

Jackson Electric Cooperative

EMPLOYEE BENEFITS



Within every successful organization, you will find hardworking and dedicated employees. At Jackson Electric Cooperative, we realize that employees such as you, who efficiently utilize their time and talents to further the growth of our organization are our most valuable asset. That is why we provide competitive salaries and comprehensive employee benefits.


It is our hope that your benefit package will provide added security for you and your family members. We appreciate your contributions and dedication to our team.

Sincerely

Jim E. Coleman
General Manager



Jackson Electric Cooperative, Inc.

Your Touchstone Energy® Partner 

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Eligibility

All active full-time employees will automatically be enrolled in Medical, Dental, Basic Life and Long-Term Disability. You have 31 days from your start date to make changes to benefits. Medical and Dental benefits are effective 90 days following your date of hire. Basic Life and Long-Term Disability are effective after one year of full-time employment.

Dependent Eligibility

You may also cover members of your immediate family, including:

- Your legal spouse
- Your dependent children up to age 26

Making Changes to Your Benefits

For current employees, you may only make changes to your benefits elections during our annual enrollment period or if you have a qualifying life status change. Qualifying life status changes include, but are not limited to:

- Marriage or divorce
- Birth, adoption or change in custody of a dependent child
- Death of a spouse or dependent
- Change in your or your spouse's employment status
- Changes during your spouse's annual enrollment

You must request the change through Jackson Electric HR Department within 31 days of a qualifying event. You will need to provide proof of the event, such as a marriage license, birth certificate or proof of a loss of coverage. Changes in your coverage must be directly related to the event. You may contact the HR Department at 361.771.4425 or mldry@myjec.coop.

Paid Time Off

JEC offers a generous amount of paid time off to help you maintain a work-life balance. In addition to the vacation and sick time you accrue, the following are company holidays for 2021:

Holiday	Day Observed
New Year's Day	Friday January 1 st
Good Friday	Friday, April 2 nd
Memorial Day	Monday, May 31 st
Independence Day	Monday, July 5 th
Labor Day	Monday, September 6 th
Thanksgiving	Thursday, November 23 rd
Day After Thanksgiving	Friday, November 24 th
Christmas Eve	Thursday, December 24 th
Christmas Day	Friday, December 25 th
New Year's Eve	Friday, December 31 st



Medical Coverage

United Healthcare Choice Plus Network

Your Cost per Paycheck	
Employee Only	No Cost
Employee + Family	\$397.22

Jackson Electric Cooperative is committed to helping you maintain your health and wellness. With this plan through United Healthcare, you have access to high-quality healthcare. The network includes a wide variety of physicians, health care professionals and facilities that have agreed to charge reasonable, negotiated rates for services. You may also receive care from out-of-network providers, but you will have a higher deductible and greater out-of-pocket expenses.

Preventive care helps you stay healthy and address problems early, while they are easier to treat. With this plan, you are charged nothing for in-network preventative care services like routine physicals, exams and immunizations.

MYHEALTH COACHES

Registered nurse or dietitian health coaches are available to help you with your health and lifestyle concerns such as diabetes, heart disease, back and joint issues, quitting tobacco, exercise and nutrition. This service is offered at *no additional cost*.

CALL 866.696.7322, 24 hours a day, seven days a week

GO TO cooperative.com > My Benefits > My Insurance

To find a network provider near you or to view personalized benefit or claims information, visit www.cooperative.com. Please see page 15 for additional details.

Plan Feature	In-Network	Out-of-Network
Deductible <ul style="list-style-type: none"> Calendar Year Deductible 	\$2,000 individual/\$4,000 family	\$4,000 individual/\$8,000 family
<ul style="list-style-type: none"> Out of Pocket Maximum (includes deductible) 	\$3,500 individual \$7,000 family	\$7,000 individual \$14,000 family
Preventive Care <ul style="list-style-type: none"> Routine health care, check-ups, Well Baby Care 	No charge	40% coinsurance
Physician Office Visit	Subject to the allowed amount; then 20% coinsurance	Subject to the allowed amount; then 40% coinsurance
Inpatient Hospital Services <ul style="list-style-type: none"> Inpatient Hospital Services 	Subject to the allowed amount; then 20% coinsurance	Subject to the allowed amount; then 40% coinsurance
Emergency Room Care Urgent Care; Part of or Not part of Hospital	Subject to the allowed amount; then 20% coinsurance	Subject to the allowed amount; then 40% coinsurance
Outpatient Surgery <ul style="list-style-type: none"> Facility Fee Physician/Surgeon Fees 	Subject to the allowed amount; then 20% coinsurance	Subject to the allowed amount; then 40% coinsurance
Laboratory (All charges count toward your deductible, except for preventive services covered by the plan (paid at 100%))	Subject to the allowed amount; then 20% coinsurance	Subject to the allowed amount; then 40% coinsurance
Chiropractic Services 25-visit annual limit	Subject to the allowed amount; then 20% coinsurance	Subject to the allowed amount; then 40% coinsurance

Prescription Drugs

CVS Caremark

When you are enrolled in the medical plan, you will also receive prescription drug coverage through CVS Caremark at no additional cost. This plan provides significant savings on generic and preferred brand name prescription drugs, especially when you use network pharmacies.

Certain medications may be subject to various clinical programs, including prior authorization, step therapy and quantity limits. These requirements help ensure certain drugs are dispensed safely and appropriately. If you are not sure whether these rules apply to a specific drug, please contact CVS Caremark Customer Care at 888.796.7322.

CVS Caremark has a preferred drug list, which includes brand name and generic medications, available at cooperative.com > My Benefits > My Insurance > Manage Your Prescriptions

Choosing a brand drug when a generic is available affects what you pay. You are responsible for the generic coinsurance or copay PLUS the difference between the cost of the brand drug and the cost of the generic when you choose the brand drug instead of the generic, when available. You still pay this difference even if your doctor notes or checks “dispense as written” or “do not substitute” on the prescription.

		Preventive Drugs	Non-preventive Drugs
Before Deductible is Met			
Generic	Exclusive Choice	\$0	100%
	Other Network Pharmacies	\$0	
Brand	30 Days (All Pharmacies)	Greater of 25% or \$30	
	90 Days (All Pharmacies)	Greater of 25% or \$65	
Brand (Not on the Performance Drug List and has a formulary or generic alternative)	30 Days (All Pharmacies)	Greater of 40% or \$50	
	90 Days (All Pharmacies)	Greater of 40% or \$130	
After Deductible Met			
All Drugs (All pharmacies & quantities)	Elected participant coinsurance: 0%, 10%, or 20%		
After Maximum Out-of-Pocket Met			
All Drugs (All pharmacies & quantities)	\$0		

As part of your Medical Plan, you have access to the POWER Wellness Program. This program provides the resources which are designed to encourage your health and well-being. The Plan's approach to wellness is about more than just physical fitness or losing weight. It's about taking a comprehensive approach toward well-being by incorporating physical, mental and financial wellness to achieve a long, fulfilled and prosperous life.

Information on all the POWER wellness programs can be found by visiting cooperative.com > My insurance > Education & Resources.

Online Tools

NRECA has developed a series of well-being education materials. Take advantage of engaging infographics, educational articles or informative videos. Engaging in healthy behaviors now can pay off down the road with both physical and financial rewards.

You also have access to a variety of professionals, including nurses, dietitians, trainers, and life coaches. You can ask specific questions and get personalized responses.

To access the tools, log in to cooperative.com > My Benefits > My Insurance > Health & Well Being

SHARE (Simplified Hospital Admission Review) Program

Certain services, such as hospital admissions, MRIs, CTs, PETs and home health care, require preauthorization for medical necessity. Obtaining preauthorization is your responsibility. Failure to do so could result in a penalty or denial of the claim.

MyHealth Manager Powered by WebMD

MyHealth Manager is an interactive, online portal that provides you with access to the information you need to make better choices about your health. The site includes a variety of resources and easy-to-use tools developed by one of the most trusted sources of health and medical information: WebMD. However, medical decisions are ultimately made by you and your Physician and do not involve the Plan. Key features of MyHealth Manager are:

- MyHealth Survey: a brief, confidential questionnaire that helps you understand your health risks based on your screening results and lifestyle habits.
- MyHealth Assistants: online health coaching modules where you can select activities to meet your short- and long-term health and wellness goals; and
- Symptom Checker: a tool that helps you determine if and when you should seek medical treatment.

POWER Wellness Programs

MyHealth Coaches

Registered nurse or dietitian health coaches are available to help you with your health and lifestyle concerns such as diabetes, heart disease, back and joint issues, quitting tobacco, exercise and nutrition. This service is offered at no additional cost.

Call 800.526.7322, 24 hours a day, seven days a week.

Tobacco Cessation Program

Your Plan makes tobacco cessation help available to you and your covered dependents ages 18 and older through the MyHealth Coaches® program. The program is designed to help individuals stop using tobacco products, including cigarettes and smokeless tobacco. The program provides telephonic counseling support and mailed materials.

Weight Management Program

MyHealth Coaches also offer members support in managing their weight. The program addresses BMI and disease risk, helps participants set weight-loss goals and track their health behaviors, and teaches tips for managing portion sizes. Coaches can also help individuals start an exercise program.



TELEDOC

Speak by phone or video with a licensed physician. Teladoc provides 24/7 access to a national network of board-certified doctors for medical needs such as flu, sinus infection or pink eye. Consultations are \$45 or less.

First Steps Maternity Program

The NRECA First Steps Maternity Program is available to you as a benefit of your NRECA Medical Plan, and is administered by UMR, a UnitedHealthcare Company, to ensure the highest quality of care. There is no additional cost for the program.

The list of benefits for you and your baby include:

- Personalized support via telephone from a registered OB/GYN nurse;
- Resources for an enrolled participant's support person;
- Choice of free pregnancy book from a number of best-selling titles;
- Prenatal vitamins (with a doctor's prescription);
- Willie Wiredhand baby blanket;
- Up to \$150 worth of gift cards upon completion of the program.





Life Strategy Counseling

The NRECA Life Strategy Counseling Program (LSC) is in addition to the POWER Wellness Program. It is available to all Employees and their dependent spouses and children over age 18, whose co-op participates in the Plan and who wish to seek confidential, professional support for personal life issues or concerns.

Life Strategy Counseling Services offers counseling by phone for:

- Family or relationship problems;
- Parenting difficulties;
- Anxiety and depression;
- Work-related problems;
- Substance use and abuse;
- Grief and loss;
- Emotional and physical abuse; and
- Suicidal thoughts.

Additional services are available to assist participants with work-life balances, such as childcare and adult care programs. There are some Life Strategy Counseling Exclusions.

Centers of Excellence

The Centers of Excellence programs help you find high-quality care at some of the best medical facilities across the United States.

- **Transplant & Bariatric Surgery Centers of Excellence:** These programs are mandatory if you're in need of a transplant or bariatric (weight-loss) surgery.
- **Cancer Centers of Excellence:** This is an optional program if you're looking for information and support to make an informed decision about cancer treatment.

Make the most of your medical plan programs.

As a member of the NRECA Medical Plan, you have access to a variety of free programs and services.

Register or log on to www.cooperative.com to get started today!



Dental Insurance

NRECA Enhanced Plus Dental Plan

Your Cost per Paycheck	
Employee Only	No cost
Employee + Family	\$41.18

The Enhanced Plus Dental Plan encourages preventive dental care and corrective treatment for you and your family so that you will not have to experience complicated, expensive services later. With this plan, now is a great time to take care of your smile.

The Enhanced Plus Dental Plan allows you to visit any dental provider. Discounts are available from providers in the Connection Dental PPO Network.

The following chart has a summary of your costs for dental services.

Dental Service	Plan Pays	Deductible Applies?	Benefit Maximum
Preventive and diagnostic services <ul style="list-style-type: none"> Dental visits & Examinations Teeth cleaning (two cleanings per calendar year) Topical fluoride X-rays and Pathology Sealants 	100%	No	\$2,000
Basic services <ul style="list-style-type: none"> Fillings Tooth restoration Oral surgery General anesthesia Periodontics & Endodontics 	100%	Yes, \$50 per person	\$2,000
Major services <ul style="list-style-type: none"> Inlays & Crowns Pontics (artificial teeth) Restorative repairs Removable Bridges Dentures & Implants 	80%	Yes, \$50 per person	\$2,000
Orthodontic Treatment Plans	50%	No	\$2,000 Lifetime benefits per eligible person

Flexible Spending Accounts (FSA's)

Flexible Spending Accounts (FSA's)

Administered through Cooperative Benefits Association (CBA)

Health FSA also known to the Cooperative as “The 125 Plan” is a plan that allows you to pay for eligible out of pocket expenses through salary deduction. Contributions to a 125 plan are generally paid on a pre-tax basis and are not subject to federal and FICA taxes which gives you the opportunity to lower your taxable income and save money by reducing the taxes you pay.

The FSA allows you to pay for IRS approved medical expenses not covered by other insurance plans, such as medical and dental copays and deductibles, prescription drugs, contact lenses, eye exams and prescription eyeglasses, LASIK surgery, hearing aid and batteries and dental services.

It is important to estimate your expenses carefully as your FSA account balance does not rollover from year to year. Any funds remaining in the account at the end of the year (excluding the 2 ½ month grace period) will be forfeited.

An FSA is not portable; the employee loses this benefit if they leave the company. The maximum participant contribution is \$2,750.00.

Health Reimbursement Arrangement (HRA's)

Administered through Cooperative Benefits Association (CBA)

Unlike a flexible spending account, you don't contribute your own dollars to an HRA. Instead, your employer annually funds your HRA account 100%, giving you tax-free dollars to help defray the costs of your health care.

HRA's allow you to pay for IRS approved medical expenses not covered by other insurance plans, such as medical and dental copays and deductibles, prescription drugs, contact lenses, eye exams and prescription eyeglasses, LASIK surgery, hearing aid and batteries and dental services.

Before claiming reimbursement, participants must spend their own money up to the medical plan's deductible.

Unused balances remaining in your HRA account at the end of a Period of Coverage may be carried forward to the next Period of Coverage to reimburse eligible out-of-pocket health expenses incurred during that next Period of Coverage, so long as you are eligible to participate.

Currently, the company contributes \$1,100.00 for individual medical coverage and \$1,650.00 for family medical coverage annually for eligible participants.

An HRA is not portable; the employee loses this benefit if they leave the company.

Easy Online HRA Access

Want to check your HRA balance? Submit a claim for reimbursement, or check a claim's status? You can, anytime!

- Go to cooperative.com and log in under **My Benefits**.
- Under My Insurance, click **Manage 125 Plan and HRA**.
- Choose **Manage 125 Plan and HRA** again to view and manage your HRA information.

Health Savings Accounts (HSA's)

Health Savings Accounts (HSA's)

Administered through HealthEquity, Inc.

A Health Savings Account (HSA) is like an IRA for health care: it is a tax-exempt personal savings account or investment account created for or by individuals covered under high-deductible health plans (HDHPs) to save for qualified medical expenses. Contributions are made into the account by the individual and/or their employer and are limited to a maximum amount each year.

Who can contribute to an HSA?

- Must be covered only by an HSA-qualified health plan. Other health coverage* may disqualify you.
*Medicare and other traditional health plans
- Cannot have a full purpose FSA (Including through a spouse).
- Not be claimed as a dependent on someone else's tax return.

Maximize your Savings!

The table outlines the IRS established annual HAS contribution limits.

TAX YEAR	MAX HAS CONTRIBUTION LIMIT*	
	Individual	Family
2020	\$3,550	\$7,100
2021	\$3,600	\$7,200
Catch-up**	+\$1,000	+\$1,000

*Annual maximum contribution amount is employer and employee contributions combined.

**If you are over the age of 55, you may also make an additional 'catch-up' contribution of \$1,000.



EMPOWERING AMERICANS
to build
health savings

maximize *your* savings:
www.HealthEquity.com/learn

Health Benefits



Dental

Dental coverage is provided free of charge to the employee through UnitedHealthcare Company after 90 days of full-time employment.

Family dental coverage is available to all full-time employees. Jackson Electric will cover the cost of ½ monthly premium.

Life Insurance

Life Insurance is offered free of charge through NRECA at four times base salary amount after one year of full-time employment.

Long Term Disability

Long Term Disability is offered free of charge through NRECA (CBA) and it is available after 90 days of employment.

LTD pays 66 2/3% of base monthly earnings.

Child Life Insurance

Child Life Insurance is available at a cost of \$1.00/\$10,000.00 coverage. No limit on number of children.

Note: Short Term Disability, Spouse Life Insurance and Supplemental AD&D are available at additional cost to employee.

Health Savings Account

The Health Savings Account (HAS) allows you to pay out-of-pocket healthcare costs with pre-tax dollars. There is a maximum pre-tax contribution per year and the administrative cost for the plan is absorbed by Jackson Electric Cooperative.

Each year, Jackson Electric Cooperative will contribute a set amount to the HSA to go towards out-of-pocket healthcare costs.



Benefits

RETIREMENT BENEFITS

401(k):

Administrative cost for our company sponsored 401(k) plan is absorbed by Jackson Electric Cooperative and not transferred to our employees. All employees are eligible to participate after 30 days of employment to the nearest entry date. All employees are eligible for a 1% company match on contributions.

Retirement Security Plan:

The NRECA Retirement Security (RS) Plan is a defined benefit pension plan. All full-time employees are eligible to participate after one year of employment with the Cooperative.

All contributions are 100% employer funded, including administrative cost. Jackson Electric Cooperative contributes a set amount based on base annual salary.

OTHER BENEFITS

Vacation:

All full-time employees are eligible for vacation time according to an established schedule as follows:

- 5 days accrued in the first year starting with the 7th month of employment.
- 13 days accrued annually (anniversary month).
- 18 days after completion of 10 years of employment.

Holidays:

All full-time employees are eligible for time off with pay for seven observed holidays after date of hire.

Sick Days:

All full-time employees are eligible for sick pay according to an established schedule of 7 days per year, after one-year full time employment with the max accrual of 90 days.

Bereavement:

All full-time employees are eligible for three (3) days bereavement pay for immediate family members as defined in the employee policy and procedure handbook.

Gym Membership:

All full-time employees are eligible to obtain a membership at a pre-selected fitness facility. The cost to the employee is \$10.00 per month.

Employee spouse is eligible to obtain a membership at a pre-selected fitness facility at a cost of \$25.00 per month.

Contacts

MEMBER SERVICE INFORMATION

MEMBER CONTACT CENTER

For general questions about your benefits.

Call: 866.673.2299, option 8, Monday-Friday, 7am-7pm CT

Email: contactcenter@nreca.coop

COOPERATIVE BENEFIT ADMINISTRATORS (CBA)

For claims questions on medical, dental, vision, disability plans, HRAs, and 125 plans.

Call: 402.483.9200, Monday-Friday,
7am-7pm CT

Email: contactcenter@nreca.coop

RETIREMENT EDUCATION & PLANNING

PERSONAL INVESTMENT & RETIREMENT CONSULTING

Confidential investment and retirement education for all participants in the Retirement Security and 401k Pension plans.

Call: 866.673.2299, option 6

Monday-Friday, 7:30am-4:00pm CT

Email: pirc@nreca.coop

NRECA MEDICAL PLAN RESOURCES

SHARE (Simplified Hospital Admission Review) Program

Certain services, such as hospital admissions, MRIs, CTs, PETs and home health care, require preauthorization for medical necessity. Obtaining preauthorization is your responsibility. Failure to do so could result in a penalty or denial of the claim. For more information, including a complete list of services that require preauthorization, see your summary plan description.

CALL 800.526.7322, Monday - Friday, 7 am - 6 pm CT

GOTO.coop > My Benefits > My Insurance >

SHARE

PRESCRIPTION DRUG

To reach CVS Caremark Customer Care

CALL 888.796.7322, 24 hours a day, seven days a week.

CVS Caremark Specialty Pharmacy (specially medications)

CALL 800.237.2767, Monday - Friday, 6:30 am - 8 pm CT

GOTO.coop > My Benefits > My Insurance >

Manage Your Prescriptions

LAB

Non-high-deductible Medical Plans Diagnostic x-ray and lab services are included in the medical benefit and, as such, are subject to your plan's deductible, coinsurance and copays. The plan pays 100% of covered preventive lab services.

High-deductible Health Plans All charges for laboratory services count toward your deductible, with the exception of preventive services covered by the plan (paid at 100%). Laboratory services are provided by UHC's extensive national laboratory network.

GOTO.coop > My Benefits > My Insurance > Find a Doctor

CENTERS OF EXCELLENCE

The Centers of Excellence programs help you find high-quality care at state-of-the-art medical facilities across the United States.

Transplant & Bariatric Surgery Centers of Excellence: These programs are mandatory if you are in need of a transplant or bariatric (weight-loss) surgery.

Cancer Centers of Excellence: This is an optional program if you're looking for information and support to make an informed decision about your cancer treatment.

CALL 888.936.7246, Monday - Friday, 7 am - 7 pm CT

(bariatric surgery program)

CALL 800.526.7322, Monday-Friday, 7 am - 6 pm CT (transplant & cancer programs)

GOTO.coop > My Benefits > My Insurance > Centers of Excellence

MYHEALTH COACHES

Registered nurse or dietitian health coaches are available to help you with your health and lifestyle concerns such as diabetes, heart disease, back and joint issues, Quitting tobacco, exercise, and nutrition. This service is offered at no additional cost.

CALL 866.696.7322, 24 hours a day, seven days a week

GOTO.coop > My Benefits > My Insurance > MyHealth Coaches

FIRST STEPS MATERNITY PROGRAM

Expectant mothers receive support from nurses and free educational materials to ensure a healthy pregnancy.

Preconception counseling is also available. This service is offered at no additional cost.

CALL 800.526.7322, Monday - Friday, 7 am - 6 pm CT

GOTO.coop > My Benefits > My Insurance >

First Steps Maternity

LIFE STRATEGY COUNSELING

Trained counselors can help participants manage personal and emotional challenges. They can also connect you with services in your area such as child and elder care, home repair and more. This confidential service is offered at no additional cost to all employees, as well as their dependents over age 18, who are eligible to participate in the NRECA Medical Plan.

CALL 888.225.4289, 24 hours a day, seven days a week

GOTO.coop > My Benefits > MyInsurance > Life Strategy Counseling

TELADOC

Speak by phone or video call with a physician licensed in your area (within the U.S.). Teladoc provides 24/7 access to a national network of board-certified doctors for urgent medical needs, such as flu, sinus infection or pink eye. Consultations are \$45 or less. State restrictions may apply.

CALL 1.800.TELADOC (835.2362)

GOTO.coop > My Benefits > MyInsurance >

Teladoc

DOWNLOAD the Teladoc smartphone app from the Apple

App Store or the Google Play Store.

Contacts

MY INSURANCE

Track your benefits, request a health ID card, print a temporary healthID card, order prescription re fills online and more.

- Find a Doctor: Find providers and facilities in your medical, dental or vision network
GO TO cooperative .com > My Benefits > MyInsurance> Find a Doctor
- Claims: Search and filter your claims; view your explanations of benefits
GO TO cooperative .com > My Benefits > My Insurance> Claims
- Dental Plans: Learn more about your dental plan.
GO TO cooperative.com > My Benefits > My Insurance > Dental Plans
- Prescription Drugs: Access information, resources, and tools to manage your prescription drug benefit.
GO TO cooperative.com > My Benefits > My Insurance> Manage Your Prescriptions
- Health ID Cards: Order a card with your health and prescription drug information or to view and print a temporary card.
GO TO cooperative.com > My Benefits > My Insurance> Download a Temporary Health ID Card or Request a Health ID Card
- Vision Plans: Learn more about your vision plan.
GO TO cooperative.com > My Benefit s > My Insurance> VisionPlans
- WebMD MyHealth Manager: Access this interactive, online portal, powered by WebMD, to set health and fitness goals, watch videos and read articles on various health topics and much more.

Key features include:

- MyHealth Survey: A brief, confidential questionnaire that helps you understand your health risks based on your screening results and lifestyle habits.
- MyHealth Assistant: An online health coaching experience where you can select activities to meet your short-term and long-term health and wellness goals.
- Symptom Checker: Help s you determine if and when you should seek medical treatment.

GO TO cooperative.com > My Benefits > My Insurance> WebMD MyHealth Manager

MY RETIREMENT

Plan for retirement, manage your account s and watch them perform.

- My 401(k): Check your account balance, change your investments, view your personal rate of return and more GO TO cooperative.com > My Benefits> My Retirement
- RS Plan Statements: Access your RS Plan annual statement GO TO cooperative .com > My Benefits> My Retirement> RS Plan Statements
- Personal Investment & Retirement Consulting: Find PIRC planner biographies, as well as educational videos, webinar recordings and other investment and retirement resources GO TO cooperative .com > My Benefits > My Retirement > Personal Investment & Retirement Consulting
- Planning Calculators: Calculate what you will need to save for retirement, college and more GO TO cooperative.com > My Benefits > My Retirement> Planning Calculators

EDUCATION & RESOURCES

Find benefits related resources, tools and documents.

GO TO cooperative.com > My Benefits > Education & Resources

USE THE WEBSITE ON THE GO

Access benefit information, tools, and resources from the website on your smartphone. Once you open the website in your phone's web browser and log in, you will be provided instructions to add a button on your phone for easy access.

References

Cooperative.com > My Benefits

Your source for benefits information



Explore the NRECA Employee Benefits website to learn about and manage all of your benefits in one place, view your 401(k) account balance, current benefits, claims information and more.

Getting started is as easy as 1-2-3!

1. Go to cooperative.com on your computer or smart device.
2. My benefits
3. Log In

Benefits information at your fingertips!

You can access:

- Current benefits
- Retirement account information
- Health ID cards
- Find a doctor.
- Claims
- Educational resources
- Tools to manage your insurance and retirement benefits.
- The latest news and updates

My Retirement

Under the My Retirement megamenu, navigate to resources to help you save and plan for the future:

- Statements and account management transaction tools
- My Retirement dashboard and tools to change your investments or model and request loans.
- Educational information on available investments, retirement scenario-planning calculators and more

My Insurance

Use the My Insurance megamenu to find resources including:

- Plan overviews and current coverages
- Claims information.
- Health & wellness education
- Actions & requests such as finding a doctor, managing your prescriptions and requesting a health ID card.

Education & Resources

Explore the Education & Resources megamenu to find:

- Benefit plan documents
- Newsletters, articles and videos
- Interactive, scenario-planning calculators
- Contact information for NRECA

References

Getting started is quick and simple. First time users can follow these instructions to register and log in to the site.

GETTING STARTED: Visit cooperative.com and click on “Member Login.” Then select “Register” under “New to the Cooperative Family.”

You will then need to indicate that you participate in NRECA employee benefit programs by selecting the top option and clicking “Continue.”

STEP 1: To create an account linked to your employee benefits you will need to verify your identity. Use the drop-down menu to choose one of two options:

Option 1. Enter your Social Security number, first and last names along with your birth date and home postal (or ZIP) code.

Option 2. If you have NRECA health benefits, enter your NRECA member ID from your health ID card along with your first and last name, last four digits of your Social Security number, birth date and home postal (or ZIP) code.

Once you have entered this information, click “Continue.”

STEP 2: Once registered, you can update your prefix, job title, nickname, and designation. You can also edit your home address or add another address. If you add another address, be sure to check the box indicating which address NRECA should use for mailing your benefits information.

You will also be asked to provide a primary email address along with relevant phone numbers. Once you have reviewed, confirmed, or modified this information, click “Continue.”

STEP 3: Create your account username and password to continue the registration process.

STEP 4: Verify your identity and confirm your email address. NRECA will send you a confirmation email, simply follow the prompts in that email to verify your email address.

STEP 5: Enter your new username and password. Before accessing your account information, you will need to establish a multi-factor authentication so NRECA can confirm your identity for future logins or in case you need to reset your login information. Select Text Me, Call Me, Use Google Authenticator App or Ask Me a Question from among the options and follow the prompts to establish your method of authentication.

Forgot Your Log-in Information?

If you forget your username or password, you can reset this information by clicking on “forgot your username” or “forgot your password” on the cooperative.com login screen. Follow the prompts to recover this information.

Need Assistance?

The Member Contact Center can help you by phone with any registration or log in questions between 7am-7pm, Monday through Friday, Central time, at 866.673.2299.

References

NRECA Enhanced Plus Dental Plan

The *Enhanced Plus* Dental Plan encourages preventive dental care and corrective treatment for you and your family so that you will not have to experience complicated, expensive services later. With this plan, now is a great time to take care of your smile.

Providers

The *Enhanced Plus* Dental Plan allows you to visit any dental provider. Discounts are available from providers in the Connection Dental PPO Network.

Note: Dentists may ask you to pay upfront at the time of service. If so, pay the deductible amount for basic and major services (see below), if you haven't already met it. Ask the dentist to call the Member Contact Center at 866.673.2299 to verify coverage and obtain information for filing claims.

Coverage

Preventive Care and Diagnostic Services (100%): These services include dental visits and examinations, X-rays and pathology, space maintainers and sealants for children under age 19 on permanent molars only. These services are covered at 100%, up to your annual maximum benefit.

Basic Services (100%): These services include tooth restoration, or fillings; periodontics and endodontics. These services are covered at 100%, after your deductible is met, up to your annual maximum benefit.

Major Services (80%): These services include crowns, bridges, dentures and implants. These services are covered at 80%, after your deductible is met, up to your annual maximum benefit.

Orthodontic Services: Children up to age 19, \$2,000 maximum lifetime benefit. If orthodontic coverage is offered by your plan, 50% of the costs of eligible orthodontic treatments are covered, up to the lifetime benefit maximum of \$2,000.

Basic and Major Services Deductible

There is a \$50 deductible on basic and major services. There is no deductible for preventive care or orthodontics.

Annual Maximum Benefit

The annual maximum benefit for your plan is \$2,000. The annual maximum benefit is the annual total dollar amount that the plan pays for covered services. Pediatric dental services (excluding orthodontics) for dependents under age 19 do not count toward the annual maximum benefit.

Pre-treatment Estimate

If total charges will exceed \$300, we recommend a pre-treatment estimate for dental services. Contact Cooperative Benefit Administrators at 866.673.2299, option 1, for a pre-treatment estimate or questions about your dental benefits.

Reasonable and Customary Charges

The dental plan does not cover charges for services or supplies that are above the "reasonable and customary" (R&C) charge. R&C charges are the current, most common charges in a geographic area for a particular treatment or service. These charges are researched and reviewed on a regular basis. (Discounts are available from providers in the Connection Dental PPO Network. Those providers are required to accept Connection Dental's negotiated rate as payment in full.)

References

NRECA Maternity Benefit Resource Guide

Whether you are pregnant or thinking of having a baby, make sure to take advantage of the following tips, resources, and benefits. They can save you money, help point you in the right direction or simplify things a little in your otherwise busy life.

FIRST STEPS MATERNITY PROGRAM

- Offers education and support over the phone, for you and a support person, from an OB/GYN RN maternity coach.
- Preconception counseling is available for those thinking of starting a family.
- Learn more and enroll: cooperative.com > My Benefits > My Insurance > First Steps Maternity Program, or call 800.526.7322, option 3

FIND A DOCTOR

- Schedule your first prenatal visit with an OB/GYN provider as soon as you find out you are pregnant.
- Ask your OB/GYN, family or friends for a recommendation of a pediatrician and find out if he or she is in-network.
- Visit NRECA's Employee Benefits website for a list of in network providers: cooperative.com > My Benefits > My Insurance > Find a Doctor.
- For help finding a provider, call the Member Contact Center from 7 am to 7 pm CT, 866.673.2299

BENEFITS UNDER THE MEDICAL PLAN

- BREAST PUMPS are covered at 100% using an in-network durable medical equipment supplier. Find an in-network supplier: cooperative.com > My Benefits > My Insurance > Find a Doctor > find a doctor in your network.
- LACTATION COUNSELING AND CLASSES are covered at 100%. Must be an in-network,

licensed International Board Certified Lactation Consultant.

- Call the Member Contact Center for more information regarding benefits: 866.673.2299.

NEWBORN COVERAGE

- Notify your benefits administrator about adding your child to your NRECA benefit plans.
- Request coverage for a newborn within 31 days after the birth of the child. Coverage is effective on the date of birth.
- Hospital charges for a newborn baby are separate from the mother's expenses. The plan covers charges for a newborn only if the newborn is an eligible dependent.
- Call the Member Contact Center for newborn benefit information: 866.673.2299.

CHILDBIRTH SERVICES

- Charges for childbirth services must be pre-authorized for medical necessity. Call SHARE at 800.526.7322 for preauthorization.
- The NRECA Medical Plan pays benefits for a pregnant mother in the same way it pays any non-maternity benefits (e.g., deductibles, copays, and/or co-insurance will apply).
- The plan also covers birthing center expenses (outside of a hospital), provided the services, and supplies you receive at the birthing center would have been covered in a hospital setting.

WEBSITES AND COMMUNITY FORUMS

- marchofdimes.org/pregnancy or marchofdimes.org/baby
- BabyCenter.com
- WhatToExpect.com
- TheBump.com
- Baby.com
- CPSC.gov (toy recall info)