| *Sample: | please | customize as                            | appropriate  | for your  | employees   |
|----------|--------|---|--------------|-----------|-------------|
| ~        | Promot | • | mpproprimite | 101 ) 001 | Tilproj Cos |

TO: All Employees

FROM: Human Resources

DATE:

RE: Medical/Dental/Vision Open Enrollment Period

April 25<sup>th</sup> – May 9<sup>th</sup> is the annual Open Enrollment period for our group's medical, dental and vision benefits though the North Carolina Banker's Association. During this period, you may initially enroll in benefits, change plans, and add or drop dependents without having a qualifying life event. All changes and elections will be effective June 1, 2024.

Employee monthly contributions for the benefit period June 1, 2024 – May 31, 2025 are listed below:

|                      | Medical Plan | Dental Plan | Vision Plan<br>(Low) | Vision Plan<br>(High) |
|----------------------|--------------|-------------|----------------------|-----------------------|
| Employee Only:       | \$           | \$          | \$                   | \$                    |
| Employee/ Spouse:    | \$           | \$          | \$                   | \$                    |
| Employee/Child(ren): | \$           | \$          | \$                   | \$                    |
| Family:              | \$           | \$          | \$                   | \$                    |

(If using employee self-service enrollment this year, add:)

In order to make changes to your current coverage, please go to <a href="www.benefitsolver.com">www.benefitsolver.com</a> and complete enrollment process from April 25 – May 9, 2024. If registering as a new user, enter the Company Key "ncbahbt" (all lower-case).

| (If using group administrator en | rollment this year, | add:)                 |                 |                |
|----------------------------------|---------------------|-----------------------|-----------------|----------------|
| In order to make changes to your | current coverage,   | , you must complete a | change form and | d return it to |
| prior to                         | , 2024.             |                       |                 |                |