

- Eligible dependents:
 - Children up to age 26
 - Adult disabled children
 - Married spouses
- It is your responsibility to notify HR if your covered dependent does not meet the definition of an eligible dependent
- It is also your responsibility to notify HR within 30 days if your covered dependent loses eligibility

AETNA MEDICAL PLAN OVERVIEW

Aetna	HIGH DEDUCTIBLE HSA PLAN	
Plan Highlights	In- Network	Out-of-Network
Deductible (Ded.) (Indiv./Family)	\$2,000 / \$4,000	\$4,000 / \$8,000
Member Coinsurance	0%	30%
Out-of-pocket Max (incl. ded.) (Indiv./Family)	\$3,000 / \$6,000	\$10,000 / \$20,000
Lifetime Maximum	Unlimited	
Physician/Specialist Office Visit Copay	Ded. + 0%	Ded. +30%
Teledoc Consultation	Ded. + 0%	N/A
Preventive Care	No copay	Ded. +30%
Outpatient Surgery	Ded. + 0%	Ded. +30%
Emergency Room	In-Network Ded. + 0%*	
Prescription Drugs		
Prescription Drug Deductible	Combined with Medical	N/A
Prescription Drug Out-of-Pocket Max (incl. ded.)	Combined with Medical	N/A
Retail: Generic/Brand Name/Non-Formulary	Ded. then \$10 / \$20 / \$50	No Out-of-Network Coverage
Mail Order: up to 90-day supply: Generic/Brand	Ded. + Applicable Copays	No Out-of-Network Coverage

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Mail Order: up to 90-day supply: Generic/Brand	Ded. + Applicable Copay	No Out-of-Network Coverage

- Tier changes for 2022 to help subsidize premiums for lower earners
- Your tier may have changed in comparison to last year

Medical Contributions-Biweekly (26x per Year)

BIWEEKLY CONTRIBUTIONS (26x PER YEAR)				
Coverage Level	Tier 1 Premium Salary Less than \$59,999	Tier 2 Premium Salary \$60,000 – \$149,999	Tier 3 Premium Salary \$150,000 – \$249,999	Tier 4 Premium Salary \$250,000 and over
Employee Only	\$70	\$75	\$80	\$85
Employee + Children	\$125	\$135	\$145	\$155
Employee + Spouse	\$145	\$155	\$165	\$175
Employee + Family	\$210	\$225	\$240	\$255

Aetna	DMO NETWORK	PPO NETWORK		PPO PLUS NETWORK	
Plan Benefits	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Single/Family)	None	\$50 / \$150 (Waived for Preventive)		\$50 / \$150 (Waived for Preventive)	
Coinsurance					
Diagnostic / Preventive	100%	100%	100%	100%	100%
Basic	100%	100%	100%	100%	100%
Major	50%	50%	50%	50%	50%
Child Orthodontia	50%	50%	50%	50%	50%
Child Orthodontia Lifetime Maximum (to Age 19)	None; Based on Copays	\$1,000		\$1,000	
Calendar Year Maximum	None	\$1,000		\$2,000	
Out-of-Network Reimbursement Level	N/A	N/A	90th Percentile	N/A	90th Percentile

➤ 2 Plan Options to choose from: Basic Plan or Premier Plan

Plan Benefits	In-Network	Out-of-Network	Frequency
Well Vision Exam	\$10 Copay	\$45 Allowance	Every 12 months
Prescription Glasses (Frames & Lenses in lieu of glasses)			
Frames	\$25 Copay	Up to \$70	Every 24 months
	<div> Basic Plan: \$130 Allowance Premier Plan: \$200 Allowance </div>		
	20% off amounts exceeding allowance		
Lenses	\$25 copay	Up to: \$30 Single / \$50 Bifocal / \$65 Trifocal	Every 12 months
Contacts (instead of glasses)	Elective: No Copay, up to \$130 allowance	Elective: Up to \$105	Every 12 months
Laser Vision	PRK and LASIK discounts at participating providers average 15% off		

Did you open your Apple Bank HSA Account?

- Allows you to set aside pre-tax dollars to help pay for qualified expenses such as: prescription copays, deductible, vision, dental expenses
- Can be used to pay for dependents expenses (even if they are not covered under your medical plan)
- Funds carry over from year to year
- The Bank makes a contribution semi-annually
- Eligible over the counter items include:
 - CoVid related items (masks, hand sanitizers)
 - Acupuncture
 - Fertility treatments
 - Vision and Dental expenses
 - Chiropractic care
 - Massage therapy

- ✓ Contributions and withdrawals are monitored by the account holder
- ✓ Cannot be covered under Medicare (Part A or Part B) to be eligible to contribute to an HSA account
- ✓ Cannot be claimed as a dependent under someone else's income tax
- ✓ You will receive an annual tax form 1099SA from pension services that must be filed with your tax return

TRUSTEE/PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number		OMB No. 1545-1517	
		Form 1099-SA (Rev. November 2019) For calendar year	
PAYER'S TIN	RECIPIENT'S TIN	1 Gross distribution \$	2 Earnings on excess cont. \$
RECIPIENT'S name		3 Distribution code	4 FMV on date of death \$
Street address (including apt. no.)		5 HSA <input type="checkbox"/>	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.
City or town, state or province, country, and ZIP or foreign postal code		Archer MSA <input type="checkbox"/>	
Account number (see instructions)		MA MSA <input type="checkbox"/>	

Apple

Apple Bank contribution for 2022 is increasing

- \$600 for Single
- \$1,200 for Family (employee+children/spouse)
- Contribution is split into 2 even deposits:
 - 50% in January and 50% in July
 - Must not be enrolled in Medicare A or B in order to qualify

2022 IRS limit (including AB contribution)

- Single: \$3,600
- Family: \$7,300
- Catchup: \$1,000 for employees age 55+

TRANSIT AND PARKING

HOW MUCH CAN I CONTRIBUTE?

\$280 pre-tax per month for Transit

\$280 pre-tax per month for Parking

Additional contributions allowed after-tax



WHY SHOULD I SAVE?

- Your tax liability is reduced
- There is no “lose it” – amounts carry over month to month
- You can manage your account online via BRIWEB (<https://participant.briweb.com/login>) or BRIMOBILE
- Link your card to your transit or parking apps to pay for transit purchases or parking expenses

ROTH CONTRIBUTIONS

Effective 2022: We are adding a Roth contribution option to the Apple Bank 401(k) Plan.

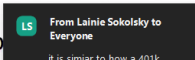
Details of Roth contributions

- Great idea for those looking to invest after tax contributions
- Taxes paid now and earnings grow tax free for qualified distributions
- Roth contributions are matched*:

Apple Bank's Contribution to Your 401(k)

401(k) Plan Employee Contribution %	Apple Bank's 401(k) Company Match %
1.0%	1.0%
2.0%	2.0%
3.0%	3.0%
4.0%	3.5%
5.0%	4.0%

*Matching contribution is capped at the annual compensation limit of \$305,000



CATCH-UP CONTRIBUTIONS

2022 IRS limit for those age 50+ is \$27,000

Catch-up contribution is now part of your overall deferral percentage at Vanguard

- No separate election required in ADP
- No form to complete
- No separate catch-up deduction on your paycheck

To contribute Catch-up

Simply review your pre-tax deferral percentage in Vanguard to ensure you are reaching the combined pre-tax and catch-up limit of \$27,000

VOLUNTARY LIFE INSURANCE

Employee coverage: Increase the amount of voluntary life insurance coverage up to \$500,000 in \$10,000 increments

- Medical review/underwriting required*

Spousal coverage: You may purchase coverage for your spouse in \$10,000 increments up to \$250,000.

- Medical review/underwriting required*

Child coverage: You may purchase coverage for children in increments of \$2,500 up to \$10,000

*Medical review/underwriting process:

- A medical form must be completed and returned to First Reliance
- A nurse visit may be scheduled for bloodwork
- Approval is determined by First Reliance and communicated back
- Benefit enrollment is approved in ADP and deductions commence

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