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yourChoice

CRH

2024
MyChoice Accounts
(MCA) Guide



***MyChoice Accounts (MCA)
2024 Guide for:***

Health Savings Account (HSA)

Healthcare Flexible Spending Account (HC-FSA)

HSA Compatible Flexible Spending Account

Dependent Day Care Flexible Spending Account (DC-FSA)

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General Information on MyChoice Accounts (MCA)

The money you put aside tax-free to pay for your healthcare is an important part of being a healthcare consumer. This Guide will help you manage your Flexible Spending Accounts and Health Savings Account as they apply under the CRH Healthcare Plans.

- You may access all your account details, sign up for direct deposit, order additional cards, and manage account actions – all within the Benefitsolver benefits portal. No matter which accounts you have, you can manage them all in the same place. You can see your MCA account balances in real time and save your documentation of expenses such as Explanation of Benefits, itemized invoices, or any document that contain dates of service, patient, provider name, amount and type of service
- You will have the ability to submit a request for an eligible expense with one click
- The MyChoice Mobile App is also available and will allow you to view your account balances and transactions easily from your phone.
- The MyChoice Accounts debit card can be used to pay for your eligible expenses.

MyChoice Accounts

Businessolver is the Administrator of the following accounts:

- Health Savings Account (HSA)
- Healthcare Flexible Spending Account (HC-FSA)
- HSA Compatible Flexible Spending Account Dependent Day Care Flexible Spending Account (DC-FSA)

Will I receive a debit card?

Yes, if you enroll in a Health Savings Account or a Flexible Spending Account you will receive a MyChoice Accounts debit card at your home address. You will receive only one card for all of your MyChoice accounts. On this single card, you will be able to manage flexible spending account balances and get instant reimbursement for eligible expenses.

If you received a card last year, you will not receive a new card unless you request one. Cards are valid for three years from the issue date.

Your MyChoice Accounts debit card can be used to pay for reimbursable, qualified expenses.

The card is linked to the accounts you're participating in, allowing you to manage all your benefit accounts with a single card.

Activate your MyChoice debit card and set up your PIN by calling Card Services at **800.819.9889**.

Be sure to sign the back of your card before using it.

Do I have to use my Debit Card?

No, you may choose not to use your debit card, in which case you do not need to activate your card. If you do not activate your debit card at the time of service for eligible expenses, you can follow the steps for reimbursement listed on the next page.

Is there a fee for extra debit cards or replacement cards?

There are no additional fees for extra or replacement cards.

How can I request an additional card?

You can request a new card through your Benefitsolver benefits portal.

What is the order of payment when using the card if I have multiple MCA healthcare accounts?

The debit card uses the merchant category code to determine the service being presented for payment. Based on merchant category, the card will pull funds from your HSA compatible FSA, then HSA. For dependent care coded merchants, the card will pull from the DCAP account.

How can I get reimbursed for eligible healthcare spending account expenses?

You can receive reimbursement for eligible expenses by:

- Using your MyChoice Accounts debit card at the time of service
- Scanning your receipt using the MyChoice Mobile app
- Upload your receipt directly in your benefits portal when submitting your claim
- Mailing or faxing your claim to MyChoice Accounts. A manual claim form is available in your Benefitsolver Reference Center.

What happens if I terminate employment?

If you terminate employment, you will no longer be eligible to participate in the flexible benefit plan. Typically, your pre-tax contributions will continue through your last regular payroll period and your eligibility to incur claims will end the last day of the month in which your employment terminates, unless you elect COBRA. Termination of participation in the Flexible Benefit Plan will not affect any rights you may have to continue participation in certain health plans. You may continue your Health Care Flexible Spending Account through COBRA as long as your contributions are greater than your claims when you terminate employment.

COBRA applies to the Health Care Flexible Spending Account only - there are no COBRA rights for non-health plans; however, the Flexible Benefit Plan offers a "Spend Down" provision for terminated employees for the Dependent Day Care Flexible Spending Account. This provision allows the Dependent Day Care Flexible Spending Account to reimburse you from your remaining account balance for eligible dependent day care expenses incurred through the end of the plan year in which your employment is terminated.

The process to submit a Spend Down claim is no different than a regular claim. The adjudication engine validates the dates of service and spend down status to determine eligibility and processes the eligible amount. You can continue to incur and submit claims up to your contribution amount until the end of the plan year.

Please note, the ability to use any debit card(s) associated with your flexible benefit plan will end on the same date your employment terminates. Terminated employees will continue to have access to the MCA Member portal through the end of the plan year. There is no grace period for spend down.



Section 1 | Health Savings Account (HSA) and the High Deductible Healthcare Plan (HDHP)

What is a High Deductible Health Plan (HDHP)?

A High Deductible Health Plan (HDHP) is a health plan that requires participants to pay 100% of claims cost up to the plan deductible. The HDHP calendar year deductible is \$3,200/individual and \$6,400/family. After meeting your deductible, you will then begin paying coinsurance, (typically the plan will pay 80% of In-Network claims while you only pay 20%). Claims for in-network wellness/preventive care are covered at 100% by the plan (at no cost to you) without having to meet your deductible.

The High Deductible Health Plan (HDHP) offered by CRH Americas meets certain IRS requirements that allows employees who enroll in it to open a Health Savings Account or HSA. An HSA allows you to contribute pretax payroll deductions that you can then use to pay for qualified healthcare expenses.

How do I enroll in the HDHP?

You can enroll in the HDHP during Open Enrollment or as a New Hire on the Benefitsolver website.

If you elect an HDHP plan, you will need to determine if any of several statements on the Benefitsolver site apply to you to see if you are eligible to enroll and/or contribute to an HSA. If you are eligible, your account will automatically be opened with the banking custodian, UMB Bank.

What is a Health Savings Account (HSA)?

It is a pretax benefit account. Money in the account can be used to pay health expenses today or saved for future healthcare expenses.

- A personal bank account which you and/or your employer can contribute to tax free. The funds in your HSA may be used to pay for you and your eligible dependents' qualified medical out-of-pocket expenses.
- If you enroll in the HSA, CRH Americas will contribute and the employee may contribute via payroll deduction up to annual limits set by the IRS. Employee contributions reduce your taxable income.

Who is eligible to enroll/contribute to an HSA?

You're eligible to enroll and/or contribute to an HSA if:

- You elect the CRH Americas qualified high-deductible health plan (HDHP) for 2024.
- Your only coverage is an HDHP.
 - » If you're covered under your spouse's plan and that plan is not a qualified HDHP, you are not eligible to contribute to an HSA.
- You are not covered by a traditional Healthcare FSA through your spouse.
- You are not covered by Medicare (part A or B), Tricare or VA Benefits*.
- You cannot be claimed as a dependent on another person's tax return (unless it's your spouse).

*Veterans with a disability rating of 10% or greater who receive hospital care or medical services from the Veterans Administration are now eligible to make contributions to an HSA.

I just turned 65 and enrolled in Medicare. Can I still contribute to my HSA? What about my spouse?

No, you cannot contribute to an HSA if you are enrolled in Medicare, but you can still spend the balance in your existing HSA. If you are enrolled in Medicare and thus are not HSA eligible but you cover yourself and your spouse on your employer's HSA qualified health plan, your spouse can open and contribute to their own HSA as long as your spouse is not enrolled in Medicare.

Can I enroll in both an HSA and Flexible Spending Account (FSA)?

If you are covered by a traditional Healthcare FSA, you are not eligible to open and/or contribute to an HSA. However, you may choose to participate in an HSA-Compatible FSA and still be eligible to open and/or contribute to an HSA. You must also be enrolled in and eligible High Deductible plan.

In an HSA-Compatible FSA, your FSA funds may only be used for dental and/or vision expenses until your medical calendar-year deductible has been met. Once your deductible has been met, you may submit the proper documentation to MyChoice Accounts and then use your FSA for medical and/or prescription expenses.

Why would I choose to contribute to an HSA?

- HSAs are funded with tax free deductions from your paycheck.
- Even if you decide not to contribute, CRH Americas will still contribute based on how many dependents you enroll.
- However, in order to receive the CRH Americas employer contribution, you must still enroll in the HSA and make a minimum contribution election of at least \$0 (or more).
- You may increase or decrease your contribution election anytime during the year, as long as you do not exceed the total maximum annual contribution limits.
- You can invest your HSA money in a variety of mutual funds much like a 401k account. You can keep your money in a liquid account which is used to pay for medical expenses or move some or all of you money to the investment account available through UMB Bank.

How do I enroll in an HSA?

If you enroll in an HSA-qualified HDHP plan (like the one offered by CRH Americas) during open enrollment or as a new hire, and it is determined that you are eligible to contribute to an HSA, your account will be automatically opened with the banking custodian, UMB Bank. You will need to actively elect the HSA account by making an election of at least \$0 (or more) in order to receive the company contribution.

When your HSA is opened, there are instances when you may need to verify your identity.

Enrollment information will be provided automatically from Benefitsolver's MyChoice Accounts to the banking custodian, UMB Bank, based on your information in Benefitsolver.

As with any other banking requirement, employees will be required to comply with the **Customer Identification Program (CIP)** for identity verification. Financial institutions are required under CIP to obtain and verify specific customer data information in order to comply with the US Patriot Act of 2003. This data includes name, date of birth, SSN and residential address. In the majority of enrollments this information will pass without instance. However, any conflicting information will need to be verified by the employee. Employees will be notified directly by UMB Bank if they did not satisfy CIP requirements as well as the consequences of not complying within the required timeframe. **Most enrollments will pass through the banking system successfully and without issue.**

Consequences of not responding to a CIP Verification Request in the required timeframe include:

- 1) Your HSA will not be opened and not funded.
- 2) No employee contributions will be deposited and employer contributions will be forfeited.

Examples of conflicting data could be:

DOB does not match SSN	Numbers could have been transposed or entered incorrectly
Bad Address	Although UMB Bank can accept a P.O. Box for a mailing address, they will require a residential address to verify an individual
Not Enough History	Often times with younger individuals there may not be enough information available through various agency databases for identity verification
Name	Name has not been updated to match records (due to marriage or divorce)

How much can I contribute and how much does CRH Americas contribute?

	2024 IRS Annual Maximum (CRH Americas + Member Contribution)	CRH Americas Annual Contribution	Member Annual Contribution
Employee Only	\$4,150	\$500	Minimum: \$0 Maximum: \$3,650
Employee + Child	\$8,300	\$750	Minimum: \$0 Maximum: \$7,550
Employee + Spouse	\$8,300	\$750	Minimum: \$0 Maximum: \$7,550
Employee + Children or Employee + Family	\$8,300	\$1,000	Minimum: \$0 Maximum: \$7,300

Catch-up contributions: If you are age 55 or older as of December 31, 2024, you can contribute an extra \$1,000 per year. **Annual Maximum** is subject to change by the IRS on an annual basis.

How do I contribute to an HSA?

If you elect the HDHP medical plan and are determined to be eligible to contribute to an HSA, you can elect an annual contribution amount to be deducted from your paycheck on a pretax basis. The amount deducted from your paycheck will be based on your total election divided by your total number of pay periods during the year as indicated by your pay frequency in Benefitsolver.

When are my HSA funds available to me?

Unlike an FSA, your total election amount is not available to you January 1. Rather, your account balance builds throughout the year based on your payroll deductions and/or CRH Americas' contributions, and you may only withdraw funds to pay for qualified expenses based on the actual account balance.

How can I use the money in the HSA?

In general, the HSA can be used tax-free for IRS qualified expenses, including but not limited to the following, as long as they are not paid by any other plan:

- Medical and prescription drug expenses (such as deductible, coinsurance)
- Dental care services
- Vision care services
- Over-the-counter medications with written prescription from your doctor
- Certain medical equipment
- Long-term care and long-term care insurance premiums
- COBRA premiums
- Medicare insurance premiums and premiums under an employer-sponsored retiree medical program (once you reach age 65)

Save it and build a healthcare nest egg.

However, if you use your HSA money for expenses not approved by the IRS you may have to report the amount of unqualified expenses on your tax return, pay income tax on the amount and a 20% penalty (unless you are age 65 or older or disabled).

How do I access my HSA funds to pay for qualified expenses?

When you enroll in the HDHP and open an HSA, you will receive a Businessolver MyChoice FSA/HSA Card to use at your discretion for qualified expenses. This way, you can choose to use the funds or build the balance in your HSA to save for unexpected expenses, or even save toward retirement! As a member, you also have the option to link your personal checking or savings account and perform transfers from the HSA to your account. This is considered the “pay me back” scenario. You can submit claims and request that Businessolver pay providers directly from the HSA account, this is know as the “pay my provider” scenario. In addition, you also have the option to invest in a variety of funds much like your 401(k) plan.

Am I required to submit receipts to substantiate expenses from my HSA?

The IRS does not require substantiation on HSA expenses, but you are expected to keep the receipts for tax documentation purposes

Can I change my HSA contribution during the year?

Yes, you can increase or decrease your HSA contribution at any point during the year as long as you do not exceed the total maximum annual contribution amount. You can change your contribution to zero and the employer contribution will continue.

Are there administrative fees associated with an HSA?

Yes. If you choose to invest your funds a \$2.50 monthly administration fee, charged by UMB Bank, is deducted directly from your account balance. In the event of employment termination if you choose to keep your HSA account, there will be additional administrative fees associated with your account.

What are the Investment Options?

Your MyChoice HSA Account can earn money while saving money. Just like a traditional savings account, the money in your HSA earns interest in an FDIC insured account from which you can withdraw funds at any time. You can keep some money liquid in your account to pay for today's healthcare expenses as they arise, and you can invest the remainder of your balance to save for future healthcare expenses. MyChoice Accounts has partnered with an FDIC-insured bank, UMB Bank as your HSA custodian.

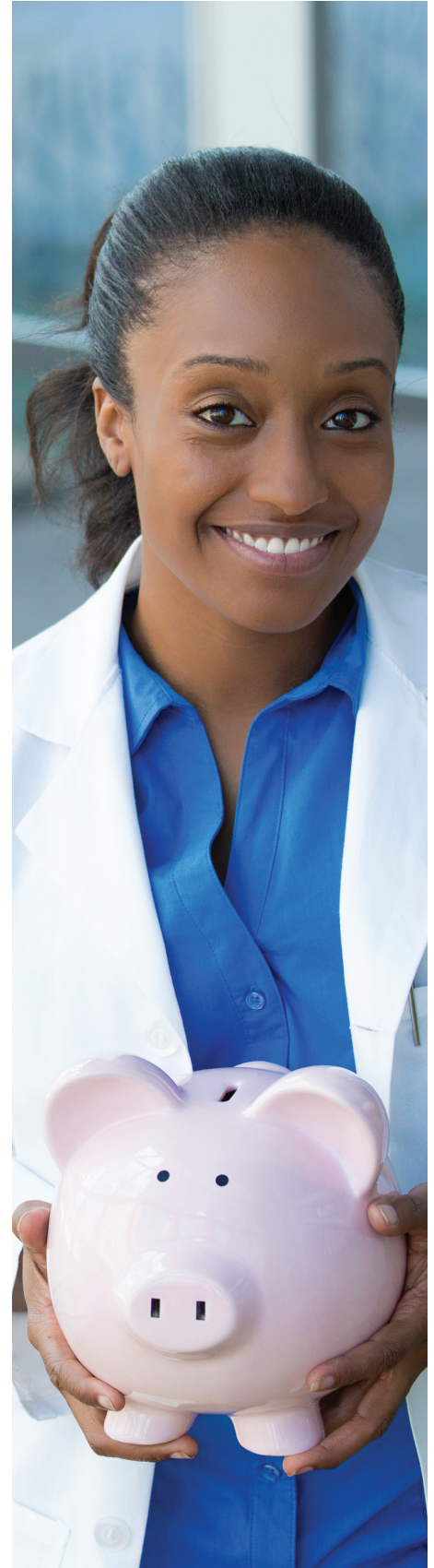
You will have access to an integrated account and investment management on www.benefitsolver.com.

- No additional enrollment or separate site access is required to invest.
- Mutual funds with no per-trade fees.
- Automatic fund allocation capabilities.
- 24/7 access to statements and tax forms.

Your investment choices include standard investment options, which range from high, moderate, or low-risk investment choices to maximize your savings. You can invest in US Equity, International, Income, Money Market and Target Allocation Funds.

You may transfer money into your investment account at any time and there is no minimum investment requirement.

When you start investing the money in your HSA, you will not pay taxes on your gains. Your interest and investment income earned on the HSA balance are also tax-free, allowing you to build a bigger nest egg even faster. (HSA interest and investment income are not subject to federal income taxes. You should consult a tax advisor regarding your state's tax code).



Can I rollover and transfer from my old custodian to my new MyChoice Accounts HSA?

Yes, you can rollover your HSA dollars from your current custodian bank into your MyChoice HSA Account at UMB Bank.

Before transferring you will want to liquidate your investments prior to rolling over. Once logged into Benefitsolver, you can navigate to your Reference Center and download the MyChoice Accounts Trustee-to-Trustee Transfer form. Once completed, you will need to send the completed form to your current HSA custodian bank. Your current custodian bank will complete the remaining portion and issue check to UMB Bank. UMB will post your HSA dollars within 3 days of receipt once they have received your dollars from the previous custodian bank. For help with questions, call **888.437.4866** and ask for a Health Savings Account representative.

HSA Quick Look

Who owns it?	You (employee)	
Who controls it?	You choose when to use.	
Who funds it?	CRH Americas and you (optional – enroll for payroll deduction during Open Enrollment)	
How often is it funded?	CRH Americas deposits each pay period based on your payroll frequency	
Funds available?	Upon deposit into account.	
Is it portable?	Yes. You own it, so if you change jobs, retire, or switch to another medical plan, the money in the HSA is yours to keep.	
Annual employee contribution limit	For CRH Americas and your contributions combined (2024)	
	Individual \$4,150 Family: \$8,300 (Plus \$1,000 if age 55 or older)	
What happens if I don't use it?	Unused balances carry over from year to year	
Does it earn interest?	Yes, funds may be invested similar to a 401(k) (note that while funds are in an investment account, you cannot use them to pay for eligible healthcare expenses)	
FSA Permitted?	HSA Compatible Healthcare FSA Only	
Debit Card?	Yes	
Which health plan option is this paired with?	Qualified HDHP	
HDHP How do plan deductibles and out-of-pocket maximums differ (in-network)?	Deductibles:	Individual \$3,200 Family \$6,400
	Out-of-Pocket Maximums:	Individual \$6,500 Family \$13,000



Section 2 | Healthcare Flexible Spending Accounts (HC-FSA)

What is a Healthcare Flexible Spending Account (HC-FSA)?

It's a pre-tax account used to pay for out-of-pocket medical, dental, and vision expenses incurred by you, your spouse, or your dependent children.

If you participate in the Health Savings Account, see below for information on the HSA-Compatible FSA. A wide variety of expenses can be covered by a Healthcare FSA. A few examples of eligible expenses include: deductibles, copays and coinsurance for medical, dental, or vision expenses; prescription drugs or any IRS eligible expense

How Does a HC-FSA Work?

You may elect to contribute a minimum of \$250 to a maximum of \$3,050 to your Healthcare FSA per plan year. The amount you elect to contribute is automatically deducted from your paycheck in equal installments throughout the year and applied to your Healthcare FSA. The money you contribute to the account on a pretax basis is not taxed when you use it for eligible expenses. Healthcare FSA funds may be used to pay eligible medical expenses for you and your eligible dependents. Even if you do not cover your spouse or dependents under CRH Americas' benefit plans, you can claim their eligible expenses through your Healthcare FSA as long as they meet the definition of dependents. The amount of your annual election is available immediately at the beginning of the plan year but is funded throughout the year.

In exchange for the tax advantages of the Healthcare FSA, the IRS applies some strict rules regarding its use:

- Unused funds greater than \$610 remaining in your Healthcare FSA account after the plan year will be forfeited.
- Payroll deductions cannot be changed before the end of the plan year unless you have a qualified status change.
- Funds cannot be transferred from your Healthcare FSA to your Dependent Day Care FSA, or vice versa.

HSA-Compatible FSA

If you participate in the HDHP option in 2024 and contribute to a Health Savings Account (HSA), and you wish to participate in a Flexible Spending arrangement, you may only contribute to an HSA-Compatible FSA. In an HSA-Compatible FSA, your FSA funds may only be used to pay for qualified Dental and Vision expenses. No Medical or Prescription claims or reimbursements can be requested from an HSA-Compatible FSA until you have satisfied your calendar-year deductible.

In addition, if you have rollover FSA funds from a prior plan year, your funds must roll over into the HSA-Compatible FSA if you enroll in the HDHP and elect to participate in the HSA.

Can employees drop or change their FSA?

An FSA is governed by Cafeteria-plan rules. Employees' cafeteria-plan elections are generally irrevocable until the beginning of the next plan year. However, a cafeteria plan may generally permit an employee to revoke an election and make a new one midyear due to any one of the following:

- Change-in-status events, such as a change in marital status, number of dependents, residency or employment status.
- Significant cost or coverage changes.
- Special enrollment entitlement.
- FMLA leave.
- Medicare entitlement.

Any change in contributions must be consistent with the event.

Healthcare FSA – HSA-Compatible FSA – \$610 Carryover

The Healthcare FSA will allow you to automatically carry over up to \$610 of any balance remaining at the end of 2024 to be used in 2025. The \$610 carryover will not affect the \$3,050 limit for contributions in 2025. No need to rush to spend the carryover dollars—there is no deadline to spend the amount carried over.

The minimum balance required for carryover is \$10 for participants who do not enroll in the Health Care Flexible Spending Account for the next plan year.

How do I document Recurring Expenses?

Per IRS rules, if you have recurring eligible expenses, you'll need to provide documentation the first time you submit for these through your MyChoice Account. Once approved, the expense may be reimbursed on a recurring basis without further documentation.

Card substantiation: All Healthcare Card purchases have to be verified within 90 days of the transaction date in accordance with IRS regulations. MyChoice Accounts will notify you if the transaction cannot be automatically verified and provide you with instructions for how to proceed.

For claims that you are unable to provide supporting documentation, you can mail Checks/money orders to repay account go to:

MyChoice Accounts
P.O. Box 870747
Kansas City, MO 64187-0747

Make sure to include your name and claim date of service to ensure dollar value is applied appropriately.

What is a Letter of Medical Necessity?

A letter of Medical Necessity is a note written by your doctor that verifies the service or items you are purchasing are for the diagnosis, treatment or prevention of a disease or medical condition. This letter is required by the IRS for certain eligible expenses. The Letter of Medical Necessity required for this process can be found in your Benefitsolver Reference Center.

When would I need a Letter of Medical Necessity?

Many types of treatments and services are only eligible for expense when a Letter of Medical Necessity is provided per IRS guidelines. Examples of these expenses are:

- Weight loss programs
- ACNE treatments
- Cosmetic procedures
- Homeopathic medicines

For a full list of expenses eligible with a Letter of Medical Necessity, refer to the Eligible Expenses Guide in your Reference Center or IRS Publication 502.

How long is a Letter of Medical Necessity approved for?

Typically, the Letter of Medical Necessity is good for 12 months from the date you submit it (i.e. a letter submitted in March 2023 would be good through March 2024).

Are the benefit contributions to the Flexible Benefit Plan reported as income on my Form W-2?

The amounts that are contributed to the Flexible Benefit Plan are not considered taxable wages by the IRS and most States. As a result, "wages, tips, and other compensation" reported for federal income, state income (except New Jersey and Dependent Day Care FSA contributions in Pennsylvania), and FICA on your W-2 will be your gross income less any benefit contributions to the Flexible Benefit Plan.

How do Flexible Benefit Plan contributions affect my Social Security benefit?

Participation in the Flexible Benefit Plan reduces your gross taxable income and may affect your Social Security benefit by reducing the total taxable income used to calculate your Social Security benefit. In most instances, the current tax savings under the Flexible Benefit Plan will outweigh the slight impact on future Social Security benefits.

What happens if I terminate employment?

If you terminate employment, you will no longer be eligible to participate in the flexible benefit plan. Typically, your pre-tax contributions will continue through your last regular payroll period and your eligibility to incur claims will end the last day of the month in which your employment terminates, unless you elect COBRA. Termination of participation in the Flexible Benefit Plan will not affect any rights you may have to continue participation in certain health plans. You may continue your Health Care Flexible Spending Account through COBRA as long as your contributions are greater than your claims when you terminate employment.

Businesssolver will offer FSA under COBRA for any employee that was actively enrolled in FSA at the time of the COBRA qualifying event.

Nondiscrimination Testing

Because your FSA contributions are deducted from your paycheck pretax, CRH Americas must conduct testing of our Healthcare and Dependent Day Care FSAs to ensure they do not discriminate in favor of individuals who are either highly compensated employees or are otherwise key employees within our organization. In the event that the plan(s) fail the testing, CRH Americas reserves the right to change your contribution mid-year to realign the plan(s) to a passing status. See your FSA Summary Plan Description for more information, available in your Benefitsolver Reference Center.

Section 3 | HSA Compatible Flexible Spending Account

Available for employees who participate in the HDHP in 2024 and who open and/or contribute to an HSA.

The funds in this FSA are only available for dental or vision expenses until your calendar year deductible has been met and verification submitted to MyChoice Accounts.

[Can I enroll in both an HSA and Flexible Spending Account \(FSA\)?](#)

If you are covered by a traditional Healthcare FSA, you are not eligible to open and/or contribute to an HSA. However, you may choose to participate in an HSA-Compatible FSA and still be eligible to open and/or contribute to an HSA.

In an HSA-Compatible FSA, your FSA funds may only be used for dental and/or vision expenses until your medical calendar-year deductible has been met. Once your deductible has been met, you may submit the proper documentation to MyChoice Accounts and then use your FSA for medical and/or prescription expenses.

[Healthcare FSA – HSA-Compatible FSA – \\$610 Carryover](#)

The Healthcare FSA will allow you to automatically carry over up to \$610 of any balance remaining at the end of 2024 to be used in 2025. The \$610 carryover will not affect the \$3,050 limit for contributions in 2025. No need to rush to spend the carryover dollars—there is no deadline to spend the amount carried over.

In addition, if you have carryover FSA funds from the previous plan year, your funds must roll over into the HSA-Compatible FSA if you enroll in the HDHP and elect to participate in the HSA.



Section 4 | Dependent Day Care Flexible Spending Account (DC-FSA)

Understanding Your Dependent Day Care FSA

What is a Dependent Day Care Flexible Spending Account (DC-FSA)?

It's a pre-tax account to help you pay for eligible dependent care services. Dependent care must be necessary to allow the adults in your household to work or in some cases attend school. If you are married both you and your spouse must be working.

What is an eligible dependent for the Dependent Day Care FSA?

An eligible dependent is an individual whose care expenses may be reimbursed under the Dependent Day Care FSA. The individual must be a person for whom you can claim a personal tax exemption, and who spends at least eight (8) hours per day in your home. An eligible dependent can be any one of the following:

- A child under age 13 for whom you have custody most of the time even though your former spouse may claim the child for income tax purposes
- Any other dependent who is physically or mentally unable to care for himself or herself
- Your spouse, if physically or mentally incapable of self-care
- Verification of disability is required.

What are the advantages?

You can lower your taxes while you pay for eligible dependent care expenses. That's because you contribute to the account each pay period with pre-tax money, before federal, state, local and Social Security taxes apply.

How much can I contribute?

Maximum Plan Year Contribution (the lesser of):

- \$5,000 (\$2,500 if married and filing a separate tax return); or
- Your earned income or your spouse's earned income. If your spouse is a full-time student or is disabled, the spouse is deemed to have an income of \$250 per month for one dependent, or \$500 per month for two or more dependents.

Minimum Plan Year Contribution: \$250.00

Contribution limits are subject to nondiscrimination testing.

What are eligible expenses?

There's a wide range of eligible expenses for reimbursement from a dependent care flexible spending account. Examples include:

- Pre-school
- Summer day camp
- Before- or after-school programs
- Day care for children younger than 13

Examples are: preschool, summer day camp, before or after school programs and child or adult daycare programs.

What are the criteria for reimbursement under the Dependent Day Care FSA?

For purposes of the Dependent Day Care FSA, an expense must meet certain plan guidelines to qualify as an eligible expense. To be considered an eligible expense, the service must:

- Be incurred during the current plan year and your period of coverage under the plan

- Be provided for the care of a qualifying dependent or other related household services for the care of that qualifying dependent (includes any payroll taxes paid on wages for a qualifying dependent care provider)
- Be incurred to enable you to work

NOTE: If married, your spouse must also work; be a full-time student at least five months during the year while you are working; or be physically or mentally unable to provide his/her own care in order for the dependent care expense to qualify as an eligible expense.

Do I qualify to use the Dependent Day Care Flexible Spending Account (FSA)?

To be eligible to use the Dependent Day Care FSA, you must be at work during the time your eligible dependent receives care. You must also meet one of the following eligibility guidelines:

- You are a single parent
- You have a working spouse
- Your spouse is a full-time student at least five months during the year while you are working
- Your spouse is physically or mentally unable to provide for his/her own care
- You are divorced or legally separated and have custody of your child most of the time even though your former spouse may claim the child for income tax purposes

What is a qualifying dependent care provider?

A qualifying dependent care provider is a provider whose services qualify for reimbursement from your Dependent Day Care Flexible Spending Account. Qualifying providers may include:

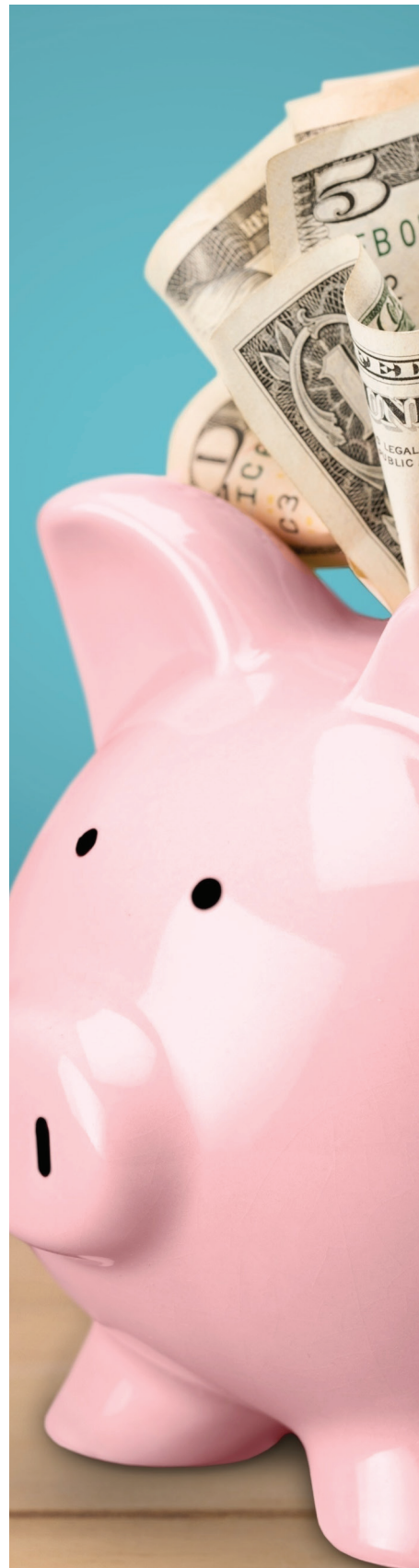
- Child care centers. If the center provides care for more than six non-resident individuals, it must meet all applicable state and local regulations
- An individual who provides care inside or outside your home. However, a child of yours under age 19 or any other individual for whom you can claim a personal exemption does not qualify as a care provider
- A housekeeper whose services include, in part, providing care for a qualifying dependent

Do I have to spend the money by a certain time?

The account has a “use it or lose it” rule. That means you need to spend the balance by the end of the year or forfeit what’s left. So be sure to plan your expenses carefully. Your plan allows you to submit claims for your 2023 dependent care expenses through the end of the year.

Grace Period

You have a grace period until March 15 of 2024 in which you may incur expenses using your 2023 DC-FSA funds. You will have until March 31, 2024 (including the grace period) to apply for reimbursement of eligible expenses. Any funds remaining in your Dependent Day Care FSA after March 31 that could have been used for eligible expenses incurred during 2023 will be forfeited, as required by the IRS.



How much reimbursement will I receive each time I submit a claim?

Your benefits administrator will reimburse the claim up to the available balance in your Dependent Day Care FSA at the time you submit the claim. If there aren't sufficient funds in your FSA to reimburse the entire claim, the remaining amount of the claim will be paid as soon as there have been enough payroll deductions credited to your account. You will not have to re-submit the claim.

What do I submit to get reimbursed for qualifying dependent care expenses?

As a participant, you may file claims for reimbursement on www.benefitsolver.com. You may also contact Businessolver for a Claim Form if you prefer to file a paper claim. Complete a signed form and send it with the supporting documentation to the address on the form.

Upon receipt, review, and approval of the claim you will be reimbursed from your spending account. When completing a Claim Form, you must include the following information:

- The dates of service
- The amount of the charge
- The name of the providers of the services
- Signature of provider on the claim, or receipt or other proof of payment

What are some examples of expenses not eligible for reimbursement?

Certain types of expenses are not eligible for reimbursement under the Dependent Day Care FSA. Examples of ineligible expenses may include:

- Services which are primarily educational or medical in nature. (Pre-school is generally regarded as primarily for the child's well-being and protection and not primarily educational)
- Educational expenses at kindergarten level or higher
- Services provided on behalf of a qualified dependent while the employee (or spouse) is not working
- Household services provided by individuals who are not responsible for providing care to the dependent
- Transportation costs to and from a dependent care facility
- Overnight camp costs

Can I change my Dependent Care FSA election during the plan year?

In general, you must experience a Qualifying Event in order to make a permitted change to your Dependent Care FSA annual election. Please note your annual election may not exceed the Maximum Plan Year Contribution.

Examples of Qualifying Events and the permitted changes are listed below.

- Events that allow you to increase your annual election:
 - » You give birth to or adopt a child
- Events that allow you to decrease or terminate your annual election:
 - » Dependent is no longer eligible, e.g., a child turns 13 years old
 - » Your child no longer resides with you after a divorce
- Events that allow you to increase or decrease your dependent care election:
 - » Change of daycare provider
 - » Cost of care changes (unless care provider is a relative)
 - » Change in the number of hours of dependent care and care costs
 - » Need for care changes due to a job change or change of work hours

If I contribute to a Dependent Day Care Flexible Spending Account, does it affect my ability to take advantage of the IRS Dependent Care Tax Credit?

Yes. Any reimbursements received through participation in the Dependent Day Care FSA are not eligible for the credit and reduce the amount of eligible expenses which can be claimed under the tax credit. Consult your tax professional for specific rules related to personal income tax filings.

Are there any tax reporting forms which I must file when I contribute to the Dependent Day Care FSA?

Yes. Although you will not have to pay federal, Social Security and State (except PA and NJ) taxes on amounts you contribute to the Dependent Day Care FSA, the total will be recorded in a separate box on your Form W-2. When preparing your tax return, you should complete and file an IRS Form 2441 or Schedule 2. Form 2441 or Schedule 2 requires that you report the name, address and taxpayer I.D. number of your dependent care provider(s). These forms are submitted to the IRS to identify dependent care reimbursements received through the Dependent Day Care FSA and to calculate any expense which may remain eligible for the IRS Dependent Care Tax Credit. You can request the identifying information from your dependent care provider(s) on IRS Form W-10. Form W-10 does not need to be filed with any government agency, but should be retained for your own records. Consult your tax professional for specific rules related to personal income tax filings.

When will my DC-FSA funds be available to use?

Funds in your DC-FSA are available as you contribute to the account through payroll deductions. You may submit claims for your full election amount at any time, however you will only be reimbursed the amount contributed. As you make additional contributions, reimbursements will continue.

Will I receive a debit card?

Yes, Dependent Care FSA does have a MyChoice Debit Card. If you have multiple MyChoice Accounts you will only receive one card.

When can I use my debit card for dependent day care expenses?

You can use your debit card for eligible expenses once the card is activated AND you have a balance in your account to cover the expense. The card may be limited based on the providers ability to accept a debit card.

How am I reimbursed for eligible dependent day care expenses?

You can receive reimbursement for eligible expenses by:

- Using your MyChoice Accounts debit card at the time of service (as long as the account balance is sufficient enough to cover the expense)
- Scanning your receipt using the MyChoice Mobile app
- Uploading your receipt directly in your benefits portal when submitting your claim
- Mailing or faxing your claim to MyChoice Accounts.
- A manual claim form is available in your Benefitsolver Reference Center.

What happens if I terminate employment?

There are no COBRA rights for non-health plans; however, the Flexible Benefit Plan offers a “Spend Down” provision for terminated employees for the Dependent Day Care Flexible Spending Account.

This provision allows the Dependent Day Care Flexible Spending Account to reimburse you from your remaining account balance for eligible dependent day care expenses incurred through the end of the plan year in which your employment is terminated. For help with questions, call **888.437.4866** and ask for an Account representative.

Nondiscrimination Testing

Because your FSA contributions are deducted from your paycheck pretax, CRH Americas must conduct testing of our Healthcare and Dependent Day Care FSAs to ensure they do not discriminate in favor of individuals who are either highly compensated employees or are otherwise key employees within our organization. In the event that the plan(s) fail the testing, CRH Americas reserves the right to change your contribution mid-year to realign the plan(s) to a passing status. See your FSA Summary Plan Description for more information, available in your Benefitsolver Reference Center.

Section 5 | Claims Reimbursement

What methods of claim reimbursement are available?

Electronically via direct deposit/ACH transfer or paper check mailed to your address in Benefitsolver.

Submit Claims For Reimbursement	
Online	Your Benefits Portal
Mobile	MyChoice Mobile App
Email	claims@mychoiceaccounts.com
Fax	855.883.8542
Mail	MyChoice Accounts, MSC 163940 P.O. Box 105168 Atlanta, GA 30348-5168

Your Benefits Website: Manage your accounts when you visit your benefits portal, the same website you use for your other benefits. Log in with the same username and password you use for your other benefits. Once logged in, select your name in the right-hand corner and choose Consumer Accounts from the drop-down menu.

Your MyChoice Mobile App: View your MyChoice Accounts on your mobile device. Simply download the app from your iOS or Google Play stores. You will be asked for an access code which can be obtained by logging into your Benefitsolver and looking for the MyChoice Mobile App widget.

Managing Your Accounts No matter which accounts you have, you can manage them all in the same place. Whether you visit your benefits website or the MyChoice Mobile App, you'll be able to:

- See your account balances in real time
- Save your documentation of expenses such as Explanation of Benefits, itemized invoices, or any document that contain dates of service, patient, provider name, amount and type of service

How do I know what expenses are eligible?

Review the Eligible Expense Guide in your Benefitsolver Reference Center or refer to IRS publication 502.

How long does it take to get reimbursed?

Receipt of your claims disbursement may vary, depending on your reimbursement preference set up.

If you have direct deposit set up on your account, it can take 2 - 3 business days for your bank to reflect the reimbursement issued. If your account is not set up for direct deposit, it can take up to 7 – 10 business days to receive your check.

Why was my MyChoice Accounts Debit Card suspended?

Most often, your card will be suspended if you exceed the 90 day window for verifying a card transaction. While most card transactions are automatically verified, some require additional information to ensure the expense incurred was eligible. You will be notified via email if your card transaction cannot automatically be verified and asked to provide further documentation through your benefits portal. You have 90 days from the transaction date to verify your transaction before your card is suspended.

What if I used my card for an expense I shouldn't have? (Example: teeth whitening)

You will need to repay your account for the amount that should not have been used. If this occurs, you will be notified for an unsubstantiated claim. Once this occurs, you can then return the funds, or submit an eligible expense to offset the amount used. You can do this within Benefitsolver, there is an option to repay a card transaction using a personal credit card.

What is a Letter of Medical Necessity?

A letter of Medical Necessity is a note written by your doctor that verifies the service or items you are purchasing are for the diagnosis, treatment or prevention of a disease or medical condition. This letter is required by the IRS for certain eligible expenses.

When would I need a Letter of Medical Necessity?

Many types of treatments and services are only eligible for expense when a Letter of Medical Necessity is provided per IRS guidelines. Examples of these expenses are:

- Weight loss programs
- ACNE treatments
- Cosmetic procedures
- Homeopathic medicines

For a full list of expenses eligible with a Letter of Medical Necessity, refer to the Eligible Expenses Guide in your Reference Center or IRS Publication 502.

How long is a Letter of Medical Necessity approved for?

Typically, the Letter of Medical Necessity is good for 12 months from the date you submit it (i.e. a letter submitted in March 2023 would be good through March 2024).



Appendix



Your Guide to MyChoice Accounts

This is your guide to making the most of your MyChoice Accounts. Inside, you'll find tips for managing your benefit spending accounts and using all the resources available to you to make saving and spending easy.

Effective 2023: All Accounts (including HSA)

mychoice[®]
Accounts

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Your MyChoice® Account Resources

It's easy to manage all your benefit spending accounts with these resources:



Your MyChoice Accounts Visa® debit card

Use it to pay for reimbursable, qualified expenses. The card is linked to the accounts you're participating in, allowing you to manage all your benefit accounts with a single card. Activate your MyChoice debit card and set up your PIN by calling Card Services at **1-800-819-9889**. Be sure to sign the back of your card before using it.



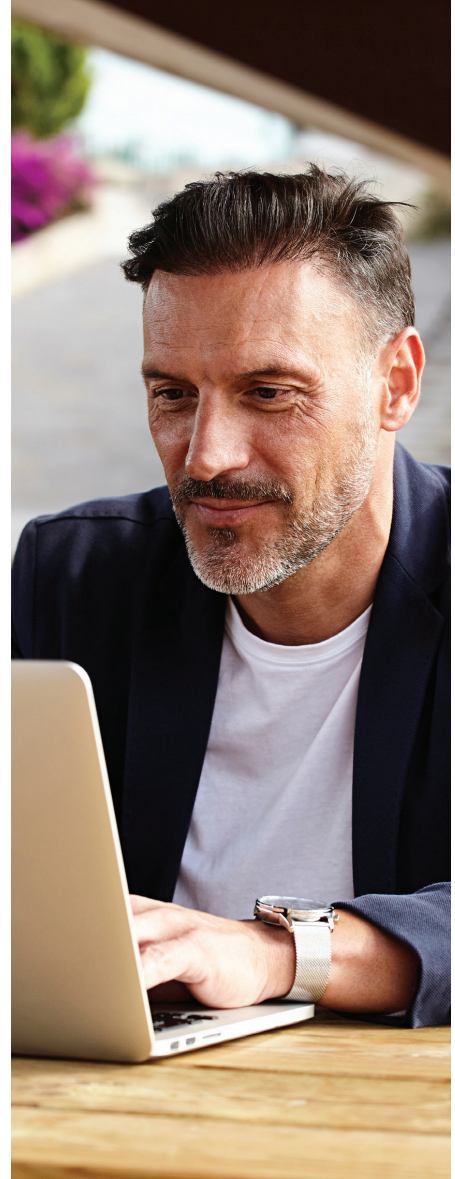
Your Benefits Website

Manage your accounts when you visit your benefits portal, the same website you use for your other benefits. Log in with the same username and password you use for your other benefits. Once logged in, select your name in the right-hand corner and choose **MyChoice Accounts** from the drop-down menu.



Your MyChoice™ Mobile App

View your **Accounts** on your mobile device. With the MyChoice Mobile App, you can easily manage your accounts whenever you need, and wherever you are. Simply visit your favorite app store and search for MyChoice Mobile App. You can either retrieve the QR code from your online benefits portal or use your benefits portal username and password to set up MyChoice Mobile App access.



Managing Your Accounts

No matter which accounts you have, you can manage them all in the same place. Whether you visit your benefits website or the MyChoice Mobile App, you'll be able to:

- **See your account balances** in real time
- **Upload** your documentation of expenses such as Explanation of Benefits, itemized invoices, or any document that contain dates of service, patient, provider name, amount and type of service
- **Submit claims for reimbursement:**
 - **Online:** Your Benefits Portal
 - **Mobile:** MyChoice Mobile App
 - **Email form + documentation:** claims@mychoiceaccounts.com
 - **Fax:** 855-883-8542
 - **Mail:** MyChoice Accounts
MSC 345475
P.O. Box 105168
Atlanta, GA 30348-5168

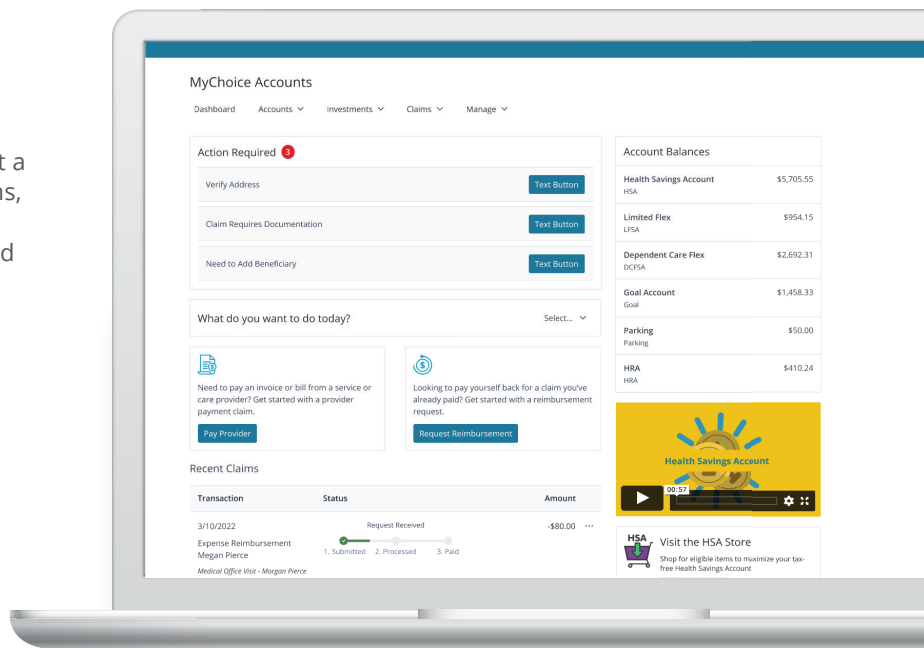
Using the Site

HOME PAGE

Navigate to your name in the top right corner of the page. Click on your name and select **MyChoice Accounts** or look for the piggy bank icon throughout the site to access the MyChoice Accounts Dashboard.

DASHBOARD

From this page, you can view all of your accounts at a glance, review recent claims, initiate a reimbursement, and see any action required items.



At the top of the page you'll see a menu containing:

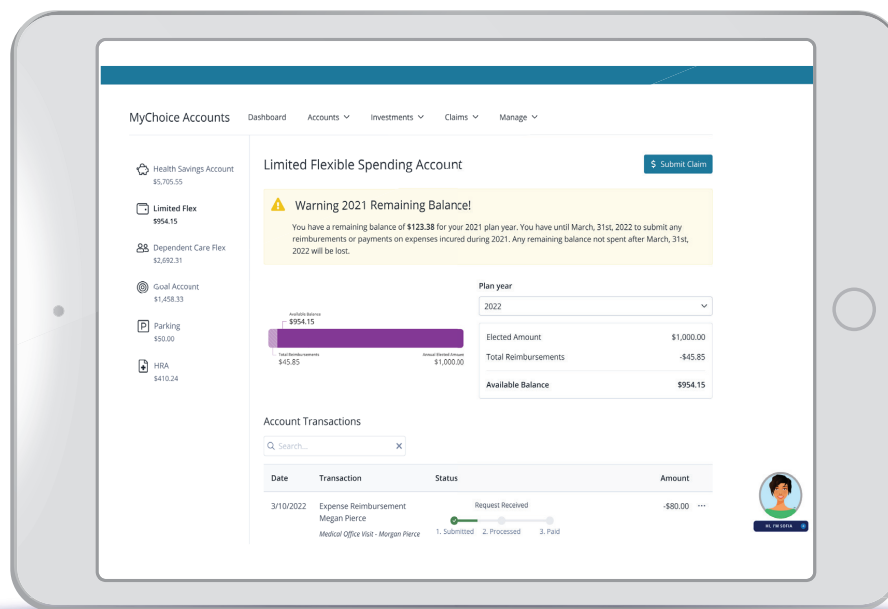
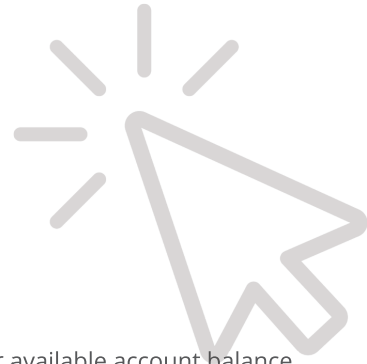
- **Accounts:** This menu gives you a list of all the accounts you're participating in. Just click on the one you want to manage to get to the Account Summary page.
- **Investments:** If you have an HSA, you see this menu to help you grow your account.
- **Claims:** Submit a claim for reimbursement or view your claim summary.
- **Manage:** This menu gives you choices about specific action you may want to take:
 - **Cards:** Manage your debit card, report as lost/stolen, or order additional cards for qualified dependents.
 - **Add bank account** for direct deposit and the fastest reimbursements
 - **Care Providers:** If your account supports "pay a provider," add providers here for direct payment from your account.
 - **Documents:** For accounts that require documentation (FSA, HRA), you can see copies of your electronically submitted documentation here.



ACCOUNT SUMMARY

Within each account option, you can:

- **View your account at-a-glance:** Your account summary displays your available account balance, contribution amounts, and total year-to-date, or filter by plan year. If there are any notable upcoming deadlines, you may also see an alert at the top of your account page.
- **View account transactions:** Track the status of reimbursement submissions, review contributions, or search for specific claims.
- **Submit Claim:** This option allows you to submit receipts or other documents for reimbursement. It's only available for Flexible Spending Accounts, Commuter Parking, and Health Reimbursement Accounts for reimbursement. HSA holders may use this feature to pay a provider.
- **Request Transfer:** This option is for Health Savings Account members and allows you to request reimbursement to yourself for any out-of-pocket expense eligible for reimbursement from a HSA. To use this option, you must have a verified bank account on file. For more information, refer to the **Manage** section on page 8.





REQUEST PAYMENT

(Flexible Spending Accounts, Commuter Parking or Health Reimbursement Accounts)

To request payment/reimbursement, follow the instructions on the screen and fill in all required fields. If you have a question about whether a product or service is eligible for reimbursement, review your Eligible Expense Guide located in the Reference Center, review [IRS Publication 502](#), or review our [online eligible expense list](#).

Transfer Funds or Request Reimbursement

Transfer Funds - HSA

Request Reimbursement - FSA or HRA

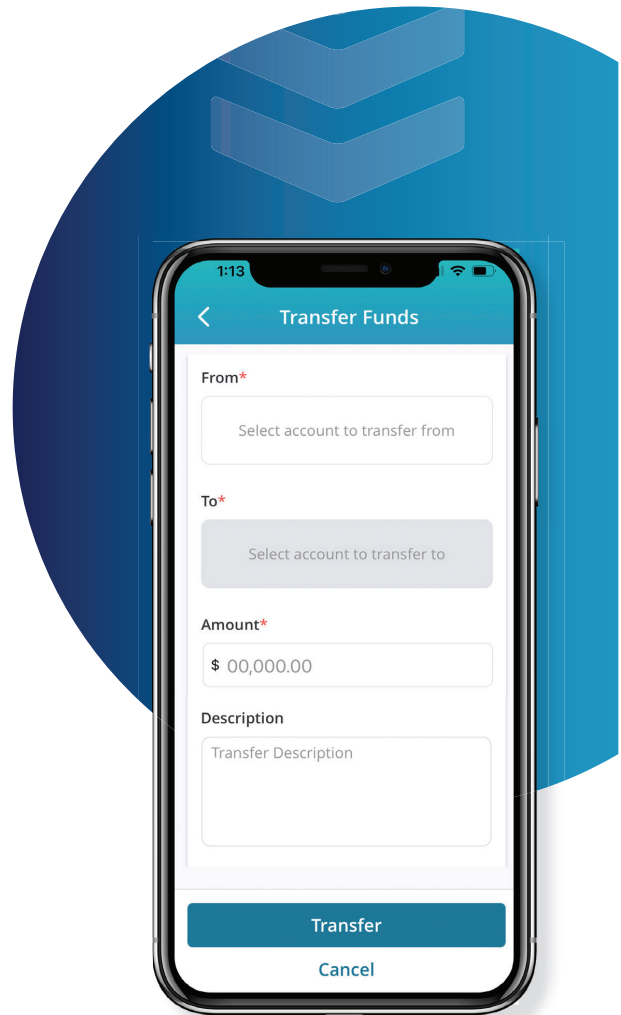
Follow the instructions on the screen and fill in all required fields.

Pay a Provider

Online: If you want to use your account balance to pay a provider directly, select **claims/submit claim**, then select **care provider** on the claims submission experience under claim type “Who do you want to pay?”

You can select the provider name and indicate the date for the payment and additional details of service. Then, you can upload any required documentation and submit the expense for payment. MyChoice Accounts will manage the payment based on your settings.

Mobile: Select **Accounts** then **More**. Select **Manage Providers** and add a new provider.



Manage

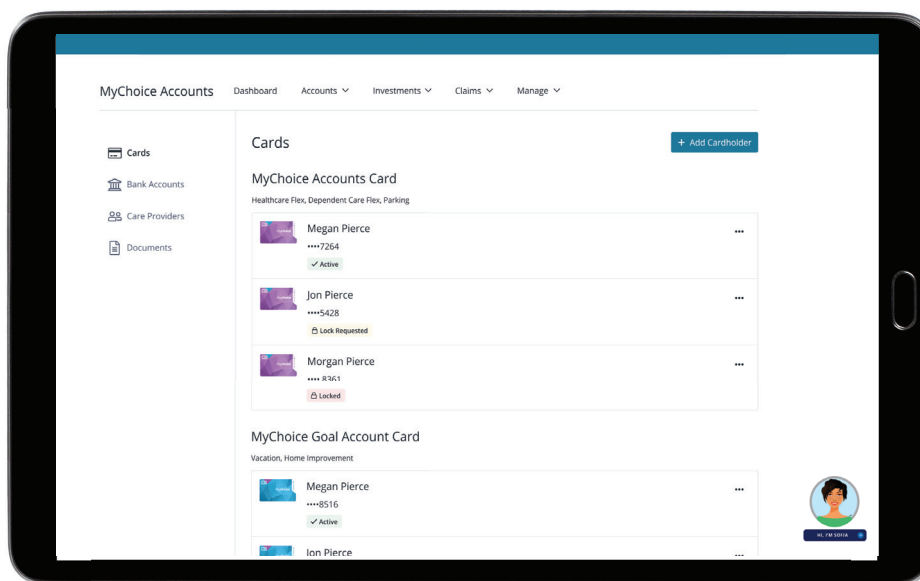
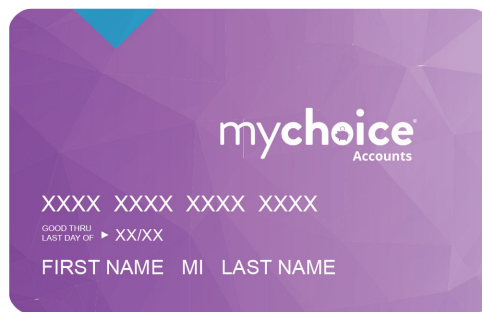
When you select **Manage** from the top navigation, you will have several options:

- **Cards:** Manage your debit cards, report a lost card, lock a card, or a request a new card
- **Bank Accounts:** Set up your bank accounts for direct deposit
- **Care Providers:** Manage your providers stored in the system for Pay a Provider
- **Documents:** View images of the documentation that has been provided online or on the mobile app; search or filter to find specific documents

MANAGING YOUR CARDS

If you need to order a new card for yourself or any other eligible dependent, you can do through the **Manage > Cards** page. You can also call the toll-free number on the back of your card.

For Health Savings Accounts, if you are ordering a MyChoice Visa debit card for an eligible dependent, that dependent must have a social security number on file to complete your request. Dependent social security numbers are not required for any other MyChoice Account card orders.





MANAGE > BANK ACCOUNTS

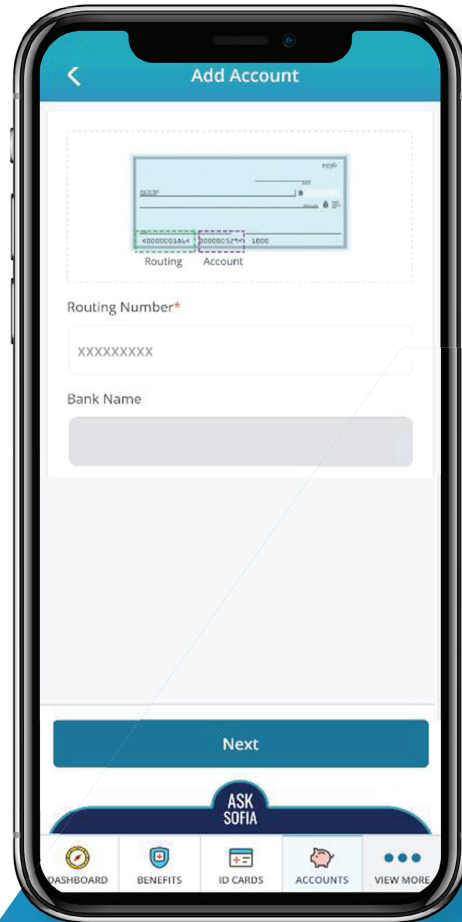
This page will allow you to set up your direct deposit for any of your MyChoice Accounts. Adding a bank account will speed up your reimbursement, as funds can be directly applied to your bank account.

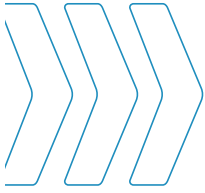
Follow the instructions below to get started. To receive reimbursement for a Health Savings Account claim, you must add a bank account for verification.

- 1 Online, select **Manage > Bank Accounts**
On mobile, select **Accounts > (scroll down) Bank Accounts**.
- 2 Follow the instructions on screen to complete the process.

For HSAs only, to complete the process, you will need to approve a trial deposit. This can be done by reviewing the deposits made to your bank account and then entering those back in the system by selecting **Verify Account**. The trial deposit process takes three to five business days to complete.

Trial deposits *are not* required for any other MyChoice Accounts.





CLAIMS > CLAIM SUMMARY

Your Claim Summary allows you to see which items are pending and may require further action. This can also be seen on the individual account detail page. Here, you can view scheduled claims and progress, recurring claims, FSA or HRA claims that require documentation (note red alert notification), and claims history.

Beside each claim, you may view or edit a claim by selecting the three dots beside the amount on the far right. If documentation is required, you will have the option to **upload documentation** immediately below the claim.

The screenshot displays the 'Claim Summary' page in the MyChoice Accounts system. At the top, there are navigation tabs: 'MyChoice Accounts', 'Dashboard', 'Accounts', 'Investments', 'Claims', and 'Manage'. Below this is a 'Claim Summary' header with a 'Submit a Claim' button. The page is divided into sections: 'Scheduled', 'Recurring', 'Documentation Required' (with a red alert icon), and 'History'. A search bar and filters for 'All Claim Types', 'All Payees', and 'Next 30 Days' are present. The main content is a table with the following data:

Date	Transaction	Status	Amount
3/10/2022	Expense Reimbursement Megan Pierce Medical Office Visit - Morgan Pierce #ACC003006574	Request Received 1. Submitted 2. Processed 3. Paid	-\$80.00 ...
3/10/2022	Payment to First Choice Dental Group Dental Teeth Cleaning - Morgan Pierce #ADJ0003811623	Request Received 1. Submitted 2. Processed 3. Paid	-\$29.00 ...
3/14/2022	Payment to New Horizon Academy Dependent Care Child Care - Morgan Pierce #ACC002687663	Approved 1. Submitted 2. Processed 3. Paid	-\$450.00 ...
3/14/2022	Payment to New Horizon Academy Dependent Care Child Care - Morgan Pierce #ACC002687663	Approved 1. Submitted 2. Processed 3. Paid	-\$450.00 ...

A purple circle highlights the three dots next to the amount of -\$80.00 in the first row. In the bottom right corner, there is a user profile icon with the name 'Hi, I'm Sofia'.



HSA INVESTMENTS (HSA ONLY)

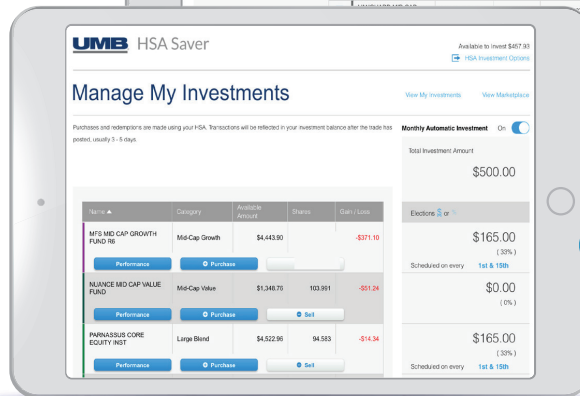
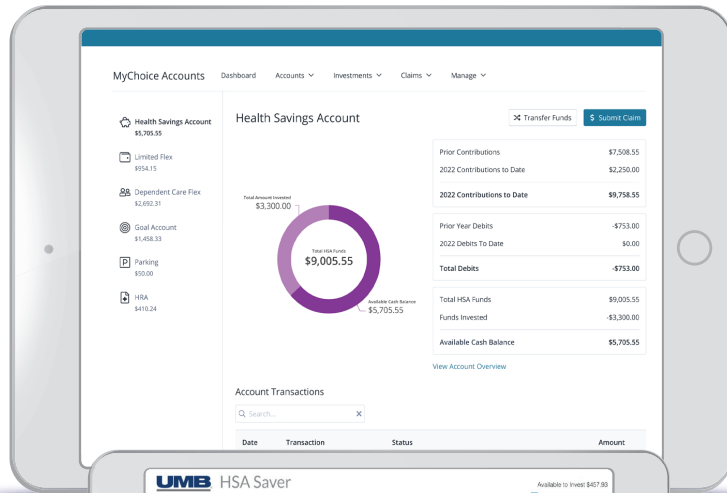
All HSA investments will be managed directly through UMB Saver. Our investment platform is designed to provide a simplified approach to your HSA investments. You may choose from multiple mutual funds designed to help you grow your funds.

1 From your online portal home page, select the **MyChoice Accounts** icon.

2 Under Accounts, select HSA to view your current HSA contributions and investment amounts.

3 To access your investment dashboard, select Investments from the top menu.

Here you can view your current investment line-up, review performance, view the marketplace to select or sell investments, and set up an “auto-sweep” for recurring investments for each contribution period.

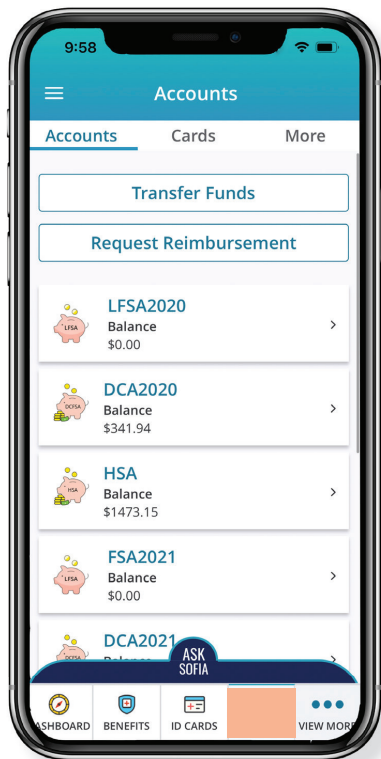


Using the MyChoice Mobile App

It's easy to manage your benefit spending accounts wherever you are with the MyChoice Mobile App. From the Home Page, you'll be able to see which accounts you're participating in and how much you're contributing for the year.

Tap on the piggy bank icon labeled **Accounts** at the bottom of the home screen to see all your accounts and their current balances.

For more details, tap on an account name to see your annual election and how much of it you've spent, along with your current balance.



MANAGE ACCOUNTS ON THE GO

With the MyChoice Mobile App, you can upload images of receipts for eligible benefit spending account receipts and submit claims for reimbursement, just like you can when using your desktop benefits portal.

To pay a provider directly or reimburse yourself, select **request reimbursement**. For HSA reimbursement, use the **transfer funds** option. Use your device's camera to take a photo of your documentation and immediately upload to your claim for faster claim approvals (FSA/HRA) or for your records (HSA). You can also take a photo of your documentation on the go and upload it directly into the app. Simply attach the photo on the claim, fill in the details and select **save**.



USING YOUR MYCHOICE VISA DEBIT CARD

Your MyChoice Visa debit card makes it easy to pay for eligible expenses with your spending account funds.

You'll need to activate your MyChoice Visa debit card before you use it. For added security, you can choose a PIN at the same time you activate your debit card. To do that, call Card Services at **1-800-819-9889**. Be sure to sign the back of your card before using it.

Once you activate and establish your PIN, you simply provide your card for payment. For your card to work, the merchant or provider must accept Visa. Your transaction will process like any other credit or debit card purchase. Always save your receipts. Your card is valid for three years, as long as you remain enrolled in a MyChoice Account.

DOCUMENTING YOUR CARD EXPENSES

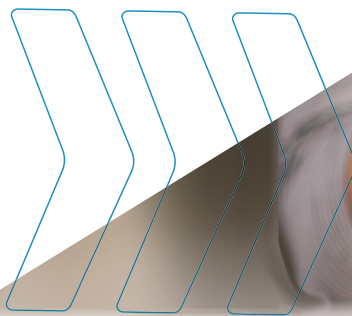
Be sure to save your Explanation of Benefits & itemized documents

The IRS requires you to verify you're using your MyChoice Visa card for certain eligible purchases. In some cases, you will be asked to provide documentation. *HSA holders do not have to provide documentation for eligible expenses*; however, they should retain receipts for their personal records.

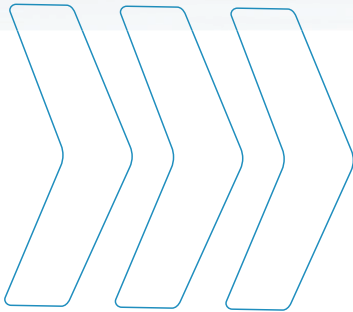
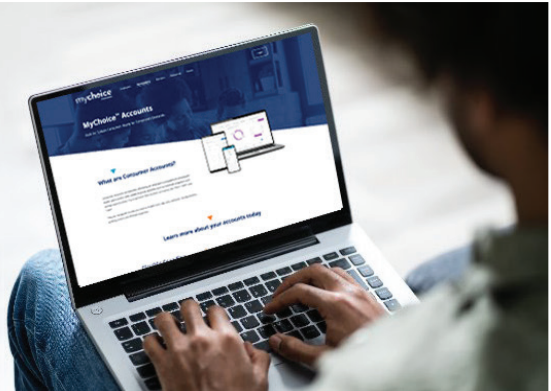
For FSA and HRA expenses requiring documentation, your documents must have the following information:



- Date of purchase or service
- Patient responsibility to pay
- Description of product or service
- Provider name
- Patient name (If applicable)



LEARN MORE ABOUT YOUR ACCOUNTS
WITH VIDEOS, FAQs, SAVINGS CALCULATORS,
AND MORE AT
[MYCHOICEACCOUNTS.COM](https://mychoiceaccounts.com)



Investments in securities through UMB HSA Saver are: **Not FDIC Insured • May Lose Value • No Bank Guarantee**

¹UMB Investment Management selects mutual funds in various asset classes for inclusion in the UMB HSA Saver Investment Program. UMB Custody Services provides safekeeping and settlement of the mutual fund investments in the UMB HSA Saver® investment program. UMB Investment Management and UMB Custody Services are departments of UMB Bank, n.a. UMB Bank, n.a. is a wholly owned subsidiary of UMB Financial Corporation. Funds in an HSA Deposit Account are held at UMB Bank, n.a., Member FDIC

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Notes



Notes

Notes

This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting