expenses are eligible, regardless of age.

How FSAs will Save you Money

When you elect to participate in a FSA, you will designate a specific amount of dollars to be deducted from your gross earnings (before tax) each pay period. By contributing pre-tax, you will lower your taxable income and increase your spendable income! In fact, you are using dollars you would have paid in taxes to help pay for your medical and/or dependent care costs.

How Does It Work? Planning Your Election

Here are just a few strategies you can use to be sure that you are making every penny count!

Plan ahead. Base your election on anticipated predictable expenses not covered by other insurance or benefit plans.

Look back to last year. One way to estimate those expenses is to look back at the healthcare and dependent care expenses you paid during the past plan year. This can be the starting point for your annual contribution, adjusted of course for any past or future extraordinary expenses.

401(k) Retirement Savings Plan

Eligibility

You are immediately eligible to participate in the 401(k) plan through Transamerica upon date of hire and may join the plan at any time. However, if you are in one of the following employee classifications, you are not eligible to participate in the plan:

- » Supplemental employees who work on an on-call basis and receive no benefits
- » Interns
- » Non-resident aliens
- » Contractors

Your Contributions

You may choose to make contributions up to the maximum allowed by law in our traditional 401(k) plan and our Roth plan. You may increase, decrease or stop your contributions at any time.

Your plan includes an automatic enrollment provision. When you become eligible to join the plan, 6% of your pay will be contributed automatically. Should you not change your investment elections from when you were automatically enrolled, your contribution percentage will increase by 1% annually until 10% is reached as part of our automatic escalation feature on your anniversary date.

Your contributions will generally begin thirty (30) days after your date of hire. You are able to opt out of the auto enrollment and auto escalation features or change your election by contacting Transamerica directly at (800) 755-5801 or registering your account online at www.trsrretire.com, within thirty (30) days of hire. Transamerica will communicate your information directly to SECU's Human Resources department for processing.

Your plan offers an auto-increase service; a feature that allows you to elect to have your

contribution amount automatically increased each year. You may sign up for auto-increase service online at my.trsrretire.com. You may designate your contributions as traditional pre-tax contributions, after-tax Roth contributions, or a combination of both. An annual IRS dollar limit of \$19,500 applies. If you are age 50 or older (or you reach age 50 during the current calendar year), you may make additional catch-up contributions up to \$6,500. These limits are indexed annually by the IRS.

If you have an existing retirement plan account with a prior employer, you may roll over that account into our plan at any time. To initiate a rollover of a retirement account with a prior employer, please contact Transamerica directly at www.my.trsrretire.com.

Employer Contributions

SECU provides a matching contribution of 50% of your deferral, up to a maximum of 6% of pay. In addition, a discretionary non-elective contribution up to 6% of your annual salary per year. Employees must be benefit eligible and have worked a minimum of 1,000 hours for the respective calendar year to be eligible for the discretionary contribution.

Vesting

Vesting refers to your "ownership" of your account. You are always 100% vested in your contributions to this plan, including any rollover or transfer contributions you have made, plus any earnings on those contributions. Employer contributions are subject to the below vesting schedule. Should you have worked for one of our partner organizations, your previous years of service will credit to your vesting schedule.

Short Term Disability Insurance: Lincoln Financial Group

Short Term Disability is offered to all benefit eligible employees and is 100% paid by SECU.

ELIGIBILITY MINIMUM HOURLY REQUIREMENT	You are eligible if you are working a minimum of 20 regularly scheduled hours per week. Excludes supplemental employees.
WAITING PERIOD FOR BENEFITS	First of the month following 90 days of continuous employment.
ELIMINATION PERIOD	Benefits will commence on the 16th day for injury or sickness.
BENEFIT PERCENTAGE	60% of your Basic Weekly Earnings or maximum of \$1,500 a week reduced by other income benefits.
MAXIMUM DURATION	13 weeks total (including the elimination period)
DEFINITION OF EARNINGS	Salary and Commissions (12 month average)
PARTIAL DISABILITY	Partial disability benefits can be payable if you are totally or partially disabled for at least 15 days and suffer a 20% or greater loss of earnings.
SUCCESSIVE PERIODS OF DISABILITY	If you become disabled for the same condition within 14 days following your prior disability, you will not need to satisfy a new 15 day elimination period.
EXCLUSIONS	Workers Compensation, disability caused or contributed to by war or act of war, commission or attempt to commit a felony, intentionally self-inflicted injuries, active participation in a riot, gender change, and cosmetic surgery unless in connection with an injury or sickness.

Long Term Disability Insurance: Lincoln Financial Group

Long Term Disability is offered to all benefit eligible employees and is 100% paid by SECU.
Dependable service and comprehensive coverage.

Effective clinical management to facilitate employee recovery and return to work while helping employers save money.

ELIGIBILITY MINIMUM HOURLY REQUIREMENT	You are eligible if you are working a minimum of 20 regularly scheduled hours per week. Excludes supplemental employees.
WAITING PERIOD FOR BENEFITS	First of the month following 90 days of continuous employment
ELIMINATION PERIOD	90 Days or end of Short-Term Disability
BENEFIT PERCENTAGE	66.67% of Basic Monthly Earnings less other income benefits to a Maximum Monthly Benefits of \$6,000
DEFINITION OF EARNINGS	Salary and Commissions (12 month average)
MINIMUM MONTHLY BENEFIT	\$50
DEFINITION OF DISABILITY	For the first 24 months of benefits, the inability to perform the material duties of your "own occupation" – after that, it is "any occupation" based on your training, education and experience.
PRE-EXISTING CONDITION EXCLUSION	Benefits are not payable for pre-existing conditions if you become disabled from that condition in the first 12 months after becoming insured. Pre-existing condition means a condition resulting from an Injury or Sickness for which the Covered Person is diagnosed or received Treatment within 3 months prior to the Covered Person's Effective Date.
INTEGRATION PROVISION	Primary and Family Social Security
PARTIAL DISABILITY	Loss of Earnings
WORK INCENTIVE BENEFIT	12 months
SURVIVOR BENEFIT	Lump sum payment equal to three months of gross benefits paid to an eligible survivor if you are receiving a benefit and have been disabled for at least 180 days.
WORKPLACE MODIFICATION	Greater of \$2,000 or 2 Months Net Benefit
SUCCESSIVE PERIODS OF DISABILITY	If you become disabled for the same condition within 6 months following your prior disability, you will not need to satisfy a new 90 day elimination period.
BENEFIT DURATION	Up to your Social Security Normal Retirement Age

Basic Life / Accident Death & Dismemberment (AD&D) Insurance: Lincoln Financial Group

Basic Life Insurance and Accidental Death & Dismemberment (AD&D) Insurance is offered to all benefit eligible employees and is 100% paid by SECU.

ELIGIBILITY	<p>Class 1: All Employees excluding the President, Vice President and Board of Directors, working a minimum of 20 hours a week.</p> <p>Class 2: President and Vice President</p> <p>Class 3: Board of Directors, Directors Emeritus, Stipend Directors, Supervisory Committee Members and Credit Committee Members</p>
WAITING PERIOD	<p>Current Employees: None</p> <p>New Employees: 1st of the month coincident with or next following the date of hire.</p>
BASIC LIFE AMOUNT OF INSURANCE	<p>Class 1: 1.5 times annual earning up to maximum of \$500,000</p> <p>Class 2: 2.5 times annual earnings up to maximum of \$600,000</p> <p>Class 3: \$10,000</p>
NON-MEDICAL MAXIMUM	<p>Class 1: \$425,000</p> <p>Class 2: \$500,000</p>
BASIC LIFE AND AD&D REDUCTION SCHEDULE	<p>Classes 1 & 2:</p> <p>Age 70–74: to 65%</p> <p>Age 75 and up: to 50%</p>
AIRBAG	10% of Full Amount to Max of \$5,000
SEATBELT	10% of Full Amount to Max of \$10,000
REPATRIATION	\$5,000 Maximum Benefit
CHILD EDUCATION	\$2,500 per child annually, \$20,000 Family Lifetime Maximum
ACCELERATED DEATH BENEFIT	If you have a life expectancy of 12 months or less you may request up to 50% of your coverage amount while still living to a maximum of \$250,000.
BASIC ANNUAL EARNINGS	Your annual rate of earnings as figured: (a) from the W-2 form received from the Sponsor for the calendar year just prior to the date of loss; or (b) for the period of employment if no W-2 form was received.
WAIVER OF PREMIUM BASIC LIFE ONLY	In the event you become totally disabled prior to age 60, you may be eligible to continue your group life insurance. You may apply for the waiver after 6 months of being totally disabled and waiver will term at age 65.
CONVERSION AND PORTABILITY	If all or part of your coverage ends, you may port your coverage into an individual term life policy or convert your policy to an individual whole-life insurance policy. *Conversion limited to class 1 and 2.

Supplemental Life Insurance, AD&D, Dependent Life, & Dependent AD&D Insurance: Lincoln Financial Group

Additional life insurance and AD&D benefits are offered for a qualified spouse and dependent(s). These benefits are 100% paid by employees who are benefit eligible.

ELIGIBILITY	<p>Class 1: All Employees excluding the President, Vice President and Board of Directors, working a minimum of 20 hours a week.</p> <p>Class 2: President and Vice President</p> <p>Class 3: Board of Directors, Directors Emeritus, Stipend Directors, Supervisory Committee Members and Credit Committee Members</p>
WAITING PERIOD	<p>Current Employees: None</p> <p>New Employees: 1st of the month coincident with or next following the date of hire.</p>
BASIC LIFE AMOUNT OF INSURANCE	<p>Class 1: 1.5 times annual earning up to maximum of \$500,000</p> <p>Class 2: 2.5 times annual earnings up to maximum of \$600,000</p> <p>Class 3: \$10,000</p>
NON-MEDICAL MAXIMUM	<p>Class 1: \$425,000</p> <p>Class 2: \$500,000</p>
BASIC LIFE AND AD&D REDUCTION SCHEDULE	<p>Classes 1 & 2:</p> <p>Age 70–74: to 65%</p> <p>Age 75 and up: to 50%</p>
AIRBAG	10% of Full Amount to Max of \$5,000
SEATBELT	10% of Full Amount to Max of \$10,000
REPATRIATION	\$5,000 Maximum Benefit
CHILD EDUCATION	\$2,500 per child annually, \$20,000 Family Lifetime Maximum
ACCELERATED DEATH BENEFIT	If you have a life expectancy of 12 months or less you may request up to 50% of your coverage amount while still living to a maximum of \$250,000.
BASIC ANNUAL EARNINGS	Your annual rate of earnings as figured: (a) from the W-2 form received from the Sponsor for the calendar year just prior to the date of loss; or (b) for the period of employment if no W-2 form was received.
WAIVER OF PREMIUM BASIC LIFE ONLY	In the event you become totally disabled prior to age 60, you may be eligible to continue your group life insurance. You may apply for the waiver after 6 months of being totally disabled and waiver will term at age 65.
CONVERSION AND PORTABILITY	<p>If all or part of your coverage ends, you may port your coverage into individual term life policy or convert your policy to an individual whole-life insurance policy.</p> <p>*Conversion limited to class 1 and 2.</p>

TRAVEL/ACCIDENT INSURANCE

- » Begins on the date of hire
- » 100% employer paid.
- » \$50,000 Coverage for exempt employees
- » \$10,000 Coverage for non-exempt employees

EMPLOYEE ASSISTANCE PROGRAMS (EAP): LIFEWORKS

The Employee Assistance Program (EAP), offered by Lifeworks, provides behavioral health support and resources to you. Employees may self-refer 24 x 365 for short-term problem solution-focused sessions (STSF), educational materials, and referrals to resources.

These sessions are delivered telephonically and via in-person sessions depending on the service model chosen by you. There are also services that address the needs of managers which includes: Manager consultations, Substance Abuse Case Management services, Critical Incident Management services including onsite critical incident response. Training is provided onsite and online. This program includes robust online tools and resources via LifeWorks Online. This also typically includes financial service and legal service.

Please visit www.lifeworks.com for specific details. Username: secu; Password: creditunion (case sensitive).

PAID LEAVE BENEFITS

SECU believes that providing employees with paid time off from work is a valuable benefit. Time off accruals begin immediately and are as follows:

- » Annual Leave
- » Personal Leave
- » Volunteer Leave
- » 13 Holidays per year
- » Sick Leave (12 days per year available)
- » Paid Employee Birthday

All leave is on an accrual basis and prorated based on employment status.

VACATION CONVERSION

Designed to allow employees to convert their vacation hours to pre-tax benefit dollars to pay for medical coverage. This benefit is only available during our annual benefit open enrollment period.

Employees are offered the option of converting one or two vacation hours on a bi weekly basis. The hourly rate of pay cannot exceed the portion of benefit premiums on a bi weekly basis and one must have a minimum vacation balance of forty hours to be eligible for the benefit.

SECU MEMBERSHIP

As an employee, eligibility for SECU membership is immediate. Below are additional facts about membership with SECU which might be useful to you:

- » Direct Deposit
- » Free Check Card
- » Free Online Banking
- » Free Interest Checking
- » Employee Loan Benefits

In addition, SECU employees have a centralized resource for assistance with questions related to their own SECU accounts, services and products. The Employee Financial Resource Team (EFRT) is comprised of a team of internal resources that have the subject matter expertise and service mindset to address your questions and/or concerns with the utmost confidentiality and discretion.

Please contact a SECU representative in one of our financial center locations for more information.

OPTIONAL BENEFITS

For more information on offerings with our other voluntary benefit listed below, please visit their respective website for plan information.

Employee Discounts: we encourage you to visit the myHR page on mySECU for various offers.

United Legal Benefits:

www.unitedlegalbenefits.com

Retirees

Employees that retire from SECU and are ages 62-65 are eligible to participate in medical, dental and vision benefits at their current level of coverage.

If you are approaching retirement and wish to discuss these benefits in further detail, please contact Human Resources.

PROFESSIONAL DEVELOPMENT

Our greatest asset is our employees, and we want to watch you grow and thrive professionally during your career at SECU. Our commitment to your professional development begins on your first day with our immersive orientation and onboarding program. Our 12-month onboarding program connects new employees with all areas of the

organization to give them a deep understanding of our business and corporate cultures.

We also offer different opportunities to grow your skills through training and workshops held at SECU University, our in-house educational facility.

Additional Professional Development Opportunities include:

- » In-person and online non-credit continuing education coursework
- » Credit Union Certification (STAR & Merit) Programs
- » Generous Tuition Reimbursement (\$6,000 maximum per year).
- » Opportunities to attend conferences, professional meetings and seminars.
- » Career Development Planning

We recognize that our employees are our most valuable resource and we appreciate your efforts to help SECU become better known, valued and utilized. We recognize the dedication to our members through the service our employees provide, which is why we offer an attractive and competitive total rewards package consisting of compensation, benefits, career-pathing, and a positive work environment. We hope you found this benefits guide to be useful and demonstrates our commitment to your total rewards package.

Should you have any questions related to any information provided in this benefits guide, please contact a member of the Human Resources Team.



YOU ARE OUR

GREATEST ASSET!

It's our promise and commitment
that your well-being is at the heart
of all we do!



2021 Employee Healthcare Contributions

MEDICAL – CIGNA OPTION A	BI-WEEKLY RATE – WITH WELLNESS CREDIT	NON-WELLNESS BI-WEEKLY RATE
Employee	\$51.27	\$59.15
Employee + Spouse	\$151.61	\$169.73
Employee + Child(ren)	\$125.24	\$140.21
Family	\$197.76	\$221.40
MEDICAL – CIGNA HDHP	BI-WEEKLY RATE – WITH WELLNESS CREDIT	NON-WELLNESS BI-WEEKLY RATE
Employee	\$26.56	\$34.44
Employee + Spouse	\$91.63	\$109.75
Employee + Child(ren)	\$75.70	\$90.67
Family	\$119.52	\$143.16
MEDICAL – KAISER PERMANENTE	BI-WEEKLY RATE – WITH WELLNESS CREDIT	NON-WELLNESS BI-WEEKLY RATE
Employee	\$37.91	\$45.79
Employee + Spouse	\$116.10	\$134.22
Employee + Child(ren)	\$98.30	\$113.27
Family	\$146.20	\$169.84
DENTAL – CIGNA DPPO PREMIUM	BI-WEEKLY RATE	
Employee	\$15.01	
Employee +1	\$29.06	
Family	\$43.01	
DENTAL – CIGNA DPPO LOW	BI-WEEKLY RATE	
Employee	\$6.14	
Employee + 1	\$11.59	
Family	\$15.98	
VISION – AVESIS	BI-WEEKLY RATE	
Employee	\$3.68	
Employee +1	\$6.48	
Family	\$9.64	

Rates effective as of January 1, 2021

Contact List

PLAN	CARRIER	PHONE	WEBSITE
Medical	Cigna	800-Cigna24	www.mycigna.com
Prescription Cigna Participants Only	Express Scripts, Inc.	866-834-0452	www.express-scripts.com
Medical–HSA	Cigna/HSA Bank	800-Cigna24	www.mycigna.com
Medical	Kaiser Permanente	301-468-6000 800-777-7902	www.kaiserpermanente.org
Dental	Cigna	800-Cigna24	www.mycigna.com
Vision	Avesis	800-828-9341	www.avesis.com
Vision	Cigna	877-478-7557	www.mycigna.com
Flexible Spending Account(s)	Discovery Benefits	866-451-3399	www.discoverybenefits.com
Short Term Disability	Lincoln Financial Group	800-713-7384	www.MyLincolnPortal.com Claimant Service ID: SECUMD
Long Term Disability	Lincoln Financial Group	800-713-7384	www.MyLincolnPortal.com Claimant Service ID: SECUMD
Life Insurance	Lincoln Financial Group	800-713-7384	www.MyLincolnPortal.com Claimant Service ID: SECUMD
EAP Program	Lifeworks	800-729-7655	www.lifeworks.com
401(k)	Transamerica Retirement Solutions	800-755-5801	my.trsuretire.com

