

2024

BENEFITS GUIDE

CALIFORNIA EMPLOYEES



AMERIS BANK

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2024 Overview

2024 Benefits

Medical

Ameris Bank's medical carriers will be Anthem Blue Cross Blue Shield and Kaiser Permanente. You have the choice of four medical plans from Anthem or Kaiser:

- The Anthem POS plan is a traditional copay-based plan with a lower deductible and higher premiums.
- The Anthem HRA plan has a higher deductible, copays on common services, and is paired with a Health Reimbursement Arrangement (HRA) that is funded by Ameris Bank.
- The Anthem HSA plan is a High Deductible Health Plan (HDHP) and is paired with a Health Savings Account (HSA) that is partially funded by Ameris Bank.
- The Kaiser Permanente Deductible HMO Plan for employees residing in California.

Pharmacy Benefits

For members enrolled in an Anthem medical plan, Express Scripts will be your pharmacy benefit manager. Members will receive a separate pharmacy ID card from their Anthem ID cards.

Wellness Program for 2025 Premium Credit

Ameris Bank's Wellness Program partner is Vitality. Vitality makes it easy for you to participate in activities to earn the monthly wellness premium discount and track your progress. More details about the wellness plan and premium incentive program are available on The Mane Connection.

Advocacy Options

In collaboration with member services at the carriers, The Bailey Group will help resolve claim and billing inquiries, connect you with a PCP, provide network guidance, link with care management and more.

Supplementing Your Medical

You have the choice of three supplemental plans through MetLife:

- Accident coverage can supplement the costs incurred from accidents, such as ER visits, ambulance rides, or broken bones and sprains.
- Hospital Indemnity coverage can help pay for certain medical-related expenses when you are hospitalized.
- Critical Illness coverage pays you a lump sum benefit if you were to be diagnosed with a major illness such as cancer, heart attack, stroke, or Alzheimer's disease.

If you are enrolled in the HSA Plan, you will be provided the Accident and Hospital Indemnity coverage at no additional cost.

Long Term Disability

You are provided long term disability coverage at no cost to you by Mutual of Omaha.

Dental

You have the choice of two dental plans from MetLife:

- Both plans cover cleanings and preventive dental care at 100%.
- The High Plan includes orthodontia and a higher annual benefit maximum for non-preventive dental care.

Vision

You have the choice of two vision plans from MetLife:

- Both plans include copays on vision exams and lenses and offer discounts on lens enhancements and Lasik surgery. The High Plan offers a larger allowance towards contact lenses and frames and allows you to utilize all of the vision benefits every 12 months.

Retirement Benefits

You have retirement benefits from the Ameris Bancorp 401(k) Profit Sharing Plan and the Employee Stock Purchase Plan (ESPP).

Life Insurance

You are provided basic life insurance coverage for yourself and eligible family members at no cost. You also have the option to elect additional life insurance coverage for you and your eligible family members. Both policies are provided by MetLife.

If you are looking for a smart way to help achieve multiple financial goals, you have the option to enroll in whole life policies through MassMutual. Whole life policies are eligible for dividends, include cash value, and are portable.

Funding Accounts

You have three funding accounts available to you, based on the medical plan you choose:

- If you enroll in the POS plan, you can elect a healthcare Flex Spending Account (FSA), up to \$3,050 funded through your semi-monthly payroll.
- If you enroll in the HRA plan, you are provided a Health Reimbursement Arrangement (HRA) funded by Ameris Bank. Contributions vary from \$500, up to \$1,500 based on enrollment tier.
- If you enroll in the HSA plan, you are provided a Health Savings Account (HSA). The HSA is funded by both you and Ameris Bank on a semi-monthly basis. Ameris Bank's contributions vary from \$600, up to \$1,500 based on enrollment tier.

All employees are eligible to enroll in a Dependent Care FSA to help pay for the care of children or disabled family members.

Employee Assistance Program

Ameris Bank offers SupportLinc as the Employee Assistance Program provider. SupportLinc offers expert guidance to help address and resolve everyday issues. SupportLinc confidentially provides services including: in-the-moment support, financial expertise, legal consultation, short-term counseling, and convenient resources.

Identity Theft Protection

You have the choice of two Identity Theft Protection plans through LifeLock by Norton:

- Both plans offer members credit monitoring services and much more, including Identity Theft Protection, Device Security, Parental Control, and Online Privacy.

Legal Insurance

You have the choice of two Legal Insurance plans from ARAG:

- Both plans can provide protection for Consumer Protection Matters, Debt-Related Matters, Family Law, Government Benefits, Real Estate Matters, Tax Matters, Traffic Matters, and additional services.
- Attorney fees for most covered legal matters listed in the plan are 100% paid in full when members work with a network attorney unless otherwise indicated in the plan details.

Pet Benefits

You have the choice between a single pet plan which covers one pet, or a family plan that covers all of the pets in your home through Pet Benefit Solutions:

- From discounts on veterinary care and pet products to 24/7 pet telehealth and lost pet recovery service, Total Pet Plan from Pet Benefit Solutions helps you save on everything your pet needs.

Eligibility

Employees and family members

You are eligible to enroll in coverage if you are a full-time or part-time employee who works 30 or more hours per week. New Hire Enrollment elections are effective the first of the month following 30-days of employment.

Enrollment is your chance to enroll in the benefit plans, including electing coverage for your eligible dependents. Eligible dependents include:

- Legal spouse
- Natural born child, stepchild, legally adopted child, child placed for adoption, foster child, or any other child placed in your legal guardianship who is:
 - Under the age of 26
 - Over the age of 26 and is disabled
 - Covered by a Qualified Medical Child Support Order

Making changes throughout the year

The elections you make during your Enrollment are effective through December 31st of the plan year unless you experience a qualifying life event.

Examples of qualifying life events include:

- Marriage or Divorce
- Birth, adoption, or placement for adoption
- Death of a dependent
- Gain or loss of other coverage

You have 30 days from the date of the qualifying event to make changes to your benefits through PlanSource. You are also required to supply verification documentation to HR Solutions within the 30 day window.

Section 125 plan rules

Some of Ameris Bank's plans are governed by Section 125 of the Internal Revenue Code. This means you can pay for certain group insurance premiums with pre-tax dollars and could lower your taxable income. It also means that changes, funding account expenses, and eligibility rules are governed by the IRS.

How to Enroll

Ameris Bank's Online Benefits Enrollment System

We provide our employees with an easy-to-use online enrollment system called **PlanSource**. It can be accessed 24 hours a day, seven days a week for benefits enrollment and can be used as a reference guide for plan information throughout the year. Follow these steps below to register and enroll in your benefits.

Step 1: To start your enrollment go to The Mane Connection and log in to your Ameris Bank UKG portal

- Once in UKG, go to **Menu > Myself > Benefits > Manage My Benefits**. You will then be redirected to PlanSource with no additional login required.

Step 2: Review Profile

- Verify your personal and contact information on the **Review Profile** page. Any updates must be first submitted through your UKG portal, then they will automatically update in the benefits platform.
- You can view current family members on the **Review My Family** page and you can add or remove eligible individuals.
- You are required to supply dependent verification documentation for any new individuals added to your plan. A task will be assigned to you in PlanSource any time you add a new dependent. You can upload documentation to your Task List in PlanSource or send directly to HRsolutions@amerisbank.com
- Please double check spelling of names, verify dates of birth, and enter correct social security numbers for each family member. These fields are required and you will not be able to move forward until these are complete.

How to Enroll

Step 3: Shop Benefits

- View each benefit by clicking on **Shop Plans**, review and compare the options, choose your plan, or decline the benefit entirely.
- You can check the box next to your family member's names to add or remove them from the plan.
- Some benefit options, such as spending accounts and life insurance, are dynamic and will appear after you add eligible dependents to your profile or elect certain medical plans.
- Some benefit pages, such as whole life insurance, will link out to another site for enrollment. You can complete the application on the external site to enroll in the benefit. You will not see these premiums in your **Shopping Cart**.
- Click **Update Cart** to continue to the next page.

Step 4: Review Beneficiaries

- You will need to assign a beneficiary to your MetLife life insurance policies. You can assign current family members in your profile or add new individuals or entities (such as a Trust) as eligible beneficiaries.
- You can also check the box next to **Add to all Benefits** if you wish to designate the same allocations for all coverages.
- Make sure allocations add up to 100% before continuing.

Step 5: Checkout

- Once you have completed each benefit election, click **Confirm and Checkout** at the bottom of the page. Review your elections for accuracy and choose **Checkout** again.
- **Your benefit elections will not be complete until you select the Checkout button.**

Mobile Resources

UKG App

The Ameris Bank UKG Pro mobile app is available to all employees to download.

- Access benefits enrollment, view and edit your employee profile, view your current and historical pay statements, and connect to PlanSource to enroll.

SupportLinc App

Convenient, on-the-go support:

- TextCoach and Virtual Support
- Self-guided Resources to improve focus, wellbeing and emotional fitness

Vitality App

Challenges are offered via web or mobile app as a natural extension of our wellbeing program.

- Enhanced challenge capabilities offer highly flexible options for and an inclusive experience for members.

MetLife App

Everything you need to manage your MetLife policies all in one place:

- Find a dental and vision provider in your area
- View your ID card
- View your plans and claims summary

EBC Mobile app

- View all FSA and HRA accounts in the app to track balances and view claim details
- Submit a claim manually
- Upload pictures of receipts or documentation to verify eligible expenses



Opt into receiving text messages by texting the keyword **“AMERISBANK”** to **844.678.0490** and start receiving text messages about your benefits.



MEDICAL BENEFITS

Medical Benefits

2024 Medical Plan Options

Ameris Bank offers four medical plans. Three plans are through Anthem, with prescription coverage through Express Scripts: First is a traditional Open Access Point of Service (POS) plan, the second is a POS plan paired with a Health Reimbursement Account (HRA), and third is a High Deductible Health Plan (HDHP) paired with an HSA. Each of these plans provide benefits for preventive care, office visits, hospitalization, and surgery. They offer the same national network, but they differ in how much you pay for services. All three plans offer out-of-network coverage, however you will save money by finding providers and facilities within Anthem's network and pharmacies within Express Script's network.

POS plan

- Highest Premiums
- Lower deductible and out-of-pocket maximum
- Copays on most common services
- Employee can fund a flex spending account (FSA) to help pay for out-of-pocket costs

HRA plan

- Lower Premiums
- Higher deductible and out-of-pocket maximum
- Copays on most common services
- Pairs with an HRA funded by Ameris Bank to help pay for out-of-pocket costs
- Employees can also fund a flex spending account (FSA) to pay for additional out-of-pocket costs

HSA plan

- Lowest Premiums
- Higher deductible and out-of-pocket maximum
- You pay the network discounted rates up to the annual deductible, then coinsurance after that
- Pairs with an HSA funded by both you and Ameris Bank to help pay for out-of-pocket costs
- HSA participants are provided an Accident and Hospital Indemnity plan at no cost
- HSA is only allowed if enrolled in HSA plan with Ameris Bank

You may purchase up to a 30-day supply of covered drugs when you fill your prescription at a participating retail pharmacy. You can use the mail order or Smart90 pharmacy programs to purchase a 90-day supply of covered drugs. Smart90 allows you to fill your 90-day supply of covered drugs at an in-network retail pharmacy.

Health Reimbursement Arrangement (HRA)

Your HRA account is funded by Ameris Bank at the beginning of the plan year.

Annual contributions

- Employee Only: \$500
- Employee + Spouse: \$1,000
- Employee + Child: \$1,000
- Employee + Family: \$1,500

Health Savings Account (HSA)

Your HSA is funded by both you and Ameris Bank. Ameris Bank's contributions are funded on a semi-monthly basis.

Annual contributions

- Employee Only: \$600
- Employee + Spouse: \$1,500
- Employee + Child: \$1,500
- Employee + Family: \$1,500

HRA and HSA contributions are pro-rated for employees who are hired after January 1.

See [page 21](#) for more information on the funding accounts available to you.

Kaiser Permanente Deductible HMO Plan

The fourth medical plan being offered by Ameris Bank is the Kaiser Permanente Deductible HMO Plan. With this plan you will receive preventive care services at little or no cost to you, and online features let you manage most of your care around the clock.

Your benefits include:

- A personal doctor for routine medical care
- Copays or coinsurance for most covered services after you meet your deductible
- Prescription coverage for brand-name and generic drugs
- No referrals needed for certain specialties, like optometry and obstetrics/gynecology
- An out-of-pocket maximum that limits how much you'll spend on most services each year

Additional information on each plan is available on
The Mane Connection > [Employee Center](#) > Benefits > Healthcare Benefits

Medical Plan Comparison

	POS PLAN	HRA PLAN	HMO PLAN	HSA PLAN
In-Network				
Deductible Individual / Family	\$750 / \$2,250	\$2,000 / \$6,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Out-of-Pocket Max Individual / Family	\$4,500 / \$12,500	\$7,350 / \$14,700	\$4,000 / \$8,000	\$6,250 / \$12,500
Coinsurance	20%	20%	20%	10%
Primary Care	\$30	\$25	\$20	10% after deductible
Specialist	\$50	\$45	\$20	10% after deductible
Virtual Visits	\$0	\$0	\$0	\$55 (\$0 after deductible)
Urgent Care	\$45	\$45	\$20	10% after deductible
Lab / X-Ray Free Standing Facility	\$0	\$0	\$10 / encounter	10% after deductible
Advanced Imaging	20% after deductible	20% after deductible	20% after deductible Up to \$150	10% after deductible
Inpatient Hospital	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Outpatient Hospital	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible	10% after deductible
Out-of-Network				
Deductible Individual / Family	\$2,000 / \$6,000	\$3,000 / \$9,000	N/A	\$8,000 / \$16,000
Out-of-Pocket Max Individual / Family	\$10,000 / \$30,000	\$8,000 / \$24,000	N/A	\$12,500 / \$25,000
Coinsurance	50%	50%	N/A	40%

Pharmacy

	POS PLAN	HRA PLAN	HMO PLAN	HSA PLAN
Tier 1	\$10	\$10	\$10	\$10 after deductible
Tier 2	\$35	\$35	\$30	\$35 after deductible
Tier 3	\$60	\$60	20% up to \$250	\$60 after deductible
Smart 90*/Mail Order Pharmacy	2.5 x copay	2.5 x copay	Tier 1 - \$20 Tier 2 - \$60	2.5 x copay after deductible

*Smart 90 applies to Anthem/Express Scripts members only

Semi-Monthly Premiums for Medical Plans

NON-WELLNESS	POS PLAN	HRA PLAN	HMO PLAN	HSA PLAN
Employee Only	\$163.33	\$96.13	\$83.19	\$25.00
Employee + Spouse	\$509.19	\$387.73	\$305.04	\$113.22
Employee + Child(ren)	\$423.43	\$317.23	\$249.58	\$90.36
Family	\$547.97	\$480.66	\$415.96	\$146.43

WELLNESS	POS PLAN	HRA PLAN	HMO PLAN	HSA PLAN
Employee Only	\$138.33	\$71.13	\$58.19	\$0.00
Employee + Spouse	\$484.19	\$362.73	\$280.04	\$88.22
Employee + Child(ren)	\$398.43	\$292.23	\$224.58	\$65.36
Family	\$522.97	\$455.66	\$390.96	\$121.43

Well-Being Resources



Lark Diabetes Prevention Program

Anthem BCBS members can access the Lark Diabetes Prevention Program (DPP). This program is a smartphone-based app that is fully backed by the CDC. Members can access the program 24/7 to access education and personalized digital coaching to prevent the onset of type 2 Diabetes. On average, participants achieve a 4.2% weight loss over a year. Of all Lark participants, 59% had weight loss. Those who enroll will receive a wireless scale at the start and a fitness tracker after Milestone 3. Every member's experience will be focused on their goals, lifestyle factors, and readiness to change making Lark completely scalable for the entire population.

What is included in Lark?

- 26-weeks of educational and motivating support
- Weight coaching facilitated by a connected scale provided to all participants
- Digital nutrition therapy
- Personalized guidance on sleep and physical activity
- Behavioral health screening, coaching, and escalation to care resources



Medical and Behavioral Health Case Management

Anthem BCBS Offers telephonic and video chat support with specialist providers if you experience a significant health event or struggle with multiple health issues. Case Management helps you to maximize medical benefits, arrange post-discharge care, and connect you with available community services. An all-inclusive, integrated case management program offers a fluid approach to dealing with members' complex behavioral health needs.

This includes:

- Cancer
- NICU and pregnancy support
- Transplant Services
- Musculoskeletal
- Chronic conditions, such as asthma, diabetes, cardiac diseases
- Behavioral Health Support



Maternity Support

Anthem also provides members individualized support to expectant moms to help you achieve healthier pregnancies and deliveries. Provides assistance from Registered Nurses trained to provide education and support for expectant mothers. This program provides the education and tools to help track the pregnancy week-by-week and prepare for the baby.

Well-Being Resources



The Lifeline Phone System

The 988 Suicide & Crisis Lifeline, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States.

The Lifeline is made up of a network of over 200 independently owned and operated local centers. To reach the Lifeline, call 988 or chat at [988lifeline.org](https://www.988lifeline.org).

What happens when someone calls Lifeline?

- We'll play a little music while we connect the call to a skilled crisis counselor.
- Each crisis center picks their coverage area (which can be defined by zip code, area code, county or even state), and their hours of operation.
- A trained crisis counselor at a local center will answer the phone.
- This person will listen to the caller, work to understand what the caller is experiencing, provide support, and collaborate with the caller on ways to feel better and connect with any needed help or resources.

To learn more about the Lifeline, please visit:

www.988lifeline.org

Save Money With Your Health Plan

Get your free preventive care

Your preventive care is covered 100% on all plans offered by Anthem and Kaiser. Examples of preventive care include your wellness exam with your Primary Care Physician, annual well-woman exam with your OB/GYN, routine immunizations, preventive colonoscopies, and preventive mammograms. Check with your health care provider on your specific preventive care needs.

Use in-network providers and facilities

Using in-network providers is the best way to get the most of your plan and will reduce out-of-pocket expenses. To locate in-network, contracted medical providers, visit the [Anthem.com/find-doctor](https://www.anthem.com/find-doctor) site and search for providers and facilities with network.

Your plan includes incentives for utilizing free-standing facilities

Outpatient services such as labs, x-rays, advanced imaging, and outpatient surgeries are lower cost if you use a free-standing facility. You could be subject to extra copays or costs if you receive these services in a hospital.

Out-of-network balance billing

You may pay more money if your provider is out-of-network. Anthem will only reimburse out-of-network claims as a percentage of Medicare costs, which will result in balance billing.

Choose generic over name brand

It's a common misconception that generic medications are inferior to brand-name versions. The truth is that the Food and Drug Administration requires that all prescription medications meet the same standards. Generic medications have the same active ingredients and chemical purity as the brand-name drugs they imitate. Other ingredients such as tablet fillers, binders, coatings or flavors may differ. Because their development costs are less, generic drugs are often priced substantially lower.

If you are an Anthem member, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through Special Offers to help you save money while taking care of your health.

To find the discounts available to you, log in to [anthem.com](https://www.anthem.com), choose Care and then select Discounts.

Where To Go When You Need Care

It can be hard to know where to go for medical care - especially in the heat of the moment. But, not every situation calls for a trip to the emergency room. When it's not an emergency, you have access to a variety of care options to make sure you're getting the right care when and where you need it. Virtual Care is a great first option.

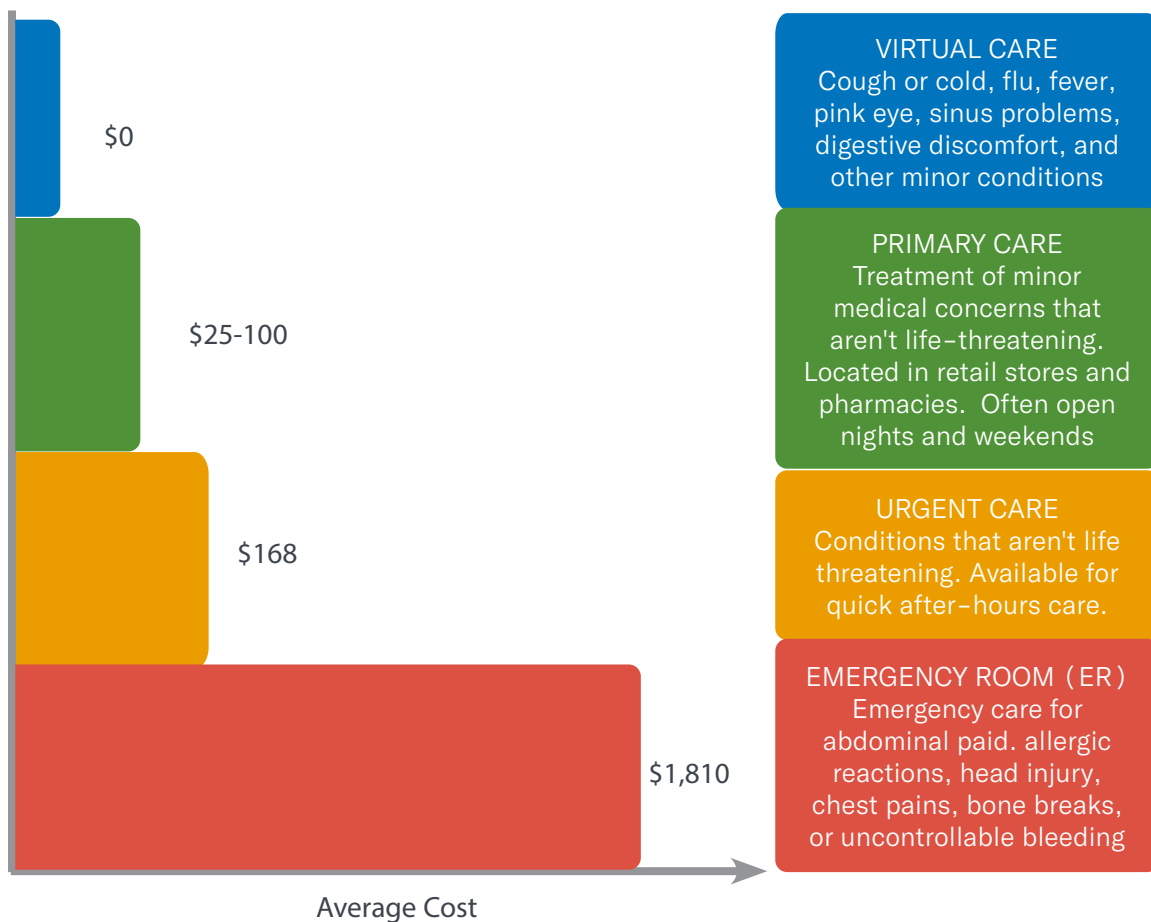
How to find the right care provider for you:

Anthem BCBS members can go to [anthem.com](https://www.anthem.com) or download the Sydney Health mobile app and log in to:

- Have a Virtual Care visit with a doctor using the Sydney Health mobile app.
- Find a doctor if you don't have a primary care physician.
- Find a retail health clinic, urgent care center, or emergency room near you.
- Compare costs for your procedures.

Kaiser Permanente members can go to [kp.org](https://www.kp.org) or download the Kaiser Permanente mobile app and log in to:

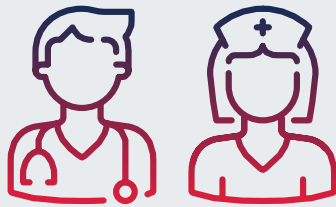
- Answer a few questions to help us learn about your symptoms. We'll recommend how you can get care quickly – either by phone, video, or both.
- Where available, you can also see estimated wait times to help you choose the best option for you.
- During the virtual visit, the clinician will update your health record to help coordinate follow-up care.



How High Deductible Health Plans (HDHP) Work

An HDHP is a type of insurance plan that offers a low premium offset by a high deductible. Because of the low cost of the plan, the plan does not cover most medical expenses until the deductible is met. As an exception, preventive care services are typically covered before the deductible is met. HDHPs are designed to be compatible with health savings accounts (HSAs), to help pay for qualified out-of-pocket medical expenses before the HDHPs deductible is met.

How does an HDHP work?



Your preventive care is covered

You pay nothing for eligible in-network preventive care. Preventive care is important because it helps you stay healthy and access prompt treatment when necessary, and it can help reduce your overall medical expenses.



Pay for non-preventive expenses out-of-pocket

You pay your non-preventive medical and prescription expenses out-of-pocket until you reach your annual deductible. Preventive care doesn't apply toward your deductible.



Coinsurance kicks in after you've met your deductible

Once the deductible is met, you pay coinsurance for non-preventive medical and prescription expenses.



Plan pays 100% after you reach your out-of-pocket max

If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible expenses for the remainder of the plan year.

HSA Plan Perks

Five reasons why the HSA plan could work for you



1. You will pay a lower premium for the HSA plan

The premium for High Deductible Health Plans (HDHPs) are lower because the participant has to pay a higher deductible on services. The HSA Plan is the lowest-costing plan available to Ameris Bank employees. Employees enrolling by themselves and participating in the wellness program can decrease their premium costs. Find the plan premiums [here](#).

2. You receive money from Ameris Bank to help pay your deductible

Ameris Bank will contribute up to \$600 for individuals and \$1,500 for families that can be used to pay for the higher deductible. HSA balances rollover every year so you can continue to save for future expenses and the account stays with you if you were to change employers. Find more information on spending accounts [here](#).

3. HSA Plan participants are automatically enrolled in MetLife Accident and Hospital Indemnity Plans

The Accident and Hospital Indemnity plans can help you be better prepared by providing you with cash payments to use as you see fit if you experience an unexpected health event. HSA plan participants are automatically enrolled in the two MetLife policies at no cost. Find the plan details [here](#).

AMERIS BANK WILL CONTRIBUTE \$600 FOR INDIVIDUALS AND \$1,500 FOR FAMILIES.

4. You have Anthem resources available to save you even more money

Your Anthem medical plans include virtual visits. You can use virtual visits for common illnesses such as colds, flus, sore throats, and minor infections. The cost of a visit is only \$55 through LiveHealth Online. Find more information about virtual visits [here](#).

5. Advocacy Options can help you along the way

The Bailey Group can lead members toward higher quality, more efficient and cost-effective care. Resolve claim and billing inquiries, connect with a PCP, provide network guidance, link with care management and more!

Funding Accounts

No matter what medical plan you are enrolled in, you will have some out-of-pocket costs in the form of copays, coinsurance, deductibles, and prescription costs. You have access to tax-preferred funding accounts to help your out-of-pocket costs for you and your covered family members.

Health Reimbursement Arrangement (HRA)

An HRA is an account funded by Ameris Bank and is given to you automatically if you enroll in the HRA Plan. The money is funded at the start of your enrollment and the contribution varies based on your enrollment tier. The account comes with a debit card to instantly pay for eligible medical and pharmacy expenses or you can request reimbursement with valid receipts. HRAs are only funded by Ameris Bank, you cannot contribute funds to the HRA. Money in the HRA account stays with Ameris Bank if your employment ends. You cannot transfer HRA dollars to your own account and HRA dollars do not rollover at the end of the year.

Health Savings Account (HSA)

An HSA is an account funded by both you and Ameris Bank and is available if you enroll in the HSA plan. The money from Ameris Bank is funded on a semi-monthly basis and varies based on your enrollment tier. You can contribute extra funds to the account up to the annual maximums set by the IRS. Your HSA contributions will be deducted from your semi-monthly paycheck. HSAs come with a debit card and checks to pay for eligible expenses and you can reimburse yourself for eligible expenses. However, HSAs are subject to audit by the IRS so it is recommended that you keep all receipts. The money in the HSA stays with you, so you can take it with you if you change employers or retire.

2024 Health Savings Account maximums

- Employee Only: \$4,150
- Family: \$8,300
- Catch Up Contributions (for age 55+): \$1,000

HSA funding maximums include both employer and employee contributions.

HRA and HSA contributions are pro-rated for employees who are hired after January 1.

Refer to [Page 11](#) to see how much Ameris Bank is contributing to your funding accounts

Unsure if your medical expense is eligible for reimbursement?

You can use the funds in your HRA or HSA on most out-of-pocket health care costs approved by the IRS. For the full list of eligible expenses, check out [IRS Publication 502](#).

You **cannot** use the funds from your HRA on dental or vision expenses. See the next page for how you can use an FSA to cover those costs.

Flex Spending Account (FSA)

An FSA is an account funded by your own contributions. You choose an annual funding amount and the deductions come out of your semi-monthly paycheck on a pre-tax basis. Ameris Bank offers two types of flex spending accounts:

Healthcare FSA

You can use your Healthcare FSA for most medical, prescription drug, dental, and vision expenses that are not paid for by your health care plan. Some examples include deductibles and copayments, eyeglasses, contact lenses, hearing aids, braces, and other expenses allowed by the IRS. Certain over-the-counter (OTC) drugs are eligible for reimbursement through your Health Care FSA, but only if you have a doctor's prescription.

Your entire election is available to you at the beginning of the plan year. You simply continue to fund the account through payroll deductions from each paycheck. Remaining funds in your Healthcare FSA can rollover to the next plan year up to a \$500 maximum.

Your Health Reimbursement Arrangement (HRA) pays before your Healthcare Flexible Spending Account (FSA)

You are allowed to have both a Health Reimbursement Arrangement funded by Ameris Bank and a Healthcare FSA. The HRA pays first on medical and prescription costs, then once you use up the total balance, you can then use your FSA balance towards out-of-pocket healthcare costs. You can always use your FSA on dental and vision expenses.

You may not be enrolled in the Healthcare FSA and HSA plan at the same time

Per IRS regulations, you may not enroll in the Healthcare FSA if you are enrolled in the HSA plan. You are allowed to enroll in the Dependent Care FSA no matter which medical plan you're enrolled in.

Dependent Care FSA

You can use your Dependent Care FSA to pay for the care of a young child or disabled family member who requires care while you work. You can pay for day care expenses for children under 13 years of age, disabled children, disabled parents, a disabled spouse, or other relatives who qualify under Internal Revenue Code. Education expenses are not eligible. In order for your FSA contributions to be considered eligible for reimbursement, your provider must claim your payments as taxable income.

The amount of money you want to use must first be put in the account before you claim expenses for reimbursement; funds do not rollover.

2024 Flex Spending Account maximums

- Healthcare FSA: \$3,200
- Dependent Care FSA: \$5,000 (or \$2,500 if you are married, filing separately)

Wellness Program

Vitality

All employees enrolled in an Ameris Bank medical plan have access to Vitality. Vitality helps you be the healthiest you can be for yourself and those you love. Along the way, celebrate your accomplishments by earning points toward the \$50 per month 2025 wellness premium credit.

Whatever your goals are, Vitality provides a range of tools and resources to navigate your way to a healthier you. Including:

- Access your personalized journey based on your current health status
- Link a health tracker to sync your activity
- Create and track goals on a variety of health topics
- Access health content and educational tools relevant to your focus area
- Stay motivated and get rewarded by earning points toward achieving a premium credit status

Get started right away on your personal pathway to better health by:

Step 1: Register at PowerofVitality.com or on the Power of Vitality app. Simply complete all the required fields and accept the terms and conditions.

Step 2: Explore the website or mobile app to see all of the resources available, healthy activities you can earn points for and understand what you can do to achieve a higher status.

Step 3: Take the health assessment. Once completed, you'll get a detailed report of your overall health as well as your Vitality Age, a great motivator that can also give you an idea on how to plan your pathway.

Contact wellness@powerofvitality.com or 877-224-7117 for assistance.

Medical Plan Resources

Medical Virtual Visits

Virtual Visits are available through LiveHealth online. You can see and talk to a doctor via mobile device or computer - 24/7, no appointment needed. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.

Use a Virtual Visit for these minor medical or mental health needs:

- Bronchitis
- Cold / flu
- Fever
- Pinkeye
- Rash
- Sinus Problems
- Sore Throat

Mental Health Virtual Visits

If you're feeling stressed or anxious or you're just having a tough time, it's okay to ask for help. And with LiveHealth Online Psychology, talking to someone is easier and more convenient than ever. All video visits are completely private and confidential and you can choose from a list of available psychologists and licensed therapists.

LiveHealth Online Psychology can help with conditions like:

- Stress
- Anxiety
- Depression
- Relationship or family issues
- Grief
- Panic Attacks
- Stress from coping with an illness
- Substance abuse

For Anthem members LiveHealth Online is ready to help with easy access to virtual care just for you. Just log in to livehealthonline.com or use the mobile app to access the medical, mental health, or sleep specialty tools.

Kaiser Permanente members can go to kp.org or download the Kaiser Permanente mobile app and log in to receive virtual care.

Employee Assistance Program (EAP)

Your EAP benefits are provided by Ameris Bank at no extra cost to you and your family. All eligible employees will have access to 6 face-to-face-counseling sessions through SupportLinc.

SupportLinc offers expert guidance to confidentially assists employees and their eligible dependents with personal and job-related concerns, including:

- Emotional well-being
- Family and relationships
- Caregiving
- Legal and financial
- Health lifestyles
- Work and life transitions

Accessing resources to boost your wellbeing has never been easier. You can explore all that your program has to offer with a single username and password. To get started, follow the simple steps below:

Step 1: Visit supportlinc.com, or use the mobile app, click on Create Account and enter your group code on the next screen. You will only need your group code this one time.

Step 2: Create your individual username and password and you're all set! Now with only one login, you can access all of the care modalities, valuable information and resources your program has to offer!

**You can access SupportLinc resources via mobile app, by visiting supportlinc.com or by calling 1-888-881-LINC (5462)
Group code: amerisbank**

If additional resources are needed beyond the services provided by SupportLinc, Mutual of Omaha can assist by locating affordable solutions in your area.

Mutual of Omaha's EAP services are available 24/7 by calling (800) 316-2796 or visiting mutualofomaha.com/eap



SUPPLEMENTING YOUR MEDICAL

Supplementing Your Medical

MetLife Accident Coverage

Though most people do not like to think about it, accidents can happen—and they can be devastating. They can occur without warning, and most individuals are not financially or emotionally prepared for them. That’s where our MetLife accident coverage comes in.

Benefits are paid directly to you

Payments will be paid directly to you, not to the doctors, hospitals or other health care providers. You will receive a check, payable to you, for maximum convenience.

Why accident coverage is important to have

Even quality medical plans can leave you with extra expenses to pay. Costs like plan deductibles, copays for doctor visits and extra costs for out-of-network care can add up fast. Having the financial support you may need when the time comes means less worry for you and your family.

Use your accident plan to cover household bills, deductibles, and more

Yes, you can use your benefit payment as you see fit. Use it to help cover your household bills, medical insurance deductibles, copayments and more.

TREATMENT TYPES AND COVERAGE AMOUNTS			
ER Treatment	\$200 ER / \$100 Urgent Care or PCP	Follow-up Treatment	\$100
Pain Management	\$100	Diagnostic Imaging	\$200
Ambulance	\$400 ground / \$1,250 air	Transportation	\$400 <i>2 per year</i>
Initial Hospitalization	\$1,500 / \$3000 if placed in ICU	Lodging	\$200 <i>15 days per year</i>
Daily Hospital Confinement	\$300 per day <i>15 day limit</i>	Prosthesis	\$1,000 - \$2,000
Daily ICU Confinement	\$600 per day <i>15 day limit</i>	Appliances	Up to \$1,000 <i>Based on schedule</i>

Reference your accident benefit summary for full coverage details.

MetLife Hospital Indemnity

Not having enough money to pay your bills can be one of the scariest feelings in your life. This is especially true when it comes to medical costs. Imagine the stress of having an unexpected hospital stay, only to be stuck with a five-figure bill afterward. This is where hospital indemnity coverage can help.

Our Hospital indemnity coverage through MetLife acts as a supplement to your health insurance and helps pay for certain medical-related expenses when you are hospitalized. For instance, your plan might help pay your deductible, copays or other typical out-of-pocket expenses. This is especially important when money is tight around the time of hospitalization.

SUMMARY	COVERAGE AMOUNTS
Initial Hospitalization	\$500 / \$1,000 if ICU per calendar year <i>Once each per accident and illness</i>
Daily Hospital Confinement	\$100 per day <i>31 day limit per covered person</i>
Daily ICU Hospital Confinement	\$200 per day <i>31 day limit per covered person</i>
Inpatient Rehabilitation	\$200 per day <i>15 days per covered person or 30 day limit per calendar year</i>

What Hospital Indemnity coverage looks like in action

Gina is a 31-year-old graphic designer at a mid-size banking firm. She is in relatively good health and rarely visits the doctor outside of an annual checkup. Because of this, Gina elected a HRA plan with a \$2,000 deductible. She understands that she will have to pay that amount before insurance kicks in, so she brainstorms a way to lower that figure. Gina decides that hospital indemnity coverage is a good fit for her lifestyle.



In Gina’s case, her hospital indemnity insurance costs her less than \$25 a month, which still comes out to be less than her employer’s next lowest costing medical plan. And, despite its affordability, this additional coverage can help pay thousands of dollars’ worth of medical expenses.

Later in the year, Gina ends up breaking her arm and needs surgery. Her medical plan won’t kick in until she reaches her \$2,000 deductible, but, thankfully, her hospital indemnity coverage is there to help pay a bulk of that cost. If she didn’t have indemnity coverage, Gina could’ve been stuck with the entire bill herself.

MetLife Critical Illness Coverage

Heart attack, stroke, cancer and other illnesses can affect not only your health but also your bank account; medical expenses reportedly lead to more than half of all bankruptcies in the United States. When faced with a severe illness and the accompanying medical costs, critical illness insurance can help.

Illness can often lead to extended time away from work, and critical illness benefits can offset some of those lost wages and help you pay routine living expenses such as child care, transportation and rent or mortgage payments. If you don't want to drain your savings because of medical bills and time away from work, our critical illness insurance through MetLife can protect you from financial loss.

WHO CAN BE COVERED	COVERAGE AMOUNT
You	Choose \$10,000 or \$20,000 of coverage with no medical questions if you apply during this enrollment.
Your Spouse	Spouses can get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your Children	Dependent children can receive 50% of the employee coverage amount. An employee must be enrolled for coverage for their Dependent Children to be eligible for coverage. Children are eligible for coverage from birth to age 26.

WHAT THIS BENEFIT COVERS	% OF BENEFIT AMOUNT
Heart Attack, Stroke, Kidney Failure, Major Organ Transplant, Invasive Cancer	100%
Coronary Artery Bypass Graft	100%
Advanced Alzheimer's Disease	100%
Carcinoma in Situ	25%
Multiple Sclerosis	25%

Your critical illness plan includes a \$50 annual benefit for completing an eligible health screening. Reference your critical illness benefit summary for full coverage details.

Semi-Monthly Premiums for Accident, Hospital Indemnity, and Critical Illness

	ACCIDENT	HOSPITAL INDEMNITY	CRITICAL ILLNESS
Employee Only	\$4.38	\$4.89	Rates are based on age and election. See PlanSource for exact costs.
Employee + Spouse	\$8.75	\$9.49	
Employee + Child(ren)	\$9.98	\$8.85	
Family	\$12.34	\$15.06	

You can elect the MetLife supplemental plans whether or not you are enrolled in a medical plan with Ameris Bank. The premiums listed are paid if you elect the plan and are enrolled in the POS Plan, the HRA Plan, or if you waived medical. If you enroll in the HSA Plan, you are provided the Accident and Hospital Indemnity plans at no cost.



DENTAL AND VISION BENEFITS

Dental and Vision Benefits

Dental Plan Options

Ameris Bank offers two dental insurance plans through MetLife – a high and a low plan. Both plans offer in- and out-of-network coverage, with the high plan covering 50% of orthodontic services up to a \$1,000 lifetime maximum.

	HIGH PLAN	LOW PLAN
Both Plans Offer In- and Out-of-Network Coverage		
Deductible Individual / Family	\$50 / \$150	\$100 / \$200
Annual Maximum	\$2,000	\$1,500
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia Coverage Up to age 19	50%	Not Covered
Orthodontia Lifetime Maximum	\$1,000	N/A

Saving money with your Dental plan

You may visit any dentist you choose when enrolled in either dental plans, but in-network providers offer larger discounts. The plan percentages are the same for in- and out-of-network, however out-of-network dentists may charge you for any amount billed in excess of the negotiated discounted rate. Find an in-network dentist at [metlife.com/mybenefits](https://www.metlife.com/mybenefits)

Vision Plan Options

Ameris Bank offers two vision insurance plans through MetLife – a high and a low plan. Both plans offer a flat dollar copay, coverage for glasses and contacts, and discounts on LASIK surgery.

	HIGH PLAN	LOW PLAN
In-Network Coverage Amounts		
Benefit Frequency	Every 12 Months	Every 12 Months
Exam	Every 12 Months	Every 12 Months
Lenses	Every 12 Months	Every 12 Months
Frames	Every 12 Months	Every 24 Months
Contacts (in lieu of glasses)	Every 12 Months	Every 12 Months
Exam	\$10	\$10
Single Lenses	\$15	\$25
Bifocal Lenses	\$15	\$25
Trifocal Lenses	\$15	\$25
Frame Allowance	Up to \$150	Up to \$110
Contact Lens Allowance	Up to \$150	Up to \$110
Lens Enhancements	Standard enhancements like ultraviolet and polycarbonate coating are covered in full.	Standard enhancements like ultraviolet and polycarbonate coating are covered in full.
Lasik Discount	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.

You may visit any eye care provider you choose when enrolled in either vision plan, but in-network providers offer larger discounts. You must submit your out-of-network vision claims manually and the plan will reimburse you up to a maximum amount per service. Find more information on your out-of-network benefits and available eye care providers at [metlife.com/mybenefits](https://www.metlife.com/mybenefits).

Vision Plan Details

Access to thousands of participating providers

With MetLife Vision, you can choose from the thousands of participating ophthalmologists, optometrists, and opticians working out of private practices or top retail chains, such as Walmart, Sam's Club, Costco® Optical, Pearle Vision, America's Best, Cohen's, Vision Works and more.

How to locate a participating MetLife Vision provider

You can locate a participating MetLife Vision provider in your area using [MetLife's website](#), [MetLife's mobile app](#), or by calling MetLife Vision 24 hours a day, seven days a week at 1-855-MET-EYE1 (1-855-638-3931).

Dependents can choose their own provider

Your dependents have the freedom to choose any provider they'd like to see.

You do not need an ID card to use your MetLife Vision benefits

You do not need an ID card in order to use MetLife's Vision benefits or discounts. Simply tell your eye care provider you are enrolled in MetLife vision. If you feel more comfortable having an ID card, you may access one using [MetLife's website](#) or [mobile app](#).

Semi-Monthly Premiums for Dental Plans

	HIGH DENTAL	LOW DENTAL
Employee Only	\$17.74	\$10.89
Employee + Spouse	\$36.41	\$22.14
Employee + Child(ren)	\$42.14	\$26.08
Family	\$65.04	\$41.22

Semi-Monthly Premiums for Vision Plans

	HIGH VISION	LOW VISION
Employee Only	\$4.88	\$3.47
Employee + Spouse	\$8.39	\$5.95
Employee + Child(ren)	\$9.48	\$6.73
Family	\$13.16	\$9.34



RETIREMENT BENEFITS

Retirement Benefits

Ameris Bancorp 401(k) Profit Sharing Plan

Your retirement depends on you. No matter what stage of life you're in, you need to think about whether you'll be ready for retirement. Saving for retirement may seem like a strain on your budget right now, but you can start small and grow. Even setting aside a small portion of your paycheck will pay off later. Ameris Bank will match 50% of your elective deferral amount, up to the first 8% you contribute. You can learn more by reviewing the 401(k) Principal Financial Group Enrollment Booklet on the HR Page of The Mane Connection

The contribution limit for employees who participate in 401k is \$23,000. The catch-up contribution limit for employees age 50 and older is \$7,500.

**YOUR RETIREMENT DEPENDS ON YOU. NO
MATTER WHAT STAGE OF LIFE YOU'RE IN,
YOU NEED TO THINK ABOUT WHETHER
YOU'LL BE READY FOR RETIREMENT.**



ADDITIONAL BENEFITS

Additional Benefits

Norton LifeLock Benefit Plan Options

Ameris Bank offers two identity theft protection plans through **Norton LifeLock**. Both plans provide comprehensive, all-in-one protection against cyberthreats.

Key protection features to help you feel safer in your digital life:

Option 1: Benefit Essential

- LifeLock Identity Alert System
- Receive alerts when there are key changes to your credit file, as well as monitoring your personal information
- One Bureau Credit Monitoring
- On-Demand Credit Reports and Scores
- Safe and Secure Password Manager
- Secure VPN to keep passwords, bank details and credit card numbers private when using public WiFi - Up to 3 devices (6 per family)
- Secure Cloud Backup (Up to 10 GB)

Option 2: Benefit Premier

This plan includes all coverages listed under Option 1, **PLUS** these additional services:

- Home Title Monitoring
- Checking and Savings Account Application Alerts
- Bank Account Takeover Alerts
- Three Bureau Credit Monitoring
- Monthly Credit Score Tracking
- Secure VPN - Up to 5 devices (10 per family)
- Secure Cloud Backup (Up to 50 GB)

Your Personalized Dashboard

Create login credentials and manage your identity protection on [Norton's website](#). Your personalized dashboard will walk you through activating the key features of your membership and you will see important notifications that may need your attention. Download the [LifeLock Identity](#) mobile app to review and manage alerts on-the-go.

Help protect your whole family

Use your dashboard to extend these benefits to your dependents. If you add adult dependents during open enrollment, the activation email can be forwarded for account setup. Any added minor dependents will be reflected on your account.

Already a member?

Take advantage of the better rates and additional features by re-enrolling. After activation and logging in with your newly created credentials, your new plan will sync with your previous account. Download the Norton 360 and LifeLock Identity mobile apps to review and manage alerts on-the go.

Semi-Monthly Premiums for Norton LifeLock Plans

	BENEFIT ESSENTIAL	BENEFIT PREMIER
Employee Only	\$3.75	\$5.00
Employee + Family	\$7.49	\$9.49

Legal Document Resources

Ameris Bank partners with **ARAG Legal Services** to provide access to easy interactive document prep software for help with legal documents. With ARAG's free online resources, you and/or your spouse can prepare these documents: Will, Health care power of attorney, HIPAA authorization, Durable power of attorney, Living will, Medical treatment authorization for minors.

Plus, you also access the Personal Information Organizer, and Estate Planning Education and Tools.

Follow these simple steps to start using the document resources today at no cost:

- Visit principal.com/milestones
- Select Will and Legal Document Prep
- You will be taken to the ARAG resource where you can get started

Legal Insurance Plan Options

Ameris Bank offers two Legal Insurance plans through **ARAG Legal Insurance** to help cover a more diverse set of legal needs. Under both plans attorney fees for most covered legal matters listed below are 100% paid in full when members work with a network attorney unless otherwise indicated in the plan details.

Option 1: UltimateAdvisor

- Civil Damage Claims (Defense)
- Consumer Protection Matters
- Criminal Matters
- Debt-Related Matters
- Family Law
- Government Benefits
- Real Estate Matters
- Services for Tenants
- Small Claims Court
- Tax Matters
- Wills and Estate Planning

Option 2: UltimateAdvisor Plus

This plan includes all coverages listed under Option 1, **PLUS** these additional coverages and services:

- Alimony
- Child Custody
- Child Support
- Child Visitation Rights
- Miscellaneous Legal Services
- Financial Education and Counseling
- Tax Services
- Services for Parents/Grandparents

Semi-Monthly Premiums for Legal Insurance Plans

ULTIMATEADVISOR	ULTIMATEADVISOR PLUS
\$9.13	\$10.50

Total Pet Plan

Ameris Bank is offering the **Total Pet Plan** from **Pet Benefit Solutions**, a pet care bundle helping you save on everything your pet needs for less than 40 cents a day. There are no exclusions – even pets with pre-existing conditions are covered.

Combining the best in pet care, Total Pet Plan members get access to:

- Up to 40% off and free shipping on all orders from PetCareRx.com, including medications, food, toys, treats, and more
- Same-day pickup for human-grade prescriptions at participating pharmacies such as CVS, Walmart, and other CVS Caremark® pharmacies
- Instant 25% savings on all in-house medical services at participating veterinarians; easy-to-use with no claim forms or deductibles
- 24/7 access to licensed US-based veterinarians for questions regarding your pet’s health and behavior
- Durable ID tag and 24-hour lost pet recovery helpline to protect your pet if they go missing

Enroll for one low rate!

Semi-Monthly Premiums for Pet Insurance Plans

ONE PET	FAMILY PLAN (2+ PETS)
\$5.88	\$9.25



FINANCIAL BENEFITS

Financial Benefits

MetLife Basic Life and AD&D

Ameris Bank provides you with Basic Life and Accidental Death and Dismemberment (AD&D) coverage equal to 2.5x your annual salary (up to a maximum of \$350,000). Ameris Bank also provides \$5,000 in life insurance for your eligible spouse and \$2,500 for each eligible child. This benefit is offered through MetLife.

Do I need to specify a beneficiary?

Yes. It's important to designate the person that you want to receive your life insurance money. You can name or change your beneficiary at any time by logging in to PlanSource.

Does my life insurance amount reduce with age?

No. This is an important enhancement to this life insurance benefit. Your election amount does not reduce as you age.

Can I take Ameris Bank provided life insurance with me when I leave employment?

Yes. While portability rates may be higher than the rates used in the group policy, Met Life provides an option for the employee to apply for preferred rates. A conversion option is also included, which would allow the employee to convert some or all of the group coverage to an individual life policy.

MetLife Optional Life Insurance

Optional Life Insurance is available you and eligible spouse and dependents on a voluntary basis and is provided through MetLife. You must elect Optional Life Insurance for yourself to elect either Spouse and/or Child Optional Life.

How much life insurance can I purchase?

- Employees may elect up to \$500,000 in \$10,000 increments
- Spouses may elect up to \$250,000 in \$10,000 increments (must not exceed 50% of employee election)
- You may elect \$10,000 for all eligible children

If I purchase this coverage, do I need to fill out a medical questionnaire?

Not necessarily. If you are a new employee and first enrolling, you can purchase up to \$150,000 of coverage for yourself and up to \$50,000 for your eligible spouse without filling out a medical questionnaire (called Evidence of Insurability). If this is your annual enrollment, you may increase your current amount of coverage (as shown in PlanSource) by \$10,000 increments each year up to the guaranteed issue amount.

Mutual of Omaha Long Term Disability

Ameris Bank offers Long Term Disability (LTD) coverage at no cost to you by Mutual of Omaha. It is designed to replace part of your income in the event of disabling injuries or sickness. LTD plan benefits will assist you in maintaining your normal lifestyle while you are out of work.

How much does the plan pay if I become disabled?

The plan replaces 60% of your monthly earnings, up to \$10,000 per month. You must meet the plan's definition of "disabled" to qualify for benefits and certain rules apply.

Is there an elimination period for this benefit?

You will be eligible for benefits as a new hire after your normal waiting period. There is a benefit elimination period of 90 days from the date that your doctor deems you to be disabled before benefits are payable.

If I become disabled, how long will I receive benefits?

Benefits begin on the 91st day of disability and generally continue until your disability ends or you reach normal retirement age under Social Security, whichever comes first. If you are age 60 or older when your covered disability begins, your benefit may be reduced.

Short Term Leave

Ameris Bank provides a short-term leave benefit as income assistance to employees who have planned or unplanned major medical emergencies for self, spouse or child, outside the scope of their allotted sick leave and vacation. This policy also applies to an employee who has given birth to a child, is the spouse of a woman who has given birth to a child or has adopted a child. The adoption of a new spouse's child is excluded from this policy.

How does time accrue for the Short Term Leave benefit?

Short Term Leave time accrues at the equivalent of one day for each month of service with the Company. The maximum amount of days you may accrue in short term leave benefits is 45 days.

Am I eligible for the Short Term leave benefits?

Eligibility begins 90 days after hire for full time (40 hour), regular part-time (30 hour) and part-time (20 hour) employees. Temporary employees and interns are not eligible for this benefit.

When can I use the Short Term benefits?

You must be absent from work in excess of 20 consecutive business days. The illness, injury or disability must not be work related. All available sick leave and vacation time must be used first.

Who can I contact for more details?

For additional information about the Short Term Leave Benefit, please contact **HR Solutions**.

Vacation Benefits

Vacation time off is available to eligible employees to provide opportunities for rest, relaxation, and personal pursuits. Vacation days are made available to eligible employees at the beginning of the year and accrued at the assigned rate according to the employees' length of employment, employee classification and officer title.

Who is eligible?

During the initial 90 day introductory period, newly hired employees are not eligible to use vacation. However, after successfully completing the introductory period vacation time accrues for full time (40 hour), regular part-time (30 hour) and part-time (20 hour) employees.

What happens to unused vacation time?

Remaining vacation from the previous year, up to 5 days, will be transferred over and assigned to the vacation carry over plan. Should an employee leave the Company before the end of the year, the current year's vacation time will be prorated and payment remitted for earned and unused vacation hours.

Who can I contact for more details?

For additional information about vacation time, please contact **HR Solutions**.

Sick Leave Benefits

Ameris Bank provides paid sick leave benefits to eligible employees for periods of temporary absence due to illnesses or injuries. Eligible employee classifications are: full time (40 hour), regular part-time (30 hour) and part-time (20 hour) employees. (A physician's statement may be required when an employee is absent from work.)

How is sick leave time accrued?

Immediately upon hire, eligible employees earn sick leave for each month worked, up to a maximum of ten (10) days paid sick leave a year. Paid sick leave may be taken after completing the initial 90 day introductory period. Sick leave pay benefits will be calculated based on the employee's base pay rate at the time of absence and will not include any special forms of compensation such as incentives, bonuses, or shift differentials.

What happens to my unused sick days?

Employees are not paid for any unused sick days earned during the year. However, if an employee does not use his or her sick days earned during any given year, those days will be carried into the following year(s) and can accumulate up to a maximum of 60 days [480 hours]. Accrued sick leave is forfeited at the time of separation from employment with Ameris Bank.

Who can I contact for more details?

For additional information about sick leave benefits, please contact **HR Solutions**.

Employee Stock Purchase Plan

The Employee Stock Purchase Plan (ESPP) offers you the opportunity to purchase Ameris Bancorp Stock (Ameris Bank's parent company) through payroll deductions. Employees and Directors are eligible to participate. Employees must be full-time status and complete a three-month work period prior to enrollment.

As an employee, your monthly payroll deduction amount must be equally divisible by two, as we are on a semimonthly pay schedule.

The ESPP program is administered by the Company's stock transfer agent, Computershare. Dividends in the ESPP are automatically reinvested, and you will receive quarterly statements. Investment costs are paid by the participant; however, administrative costs are paid by Ameris Bank.

For enrollment and contribution questions, please contact HR Solutions.

MassMutual Group Whole Life

If you are looking for a smart way to help achieve multiple financial goals, consider massmutual@work Group Whole Life Insurance. It can help you prepare for the unexpected by providing a generally income-tax-free death benefit, along with coverage that builds cash value.

Your Group Whole Life is portable

You own the certificate along with the accumulated cash value and you can take it with you, even if you leave the company.

Receive dividends

Massmutual@work Group Whole Life is participating permanent insurance that allows you to be eligible to receive dividends each year, beginning on the certificate's second anniversary. Although they are not guaranteed, MassMutual has paid dividends to eligible participating policy/certificate owners since the 1860s.

Built-in guarantees

- Guaranteed death benefit
- Guaranteed cash value
- Guaranteed level premium

No medical exams required

Applying is easy, and can be done online or via a paper application. Employees just answer a few questions to determine eligibility.



FEDERAL NOTICES

Federal Notices

Section 125 Qualifying Events & Benefit Election Changes

Under IRC § 125, you are allowed to pay for certain group insurance premiums with tax-free dollars. This means your premium deductions are taken out of your paycheck before federal income and Social Security taxes are calculated. You must make your benefit elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next annual Open Enrollment period, unless you experience an IRS-approved qualifying event. A qualifying event, also known as a “Family Status Change,” is a change in your personal life that may impact you or your dependents’ eligibility for benefits under your employer’s plan. Qualifying events include, but are not limited to:

- Marriage or divorce;
- Death of spouse or other dependent;
- Birth or adoption of a child;
- A spouse’s employment begins or ends;
- A dependent’s eligibility status changes due to age, student status, marital status, or employment status; and
- You or your spouse experience a change in work hours that affects benefit eligibility.

Please note that your qualified status change must be consistent with the event. You must notify your employer within 30 days of your qualifying event.

Equal Employment Opportunity Commission Notice Regarding Wellness Program

NOTICE REGARDING WELLNESS PROGRAM

The Vitality Program is a voluntary wellness program available to employees enrolled in the Ameris Bank medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test. The biometric screening may include additional tests; the only results which will be provided to the wellness program include: Height; Weight; Blood Pressure; Cholesterol; Triglycerides; Glucose; and HbA1c. Any other results collected during your screening will only be provided to you by the screener. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$50 monthly credit on 2025 medical premiums.

Although you are not required to complete the health assessment or participate in the biometric screening, only employees who do so will receive a \$50 monthly credit on 2025 medical premiums.

Additional incentives of up to \$600 in premium credits may be available for employees who participate in the various health-related activities, utilize the online resources or achieve certain health. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. Through the Vitality Program, many reasonable alternatives are available, or you may print a medical waiver for your doctor to review. In the event that this is inadequate, you may request a reasonable accommodation or an alternative standard by contacting Joey Tabor at joey.tabor@amerisbank.com.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as suggesting health resources and setting Vitality Goals. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Ameris Bank may use aggregate information it collects to design a program based on identified health risks in the workplace, Vitality Group will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Joey Tabor at joey.tabor@amerisbank.com.

Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your state for more information on eligibility.

<p>ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>FLORIDA – Medicaid Website: https://www.flmedicaidprecovery.com/fl-medicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268</p>
<p>ALASKA – Medicaid Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>
<p>ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.in.gov/medicaid/ Phone 1-800-457-4584</p>
<p>CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program- Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>	<p>IOWA – Medicaid and CHIP (Hawki) Medicaid Website: http://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>

<p>COLORADO – Medicaid Health First Colorado Website: https://www.healthfirst-colorado.com Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program(HIBI):https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442</p>	<p>KANSAS – Medicaid Website: https://www.kancare.gov/ Phone: 1-800-792-4884</p>
<p>KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (HI-HIPP) Website: https://chfs.ky.gov/agencies/dms.member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index/html CHIP Phone: 1-800-701-0710</p>
<p>LOUISIANA – Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPAA)</p>	<p>NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MAINE – Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/application_forms Phone: 1-800-442-6003 TTY Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>	<p>NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p>MINNESOTA – Medicaid Website: http://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs-and-services/other-insurance.jsp Phone: 573-751-2005</p>	<p>OKLAHOMA – Medicaid Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p>MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es/html Phone: 1-800-699-9075</p>
<p>MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>PENNSYLVANIA – Medicaid Website: http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462</p>
<p>NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>	<p>RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhis.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)</p>

<p>NEVADA – Medicaid Medicaid Website: http://http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>
<p>NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>	<p>SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p>TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>	<p>WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>
<p>UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>	<p>WEST VIRGINIA – Medicaid and CHIP Medicaid Website: https://dhr.wv.gov/bms/ Medicaid Phone: 304-558-1700 CHIP Website: http://mywvhipp.com/ CHIP Toll Free Phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p>VERMONT- Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427</p>	<p>WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badger-careplus/p-10095.htm Phone: 1-800-362-3002</p>
<p>VIRGINIA – Medicaid and CHIP Medicaid Website: http://www.coverva.org/en/famis-select Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/en/hipp CHIP Phone: 1-800-432-5924</p>	<p>WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your employer 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. Anthem Blue Cross Blue Shield of Georgia has determined that the prescription drug coverage offered by Ameris Bank 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 and each year from October 15th to 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 Employer's coverage will not be affected. You can keep this coverage if they elect part D and this plan will coordinate with Part D coverage. For those individuals who elect Part D coverage, coverage under the entity's plan will not end for the individual and all covered dependents.

If you do decide to join a Medicare drug plan and drop your current Employer's 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 your employer 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 your plan administrator. 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 your employer 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 Creditable Coverage 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).

Health Insurance Marketplace

PART A: GENERAL INFORMATION

Beginning in 2014, there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly insurance premium right away. The open enrollment period each year for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the preceding year. After the open enrollment period ends, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children’s Health Insurance Program (CHIP).

Can I save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Care Coverage Affect Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year (adjusted to 9.12% for 2023), or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your employer coverage, please check your Summary Plan Description or contact HR Solutions. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name: Ameris Bank	Employer Identification Number: 58-1111076
Employer Address: 3490 Piedmont Road NE, Ste 420	Phone Number: 866-616-6020
City and State: Atlanta, GA	ZIP: 30305
Email: HRSolutions@amerisbank.com	

As your employer, we offer a health plan to eligible employees who are active, full-time, and scheduled to work a minimum of 30 hours per week. Eligible dependents include: Legal Spouse, Natural born child, stepchild, legally adopted child, child placed for adoption, foster child, or any other child placed in your legal guardianship who is: under the age of 26, over the age of 26 and is disabled, or covered by a Qualified Medical Child Support Order.

This employer sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

NOTICE OF PRIVACY PRACTICES - Ameris Bank Group Health Plan

EFFECTIVE DATE: 01/01/2024

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information often referred to as your health or medical record, serves as a basis for planning your care and treatment and serves as a means of communication among the many health professionals who contribute to your care. Understanding what is in your record and how your health information is used helps you to ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and helps you make more informed decisions when authorizing disclosure to others.

YOUR HEALTH INFORMATION RIGHTS

Unless otherwise required by law, your health record is the physical property of the health plan that compiled it. However, you have certain rights with respect to the information. You have the right to:

1. Receive a copy of this Notice of Privacy Practices from us upon enrollment or upon request
2. Request restrictions on our uses and disclosures of your protected health information for treatment, payment and health care operations. This includes your right to request that we not disclose your health information to a health plan for payment or health care operations if you have paid in full and out of pocket for the services provided. We reserve the right not to agree to a given requested restriction.
3. Request to receive communications of protected health information in confidence.
4. Inspect and obtain a copy of the protected health information contained in your medical or billing records and in any other of the organization's health records used by us to make decisions about you. If we maintain or use electronic health records, you will also have the right to obtain a copy or forward a copy of your electronic health record to a third party. A reasonable copying/labor charge may apply.
5. Request an amendment to your protected health information. However, we may deny your request for an amendment, if we determine that the protected health information or record that is the subject of the request:
 - was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
 - is not part of your medical or billing records;
 - is not available for inspection as set forth above; or
 - is accurate and complete.

In any event, any agreed upon amendment will be included as an addition to, and not a replacement of, already existing records.

6. Receive an accounting of disclosures of protected health information made by us to individuals or entities other than to you, except for disclosures:
 - to carry out treatment, payment and health care operations as provided above;
 - to persons involved in your care or for other notification purposes as provided by law;
 - to correctional institutions or law enforcement officials as provided by law;
 - for national security or intelligence purposes;
 - that occurred prior to the date of compliance with privacy standards (April 14, 2003 or April 14, 2004 for small health plans);
 - incidental to other permissible uses or disclosures;
 - that are part of a limited data set (does not contain protected health information that directly identifies individuals);
 - made to plan participant or covered person or their personal representatives;
 - for which a written authorization form from the plan participant or covered person has been received
7. Revoke your authorization to use or disclose health information except to the extent that we have already taken action in reliance on your authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and other applicable law provides the insurer that obtained the authorization with the right to contest a claim under the policy.

HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED

This organization may use and/or disclose your medical information for the following purposes:

Treatment: We may use or disclose your health information without your permission for health care providers to provide you with treatment.

Payment: We may use or disclose your health information without your permission to carry out activities relating to reimbursing you for the provision of health care, obtaining premiums, determining coverage, and providing benefits under the policy of insurance that you are purchasing. Such functions may include reviewing health care services with respect to medical necessity, coverage under the policy, appropriateness of care, or justification of charges.

To Carry Out Certain Operations Relating to Your Benefit Plan: We also may use or disclose your protected health information without your permission to carry out certain limited activities relating to your health insurance benefits, including reviewing the competence or qualifications of health care professionals, placing contracts for stop-loss insurance and conducting quality assessment activities.

To Plan Sponsor: Your protected health information may be disclosed to the plan sponsor as necessary for the administration of this health benefit plan pursuant to the restrictions imposed on plan sponsors in the plan documents. These restrictions prevent the misuse of your information for other purposes.

Health-Related Benefits and Services: We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your protected health information for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing health plan coverage, and about health-related products and services that may add value to your existing health plan.

Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose your protected health information to your family or friends or any other individual identified by you when they are involved in your care or the payment for your care. We will only disclose the protected health information directly relevant to their involvement in your care or payment. We may also disclose your protected health information to notify a person responsible for your care (or to identify such person) of your location, general condition or death.

Business Associates: There may be some services provided in our organization through contracts with Business Associates. An example might include a copy service we use when making copies of your health record. When these services are contracted, we may disclose some or all of your health information to our Business Associate so that they can perform the job we have asked them to do. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.

Limited Data Sets: We may use or disclose, under certain circumstances, limited amounts of your protected health information that is contained in limited data sets. These circumstances include public health, research, and health care operations purposes.

Organ and Tissue Donation: If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Worker's Compensation: We may release protected health information about you for programs that provide benefits for work related injuries or illness.

Communicable Diseases: We may disclose protected health information to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Health Oversight Activities: We may disclose protected health information to federal or state agencies that oversee our activities.

Law Enforcement: We may disclose protected health information as required by law or in response to a valid judge ordered subpoena. For example in cases of victims of abuse or domestic violence; to identify or locate a suspect, fugitive, material witness, or missing person; related to judicial or administrative proceedings; or related to other law enforcement purposes.

Military and Veterans: If you are a member of the armed forces, we may release protected health information about you as required by military command authorities.

Lawsuits and Disputes: We may disclose protected health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release protected health information about you to the correctional institution or law enforcement official. An inmate does not have the right to the Notice of Privacy Practices.

Abuse or Neglect: We may disclose protected health information to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Coroners, Medical Examiners, and Funeral Directors: We may release protected health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release protected health information about patients to funeral directors as necessary to carry out their duties.

Public Health Risks: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose such as controlling disease, injury or disability.

Serious Threats: As permitted by applicable law and standards of ethical conduct, we may use and disclose protected health information if we, in good faith, believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Food and Drug Administration (FDA): As required by law, we may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

For Purposes For Which We Have Obtained Your Written Permission: All other uses or disclosures of your protected health information will be made only with your written permission, and any permission that you give us may be revoked by you at any time.

INFORMATION WE COLLECT ABOUT YOU

We collect the following categories of information about you from the following sources:

- Information that we obtain directly from you, in conversations or on applications or other forms that you fill out.
- Information that we obtain as a result of our transactions with you.
- Information that we obtain from your medical records or from medical professionals.
- Information that we obtain from other entities, such as health care providers or other insurance companies, in order to service your policy or carry out other insurance-related needs.

OUR RESPONSIBILITIES

We are required to maintain the privacy of your health information. In addition, we are required to provide you with a notice of our legal duties and privacy practices with respect to information we collect and maintain about you. We must abide by the terms of this notice. We reserve the right to change our practices and to make the new provisions effective for all the protected health information we maintain. If our information practices change, a revised notice will be mailed to the address you have supplied upon request. If we maintain a Web site that provides information about our services or benefits, the new notice will be posted on that Web site. Your health information will not be used or disclosed without your written authorization, except as described in this notice. Except as noted above, you may revoke your authorization in writing at any time.

OUR PRACTICE REGARDING CONFIDENTIALITY AND SECURITY

We restrict access to nonpublic personal information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

OUR PRACTICE REGARDING CONFIDENTIALITY AND SECURITY FOR E-MAIL COMMUNICATION

If you choose to communicate with us via e-mail, please be aware of the following due to the nature of e-mail communication: (a) privacy and security of e-mail messages are not guaranteed (b) we are not responsible for loss due to technical failures and (c) e-mail communication should not be used for emergencies or time and content sensitive issues.

POTENTIAL IMPACT OF STATE LAW

In some circumstances, the privacy laws of a particular state, or other federal laws, provide individuals with greater privacy protections than those provided for in the HIPAA Privacy Regulations. In those instances, we are required to follow the more stringent state or federal laws as they afford the individual greater privacy protections. For example, where such laws have been enacted, we will follow more stringent state privacy laws that relate to uses and disclosures of Protected Health Information concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, and reproductive rights.

NOTICE OF PRIVACY PRACTICES AVAILABILITY

You will be provided a hard copy for review at the time of enrollment (or by the Privacy compliance date for this health plan). Thereafter, you may obtain a copy upon request, and the notice will be maintained on the organization's Web site (if applicable Web site exists) for downloading.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions about this notice or would like additional information, you may contact our HIPAA Privacy Officer, Joey Tabor, at the telephone or address below. If you believe that your privacy rights have been violated, you have the right to file a complaint with the Privacy Officer or with the Secretary of the Department of Health and Human Services. We will take no retaliatory action against you if you make such complaints.

The contact information for both is included below.

U.S. Department of Health and Human Services
Office of the Secretary
200 Independence Avenue, S.W.
Washington, D.C. 20201
Tel: (202) 619-0257
Toll Free: 1-877-696-6775
<http://www.hhs.gov/contacts>

Ameris Bank Group Health Plan
Mike Douglas
Privacy Officer
3500 Piedmont Rd NE
Atlanta, GA 30305
Tel: (404) 639-6970



BENEFITS CONTACTS

Benefits Contacts

HR and Benefits

HR Solutions

229.616.6103

HRsolutions@amerisbank.com

Medical and Prescription

Anthem BCBS (Group #L04142)

855.397.9267

www.anthem.com

Blue Open Access Network

Express Scripts

866.546.6918

www.express-scripts.com

Kaiser HMO (Group #607635 / 236103)

800.278.3296

www.kp.org/memberservices

Funding Accounts

Employee Benefits Corporation

(HRA, FSA and DCFSA)

800.346.2126

participantservices@ebcflex.com

Ameris Bank(HSA)

229.616.6103

HRsolutions@amerisbank.com

Dental and Vision

MetLife (Group #224037)

Dental: 800.438.6388

Vision: 855.638.3931

www.metlife.com/dental

www.metlife.com/vision

Life Insurance

MetLife (Group #224037)

800.638.6420

lifecclaimssubmit@metlife.com

MassMutual (Group #71169)

844.667.5223

www.massmutual.com/wholelifeatwork

Advocacy Services

The Bailey Group

904.417.9138

WMcCool@mbaileygroup.com

Supplemental

MetLife (Group #225184)

800.438.6388

www.metlife.com/mybenefits

Long Term Disability

Mutual of Omaha (Group #G000BNKV)

800.877.5176

newdisabilityclaim@mutualofomaha.com

Healthcare Resources

Video Visits

www.livehealthonline.com

Employee Assistance Program

SupportLinc (Group code: amerisbank)

888.881.5462

www.supportlinc.com

Additional Benefits

Vitality

877.224.7717

wellness@powerofvitality.com

Norton LifeLock

800.607.9174

www.nortonlifelock.com

Pet Benefit Solutions

888.913.7387

info@petbenefits.com

ARAG Legal Insurance

800.546.3718

www.araglegal.com



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