

2025

Benefit Summary



We Make Banking Easy



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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

In addition to good working conditions and competitive pay, it is INB, NA's policy to provide a combination of supplemental benefits to all eligible employees. In keeping with this goal, each benefit program has been carefully devised. These benefits include time-off benefits, such as vacations and holidays, and insurance and other plan benefits. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- Dental
- Voluntary Vision
- Health Spending Account (HSA)
- Flexible Spending Account (FSA)
- Voluntary Term Life Insurance
- Voluntary Accident Insurance
- Voluntary Critical Illness
- Group Term Life Insurance
- Tuition Reimbursement
- 401(k) Retirement Plan
- Paid Time Off

Eligibility for Health Coverage

You and your dependents are eligible for INB, National Association health benefits on the date of hire (DOH).

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or INB, National Association eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within **30 days**.

The descriptions of the insurance and other plan benefits merely highlight certain aspects of the applicable plans for general information only. The details of those plans are out in the official plan documents which are available for your review upon request from the HR department.

While the company intends to maintain these employee benefits, it reserves the absolute right to modify, amend or terminate these benefits at any time for any reason.



Cigna

Medical Benefits

Administered by Cigna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through INB, National Association.

INB, National Association offers you a choice of one (1) PPO and one (1) HDHP medical plans. With both plans, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	PPO Plan		HDHP Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		Unlimited	
Annual Deductible	\$750 single/\$2,250 family	\$1,000 single/\$3,000 family	\$2,000 single/\$4,000 family	\$3,000 single/\$6,000 family
Annual Out-of-Pocket Maximum	\$1,750 single/\$5,250 family	\$3,000 single/\$9,000 family	\$3,500 single/\$7,000 family	\$6,000 single/\$12,000 family
Coinsurance	10%	30%	20%	40%
Doctor's Office				
Primary Care Office Visit	\$25 copay per visit	30% after deductible	20% after deductible	40% after deductible
Specialist Office Visit	\$45 copay per visit	30% after deductible	20% after deductible	40% after deductible
Preventive Care (screening, immunization)	0%	30% after deductible	0%	40% after deductible
Diagnostic Test (x-ray, blood work)	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Imaging (CT/PET scans, MRIs)	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Prescription Drugs				
Rx Out-of-Pocket Maximum	\$1,000 single / \$3,000 family		No Separate Pharmacy Out of Pocket	
Retail—Generic Drugs (30-day supply)	Preferred: \$15 copay per prescription; Non-Preferred: \$20 copay per prescription	\$20 copay per prescription	20% after deductible	20% after deductible*
Retail—Preferred Brand Drugs (30-day supply)	Preferred: \$50 copay per prescription; Non-Preferred: \$60 copay per prescription	\$60 copay per prescription	20% after deductible	20% after deductible*
Retail—Non-Preferred Brand Drugs (30-day supply)	Preferred: \$70 copay per prescription; Non-Preferred: \$80 copay per prescription	\$80 copay per prescription	20% after deductible	20% after deductible*
Specialty Drugs (30-day supply)	\$80 copay per prescription	\$80 copay per prescription	20% after deductible	20% after deductible
Mail Order—Generic Drugs (90-day supply)	\$30 copay/prescription	Not covered	20% after deductible	20% after deductible*
Mail Order—Preferred Brand Drugs (90-day supply)	\$100 copay/prescription	Not covered	20% after deductible	20% after deductible*
Mail Order—Non-Preferred Brand Drugs (90-day supply)	\$140 copay/prescription	Not covered	20% after deductible	20% after deductible*

* For Out-of-Network drug provider, you are responsible 25% of the eligible amount after the coinsurance.

Medical Benefits (Continued)

Administered by Cigna

	PPO Plan		HDHP Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital Services				
Emergency Room	\$150 copay per visit, then 10% after deductible (copay waived if admitted)		10% after deductible	
Inpatient	10% after deductible	30% after deductible, then \$300 after deductible per admission	20% after deductible	40% after deductible, then \$300 after deductible per admission
Outpatient Surgery	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Ambulance Service	10% after deductible		20% after deductible	
Mental Health Services				
Inpatient Services	10% after deductible	30% after deductible, then \$300 after deductible per admission	20% after deductible	40% after deductible, then \$300 after deductible per admission
Outpatient Services	office visit: \$25 copay; other outpatient services: 10% after deductible	30% after deductible	20% after deductible	40% after deductible
Substance Abuse Services				
Inpatient Services	10% after deductible	30% after deductible, then \$300 after deductible per admission	20% after deductible	40% after deductible, then \$300 after deductible per admission
Outpatient Services	office visit: \$25 copay; other outpatient services: 10% after deductible	30% after deductible	20% after deductible	40% after deductible
Other Services				
Maternity Services	PCP: \$25 copay per pregnancy; SPC: \$45 copay per pregnancy	30% after deductible	20% after deductible	40% after deductible
All other maternity hospital/physician services	10% after deductible	30% after deductible, then \$300 after deductible per admission	20% after deductible	40% after deductible, then \$300 after deductible per admission
Muscle Manipulation Services (30 visits per calendar year)	Covered	Covered	Covered	Covered
Physical, Occupational and Speech Therapy Services	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Skilled Nursing 000-day calendar year maximum	10% after deductible	30% after deductible, then \$300 after deductible per admission	20% after deductible	40% after deductible, then \$300 after deductible per admission

Dental Benefits

Administered by Cigna

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the INB, National Association dental benefit plan.

Services	In-Network and Out-of-Network PPO
Annual Deductible	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$1,000
Preventive Dental Services (cleanings, exams, x-rays)	100%; no deductible
Basic Dental Services (fillings, root canal therapy, oral surgery)	80%
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50%
Orthodontia Services (covered to age 19)	Not Covered



Voluntary Vision Benefits

Get access to the best in eye care and eyewear with INB and VSP® Vision Care.

Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

You'll like what you see with VSP.

Value and Savings. You'll enjoy more value and low out-of-pocket costs.

High Quality Vision Care. You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

Choice of Providers. The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.

Great Eyewear. It's easy to find the perfect frame at a price that fits your budget.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
Prescription Glasses			
		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames \$150 allowance for featured frame brands 20% savings on the amount over your allowance \$70 Costco® frame allowance 	Included in Prescription Glasses	Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Primary Eyecare	<ul style="list-style-type: none"> Treatment and diagnosis of eye conditions like pink eye, vision loss and monitoring of cataracts, glaucoma and diabetic retinopathy. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed

Please refer to INB intranet for further details on the VSP plan.

INB Health, Dental and Vision Premiums

Employee Contributions for Benefits for 2025

Benefit Plan	Monthly
PPO Plan Rates	
Employee	\$229.00
Employee + Child(ren)	\$455.00
Employee + Spouse	\$1,048.00
Family	\$1,096.00
High Deductible Health Plan Rates	
Employee	\$108.00
Employee + Child(ren)	\$156.00
Employee + Spouse	\$250.00
Family	\$260.00

Benefit Plan	Monthly
Dental Rates	
Employee	\$20
Employee + Child(ren)	\$40
Employee + Spouse	\$48
Family	\$64
Vision Rates	
Employee	\$8.68
Employee + Spouse	\$13.90
Employee + Child(ren)	\$14.18
Family	\$22.86

We do offer a \$35 monthly medical discount if all covered members are non-smokers.



Health Savings Accounts (HSAs)

This chart shows the contribution limits for 2025. Registration in the High Deductible Health Plan is required to make contributions to an HSA account.

HSA Plan Enrollees	2025
HSA contribution limit	Self-only: \$4,300 Family: \$8,550
HSA catch-up contributions (age 55 or older)	\$1,000 annually
HDHP minimum deductibles	Self only: \$1,650 Family: \$3,300
HDHP maximum out-of-pocket amounts (deductibles, co-payments, and other amounts, but not premiums)	Self only: \$8,300 Family: \$16,600

What is an HSA?

- A Health Savings Account (HSA) is a tax advantaged medical savings account which you can use to pay medical expenses. It is a personal savings account designed to pay for current and future medical, dental, vision, alternative and preventative expenses.
- HSAs must be in conjunction with a high-deductible health plan (HDHP)
- You own the account and have complete control over its assets and both you and your employer can contribute funds
- Tax-advantages: contribute pre-tax money, funds accrue tax-free and withdraw funds tax-free (if used for eligible medical expenses)

Benefits of an HSA

- INB, National Association currently offers employees and customers HSA accounts through the retail division.
- Triple tax advantage means you save money on your health care expenses
- Funds rollover each year, so you can use your HSA to save tax-free money for retirement
- You own the account, even if you leave the company
- Lower monthly premiums than a traditional health plan

High-Deductible Health Plan

- HSAs can only be offered with a qualified high-deductible health plan (HDHP).
- The INB, National Association HDHP meets these qualifications

How Does the HSA Work?

- You may contribute money into the HSA by either a lump sum payment or through semi-monthly payroll deductions.
- You can use HSA dollars to pay your health insurance deductible, along with other qualified medical expenses such as dental or vision services.
- Once you meet your deductible, your insurance pays additional covered expenses in accordance with our plan.
- You can only have a limited Flexible Spending Account with a HSA. INB, National Association offers this option for you as an additional benefit.

***Please see an INB retail representative for account info.**

Flexible Spending Account (FSA)

These charts show how the FSA plan works and how each type of service is covered. This is not a contract. This benefit requires an annual enrollment into the plan. Open enrollment deadline for the FSA is earlier than the rest of the benefits.
Deadline to enroll in plan is November 30th.

Plan Features	<p>You put pre-tax dollars into an account to help you pay for healthcare, dental, vision or childcare costs. Eligible examples include annual deductibles, copayments and percentage costs that are your responsibility to pay.</p> <p>The healthcare account is separate from the child dependent care account. You must enroll/re-enroll and choose the annual and per paycheck amount in the Paylocity online enrollment system. You have access to the entire healthcare annual amount on January 1, 2025. However, you have access to only the amounts that have been payroll deducted so far in your dependent account.</p> <p>The plan offers a 120-day rollover of funds into the next business year.</p>
FSA Healthcare Account Maximum	\$3,200 Maximum per year
FSA Dependent Care Account Maximum	\$5,000 Maximum per year



Mutual of Omaha - Ancillary Products

Voluntary Term Life Insurance

Coverage Guidelines			
	Minimum	Guarantee Issue	Maximum
For You	\$10,000	5 times annual salary, up to \$150,000	\$600,000, in increments of \$10,000, but no more than 5 times annual salary
Spouse	\$5,000	100% of employee's benefit, up to \$50,000	100% of employee's benefit, up to \$250,000
Children	\$2,000	100% of employee's benefit	100% of employee's benefit, up to \$10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

Rates for employee and spouse are based on the employee's age. Please refer to the Mutual of Omaha premium table for cost information. This information can be found on the INB intranet HR page.

THIS OPEN ENROLLMENT ONLY! You and your dependents can enroll into the voluntary life insurance up to the guarantee issue amount without completing a Evidence of Insurability statement! Take advantage of this 1 time option this year.

Voluntary Accident Insurance

ELIGIBILITY

You (the Employee) must be performing the normal duties of Your regular job for the Policyholder on a regular and continuous basis 30 or more hours each week to be eligible for insurance.

Your eligible Dependents must be able to perform normal activities and not be confined (at home, in a hospital, or in any other care facility) to be eligible for insurance.

An Employee who is not eligible for insurance under the Policy on the Policy Effective Date, or an Employee who is hired after the Policy Effective Date, becomes eligible for insurance under the Policy on the day following completion of any Eligibility Waiting Period described in the Certificate. (Not all Certificates will have an Eligibility Waiting Period.)

The day on which an Employee or Dependent becomes eligible for insurance under the Policy may not be the same as the day on which insurance begins. Additional eligibility conditions apply as described in the Certificate.

ACCIDENT INSURANCE – FULL PLAN

Accident insurance offers financial protection for You and Your insured Dependent(s) by paying a benefit if You or an insured Dependent are Injured in an Accident. The benefit amount(s) payable is/are based on the type and amount of insurance in effect on the date the Accident occurs. All benefit payments are subject to the definitions, limitations, exclusions and other provisions of the Policy.

You may elect insurance for Yourself and Your Dependent(s) under the Certificate for one of the following coverage options:

- Yourself only
- You and Your Spouse
- You and Your Dependent child(ren)
- You, Your Spouse and Your Dependent child(ren)

This summary represents the accident insurance available under Full Plan 1M (IL-CC-CAT-NABM), as selected by the Policyholder. Insurance is available for Accidents that occur any time of day, regardless of whether You or Your insured Dependent(s) are working or not. This is known as “24-hour coverage” or “on and off-job coverage” (the coverage type).

Mutual of Omaha - Ancillary Products

Voluntary Critical Illness

As an active employee of Illinois National Bank, you can give your family the extra security they need to lessen the financial impact of a serious illness by purchasing Critical Illness insurance through United of Omaha Life Insurance Company.

A critical illness insurance policy provides a lump-sum cash benefit upon diagnosis of a critical illness like a heart attack,

How much insurance is enough?

Even if you have the best health insurance plan, it will not cover 100 percent of medical expenses. You also need to consider other expenses associated with the recovery process – time off work, travel to treatment centers, home modifications – that may quickly deplete your savings.



BENEFIT AMOUNT(S)

Insurance for You (The Employee)

You may elect to be insured for an amount of critical illness (CI) insurance from \$5,000 to \$15,000 in increments of \$5,000. Your Guarantee Issue Amount is \$10,000. Your amount of CI insurance is also referred to as Your CI Principal Sum. If You have questions regarding the amount of Your insurance, You may contact the Policyholder.

Insurance for Your Dependent(s)

Provided You have elected some amount of insurance, You may elect to have Your Spouse insured for an amount of CI insurance from \$5,000 to \$15,000, in increments of \$5,000, provided the amount elected does not exceed 100% of Your CI Principal Sum.

Provided You have elected some amount of insurance, the amount of CI insurance for Your eligible Dependent child(ren) is 25% of Your CI Principal Sum, up to \$4,000.

The Guarantee Issue Amount for Your Spouse is \$10,000. The Guarantee Issue Amount for Your Dependent child(ren) is \$4,000. Any amount of CI insurance for a Dependent is the Dependent’s CI Principal Sum. If You have questions regarding the amount of insurance for Your Dependent(s), You may contact the Policyholder.

Benefit Reduction(s)

As You grow older, the Principal Sum for CI for You or Your Spouse will be reduced according to the following schedule:

At the Attained Age of:	The Original Amount of Insurance Will Reduce to:
70.....	50%

These are just brief summaries of the plans offered. Please refer to the INB intranet HR page for further details on each plan.

Principal Financial Group

401(k) Retirement Plan

Administered by Principal Financial Group

Retirement – is it far off or just right around the corner? The freedom to be able to take on new hobbies, travel or spend time with the family. Will it happen for you? Will the amount you have saved be enough? We value each of you as an employee and want the best for you in your retirement as well.

Currently the Automatic Enrollment feature in our 401(k) plan is set at 6%. Of course we recognize that not everyone's financial situation will warrant them being able to contribute at the full 6%. That is good, but not good enough. If you find the 6% is too much, then reduce it to a more comfortable amount. The point here is – not saving at all is not the answer. So every little bit you can put aside will benefit you in the future.

Beginning January 1, 2025, the automatic Elective Deferral Contribution will increase by 1% as soon as administratively feasible on each Yearly Date. This will increase up to a maximum automatic Elective Deferral Contribution of 10%.

PLAN

Do a checkup on your account. Everyone's situation is different. Have there been any changes in your marital status, job promotions or additional family changes. Do you need to update your beneficiaries? Planning ahead before it is necessary is always less stressful.

SAVE

How much should you save? There is no magic number. What age do you see yourself retiring? So how will you offset no paycheck coming in at retirement? Many plans suggest a savings of 10%, but if you can't do that right now, consider the 6% automatic enrollment. Not only will you save more, but you will receive the full benefit of the company match. Currently the bank matches your contribution at 50% up to 6%. Why leave money on the table instead of putting it in your pocket?

Is there a little extra each month in your checking account? Could you save by going out to eat less or buying one less cup of coffee? Just by taking these little steps now could pay off big in your retirement.

RETIRE

You will need a steady income on top of what social security you receive. Pensions are what we saw our parent's live off of; a 401(k) is what typically replaced those. To have this extra amount saved may make the difference in being able to retire when you plan or having to work well into your retirement years.

The INB 401(k) through Principal Financial offers several investment choices to meet your retirement needs. Are you a seasoned investor and like to pick your own investment options? You can create your unique blend of investment. Or, are you ready to invest but don't know where to begin? We have options for you too - Principal Lifetime Funds may be the best investment for you. They are targeted to your projected retirement date and are a blend of different mutual stock fund options.

Visit www.principal.com to view your account options and utilize their Planning Resource portal.

INB also offers employees the opportunity to purchase INB stock on an annual basis. Typically the purchase/sell window opens up mid-summer. You will receive a packet of information when this becomes available

INB - Employer Sponsored Plans

Group Term Life Insurance

We've Got You Covered

As an active employee of INB, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 40 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.
Life Insurance Benefit Amount	For You: An amount equal to 2 times your annual salary plus \$15,000, but in no event more than \$600,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.

Tuition Reimbursement

Who is eligible for this program?

All permanent full-time employees are eligible to participate in the Company's Tuition Reimbursement program. Part time, temporary or contractual employees are not eligible to participate. Normally, full-time employees are not entitled to request educational assistance until they have been employed with the Company for a minimum of six months.

What types of programs can be reimbursed?

Only those courses which management has deemed to be related to the employee's current position or promotional position with the Company will be approved. In addition, courses which are intended to improve the interpersonal competencies of the employee and therefore enhance the Bank as a whole may be approved. Eligible courses will generally include those that require full participation on a regular basis and for which final grades are issued. Approval for courses for which grades are not issued (i.e., Pass/Fail audit courses) will be at the Senior Manager's discretion.

Failure to obtain prior approval may result in denial of reimbursement.

How much can be reimbursed?

Reimbursement will be limited to a maximum of two courses per semester or quarter, with an overall monetary cap of \$4,000.00 per calendar year. The reimbursement applies towards tuition, books, and fees. Subject to the above limitations, employees earning an A or B for the approved course will be eligible for 100% reimbursement for tuition, books, and fees. Employees earning a C for the course will be eligible for 70% of tuition, books, and fees. Reimbursement is net of any additional educational assistance the employee may receive from outside sources, such as scholarships, veterans' benefits, etc.

Refer the intranet for program details and reimbursement forms.

INB - Employer Sponsored Plans

Paid Time Off

Below is just a brief summary of paid time off (PTO) options available to eligible INB employees. Please note that PTO days are available to new hires after a 90 probationary period.

Paid Time Off Days offered (please refer to the INB Personnel Manual for complete details):

- **Bereavement Leave** - The death of a family member is a time when employees wish to be with their families. If the employee is full-time, part-time and loses a close relative, the employee will be allowed paid time off of up to three (3) days to assist in attending to obligations and commitments.
- **Federal Holidays** - INB follows the Federal Reserve Bank of Chicago's holiday schedule. If a federal holiday falls on a Saturday the bank will be closed on that day. Employees that do not work on Saturdays will not receive a benefit. When holidays fall on a Sunday, the following Monday will be observed as the holiday.
- **Jury Duty Leave** - INB realizes that it is the obligation of all U.S. citizens to serve on a jury when summoned to do so. All employees will be allowed time off to perform such civic service as required by law. Employees are expected, however, to provide proper notice of any request to perform jury duty as noted below and provide verification of their service.
- **Personal Days** - An employee is eligible to take Personal Days after 90 consecutive calendar days of full-time employment. Part-time employees do not receive personal days. Annually, full-time employees in the first full calendar year of employment are granted five (5) personal days. Full-time employees hired after the beginning of the year, but prior to July 1 are eligible for four (4) personal days in the calendar year in which they start and full-time employees hired on or after July 1 are eligible for three (3) personal days in the calendar year in which they start.
- **Sick Days** - Full-time employees are eligible to receive up to six (6) paid sick days each year. If the employees will be out of work due to illness, they must call in and notify their supervisor as early as possible, but at least by the start of the workday. If the employees call in sick for three (3) or more consecutive days, they may be required to provide their supervisor with a doctor's note on the day they return to work. Paid sick days are available to full-time employees only. Part-time employees do not receive paid sick days.
- **Paid Vacation** - INB appreciates how hard employees work and recognizes the importance of providing time for rest and relaxation. INB fully encourages employees to get this rest by taking vacation time. Employees are eligible to take vacation time after 90 days of employment. Senior Management and Human Resources must approve any exceptions. You earn paid vacation time for each full calendar month of INB employment during the ten-month period starting January 1 of each year and ending October 31 of the same year. Vacation time is not cumulative and must be taken prior to the end of the calendar year. Vacation time will not be earned while the employee is on a leave of absence, including worker's comp leave, short-term disability or long-term disability benefits.



***Please refer to the INB Personnel Manual for complete details.**

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Cigna	1.866.494.2111	my.cigna.com
Dental	Cigna	1.866.494.2111	my.cigna.com
Voluntary Vision	VSP	1.800.877.7195	www.vsp.com
Health Spending Account	INB, National Association	See Retail Staff member	www.inb.com
Flexible Spending Account	Paylocity	1.833.423.8891	www.paylocity.com
Voluntary Life and AD&D	Mutual of Omaha	1.800.228.7104	Refer to INB intranet
Voluntary Accident Insurance	Mutual of Omaha	1.800.228.7104	Refer to INB intranet
Voluntary Critical Illness	Mutual of Omaha	1.800.228.7104	Refer to INB intranet

