EMPLOYEE BENEFITS

2020

FIRST FINANCIAL BANK

FIRST FINANCIAL BANKSHARES BENEFITS

At First Financial Bankshares, Inc., our medical plan is self-insured. What does this mean? This means that First Financial Bankshares, Inc., not an insurance company, assumes the financial risk for your medical expenses. We utilize United Healthcare to process claims for our medical plan and to provide access to a network of providers. However, because this plan is self-insured, First Financial Bankshares, Inc. assumes full responsibility for the cost of all claims. For example, if an employee becomes ill, we will pay the cost of that person's covered services over and above any applicable out-of-pocket expenses such as copayments and deductibles that are paid by the employee. As a result, First Financial Bankshares, Inc., not the insurance company, is responsible for paying the majority of your covered services. As healthcare costs continue to rise, our company's potential share of the costs also increases. Therefore, as a business, it is important that we continue to effectively manage our benefits programs.

Since we all share in the cost of healthcare benefits, looking for ways to control costs is everyone's responsibility. While First Financial Bankshares, Inc. pays the majority of the costs to provide a valuable benefits program for you and your family, sharing the cost enables us to continue to provide comprehensive coverage despite the cost-related challenges in the healthcare industry. By partnering with you, we can ensure that our healthcare initiative will be successful. This means that we need you to use your medical plan wisely and be a smart, conscious healthcare consumer.

What can you do?

- Talk with your doctor to understand and explore all treatment options.
- Check all medical bills and statements to make sure they are accurate.
- Inform your doctor that your prescription has a 3-tier copayment structure and request generics whenever possible.
- Use the mail-order program for prescription drugs.
- Review your Explanation of Benefits (EOB) and confirm they are consistent with medical bills and statements from providers.
- Utilize in-network providers as much as possible.
- Avoid using urgent care or emergency rooms for non-lif- threatening situations.
- **Utilize the tools on MyUHC or the UnitedHealthcare mobile app.**

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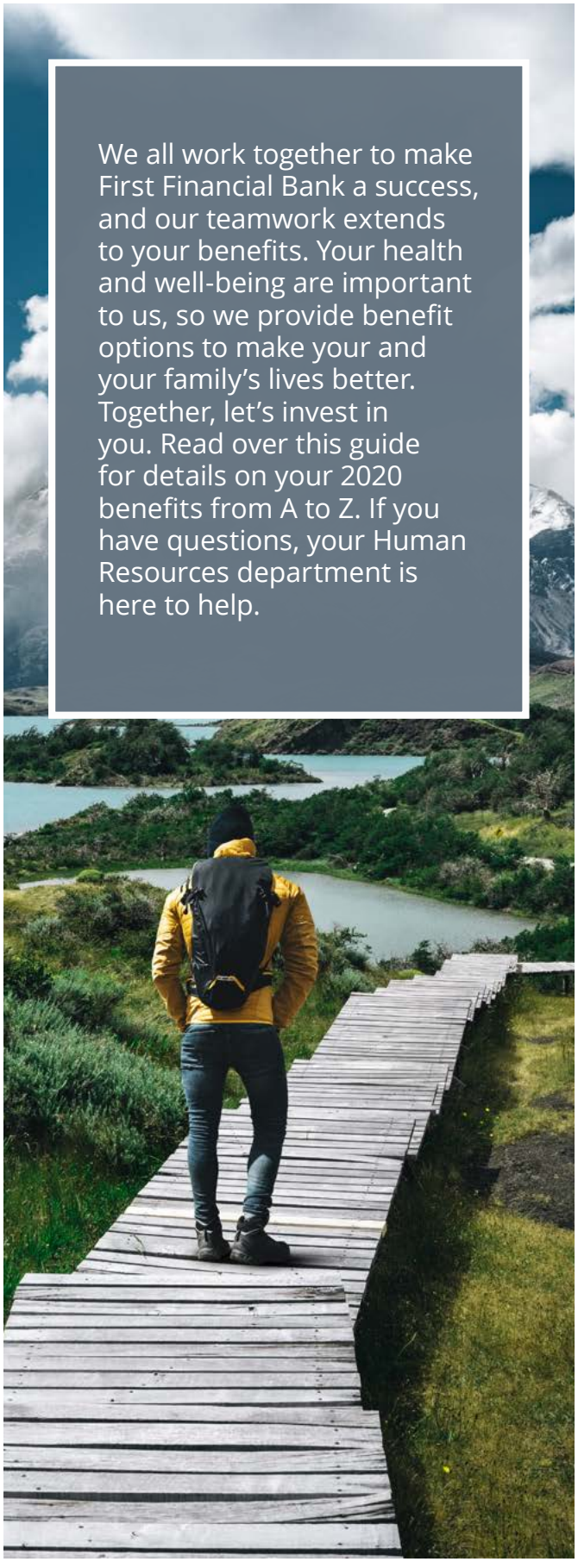


We all work together to make First Financial Bank a success, and our teamwork extends to your benefits. Your health and well-being are important to us, so we provide benefit options to make your and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2020 benefits from A to Z. If you have questions, your Human Resources department is here to help.

See **page 33** for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to First Financial Bank. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

IMPORTANT CONTACTS

MEDICAL
United Healthcare
855-520-2002
www.myuhc.com
Policy #: 903855
UnitedHealthcare app

VIRTUAL VISITS
United Healthcare
www.myuhc.com

DENTAL
Ameritas
Claims: 800-487-5553
Admin: 800-659-2223
www.ameritas.com
Policy #: 400435

VISION
Ameritas (Vision Service Plan)
800-877-7195
www.vsp.com
Policy #: 400435

HEALTH SAVINGS ACCOUNT
First Financial Bank
Please reach out to your local branch retail manager

FLEXIBLE SPENDING ACCOUNTS
United Healthcare
855-520-2002
www.myuhc.com

LIFE AND AD&D
UNUM
800-854-1446
www.unum.com
Policy #: 571708 (Basic Life/AD&D)
Policy #: 571710 (Supplemental Life)

DISABILITY
UNUM
800-854-1446
www.unum.com
Policy #: 571708 (LTD)
Policy #: 571709 (STD)

EMPLOYEE ASSISTANCE PROGRAM
Life Balance
800-854-1446 (English)
877-858-2147 (Spanish)
www.lifebalance.net

TRAVEL ASSISTANCE
UNUM Assist America
800-872-1414
medservices@assistamerica.com

FIRST FINANCIAL BANK HUMAN RESOURCES
401 Cypress Street, Suite 300
Abilene, TX 79601
325-627-7171

ELIGIBILITY & ENROLLMENT

You're a valued member of First Financial Bank, and your health and well-being are important to us. We are proud to provide you and your dependents with valuable and significant benefits. This guide is an overview of the benefits available to you and their impact on your hard-earned compensation. Please read it carefully in order to make the best choices for you and your family in the 2020 plan year and consult your HR representative with any questions.

Eligibility

If you are a full-time employee of First Financial Bank who is regularly scheduled to work at least 30 hours per week, you are eligible to participate in the **medical, dental, vision, life and disability plans and additional benefits.**

When Does Coverage Begin?

Your elections are effective on the first day of the month following employment. You won't be able to change your benefits until the next enrollment period unless you experience a qualifying life event.

Eligible Dependents

Dependents eligible for coverage in the First Financial Bank benefits plans include:

- Your legal spouse (or common-law spouse where recognized).
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse).
- Dependent children 26 or more years old, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility is required upon enrollment.

Thoughts & Tips: **You CANNOT change your benefit selections during the plan year unless you have a qualifying life event, such as marriage and/or the birth or adoption of a child.**

Enroll Now. You've Got One Shot!

What are **Qualifying Life Events?**

Most people know you can change your benefits when you start a new job or during Open Enrollment. But did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Life Events (QLEs) determined by the IRS could allow you to enroll in health insurance or change your elections outside of the annual time.

Common qualifying events include:

A change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility

A change in your legal marital status (marriage, divorce or legal separation)

Entitlement to Medicare or Medicaid

A change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)

Eligibility for coverage through the Marketplace

A change in your spouse's employment status (resulting in a loss or gain of coverage)

Changes in your address or location that may affect the coverage for which you are eligible

Some lesser-known qualifying events are:

Turning 26 and losing coverage through a parent's plan

Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Death in the family (leading to change in dependents or loss of coverage)

When a Qualifying Life Event occurs, you have **31 days** to request changes to your coverage. Keep in mind your change in coverage must be consistent with your change in status.

Questions regarding specific life events and your ability to request changes should be directed to First Financial Bank's Human Resources. Don't miss out on a chance to update your benefits!

PREPARING FOR OPEN ENROLLMENT

As a committed partner in your health, First Financial Bank absorbs a significant amount of your benefit costs. Your contributions for medical, dental and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Please note that employee contributions vary depending on level of coverage. Typically, the more coverage you have, the higher your portion.

You may select any combination of medical, dental and/or vision plan coverage. For example, you could select medical coverage for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible employee of First Financial Bank, must elect coverage for yourself in order to elect any dependent coverage.

Open Enrollment To-Do

Update your personal information.

If you've experienced a qualifying life event in the last year, you may need to change your elections or update your details.

Double-check covered and restricted medications.

If you make any changes to your plan, consider how it affects your prescription coverage.

Review available plans' deductibles.

Take a look at your options – if you foresee a lot of medical needs this year, you might want a lower deductible. If not, you could switch to a higher deductible and enjoy lower premiums.

Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals – and your employer may help contribute.

Check to see if your pharmacy is in-network.

Going in-network often saves you money. Check for any plan changes to make sure your favorite pharmacy is still your best bet and is covered in-network.

MEDICAL BENEFITS

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your monthly contributions.

How to Find a Provider

Visit www.myuhc.com or call Customer Care at 855-520-2002 for a current list of United Healthcare network providers.

Healthcare Cost Transparency

With options like High Deductible Health Plans and Flexible Spending Accounts, your healthcare spending is in your control. But with so many providers and varying costs for services, how do you decide where to go? Healthcare cost transparency tools are online services available through most health insurance carriers that allow consumers to compare costs for medical services, from prescriptions to major surgeries, to make choices easier. To learn more, visit www.myuhc.com.

Rising Costs of Healthcare

The cost of healthcare in the U.S. has been steadily growing each year. Why? Some of the factors include an aging population, increased demand for care (resulting in higher prices for premiums and prescription drugs) and an increase in chronic illnesses. **The Company wants to help keep you healthy, so we do what we can to keep your healthcare costs reasonable.** Make sure you're informed about your options so you can make the best healthcare choices for you and your family. Placing an importance on preventive care, making healthy choices, and managing costs will help keep your health — and wallet — in control in the long run.

What can I do to help keep my costs down?

Use network doctors and facilities

Try to use UnitedHealthcare network providers when possible. Doctors and facilities in UnitedHealthcare's network have agreed to provide services at a discount, so staying in network makes more financial sense. An out-of-network provider is a doctor, health care professional or facility (such as a hospital) that isn't under a contract with UnitedHealthcare. Out-of-network providers may charge more for their services and bill you for what your health plan doesn't pay for (called balance billing). Providers that participate in UnitedHealthcare's network are not allowed to balance bill members. You can visit the "Find Physicians & Facilities" section of the **myuhc.com** member website to determine whether the facility you are considering has in-network medical professionals.

Understand your benefits

It's a good idea to get familiar with what's covered by your plan. You can save money by choosing services and providers in your network. You should be able to find plan coverage details at **myuhc.com**. Click on "Benefits & Coverage" menu, and then click on "Coverage Documents." If you cannot find your coverage details online, you can get a free, printed copy by calling the Customer Care phone number on your health plan ID card.

MEDICAL BENEFITS

Medical benefits are provided through United Healthcare. Choose the plan that works best for your life. Consider the physician networks, premiums and out-of-pocket costs for each plan. Keep in mind your choice is effective for the entire 2020 plan year, unless you have a qualifying life event.

MONTHLY COST

PPO PLAN NON-TOBACCO SURCHARGE / HDHP WITH HSA- NON-TOBACCO SURCHARGE

MONTHLY CONTRIBUTIONS	PPO PLAN NON-TOBACCO SURCHARGE			HDHP WITH HSA- NON-TOBACCO SURCHARGE		
	EMPLOYEE COST	EMPLOYER COST	TOTAL PREMIUM	EMPLOYEE COST	EMPLOYER COST	TOTAL PREMIUM
EMPLOYEE ONLY	$69.97	$814.97	$884.94	$49.64	$814.97	$864.61
EMPLOYEE + SPOUSE	$628.58	$814.97	$1,443.55	$596.77	$814.97	$1,411.74
EMPLOYEE + CHILD(REN)	$409.77	$814.97	$1,224.74	$389.46	$814.97	$1,204.43
EMPLOYEE + FAMILY	$931.45	$814.97	$1,746.42	$884.32	$814.97	$1,699.29

PPO PLAN WITH TOBACCO SURCHARGE / HDHP WITH HSA- WITH TOBACCO SURCHARGE

	PPO PLAN WITH TOBACCO SURCHARGE			HDHP WITH HSA- WITH TOBACCO SURCHARGE		
	EMPLOYEE COST	EMPLOYER COST	TOTAL PREMIUM	EMPLOYEE COST	EMPLOYER COST	TOTAL PREMIUM
EMPLOYEE ONLY	$108.97	$814.97	$923.94	$79.64	$814.97	$894.61
EMPLOYEE + SPOUSE	$667.58	$814.97	$1,482.55	$626.77	$814.97	$1,441.74
EMPLOYEE + CHILD(REN)	$448.77	$814.97	$1,263.74	$419.46	$814.97	$1,234.43
EMPLOYEE + FAMILY	$970.45	$814.97	$1,785.42	$914.32	$814.97	$1,729.29

VP AND ABOVE MONTHLY COST

PPO PLAN NON-TOBACCO SURCHARGE / HDHP WITH HSA- NON-TOBACCO SURCHARGE

MONTHLY CONTRIBUTIONS	PPO PLAN NON-TOBACCO SURCHARGE			HDHP WITH HSA- NON-TOBACCO SURCHARGE		
	EMPLOYEE COST	EMPLOYER COST	TOTAL PREMIUM	EMPLOYEE COST	EMPLOYER COST	TOTAL PREMIUM
EMPLOYEE ONLY	$121.93	$814.97	$963.90	$87.02	$814.97	$901.99
EMPLOYEE + SPOUSE	$816.62	$814.97	$1,631.59	$767.43	$814.97	$1582.40
EMPLOYEE + CHILD(REN)	$544.35	$814.97	$1,359.32	$509.61	$814.97	$1324.60
EMPLOYEE + FAMILY	$1,193.12	$814.97	$2,008.09	$1,126.72	$814.97	$1941.70

PPO PLAN WITH TOBACCO SURCHARGE / HDHP WITH HSA- WITH TOBACCO SURCHARGE

	PPO PLAN WITH TOBACCO SURCHARGE			HDHP WITH HSA- WITH TOBACCO SURCHARGE		
	EMPLOYEE COST	EMPLOYER COST	TOTAL PREMIUM	EMPLOYEE COST	EMPLOYER COST	TOTAL PREMIUM
EMPLOYEE ONLY	$187.93	$814.97	$1,002.90	$132.02	$814.97	$946.99
EMPLOYEE + SPOUSE	$882.62	$814.97	$1,697.59	$812.43	$814.97	$1,627.40
EMPLOYEE + CHILD(REN)	$610.35	$814.97	$1,425.32	$554.61	$814.97	$1,369.58
EMPLOYEE + FAMILY	$1,259.12	$814.97	$2,074.09	$1,171.72	$814.97	$1,986.69

	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE				
INDIVIDUAL	$750	$1,500	$3,000	$5,000
FAMILY	$2,250	$4,500	$6,000	$10,000
COINSURANCE (YOU PAY)	20%*	40%*	0%*	30%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)				
INDIVIDUAL	$4,000	$8,000	$3,000	$7,500
FAMILY	$12,000	$24,000	$6,000	$15,000

Medical Premiums

	PPO PLAN		HDHP PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
COPAYS/COINSURANCE				
PREVENTIVE CARE Routine phsycial exams, well baby care, immunizations for 6 years +, routine labs, x-rays, and hearing exams	Fully covered	40%*	Fully covered	30%*
IMMUNIZATIONS BIRTH TO 6 YEARS	Fully covered		Fully covered	
VIRTUAL VISIT	$15 copay	Not Covered	$50***	Not Covered
PRIMARY CARE VISIT	$30 copay	40%*	0%*	30%*
SPECIALIST VISIT	$40 copay	40%*	0%*	30%*
ALLERGY TREATMENT/INJECTIONS Without office visit	20%*	40%*	0%*	30%*
OUTPATIENT INDEPENDENT X-RAY & LAB FACILITY	20%*	40%*	0%*	30%*
INPATIENT HOSPITAL SERVICES Semi-private room and board, diagnostic/therapeutic lab and x-ray, drugs and medication, operating and recovery room, radiation therapy and chemotherapy, anesthesia and inhalation therapy	20%*	$200 per admission copay plus 40%*	0%*	30%*
INPATIENT HOSPITAL Doctors visits/consultations and professional services	20%*	40%*	0%*	30%*
PHYSICIAN & OUTPATIENT PROFESSIONAL SERVICES Operating room, recovery room, procedure room, treatment room, anesthesia and inhalation therapy, and diagnostic/ therpeutic labs and x-rays	20%*	40%*	0%*	30%*
INDEPENDENT X-RAY & LAB FACILITY	Fully covered (excluding certain diagnostic procedures)	40%*	0%*	30%*
MRIS, CAT SCANS, AND PET SCANS	20%*	40%*	0%*	30%*
URGENT CARE	$75 copay per visit	40%*	0%*	30%*
HOSPITAL EMERGENCY ROOM	20% of charges after $300 copay (copay waived if admitted)		0%*	
AMBULANCE**	20%*		0%*	
INPATIENT SERVICES AT OTHER HEALTH CARE FACILTIES Skilled Nursing (60 day limit per calendar year), Home Health Care (60 visit limit per calendar year), and Hospice Care (no limit)	Fully covered	40%*	Fully covered	30%*
SHORT-TERM REHABILITATIVE THERAPY Includes cardiac rehab, physical, speech, and occupational therapy	$30 copay per office visit 20%* for inpatient services	40%*	0%*	30%*
CHIROPRACTIC OFFICE VISIT	$30 copay per visit	40%*	0%*	30%*
CHIROPRACTIC TREATMENT SERVICES	20%*	40%*	0%*	30%*
MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT	Inpatient: 20%* Outpatient Behavioral Health Expenses: $30 copay per visit Other Outpatient Services: 20%*	Inpatient: 40%* plus $200 copay per admission Outpatient Behavioral Health Expenses: 40%* Other Outpatient Services: 40%*	Inpatient: 0%* Outpatient Behavioral Health Expenses: 0%* Other Outpatient Services: 0%*	Inpatient: 30%* Outpatient Behavioral Health Expenses: 30%* Other Outpatient Services: 30%*

*After Deductible
**Air ambulance services are out-of-network and may be balance billed
***Each virtual visit is generally around $50. Member pays the contracted rate of virtual visit until deductible has been met under an HDHP plan.

For the PPO plan:

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a "per individual" deductible amount will also be applied toward the "per family" deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the "per family" deductible amount.

For the HDHP plan:

Each covered individual is not required to meet the individual deductible. The HDHP has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan.

OUT-OF-POCKET COSTS

Deductible

The amount you must pay for covered services before your insurance starts paying its portion.

UP TO DEDUCTIBLE

YOU PAY **100%**

Copay

The fixed amount you pay for healthcare services at the time you receive them.

Know before you go: Paying for services

Coinsurance

Your percentage of the cost of a covered service. If your office visit is $100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be $20.

% YOU PAY

% PLAN PAYS

UP TO THE OUT-OF-POCKET MAXIMUM

AFTER DEDUCTIBLE IS REACHED

Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

AFTER OUT-OF-POCKET MAXIMUM IS REACHED

PLAN PAYS **100%** THROUGH END OF PLAN YEAR

How to Pick a Plan

Which plan is right for you? When deciding, consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How does a PPO (Preferred Provider Organization) work?

You'll pay more in premiums out of your paycheck, but perhaps less at the time of service.

You're able to choose from a network of providers who offer a fixed copay for services.

If you expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.

How does a HDHP (High Deductible Health Plan) work?

You'll pay less in premiums. (Think less money from your paycheck.)

You'll pay for the full cost of non-preventive medical services until you reach your deductible.

You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.

If you expect to mostly use preventive care (which is covered), this plan could be for you.

PREVENTIVE CARE

Most health plans are required to cover a set of preventive services — at no cost to you!

Screening tests and routine checkups are considered preventive, which means they're often paid at 100%. Keep up to date with your primary care physician to save time and money and keep yourself healthier in the long run. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:

- Wellness visits, physicals and standard immunizations
- Screenings for blood pressure, cancer, cholesterol, depression, obesity and diabetes
- Pediatric screenings for hearing, vision, obesity and developmental disorders

- Anemia screenings, breastfeeding support and pumps for pregnant and nursing women
- Iron supplements (for children ages 6 to 12 months at risk for anemia)

Take advantage of these covered services. However, remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. This means if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

WHERE TO GO FOR CARE

You think you may be sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new medication, but the pharmacy is closed. Instead of immediately choosing an expensive trip to the emergency room or relying on questionable information from the internet, take a look below at various care centers and resources and the types of care they provide.

PRIMARY CARE CENTER

When would I use this?

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

What type of care would they provide?*

- Routine checkups
- Preventive services
- Immunizations
- Manage your general health

What are the costs and time considerations?**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment

NURSE LINE

When would I use this?

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

What type of care would they provide?*

Answers to questions regarding:

- Symptoms
- Medications and side effects
- Self-care home treatments
- When to seek care

What are the costs and time considerations?**

- Nurse lines are usually available 24 hours a day, 7 days a week.
- This service is usually free as part of your medical insurance.
- To talk with a NurseLine nurse, call the member number on your health plan ID card.

TELEMEDICINE

When would I use this?

You need care for minor illnesses and ailments, but would prefer not to leave home. These services are available by phone and online (via webcam).

What type of care would they provide?*

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

What are the costs and time considerations?**

- There is usually a first-time consultation fee and a flat fee or copay for any visit thereafter.
- Access to care is usually immediate.
- Some states may not allow for prescriptions through telemedicine or virtual visits.

DO YOUR HOMEWORK

What may seem like an urgent care center could actually be a standalone ER. These newer facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

URGENT CARE CENTER

When would I use this?

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

What type of care would they provide?*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

What are the costs and time considerations?**

- Often requires a copay and/or coinsurance that is usually higher than an office visit.
- Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first.

EMERGENCY ROOM

What are the costs and time considerations?**

- Often requires a much higher copay and/or coinsurance.
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first.

When would I use this?

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

What type of care would they provide?*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

*This is a sample list of services and may not be all-inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

VIRTUAL MEDICINE

When you're sick, the last thing you want to do is leave the cozy comfort of your home. Or sometimes you're just too on the go to pop in for a visit. Virtual medicine is a convenient and easy way to talk to a doctor fast.

Virtual Visits

A virtual visit with United Healthcare lets you see and talk to a doctor from your phone, tablet or computer without an appointment. Most visits take about 10-15 minutes, and doctors can write a prescription (in participating states). Try a virtual visit when your doctor is not available or you're traveling.

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/ Urinary tract infection
- Bronchitis
- Cold/flu
- Pink eye
- Rash
- Sinus problems
- Sore throat
- Stomach ache

Virtual Visits are $15 if you are on the PPO plan and around $50 if you are on the HDHP plan.

Access Virtual Visits

Visit www.myuhc.com to request a virtual visit. Once you register and request a consult, you will pay your portion of the service costs according to your medical plan, and then enter a virtual waiting room. During your visit you can talk to a doctor about your health concerns, symptoms and treatment options.

Virtual visits aren't good for conditions requiring an exam or test, complex or chronic problems, or emergencies, including sprains or broken bones.

Use Virtual Visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for non-emergency health condition

Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/broken bones

Visit your UHC member website at www.myuhc.com for more information and to schedule a visit.

PHARMACY BENEFITS

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through United Healthcare. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at www.myuhc.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred or Specialty Drugs.

	PPO PLAN		HDHP PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RETAIL RX (30-DAY SUPPLY)				
GENERIC	$15 copay	20% allowable after copay	0%* of allowable	30% of allowable
PREFERRED	$40 copay	20% allowable after copay	0%* of allowable	30% of allowable
NON-PREFERRED	$55 copay	20% allowable after copay	0%* of allowable	30% of allowable
SPECIALTY DRUGS	3x retail 30 day supply copay	20% allowable after copay	0%* of allowable	30% of allowable
MAIL ORDER RX (90-DAY SUPPLY)				
GENERIC	$30	N/A	0%* of allowable	N/A
PREFERRED	$80	N/A	0%* of allowable	N/A
NON-PREFERRED	$110	N/A	0%* of allowable	N/A

*After Deductible
Note: Prescription drug copays only apply to the PPO Plan. If you are enrolled in the HSA Plan, you will pay the full charge of drugs until your deductible has been met.

Generic Drugs

Looking to save money on medication costs? You've most likely heard that generic prescription drugs are a more affordable option, so here's the skinny: Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety and strength. Because they are the same medicine, generic drugs are just as effective as brand-name drugs and undergo the same rigid FDA standards. But on average, **a generic version costs 80% to 85% less than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Note: Apps such as GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. If you use these tools, make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. As a result, if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

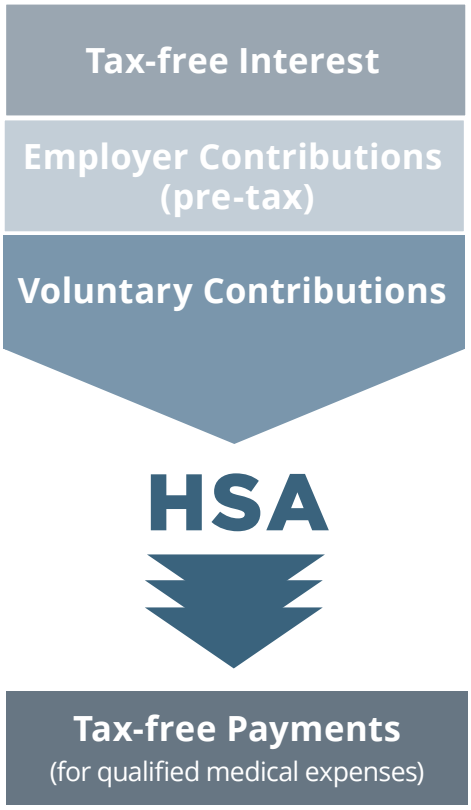
HEALTH SAVINGS ACCOUNT

Need funds to help cover out-of-pocket healthcare expenses? Consider a Health Savings Account (HSA). **An HSA is a personal healthcare bank account used to pay for qualified medical expenses and funded by you, and in some cases your employer, too.** HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in a HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

First Financial Bank will issue you a debit card, giving you direct access to your HSA account balance. Use your debit card to pay for qualified medical expenses, with no need to submit receipts for reimbursement. You must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery and more. Check out IRS Publication 502 on www.irs.gov for a complete list of eligible expenses.



Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's non-HDHP health plan.
- Your spouse does not have a healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Your Money. Your Account.

Your HSA is a personal bank account that you own and administer. It's up to you how much you contribute, when to use the money for medical services, and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year-over-year to use in retirement. HSA funds are also portable if you change jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

To enroll in the company-sponsored HSA, you must elect the HDHP with First Financial Bank. Complete all HSA enrollment materials and designate the amount to contribute on a pre-tax basis. First Financial Bank will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

Plan. Spend. Save.

Contributions to an HSA can be made through payroll deduction on a pre-tax basis when you open an account with First Financial Bank. **The money in this account (including interest and investment earnings) grows tax-free.** When the funds are used for qualified medical expenses, they are spent tax-free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2020, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	$3,550
FAMILY	$7,100
CATCH -UP CONTRIBUTION (AGES 55+)	$1,000

First Financial Bankshares provides an HSA employer contribution that will be deposited on a quarterly basis.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	$925
FAMILY	$1,800

HSA contributions in excess of the IRS annual contribution limits ($3,550 for individual coverage and $7,100 for family coverage for 2020) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed from your HSA.
- Leave the excess contributions in your HSA and pay 6% excise tax on excess contributions. Next year consider contributing less than the annual limit to your HSA to make up for the excess contribution during the previous year.

The First Financial Bank HSA is established with First Financial Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources.

Thoughts & Tips: **It's up to you how much to contribute to your HSA. Buying a new house or sending a kid to college? You can contribute less this year. Paid off your student loans or got a new job? Stash the annual max in your account.**

FLEXIBLE SPENDING ACCOUNTS

Flex your spending power! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Health Care Flexible Spending Account

You can contribute from $120 to $2,650 annually for qualified medical expenses (deductibles, copays and coinsurance, for example) with pre-tax dollars, which will reduce the amount of your taxable income and increase your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them, so you don't have to wait for reimbursement.

Please note: Over-the-counter (OTC) drugs are not eligible for reimbursement through an FSA without a doctor's prescription.

Eligible Dependent Care Flexible Spending Account Expenses

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. The dependent must be a child younger than the age of 13 and claimed as a dependent on your federal income tax return or a disabled dependent who spends at least eight hours a day in your home.

Examples of eligible dependent care expenses include:

- In-Home Baby-Sitting Services (not by an individual you claim as a dependent)
- Care of a Preschool Child by a Licensed Nursery or Day Care Provider
- Before- and After-School Care
- Day Camp
- In-House Dependent Day Care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the Flexible Spending Account programs. Please check with your tax advisor to determine if any exceptions apply to you.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — whether or not you elect any other benefits. You can set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

- With the Dependent Care FSA, you can set aside up to $5,000 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the principal place of residence as the employee for more than half the year may be a qualifying individual.
- Expenses are reimbursable if the provider is not your dependent.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Examples of eligible dependent care expenses include:

- In-Home Baby-Sitting Services (not provided by a tax dependent)
- Care of a Preschool Child by a Licensed Nursery or Day Care Provider
- Before- and After-School Care
- Day Camp
- In-House Dependent Day Care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

How to Use the Account

You can use your FSA debit card at doctor and dentist offices, pharmacies and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you attempt to use the card at an ineligible location.

Once you incur an eligible expense, submit a claim form along with the required documentation. Contact United Healthcare with reimbursement questions. If you need to submit a receipt, you will be notified by United Healthcare. Always retain a receipt for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof that an expense was valid, your card could be turned off and your expense deemed taxable.

General Rules and Restrictions

The IRS has the following rules and restrictions for Healthcare and Dependent Care FSAs:

- Expenses must be incurred during the 2020 plan year.
- Dollars cannot be transferred between FSAs.
- You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- You must "use it or lose it" — any unused funds will be forfeited.
- You cannot change your FSA election in the middle of the plan year unless you experience a qualifying life event.
- Those considered highly compensated employees (family gross earnings were $125,000 or more last year) may have different FSA contribution limits. Visit irs.gov for more information.

Thoughts & Tips: **Your FSA money can cover the cost of going to a chiropractor or acupuncturist, if your insurance doesn't already cover it.**

Grace Period

- FSA participants may have an additional 2½-month grace period to incur expenses after the plan year ends (December 31, 2020).
- If an expense is incurred between January 1, 2021 and March 15, 2021, AND submitted for reimbursement on or before March 30, 2021, any remaining balance in the previous plan year that ended December 31, 2020 will be paid out from the claim, even though the service was provided in the NEW plan year.
- The grace period applies to both the Dependent Care and Healthcare FSAs.

FSA VS HSA

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are both ways to save pre-tax money to pay for your eligible healthcare costs. Which one is right for you?

	FSA	HSA
OWNERSHIP	Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	You own your HSA. It is a savings account in your name and you always have access to the funds, even if you change jobs.
ELIGIBILITY & ENROLLMENT	You're eligible for an FSA if it's offered by your employer. You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	1. You must be enrolled in a Qualified High Deductible Health Plan to be eligible to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or eligible for a spouse's FSA or enrolled in Medicare or TRICARE. 2. You can change your contribution at any time during the Plan Year.
TAXATION	Contributions are tax free via payroll deduction. However, the funds spent are not tax free.	For Federal tax purposes, the money in the account is "triple tax free," meaning: 1. Contributions are tax free. 2. The account grows tax free. 3. Funds are spent tax free (if used for qualified expenses).
CONTRIBUTIONS	Both you and your employer can contribute to the account according to IRS limits. The contribution limit for the Health FSA for 2020 is $2,700.	Both you and your employer can contribute to the account according to IRS limits. The contribution limit for 2020 is $3,550 for individuals and $7,100 for families. This amount includes the employer contribution. If you are 55 or older, you may make a "catch-up" contribution of $1,000 per year.
PAYMENT	Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit your receipts for reimbursement.	Many HSAs include a debit card, ATM withdrawal or checkbook to pay for qualified expenses directly. You can also use online bill payment services from the HSA financial bank. You decide when to use the money in your HSA to pay for qualified expenses, or if you want to use another account to pay for services and save the money in your HSA for future expenses or retirement.
ROLL OVER OR GRACE PERIOD	You must use the money in the account by end of Plan Year; however, a Health FSA may allow up to $500 to roll over to the next year. A Health FSA or Dependent Care FSA may include a 2.5-month grace period after the end of the Plan Year for any extra expenses to be incurred and reimbursed. A plan can have either a rollover or a grace period, but not both. Any unclaimed funds at the end of the run out are lost and returned to your employer.	The money in the account rolls over from year to year. Funds are always yours and may be used for future qualified expenses — even in retirement years.
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, dental care and vision care. A full listing of eligible expenses is available at www.irs.gov.	Physician services, hospital services, prescriptions, dental care, vision care, Medicare Part D plans, COBRA premiums and long-term care premiums. A full listing of eligible expenses is available at www.irs.gov.
OTHER TYPES	Other types of FSAs include: • Dependent Care FSA - Allows you to set aside pre-tax dollars for elder or child dependent care and covers expenses such as day care and before- and after-school care. • Limited Use FSA (LUFSA)- Some employers offer a LUFSA that only covers eligible dental and vision expenses. LUFSAs are typically offered in conjunction with an HSA as the IRS does not allow someone to have a Health FSA and an HSA.	There is only one type of HSA.

Please refer to your Summary Plan Description or plan certificate for your plan's specific FSA or HSA benefits.

DENTAL BENEFITS

Brushing your teeth and flossing are great, but don't forget to visit the dentist too! First Financial Bank offers affordable plan options for routine care and beyond. Coverage is available from Ameritas.

Network Dentists

If you use a dentist who doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Ameritas at www.ameritas.com.

Dental Premiums & Dental Plans

Premium contributions for dental are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your monthly premium. The chart below summarizes the 2020 dental coverage.

	LOW PLAN	HIGH PLAN
MONTHLY CONTRIBUTIONS		
EMPLOYEE ONLY	$26.56	$37.52
EMPLOYEE + SPOUSE	$55.64	$79.04
EMPLOYEE + CHILD(REN)	$53.00	$86.68
EMPLOYEE + FAMILY	$82.04	$127.64
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	$50	$50
FAMILY	$150	$150
CALENDAR YEAR MAXIMUM		
PER PERSON	$750 - covers preventive & basic services only	$1,000 preventive, basic & major services
COVERED SERVICES		
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	Covered at 100% deductible waived	Covered at 100% deductible waived
BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	80%*	80%*
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	Not Covered	50%*
ORTHODONTICS Dependent Child(ren) Only	Not Covered	50%
ORTHODONTIC LIFETIME MAXIMUM	Not Covered	$1,000

*After Deductible

Thoughts & Tips: **Only 60% of adults ages 20 to 64 have been to the dentist in the past year. Take advantage of your dental coverage to keep your smile healthy.**

VISION BENEFITS

Don't wear glasses? Even you shouldn't skip an annual eye exam! First Financial Bank provides you and your family access to quality vision care with a comprehensive vision benefit through Ameritas (Vision Service Plan).

The vision plan is administered by Ameritas which, utilizes the VSP Network (Vision Service Plan). Vision benefits include eye exams and either eye glasses or contacts. A nominal copay applies for all eye exams. Glasses lenses, frames, and contact lenses do not require a copay and are covered 100% up to a maximum allowance after the deductible has been met. You are responsible for paying glasses or contact expenses in excess of the maximum allowance.

You can receive services from one of VSP's thousands of eye care professionals, or choose to receive care outside of the VSP network. To find a VSP member doctor, call **800-877-7195**, or visit VSP's website at **www.vsp.com**.

VISION SERVICE PLAN

MONTHLY CONTRIBUTIONS			
EMPLOYEE ONLY	$8.76		
EMPLOYEE + SPOUSE	$15.00		
EMPLOYEE + CHILD(REN)	$15.88		
EMPLOYEE + FAMILY	$21.96		
	VSP MEMBER DOCTOR	**NON-PARTICIPATING PROVIDER**	**FREQUENCY**
EXAMS			
COPAY	$10 deductible	Reimbursement up to $45 after deductible	Once every 12 months
LENSES			
SINGLE VISION	$25 deductible	Up to $30	Once every 12 months
BIFOCAL	$25 deductible	Up to $50	
TRIFOCAL	$25 deductible	Up to $65	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
ELECTIVE	Covered up to $155 applied toward contact lens fitting evaluation and material. Member responsible for the difference	Covered up to $105 applied toward contact lens fitting evaluation and material. Member responsible for the difference	Once every 12 months
MEDICALLY NECESSARY	Covered in full	Reimbursement up to $210. Member responsible for difference	
FRAMES			
ALLOWANCE	$25 deductible, $100 allowance	Reimbursement up to $70. Member responsible for difference between approved amount and provider's change	Once every 24 months

Thoughts & Tips: **More than 150 million Americans use corrective eyewear to compensate for refractive errors.**

SURVIVOR BENEFITS

It's difficult to think about what would happen if something ever happened to you, but it's important to have a plan in place to make sure your family is provided for. Survivor benefits provide financial protection and security in the event of an absence or unexpected event. Securing Life insurance now ensures your family will be protected for the future.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

First Financial Bank provides employees with Basic Life and AD&D insurance as part of your basic coverage through UNUM, which guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death.

Your Basic Life and AD&D insurance benefit is 1x base salary rounded to the next $1,000, up to $50,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you elect to waive other coverage.

What's a beneficiary? Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life offered by First Financial Bank. You receive the benefit payment for a dependent's death under the UNUM insurance.

Name a primary and contingent beneficiary to make your intentions clear. Make sure to indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18. If you need assistance, contact Human Resources or your own legal counsel.

Voluntary Life and AD&D Insurance

Life and AD&D benefits are an important part of your family's financial security. The basic benefits provided to you by First Financial Bank may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	1x base salary rounded to the next $1,000
WHO PAYS	First Financial Bank
MAXIMUM BENEFIT	$50,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE	
COVERAGE AMOUNT	$10,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	Lesser of 5x your annual salary or $500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Yes - you must complete and submit an EOI form if: • If you are newly eligible for benefits and elect an amount that is greater than the Guaranteed Limit of $240,000. • If you are currently enrolled in Supplemental Life and you want to increase your coverage over the Guaranteed Limit. • If you declined this benefit when initially offered and now want to elect Supplemental Life coverage.
VOLUNTARY SPOUSE LIFE	
COVERAGE AMOUNT	$5,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	100% of employee's coverage
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Yes - you must complete and submit an EOI form if: • If you are newly eligible for benefits and elect an amount that is greater than the Guaranteed Limit of $50,000. • If you are currently enrolled in Supplemental Life and you want to increase your coverage over the Guaranteed Limit. • If you declined this benefit when initially offered and now want to elect Supplemental Life coverage.
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT	Live birth to 6 months: age of $1,000. 6 months of age and up: increments of $2,000
WHO PAYS	Employee
MAXIMUM BENEFIT	$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE AD&D	
COVERAGE AMOUNT	Same increments as Supplemental Life Insurance
WHO PAYS	Employee
MAXIMUM BENEFIT	$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Same as Supplemental Life Insurance

VOLUNTARY LIFE INSURANCE

RATES/$1,000 (MONTHLY)

AGE (AS OF JANUARY 1, 2020)	EMPLOYEE	AGE (AS OF JANUARY 1, 2020)	SPOUSE
Under age 25	$0.054	Under age 25	$0.12
25-29	$0.054	25-29	$0.12
30-34	$0.081	30-34	$0.12
35-39	$0.099	35-39	$0.15
40-44	$0.126	40-44	$0.232
45-49	$0.198	45-49	$0.238
50-54	$0.351	50-54	$0.652
55-59	$0.593	55-59	$1.022
60-64	$0.728	60-64	$1.592
65-69	$1.052	65-69	$2.786
70-74	$2.364	70-74	$2.786
75+	$4.729	75+	$2.786

SUPPLEMENTAL AD&D RATE/ $1,000

Employee or Spouse	$0.023

VOLUNTARY CHILD LIFE INSURANCE

PREMIUM RATES – MONTHLY

COVERAGE LEVEL	MONTHLY CONTRIBUTION
$2,000	$0.16
$4,000	$0.32
$6,000	$0.48
$8,000	$0.64
$10,000	$0.80

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

$	÷ 1,000 =	$	x Age Based Rate =	$
Benefit Elected				Monthly Premium

INCOME PROTECTION

Maintaining your quality of life counts on your income. First Financial Bank offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or until you reach retirement age.

Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available for purchase on a voluntary basis. STD insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	$2,000
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	120 days

VOLUNTARY STD	
PER $10 OF WEEKLY BENEFIT	
AGE (AS OF JANUARY 1, 2020)	PAYROLL CONTRIBUTIONS
Under age 25	$0.83
25-29	$0.93
30-34	$0.80
35-39	$0.63
40-44	$0.59
45-49	$0.60
50-54	$0.70
55-59	$0.95
60-64	$1.22
65+	$1.39

Basic Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available at no cost. LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	$10,000
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

RETIREMENT PLANNING

Whether you're just starting out in your career or you've been in the workforce for years, it's always a good time to plan for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The First Financial Bank 401(k) plan provides you with the tools and flexibility you need to prepare.

What about my Profit Sharing?

Whether or not your region makes a contribution to your profit sharing account depends on the performance of your region. If it is determined that your region/company will make a contribution then if you

- Have entered the plan (e.g. hired prior to 1/1/**20**),
- Have worked at least 1000 hours during 20**20** and
- Are employed through 12/31/**20**, your plan account will receive a profit sharing contribution as of December 31, 20**20**.

Whether or not you own any of the profit sharing contribution depends on whether or not you are vested. If you have at least two 1000-hour years-of-service with the company, you are vested 20% or more (additional 20% each year thereafter until 100% vested after 6 years).

What is a 401(k)?

This employer-sponsored retirement account can help build and create choices for your future self by saving money — tax free — from your paycheck. Due to the value of compounding interest, the sooner you participate in a 401(k), the better.

All employees can invest for retirement while receiving certain tax advantages. Administrative and record-keeping services for this plan are provided by Leverage. You may start making pre-tax contributions into the plan as soon as your start date.

Contributing to the Plan

The deferred contribution limit set annually by the IRS is $19,500 for 20**20**.

If you are age 50 or older this calendar year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is $6,500 for 2019 — for a combined total contribution allowance of $2**6**,000. See your plan administrator for details.

Thoughts & Tips: **When you retire, you'll need at least 70% of your pre-retirement earnings to maintain your standard of living. Social Security retirement benefits typically replace only about 40%, so start building that nest egg now.**

How Much Should I Be Saving?

Industry standards suggest saving, at a minimum, 12% to 15% of your income, inclusive of First Financial Bank's generous matching contribution. If you cannot afford to save that much right now, at least make sure to be saving up to the matching amount so you are not leaving free money behind.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. All changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time.

Regardless of which retirement account you choose or how much you contribute, it's important to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and rack up penalties from the IRS.

Investing in the Plan

It's up to you how to invest the assets in your account. The First Financial Bank 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time.

Vesting

The term "vested" refers to how much of your Profit Sharing funds you can take with you if or when you leave First Financial Bank. With our vesting schedule, each year you'll own a greater percentage of the company's matching contributions. When you're fully vested, you'll own 100% of company match contributions. You always own and are fully vested in your own personal Profit Sharing contributions. You can start making pre-tax contributions into the plan as of your start date.

VESTING SCHEDULE	
YEARS OF SERVICE	**PERCENTAGE VESTED**
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

ADDITIONAL BENEFITS

First Financial Bank cares about you and wants you to succeed in all aspects of life, so we offer a variety of additional benefits to help make your day-to-day easier.

Employee Assistance Program

We know life is complicated, and sometimes we all just need a little help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional and physical. And it comes at no cost to you — whether you're enrolled in a company-sponsored medical plan or not.

Through this program, you have access to mental health assistance and legal and financial help from a number of professionals. You have 24-hour access to helpful resources by phone, and the EAP benefit includes three face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with First Financial Bank. You may access information, benefits, educational materials and more either by phone at 800-854-1446 (English) 877-858-2147 (Spanish) or online at www.lifebalance.net.

User ID: Lifebalance
Password: Lifebalance

The Program provides referrals to help with:

- Emotional Health and Well-Being
- Alcohol or Drug Dependency
- Marriage or Family Relationship Problems
- Job Pressures
- Stress, Anxiety, Depression
- Grief and Loss
- Financial or Legal Advice

Travel Assistance

With the Travel Assistance Program, toll-free emergency assistance is available to you and any dependents 24 hours a day, seven days a week, when traveling 100 or more miles from your primary home for less than 90 days.

UNUM Assist America:
Within the U.S. call: 800-872-1414
Outside the U.S. call: (U.S. access code) + 609-986-1234
or via email: medservices@assistamerica.com
Reference Number: 01-AA-UN-762490

GLOSSARY

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

Deductible – The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," meaning that funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or a rollover into the next plan year.

- **Dependent Care FSA –** A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable, so if you change jobs your account goes with you.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, there are no copays and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.

Network – A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating –** Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage, make changes or decline coverage.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

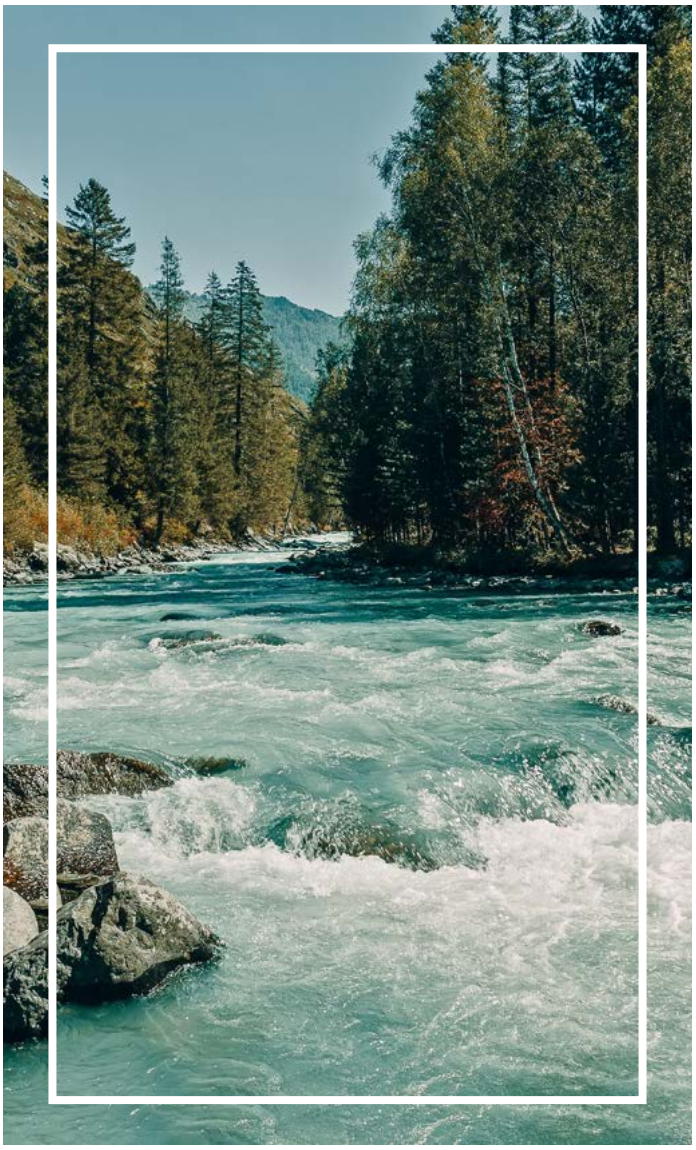
Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred or specialty.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs –** Prescription medications used to treat complex, chronic and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – Also known as the UCR (Usual, Customary, and Reasonable) amount. The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, your insurance carrier provides you with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) - The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.



Required Notices

Important Notice from First Financial Bankshares, Inc. About Your Prescription Drug Coverage and Medicare under the United Healthcare Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with First Financial Bankshares, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. First Financial Bankshares, Inc. has determined that the prescription drug coverage offered by the United Healthcare plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current First Financial Bankshares, Inc. coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current First Financial Bankshares, Inc. coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with First Financial Bankshares, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through First Financial Bankshares, Inc. changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2020
Name of Entity/Sender:	First Financial Bankshares, Inc.
Contact—Position/Office:	Human Resources
Address:	401 Cypress Street, Suite 300 Abilene, TX 79601
Phone Number:	325-627-7171

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

- Reconstruction of the breast on which a mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions which apply for the mastectomy. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description or contact Human Resources at 325-627-7171.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 325-627-7171.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 325-627-7171.

NOTES

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A tobacco cessation program offered in collaboration with the American Cancer Society.®

Although smoking rates have declined over the years, one out of six American adults still smokes.[1] It can be difficult for your employees to stop smoking or using any form of tobacco, especially without the proper help and resources.

Quit For Life is a clinically proven tobacco cessation program offered in collaboration with the American Cancer Society. The program uses an evidence-based combination of physical, psychological and behavioral strategies designed to help employees overcome their tobacco addiction.

Driving positive behavior change for 30+ years.

3.5 million lives helped since 1985.

49% quit rate.[2]

95% participant satisfaction.[3]

97% would recommend the program.[4]

Multiple support options help employees end tobacco use.

Quit For Life treats every tobacco user as a unique individual and tailors a quitting plan based on the employee's needs. Employees have access to a Quit Coach for the duration of the program to help make a plan, set a quit date and provide ongoing support. Beyond coaching, employees receive a Quit Guide, access to the Text2Quit® text messaging program* and nicotine replacement therapy throughout the process to help improve their confidence and motivation to quit. They also receive digital support, including expert-led online learning, interactive content and urge-management tools.

With multiple communication channels, employees can more easily connect with the Quit Coach and all the other resources in a way best suited to their preferences — helping keep them engaged and on track with their cessation plan.

UnitedHealthcare®

Here's how Quit For Life works.

Behavior-change strategies are developed for each employee based on their quit-tobacco goals. A **Quit Plan** is developed to help keep them on track and includes:

1. **Set a quit date.** We help employees choose a quit date and set them up for success through coaching, text messaging and online support.
2. **Manage tobacco urges.** Employees learn how to cope with urges to smoke, no matter when or where they have them.
3. **Use cessation medications.** Employees learn how to supercharge their quit attempt with the proper use of nicotine replacement therapy and other FDA-approved cessation medications.
4. **Tobacco-proof the environment.** Employees learn why getting rid of all their tobacco, ashtrays and lighters can help them quit and not start again.
5. **Use social support.** Employees learn why it is important to ask their family and friends for support, and how to ask.

Help empower employees to end tobacco use.

The program's design makes it easier to implement, administer and participate.

Employee benefits:

- **Personalized action plan** tailored to specific needs.
- **Integrated online and telephonic experiences** provide behavior-change strategies.
- **24/7 support** for easier access to confidential services.
- Support to highlight the importance of **nicotine replacement therapy and prescription medications**.

Employer benefits:

- **Evidence-based, accredited program** from a trusted source.
- **Turnkey program** with minimal oversight needed.
- **Promotional tools** that help encourage employee participation.
- **Integration with other UnitedHealthcare resources** helps drive results.

The high cost of tobacco use to employers.

$3,160
in medical expenses.[5]

$146
in workers' compensation.[5]

$1,066
in lost productivity.[5]

$1,903
in smoking breaks.[6]

$6,275

As your employees quit tobacco and become healthier, you may see potentially lower chronic illness rates and lower medical expenses.

For more information on Quit for Life, contact your broker or UnitedHealthcare representative.

UnitedHealthcare®

*Data rates may apply.

[1] http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/

[2] Quit For Life employer book of business survey results. Results measured among responders to a survey at six months post-program enrollment, with quit-rate success defined as 30+ days of abstinence from all forms of tobacco, cumulative from 2006 to 2016.

[3] Quit For Life employer book of business survey results. Results measured among responders to a survey at six months post-program enrollment, who report being "very satisfied," "satisfied" and "somewhat satisfied" with the program, cumulative from 2006 to 2016.

[4] Quit For Life employer book of business survey results. Results measured among responders to a survey at six months post-program enrollment, who reported they would recommend the program, cumulative from 2006 to 2016.

[5] http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking

[6] http://www.surgeongeneral.gov/library/reports/50-years-of-progress/fact-sheet.html

Real Appeal℠

Provide employees with a plan for lasting weight loss.

Nearly seven out of 10 adults are considered overweight or obese.[1] UnitedHealthcare's Real Appeal is working to reverse this trend, with tools and support to help employees lose weight, feel good and prevent weight-related health conditions.

How it works

Real Appeal is provided at no additional cost to your employees as part of their benefit plan. It teaches participants how to eat healthy and be active – without turning their lives upside down.

> "I started the Real Appeal program about a year ago and the first six months I lost weight, and the next six months I learned that I could maintain that weight. Not only did Real Appeal change my life with my family, losing weight has changed my life professionally. I have confidence that I have some control over my life. It's just amazing!"
>
> *Abi S. – lost 58 lbs. with Real Appeal*

Did you know...

- Overweight and obese workers have medical claims that are 7x higher than their fit coworkers.[2]
- Health care costs directly related to excess pounds are estimated to double each decade, reaching $957 billion in 2030.[3]
- Being overweight increases the risk of developing diseases, such as heart disease, type 2 diabetes, hypertension, high blood pressure and sleep apnea.[4]

[1] Flegal et al., "Prevalence of obesity and trends in the distribution of body mass index among U.S. adults"; *The Journal of the American Medical Association*; 2012.
[2] Finklestein et al., "Obesity and Severe Obesity Forecast Through 2030"; *American Journal of Preventive Medicine*; 2012.
[3] American Heart Association; "Overweight and Obesity: 2012 Statistical Fact Sheet"; January 2012.
[4] Centers for Disease Control and Prevention (CDC); "Vital Signs: Adult Obesity"; August 2010.

UnitedHealthcare®

Real Appeal includes:

1 A personalized transformation coach for an entire year.

Coaches guide participants through the program, step by step, customizing it to fit their needs, personal preferences, goals and medical history.

2 24/7 online support and mobile app.

Staying accountable to goals is easier than ever with:

- Customizable food, activity, weight and goal trackers.
- Unlimited access to digital content, including streaming workout videos.
- Success group support which lets participants chat with others who are doing the Real Appeal program.
- The weekly Real Appeal All-Star Show featuring healthy tips from celebrities, athletes and health experts.
- Weekly analysis, feedback and goal reporting.

3 A Success Kit.

All the gadgets participants need to help kick-start their weight loss and keep them going strong will be delivered to their door after they attend their first group coaching session. It includes these helpful tools:

- Personal blender
- Digital food scale
- Measuring cups and spoons
- "Perfect" portion plate
- Resistance band
- Pedometer
- Real Appeal water bottle
- Electronic body weight scale
- Body tape measure
- Exercise DVDs
- And more

Unique approach

- Billed as medical expense claims with no impact on premiums.
- Year-long weight loss and maintenance program – most only last six months.
- Holistic approach, addressing diet, exercise, behaviors and willingness to change.
- Material is created with supervision from a Clinical Advisory Board of obesity experts.
- Approach drives outcomes:*

  There were over 100,000 registered participants in the Real Appeal program over the past year. Of the participants who completed the program:

  - 82% of the participants lost weight.
  - 38% had 5% or more weight loss.
  - 10 pounds average were lost per person.

*Real Appeal Book of Business - July '15-July '16.

To learn more about Real Appeal or any of our clinical or wellness solutions, contact your UnitedHealthcare representative.

real appeal

UnitedHealthcare®

UnitedHealthcare®

FSA

Flexible Spending Account

welcometouhc.com/fsa

Does keeping more of your money sound good?

We thought it might.

Pay for care.
Keep more of your money.

A flexible spending account (FSA) lets you set aside money to help pay for health and/or dependent care. You keep more of your money because you don't pay taxes on the money you put into your FSA. The amount you save depends on how much you put into your FSA and your income tax rate.

Add a flexible spending account (FSA).

- **Health Care FSA**
  Use it for eligible health care expenses like medical, pharmacy, dental and vision services and supplies.
- **Dependent Care FSA**
  Use it for eligible dependent care expenses like day care, elder care services and programs.

REMEMBER, you must sign up for an FSA each year.

Using your FSA is easy.

- **Automatic payment (health care FSA only):**[1,2]
  We can automatically pay the bill (claim) for covered services from your FSA.
- **Direct deposit:**
  We can reimburse your money directly into your personal bank account.
- **Online claim form:**
  Easily submit your claims on myuhc.com to get reimbursed from your FSA.

Learn more online.

- Estimate tax savings
- See a list of common eligible expenses
- Learn about myuhc.com® and more

VISIT welcometouhc.com/fsa

The MasterCard® Health Care Spending Card[1]

Your FSA may come with this handy debit card, which makes it easy to pay for services from your FSA.

[1]May not be available to some members. Please see your FSA benefi t documents.
[2]Automatic payment will not work for non-network services and dependent care FSA services.

Here's how a flexible spending account (FSA) works

1 Decide how much money you want to put into your FSA.

Not sure how much to put into your FSA? Use the FSA Savings Calculator on welcometouhc.com/fsa.

2 Money is taken from your paycheck, before taxes.

When the plan year begins, money is deducted from your paycheck before federal, state or Social Security taxes are taken out. The money is placed into your FSA.

3 Use your FSA to pay for eligible expenses.

The entire amount of your health care FSA is available the first day of the plan year. You don't have to wait until the money is in the account. If you sign up for a dependent care FSA, money must be in your FSA to be able to use it.

For examples of **ELIGIBLE EXPENSES,** see back page.

Tax savings

You save because you don't pay taxes on the money you put into your FSA. The amount you will save depends on how much you put into your FSA and your income tax rate.

To learn more, visit welcometouhc.com/fsa.

Eligible Expenses

Health care FSA:

- ✓ Acupuncture
- ✓ Blood sugar test kits
- ✓ Breast pumps and lactation supplies
- ✓ Chiropractor visits
- ✓ Doctor visits, X-rays and lab work
- ✓ Hearing aids and batteries
- ✓ Health plan deductible, co-insurance and co-payments
- ✓ Lasik eye surgery
- ✓ Over-the-counter medicines (must be prescribed)
- ✓ Prescriptions (retail and mail)
- ✓ Sunscreen (SPF 30 or higher and may require a prescription)
- ✓ Surgery, excluding cosmetic surgery

Dependent care FSA:

Child care expenses

- ✓ Before and after school care and extended care programs for dependents under age 13
- ✓ Babysitter (he/she cannot be your child, under age 19 and a tax dependent)
- ✓ Child care and qualified child care centers for dependents under age 13
- ✓ Nursery school
- ✓ Preschool

Elder care expenses

- ✓ Adult day care center for dependents age13 or older who are not able to support themselves
- ✓ Elder care while you work (in your home or someone else's)
- ✓ Senior day care

This is a list of some of the eligible expenses that you can pay for with your FSA(s). See your **FSA BENEFIT DOCUMENTS** or visit irs.gov for a full list of expenses and rules.

Take charge of your FSA.

With myuhc.com and the UnitedHealthcare Health4Me® mobile app, it's easy to manage your FSA account.

- ✓ Submit your claims.
- ✓ Track account balances.
- ✓ Turn on direct deposit for fast reimbursements.

A flexible spending account is not insurance.

100-7442 Rev. 7/15

UHCEW524196-005

Get support for your precious delivery.

If you're thinking about having a baby or have one on the way, the **Maternity Support Program** is here to provide information and support — throughout your pregnancy and after giving birth.

When you enroll in the program, you'll be able to work with a maternity nurse who is available to answer your questions and help you with things like:

- Choosing a doctor or nurse midwife, and help you with finding a pediatrician or other specialist
- Information to help you take care of yourself and the health of your baby — even if your pregnancy is considered high-risk
- Support to help you manage your health — physically and emotionally — before and after your baby is born

Whatever your journey, we're here to help.

Get started today.

1-877-201-5328

myuhc.phs.com/maternitysupport

Monday-Thursday, 8:00 a.m.–8:00 p.m. and Friday, 8:00 a.m.–5:00 p.m. Central Time

This service is available at no extra cost as part of your benefit plan. (TTY: **711**)

Download now: the UnitedHealthcare Healthy Pregnancy℠ app.

- Track milestones.
- Set reminders.
- Get daily tips.
- Find resources.

Download on the App Store

GET IT ON Google Play

Available from the App Store® or Google Play™.

UnitedHealthcare®

This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for your information only. It is provided as part of your health plan. Program nurses and other representatives cannot diagnose problems or suggest treatment. This program is not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. This is not an insurance program and may be discontinued at any time.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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