



2024 Associate Benefits Guide



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This guide summarizes your benefits program at Hancock Whitney Corporation, but it does not contain all of the program details. If there is a discrepancy between what is summarized here and the governing legal documents, the legal documents will control. The company reserves the right to modify, amend, suspend or terminate any of the benefit plans it sponsors at any time and for any reason and at its sole discretion in the manner specified in the plan documents. You should keep this document with other important information about your benefits.



Overview

At Hancock Whitney, we believe supporting the overall health and well-being of our associates are some of the most valuable investments we make as a company. We understand that your well-being goes beyond just physical health. We are committed to providing robust, competitive benefits that support associates in all aspects and stages of life. Our benefit offerings have been designed around five key pillars of well-being:

Your 2024 Benefit Options



Physical	Emotional	Financial	Social	Career
<ul style="list-style-type: none"> ▶ Medical & Rx Benefits ▶ Dental Benefits ▶ Vision Benefits ▶ Supplemental Health Benefits ▶ Health Advocacy 	<ul style="list-style-type: none"> ▶ Employee Assistance Program (EAP) ▶ Behavioral Health Support ▶ Time Away From Work 	<ul style="list-style-type: none"> ▶ Health Savings Account (HSA) ▶ Spending Accounts (FSAs & TSAs) ▶ Life & Disability Insurance ▶ Supplemental Protection Benefits ▶ Additional Financial Programs ▶ 401(k) & Other Retirement Plans 	<ul style="list-style-type: none"> ▶ Volunteer Program ▶ Charitable Giving Contributions 	<ul style="list-style-type: none"> ▶ Associate Recognition ▶ Tuition Reimbursement

Eligibility

Associates¹ scheduled to work at least 30 hours per week are eligible for the full benefits package. Associates¹ scheduled to work less than 30 hours per week are eligible for limited benefits,² including Health Advocacy, EAP and Behavioral Health Support, and voluntary supplemental benefits.

New hires are eligible for benefits on the first of the month following or coinciding with 60 days of continuous employment.

Associates may also enroll eligible dependents, including:

- ▶ Legal spouse
- ▶ Children up to age 26 including biological children, stepchildren, adopted children or children for whom you have legal guardianship
- ▶ If your child age 26 and over is disabled and lives under your care, please contact [HRLink](#) if you wish to inquire about continued coverage

Hancock Whitney does not impose a spousal surcharge on any benefits. However, if your spouse is eligible for coverage through their employer's health insurance plan, the company encourages the spouse to obtain coverage through their employer's plan.

Associates cannot be covered as a dependent under another associate's plan. If you and your spouse are both employed by Hancock Whitney, you may not elect to cover each other as dependents. Additionally, if both you and your spouse are employed by Hancock Whitney, only one of you may cover your eligible children.

¹ Associates classified as interns, temporary, seasonal or contractors are not eligible for benefits.

² In accordance with the Affordable Care Act, associates who actually work an average of 30 hours or more per week during a 12-month look-back period may be eligible for medical coverage only.

Dependent Verification

Hancock Whitney, benefit providers and plan administrators will periodically audit the eligibility of covered dependents. Associates may be asked to submit proof of dependent status by providing a marriage certificate, birth certificate, tax return, etc. Associates are responsible for ensuring that any dependents who become ineligible are removed from Hancock Whitney benefits.

Dependents covered under your benefits who are determined to be ineligible, or for whom sufficient proof of eligibility cannot be provided, will be removed immediately. Premiums will not be refunded, and the associate will be responsible for any claims that may have been paid on their behalf. Associates may also be subject to corrective action up to and including termination.



Medical Benefits

Hancock Whitney offers two medical plan options, allowing you to choose the plan that best meets your needs.

- ▶ Preferred Provider Organization (PPO)
- ▶ Consumer-Driven Health Plan (CDHP)

Both plans use the same provider networks; however, the plans pay for care differently and offer different ways to save for health care expenses. It is important to understand the differences when making decisions on your medical coverage.

PPO Highlights

- ▶ Lower deductible and out-of-pocket maximum than the CDHP, but higher payroll contributions.
- ▶ You pay copays for in-network doctor's office visits before the deductible applies.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible.
- ▶ Once you meet the deductible, you pay a coinsurance of 20% for in-network and 40% for qualifying, out-of-network health care expenses.
- ▶ Once your deductibles, copays and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.
- ▶ You can enroll in the health care flexible spending account (FSA) to pay for out-of-pocket eligible health care expenses.

CDHP Highlights

- ▶ Lower payroll contributions than the PPO plan, but higher deductible and out-of-pocket maximum.
- ▶ You pay the full cost of office visits, non-preventive health care services and prescription expenses until you reach the annual deductible.
- ▶ Once you meet the deductible, you pay coinsurance of 20% for in-network and 40% for qualifying, out-of-network health care expenses.
- ▶ Once your deductibles and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.
- ▶ You may enroll in the health savings account (HSA) to pay for out-of-pocket eligible health care expenses and receive a company contribution¹ of \$500 for individual and \$1,000 for family coverage.

¹The company contribution is based on enrollment as of January 1 each year.



Both medical plans include

- Comprehensive medical coverage through UMR, using the UnitedHealthcare Choice Plus Network
- Prescription coverage through OptumRx
- Telehealth services through Teladoc
- No cost preventive health care exam and services with in-network provider
- Tools and resources to support your health and well-being



Medical Plans Comparison

The table shows a high-level overview of the coverage available. Coinsurance percentages and copay amounts shown in the below chart represent what the member is responsible for paying. For complete coverage details, please refer to the Summary Plan Description (SPD), which can be found on [HancockWhitney.gobenefits.net](https://www.hancockwhitney.com/benefits).

	PPO		CDHP	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$750 / \$1,500	\$1,500 / \$3,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$4,500 / \$12,700	Unlimited	\$4,500 / \$9,000 ³	Unlimited
Company Contribution to Your HSA (per calendar year)				
Individual / Family	NA	NA	\$500 / \$1,000	
Covered Services				
Office Visits ⁴ (physician/specialist)	\$25 / \$40 copay per visit	40% after deductible	20% after deductible	40% after deductible
Teladoc Telemedicine Visits ⁵	No charge		Plan pays 100% after deductible	
Routine Preventive Care	No charge	Not covered	No charge	Not covered
Outpatient Diagnostic (lab/X-ray/complex imaging)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Ambulance	20% after deductible		20% after deductible	
Emergency Room	\$100 copay, then 20% after deductible ²	\$100 copay, then 20% after deductible	20% after deductible	
Urgent Care Facility	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Inpatient Hospital Stay	\$250 copay, then 20% after deductible	\$250 copay, then 40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible

¹ If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

² Copay waived if admitted.

³ This plan has an embedded out-of-pocket maximum. This means that if you have family coverage, any combination of covered family members may help meet the family out-of-pocket maximum, but no one person will pay more than their embedded individual out-of-pocket maximum amount, which is \$7,350.

⁴ Office visits include virtual visits.

⁵ Once HDHP members meet their annual deductible, telemedicine visits are covered at 100%.

Stay Healthy with Free Preventive Care

If you're enrolled in either medical plan, you can get preventive care at no cost to you when you use an in-network provider. That means free annual physical, immunizations, routine screenings and more. Schedule your annual physical and talk to your health care provider about which preventive care might be right for you.



Prescription Drug Coverage

Access to prescription medications is important to maintain and improve your health. Both the medical plan carrier options include prescription drug coverage through Optum Rx.

There are four benefit tiers for prescription drugs that range from lowest to highest in cost:

- ▶ **Tier 1** – Generic
- ▶ **Tier 2** – Preferred brand-name
- ▶ **Tier 3** – Non-preferred brand-name
- ▶ **Tier 4** – Specialty drugs and injectables

To check whether your medication is covered under your plan and which tier it falls under, refer to the Optum Rx drug list of covered drugs, which can be found on optumrx.com.

	PPO	CDHP
Prescription Drug Deductible	\$150	Included in medical deductible
Retail Pharmacy (30-day supply)		
Generic	\$15 copay	20%
Preferred	\$30 copay	20%
Non-preferred	\$50 copay	20%
Specialty and injectables	\$75 copay	20%
Mail Order (90-day supply)		
Generic	\$37.50 copay	20%
Preferred	\$75 copay	20%
Non-preferred	\$125 copay	20%
Specialty and injectables	\$187.50 copay	20%

The amounts presented reflect your in-network copay and coinsurance once the deductible has been met.

Saving Money on Your Prescriptions

Here are three easy ways to save on your prescription benefits:

- Use generics whenever possible. They are normally the most cost-effective option and chemically identical to a brand-name drugs.
- Fill your prescriptions using the most appropriate method:
 - » Use network retail pharmacies for 30-day prescriptions
 - » Use the mail-order service for 90-day prescriptions of maintenance and specialty medications
- Use the prescription cost tool on the Optum Rx website to learn how much your medication will cost under your medical plan and whether there are opportunities to save money.
- Health Advocate may be able to assist you in finding lower-cost alternatives to your current prescriptions.

The Optum Rx mail-order service is the most convenient and cost-effective way to fill your maintenance and 90-day prescriptions. You pay an amount equal to 2.5x your copay after your deductible for a 90-day supply versus 3x your copay if you order a 90-day supply at the pharmacy. Plus, the medication is delivered right to your door—no waiting in line at the pharmacy.



Medical Plan Programs

The following programs are provided by UMR to all associates who are enrolled in a UMR medical plan.



Teladoc Virtual Visits

Teladoc gives you 'round-the-clock access to U.S. board-certified doctors from home or on the go. Call or connect online or use the Teladoc mobile app for affordable medical care, whenever you need it at no cost to you.

Teladoc replaces office waits and ER visits with convenient, quality care for non-emergency conditions, such as cold/flu, allergies, pink eye, skin issues and short-term prescription refills.

Ongoing Condition CARE

If you are living with a chronic condition, the Ongoing Condition CARE program can help you improve or manage your condition and stay healthy. You and a CARE nurse will work together to set up a plan to help you reach your personal goals, such as meeting blood pressure or cholesterol benchmarks. CARE nurses can also provide tips and practical tools to help you along the way. This program is available for UMR members with the following conditions:

- ▶ Asthma
- ▶ Chronic obstructive lung disease (COPD)
- ▶ Coronary artery disease
- ▶ Depression
- ▶ Diabetes
- ▶ Heart failure
- ▶ Hypertension (high blood pressure)

Maternity CARE

Healthy, full-term deliveries are the goal of the Maternity CARE program. Whether you are considering having a baby or are already expecting, the program provides preconception counseling, general prenatal education and high-risk pregnancy identification designed to help you have a successful, full-term pregnancy and a healthy baby. Once enrolled, you'll receive:

- ▶ One-on-one phone calls with a nurse, who will provide education and coaching for you and your support person
- ▶ No-cost educational materials about pregnancy, childbirth, breastfeeding, infant care and more
- ▶ Case management and support for high-risk mothers

Expert Medical Opinions

2nd.MD provides quick and convenient access to a virtual expert medical consultation and navigation service at no additional cost to you. 2nd.MD connects you with board-certified, leading doctors across the country for an expert second opinion via video or phone within three to five days for questions about:

- ▶ Chronic illnesses and conditions
- ▶ Surgeries and medical procedures
- ▶ Medications and treatment plans



Dental Benefits

Hancock Whitney offers dental coverage through MetLife to help you with the cost of maintaining a great smile. You have access to a network of dentists who have agreed to provide certain services at negotiated rates. You may use any dentist you wish, but you receive a higher level of benefits when you use a participating network dentist. To find network dentists, visit metlife.com/mybenefits.

Key Dental Benefits	In-Network ¹
Deductible (per calendar year)	
Individual / Family	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic and major services combined)	
Dental (per individual per calendar year)	\$1,500
Orthodontia (lifetime per individual)	\$2,000 per person
Covered Services	You Pay
Preventive and Diagnostic Services (oral exams, X-rays, cleanings and fluoride treatments)	No charge
Basic (Restorative) Services (fillings, recementations and repair, general anesthesia, rebases/relines, simple extractions, space maintainers, sealants, palliative care and consultation)	20% ²
Major (Prosthetic) Services (inlays/onlays, endodontics/root canal, periodontics, crowns, crown build-ups, veneers, dentures, bridges, harmful habit appliance [other than bruxism], implants, surgical extractions/oral surgery, general anesthesia)	50% ²
Orthodontia (adult & child)	50% ²

¹Coinsurance percentages shown in the above chart represent what the member is responsible for paying. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

² You must meet the deductible before the plan begins to pay its share of coverage.



MetLife TakeAlong Dental

As a participant in a MetLife dental plan, you have the option for individual dental insurance that stays with you for as long as you want. MetLife TakeAlong Dental offers pricing and coverage when you retire or leave the company. To learn more, visit metlifetakealongdental.com.



Vision Benefits

Vision coverage is available through Vision Service Plan (VSP) to assist you with costs to take care of your and your dependents' vision.

Key Vision Benefits	Standard Plan	Enhanced Plan
	In-Network ¹	In-Network ¹
Exams		
Once every 12 months	\$10 copay	\$10 copay
Materials		
Materials Copay	\$10	\$10
Lenses (once every 12 months)		
Single Vision	No charge after materials copay	No charge after materials copay
Bifocal		
Trifocal		
Frames	Up to \$130	Up to \$200
	Once every 24 months	Once every 12 months
Contact Lenses (once every 12 months; in lieu of glasses)		
Elective	Up to \$130	Up to \$200
Medically Necessary	No charge after materials copay	No charge after materials copay

¹If you use out-of-network providers, you must pay all charges and file a claim for reimbursement. Visit vsp.com to locate network providers.

Vision Perks

- Freedom to choose—an expanded network of providers including national retail outlets
- Discounted diabetes supplies and prescriptions through your VSP eye exam physician
- Discounts on hearing aids and batteries for your dependents and even extended family members

Vision Direct

VSP offers individual vision plans for associates who retire or leave the company. With VSP Direct, participants receive comprehensive coverage and access to convenient providers and locations. To learn more, visit staywithvsp.com.

Supplemental Health Benefits

Our medical plans are here to help you and your family live well—and stay well. You can strengthen your coverage even further to supplement and bridge any gaps in coverage. Our supplemental health benefits, through Allstate, are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs.

These plans pay a cash benefit directly to you when you or a covered dependent experience a qualifying accident or illness. You can use your payment in any way you choose (medical expenses, mortgage payments, transportation, household help, etc.).

Voluntary Accident Insurance

Accident insurance pays you cash benefits that correspond with hospital and intensive care confinement as the result of an accident. Use your cash benefit to help pay for:

- ▶ Ambulance services
- ▶ Coinsurance, copays and deductibles
- ▶ Physical therapy
- ▶ Treatment
- ▶ Home and travel expenses
- ▶ And more

Your cash benefit will depend on the type of accident, service and treatment you receive.

Voluntary Cancer Insurance

Cancer insurance can help cover the costs of specific treatments and expenses when sickness occurs or when undergoing treatments for cancer. Use your cash benefit to help pay for the cost of:

- ▶ Hospital confinement
- ▶ Radiation/chemotherapy
- ▶ Surgery



Voluntary Critical Illness Insurance

Critical illness insurance provides a financial cushion if you are diagnosed with a covered critical illness. You will receive a cash benefit of up to \$10,000 and your dependents will receive up to \$5,000 for the following covered conditions:

- ▶ Advanced Alzheimer's
- ▶ Advanced Parkinson's
- ▶ Benign brain tumor
- ▶ Coma
- ▶ Complete loss of hearing, sight or speech
- ▶ Coronary artery bypass surgery
- ▶ End stage renal failure
- ▶ Heart attack
- ▶ Major organ transplant
- ▶ Paralysis
- ▶ Stroke

Did you know?

Each plan also pays a \$50 benefit when you and each covered dependent receive a covered wellness test per year. It's a valuable incentive for important tests and screenings.

Health Advocacy Services

This company-paid benefit provides personal health care advocates that are available 24/7 to help associates and family members.

Clinical Support

- ▶ Find the right doctors, hospitals and other providers based on specific needs
- ▶ Schedule tests and appointments
- ▶ Rx/Prescription assistance (coverage, alternatives, financial assistance programs, etc.)
- ▶ Explain diagnoses and treatment options
- ▶ Support following medical complications or a difficult diagnosis
- ▶ Coordinate care for complex medical issues
- ▶ Identify gaps in care for health coaching
- ▶ Coordinate benefits between doctors and insurance companies
- ▶ Research and locate best-in-class providers for second opinions
- ▶ Facilitate the transfer of medical records, X-rays and lab results
- ▶ Research rehabilitation, adult day care and homemaker services
- ▶ Locate inpatient private duty nursing and home health aide services
- ▶ Arrange for home care equipment following discharge from the hospital

Administrative Support

- ▶ Explain healthcare and non-healthcare benefits coverage
- ▶ Untangle medical bills
- ▶ Resolve insurance claims and billing issues
- ▶ Locate eldercare services and community resources
- ▶ Provide education and support for COBRA, Medicare, Medicaid, individual marketplace, TRICARE, VA support, Social Security planning and disability assistance

About Personal Health Advocates

- ▶ Registered nurses with experience in clinical care, case management, nursing education, supervision and administration
- ▶ Benefit experts with experience in benefits administration, claims management and provider group administration
- ▶ Trained clinical professionals—social workers, behavioral change counselors, nutritionists, dietitians, dental care and pharmacy
- ▶ Supported by full-time medical directors
- ▶ Single, ongoing contact person— you'll have access to their direct dial phone number and email address
- ▶ Chosen for their compassion, medical expertise, commitment to service excellence, communication skills and strong problem resolution approach



Did you know?

Health Advocate is also the provider of the confidential employee assistance program (EAP), which provides personalized emotional support for life's challenges. Refer to [page 13](#) for details.



Emotional Support Benefits

Employee Assistance Program (EAP)

The company's employee assistance program (EAP) through Health Advocate provides confidential access to Licensed Professional Counselors, Master's Level Clinicians and Work/Life Specialists who provide personalized support to find balance and gain control during life's challenges, including:

- ▶ Grief, loss, depression
- ▶ Relationships issues, divorce
- ▶ Job stress, burnout, work/life balance
- ▶ New baby, adoption, eldercare
- ▶ Financial and legal issues, retirement, identity theft
- ▶ Addiction, eating disorders, mental illness
- ▶ And more

The EAP+Work/Life services include up to five in-person or virtual visits per issue plus unlimited telephonic support. Additionally, a variety self-serve resources are available online and via app. Additionally if needed, the Health Advocate can help you connect with the appropriate professionals for long-term support. In a crisis, help is available 24/7 at no cost to you.

Coverage for all services by Health Advocate (Health Advocacy and EAP+Work/Life) is provided for you, your spouse, your dependent child(ren) and has been expanded to include parents and parents-in-law at no cost to you.

This benefit is available to you and your family 24/7/365—at no charge.

To contact Health Advocate, please call 866-799-2728 or visit healthadvocate.com/hancockwhitney.

Behavioral Health Support

This award-winning, research-based program through ReThinkCare provides a parental success solution that helps families raise more resilient children, including those with developmental and learning challenges, so you have parenting support when you need it most. Even better: this program is available at no cost to you. ReThinkCare services include:

- ▶ Ongoing consultations with a dedicated behavioral health expert
- ▶ On-demand instructional videos and resources to help your child develop academic and socialization skills
- ▶ Catalog of goal-based training focused on parental and family wellbeing

Visit connect.rethinkcare.com/sponsor/hancockwhitney or download the ReThinkCare app to register and learn more.



Paid Time Away from Work

We understand the need to take time off work to relax, recover from an illness or spend time with loved ones. We offer the following forms of paid time off:

Holidays

Associates receive 11 Federal Reserve holidays per year. Presidents' Day and Mardi Gras are recognized as floating holidays.

Volunteer Time

Eligible associates receive eight hours of community time to volunteer each year. For more information, see page 22.

Sick Time

Eligible associates receive up to 12 sick days per calendar year, which can be used for injury or illness, the care of sick members of the immediate family, visits to a physician or dentist, or to satisfy the elimination period for short-term disability. Additionally, associates are encouraged to use up to two of these days for their well-being or personal business that must be conducted during business hours.

Vacation

Eligible associates accrue between 10 and 20 vacation days per calendar year based on their years of service and/or position level for leisure, rest and recreation.

Paid Family Leave

Associates on approved continuous FMLA will be eligible for up to four weeks of paid leave for the following reasons:

- ▶ Parental Leave to bond with a newborn child within one year of birth or for placement and bonding with child placed with the associate through adoption or foster care within one year of placement;
- ▶ Care of spouse, child or parent with a serious health condition; or
- ▶ Care for a spouse, child or parent who is a member of the armed services undergoing treatment, recuperation or therapy, or a qualifying exigency arising out of the fact that the associate's spouse, child, or parent is a military member on covered duty.

Paid Family Leave is limited to one continuous leave of absence per rolling calendar year. Paid Family Leave may not exceed four weeks of pay per rolling calendar year and eight weeks of pay in a three-year rolling calendar year. Approved leaves of absence in excess of these limits may use available time off balances or go unpaid if balances have been exhausted for the remaining duration of an approved leave of absence. date of birth.

Paid Maternity Leave

Associates who give birth to a child(ren) will be eligible for up to eight weeks of paid leave immediately following the birth of a child(ren) while on approved continuous FMLA leave for recovery. Associates may also be eligible for an additional four weeks of Paid Family Leave to bond with their child. The combination of paid leaves provides the birthing parent with up to 12 weeks of paid leave after the birth of a child(ren) without pay disruption.

If additional time is required for the recovery of the birthing associate beyond the eight-week period, it may be eligible for coverage under short term disability or other paid time off balances.



Health Savings Account

A health savings account (HSA) is a tax-advantaged savings vehicle that allows you to pay for qualified expenses today, such as medical, dental or vision care—and save for the future.

HSA Eligibility

In order to participate in an HSA, you:

- ▶ Must be enrolled in the CDHP
- ▶ Cannot simultaneously participate in the company's health care FSA
- ▶ Cannot be enrolled in any other medical coverage, including a spouse's plan or Medicare
- ▶ Cannot be claimed as a dependent on someone else's tax return

How the HSA Works

Tax-free money goes in:

- ▶ You receive an annual company contribution of \$500 (individual coverage) or \$1,000 (family coverage).*
- ▶ In addition, you have the option to make personal pre-tax contributions up to the annual IRS limit through payroll deductions or external payment directly into your account.
 - » \$4,150 for individual coverage
 - » \$8,300 for family coverage
 - » Individuals ages 55 and up can make an additional catch-up contribution of \$1,000
 - » Your personal contributions + the company's annual contribution cannot exceed the annual IRS limits

Your balance grows tax free:

- ▶ HSA funds roll over from year to year and are yours to keep, even if you change medical plans or leave the company.
- ▶ Your balance earns interest and can be invested once it reaches \$1,000 to grow your balance even further.

Tax-free money comes out:

- ▶ You can withdraw funds tax free to pay for eligible health care expenses, such as doctor's office visits, prescriptions, over-the-counter drugs and much more. Refer to [IRS Publication 969](#) for a complete list of eligible expenses.

Tax-free savings for the future:

- ▶ You can choose to save funds for future eligible health care expenses—even in retirement.

*You must be enrolled in the CDHP on January 1 to receive the annual company contribution.

Did you know?

When you enroll in the CDHP in My Workday, you'll be automatically prompted to enroll in the HSA. You will need to enroll in the HSA to receive the company contribution, even if you are not making personal contributions to your account.



Spending Accounts

Spending accounts are a great way to set aside tax-free dollars through payroll deductions while putting away money for health care, dependent care or transportation expenses.

Health Care FSA

The health care FSA allows you to contribute up to \$3,050 on a pre-tax basis to pay for health care expenses for yourself and covered dependents not paid by insurance or by another cafeteria plan. Unused funds will be forfeited at the end of the plan year period.

You may not participate in the health care FSA if participating in the HSA. Any unused health care FSA funds will be forfeited on December 31 if you are transitioning to the HSA on January 1 and want to receive the HSA company contribution for the year.

Dependent Care FSA

The dependent care FSA allows you to contribute up to \$5,000 on a pre-tax basis to pay for qualified dependent care expenses (daycare centers, elderly care facilities, etc.). This account cannot be used for health care expenses. Unused funds will be forfeited at the end of the plan year period.

Transportation Spending Account (TSA)

The TSA allows you to have pre-tax dollars deducted from your paycheck to assist with the cost of parking, mass transit and vanpooling, such as bus, train and streetcar passes. You can contribute up to \$300 per month for parking and \$300 per month for mass transit and vanpooling through separate elections in My Workday. Expenses must be submitted within 120 days of the date incurred for reimbursement.

Note: Associates parking at HW-owned garages at Hancock Whitney Plaza & Hancock Whitney Center (old Whitney Bank garage) with current payroll deductions do not need to enroll in the parking TSA. Those pre-tax parking deductions will continue outside of the parking TSA.

Important FSA Reminders

- Estimate your qualified expenses carefully because you will forfeit any unused funds at the end of the plan year.
- As you incur eligible expenses, use your provided spending account benefits card or file a claim for reimbursement if you pay for them out of your own pocket.
- You have until April 30, 2025, to request reimbursement for expenses incurred in the 2024 plan year for the health care FSA and dependent care FSA.
- If you have funds remaining in your 2023 health care FSA and/or dependent care FSA and you incur an eligible expense between January 1, 2024, and March 15, 2024, those funds will be paid from your 2023 funds.



Disability Insurance

Disability insurance offers eligible associates income protection in the event you become sick or injured and are unable to work for an extended period. Hancock Whitney provides disability insurance to eligible associates at no cost through Prudential.

Short-Term Disability (STD)	
Disability Benefit	Replaces 100% of your base wages up to a weekly benefit maximum of \$8,500
When Benefits Begin	15-continuous-day waiting period
Maximum Benefit Duration	180 days

Long-Term Disability (LTD)	
Benefit Percentage	60% of eligible compensation up to a monthly maximum of \$25,000
When Benefits Begin	After 180 days
Maximum Benefit Duration	Retirement Age under the Social Security Act ¹

1. Depending upon your age on the date the disability began, your maximum benefit duration may pay a minimum number of months that exceed Retirement Age under the Social Security Act.



Life and AD&D Insurance

Life and accidental death & dismemberment (AD&D) insurance benefits help provide financial security to you and your loved ones in the case of death or other unforeseen events resulting in the loss of a limb or vital function.

Company-provided Group Life and AD&D Insurance

Associate	1x your annual base pay or \$50,000, whichever is greater (rounded to the next \$1,000 increment), up to a maximum of \$500,000
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Voluntary Life and AD&D Insurance

Associate	Increments of \$10,000, up to a maximum of the lesser of 7x your annual base wages or \$1 million (company-provided and voluntary combined). Guaranteed Issue for up to \$350,000.
Spouse¹	Increments of \$10,000, up to a maximum of the lesser of \$250,000 or 50% of the associate's life coverage. Guaranteed Issue for up to \$30,000.
Child(ren)¹	\$10,000

¹Active military dependents are not eligible for coverage.



Imputed Income

The value of the company-provided group life insurance coverage in excess of \$50,000 is considered imputed income. It is non-cash compensation and although you do not receive cash, you are taxed as if you received cash in an amount equal to the value of this coverage. For more information, please refer to [IRS.gov](https://www.irs.gov).

Designating a Beneficiary

While you are automatically enrolled in group life insurance, you'll be required to designate a beneficiary(ies) to receive your benefit in the event of your death. Review and update your beneficiaries each year during Open Enrollment in My Workday. You will need the following information for your beneficiaries: legal name, address, phone number, date of birth and Social Security number.

Evidence of Insurability (EOI)

EOI is an application process in which you provide information on your health to be considered for certain types of insurance coverage. EOI is required for certain amounts of life insurance and enrollment timing. If required, you'll be prompted to provide EOI after you enroll. Submitting this information is not a guarantee of coverage.



Supplemental Protection Benefits

Auto and Home Insurance

Auto and home insurance is offered through Farmers. Call 888-327-6335 for a free quote. Discounts are available for associates and for payroll deductions. Associates must enroll with Farmers to receive this offering.

Identity Protection

Allstate identity protection can help protect against identity and credit fraud. Identity protection detects fraud sooner, looking for high-risk transactions, suspicious identity patterns, application data, unauthorized account access, fund transfers and password resets in the locations thieves go to buy and sell personal data.

Features include identity monitoring, monthly credit score and credit monitoring, social media reputation monitoring and identity restoration. The coverage also comes with an identity theft insurance policy to help cover the cost of restoring your identity.

Legal Plan

Group legal coverage is offered through MetLife. It provides you, your spouse and dependents with fully covered legal services from experienced attorneys.

Using an in-network attorney provides the maximum benefit, but if you choose to go outside of the network, a reimbursement amount is available.

With network attorneys, there are no deductibles, no copays, no claim forms and no usage limits. With the legal benefit, you can receive legal advice and fully covered legal services, including:

- ▶ Court appearances
- ▶ Document review and preparation
- ▶ Debt collection defense
- ▶ Will preparation
- ▶ Family law
- ▶ Real estate matters
- ▶ Identity recovery
- ▶ Financial fraud restoration
- ▶ Document replacement
- ▶ Up to four hours of attorney services for non-covered matters



Additional Financial Programs

Employee Stock Purchase Plan

Hancock Whitney Corporation's Employee Stock Purchase Plan (ESPP) is available to all full-time and part-time associates.¹ When you join the ESPP, a post-tax portion of your paycheck is redirected to purchase Hancock Whitney Corporation stock.

- ▶ Contributions are a percentage of base pay
- ▶ Minimum contribution of 0.01% of pay
- ▶ Maximum contribution of 10% of pay
- ▶ Contribution changes are allowed per pay period
- ▶ Purchase and allocation of stock is done each pay period
- ▶ Access to an online account that shows your ESPP balance

Enroll in the ESPP by completing the electronic enrollment on [My Workday](#). Learn more by reviewing the information available on [HancockWhitney.gobenefits.net](#).

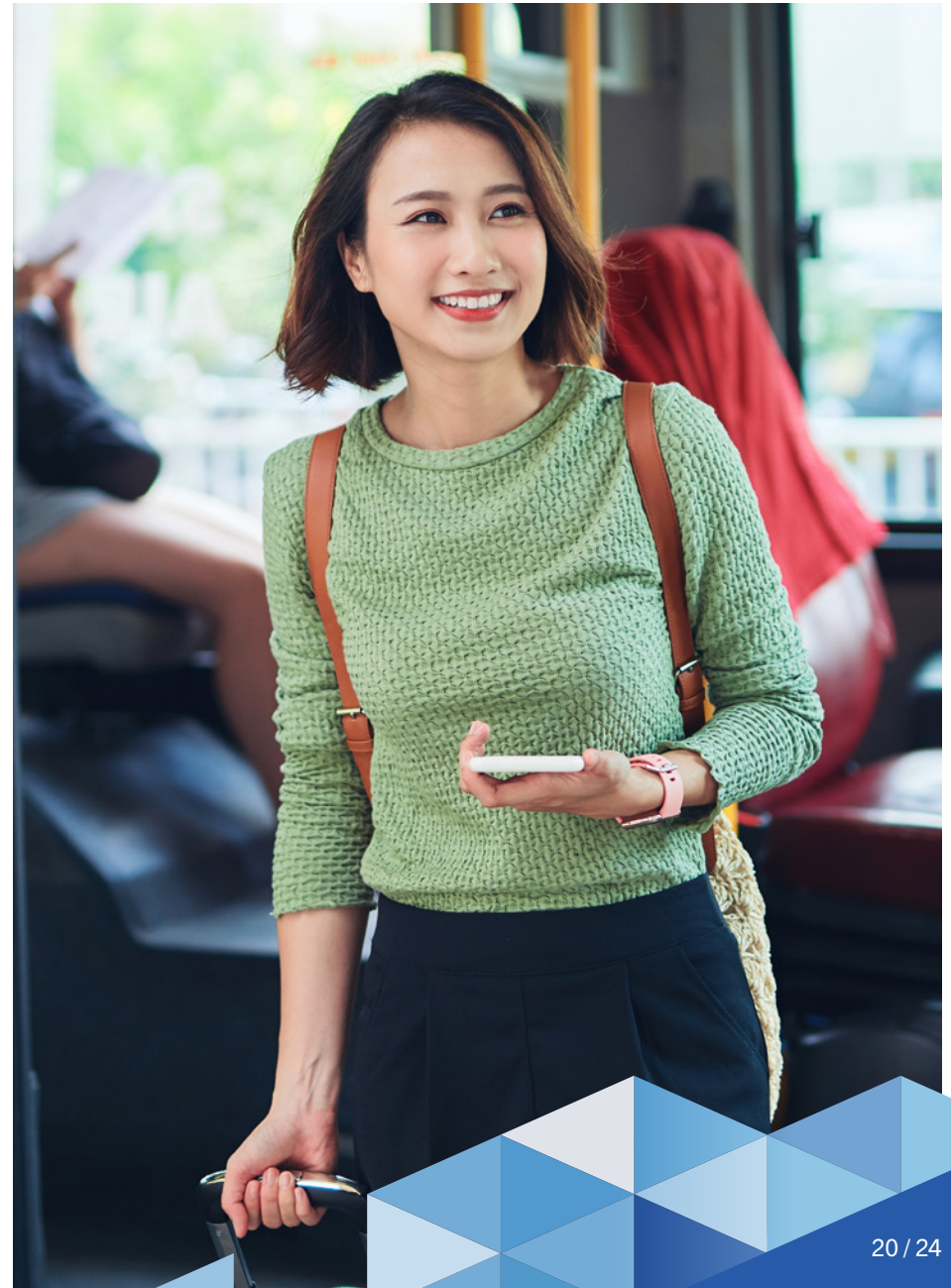
¹To participate in the ESPP, associates must be at least age 18 and complete 60 days of employment with the company.

Associate Banking

As a valued member of the Hancock Whitney family, active associates are eligible for a variety of banking products and services for free or at a reduced rate, including checking and savings accounts, consumer loan rates and more. For more information, visit [HancockWhitney.gobenefits.net](#).

Associate Discount Program

Perkspot, the company's associate perks program, provides exclusive discounts from your favorite brands and national and local offers including thousands of hotels, restaurants, movie theaters, retailers, florists, car dealers, theme parks, national attractions, concerts and events. Visit [HancockWhitney.perkspot.com](#) to register and start saving.



Retirement Benefits

It's never too early to plan for the future. Hancock Whitney provides you with opportunities to save and invest to prepare for your retirement years.

401(k) Plan

The Hancock Whitney Corporation 401(k) Savings Plan is a defined contribution plan that allows you to contribute up to 80% of your eligible compensation through pre-tax deferrals, Roth after-tax deferrals or a combination of both (subject to IRS limits). The plan features an employer matching contribution and additional employer contribution for eligible associates. Empower Retirement is the 401(k) Plan recordkeeper. Learn about the plan's benefits and how it works on [HancockWhitney.gobenefits.net](https://www.hancockwhitney.com/gobenefits.net).

Non-qualified Deferred Compensation Plan

Hancock Whitney offers a Non-qualified Deferred Compensation Plan to eligible associates that provides opportunities to save for future financial goals while reducing taxable income and accruing tax-deferred earnings on your investments. Participation is limited to a select group of associates and directors of Hancock Whitney Corporation and its participating subsidiaries. The Compensation Committee determines the eligibility criteria to participate in the plan. Enrollment information is provided directly to eligible associates each fall. For more information, visit [HancockWhitney.gobenefits.net](https://www.hancockwhitney.com/gobenefits.net).

Pension Plan (frozen)

The Hancock Whitney Corporation Pension Plan was frozen to new entrance on January 1, 2018. Associates hired (or rehired) after June 30, 2017, and those who did not enter the Pension Plan by January 1, 2018, are not eligible for this benefit. Associates hired before July 1, 2017, should refer to the Changes to the HWC Retirement Program communications distributed during 2017 for more information regarding their pension plan benefit. RetirementFocus is the Pension Plan recordkeeper. For more information, visit [HancockWhitney.gobenefits.net](https://www.hancockwhitney.com/gobenefits.net).



Social

Volunteer Program

The company's volunteer program, Community Connection, supports associate volunteerism and our mission to help people achieve their goals and dreams. The program is designed to get associates involved in the community and provides one day per year of paid time off to volunteer at any non-profit 501(c)(3) organization within the company's footprint that supports:

- ▶ Arts and culture
- ▶ Community and economic development
- ▶ Education and financial literacy
- ▶ Health and human services
- ▶ And more

Charitable Giving Opportunities

The Hancock Whitney Associate Assistance Fund (HWAAF), such as managed by the Gulf Coast Community Foundation, provides grants to qualified associates facing financial hardship during times of unexpected and unavoidable emergencies or disasters, such as medical emergencies, travel to care for an ailing family member, home repairs after a catastrophe or funeral costs for an immediate family member. The HWAAF provides associates with the ability to support one another during their greatest times of need by contributing to the fund through payroll deductions in My Workday.

Hancock Whitney also provides associates with the opportunity to donate to United Way through convenient payroll deductions in My Workday. To learn more about United Way and how your United Way reinvests your donation in your community, visit [UnitedWay.org](https://www.unitedway.org).



social



career

Career

Associate Recognition

The company's associate recognition program, The Value of You, provides associates and managers with easy, convenient ways to recognize, reward and honor other associates for extra efforts, special contributions and important occasions. Through The Value of You website, you can applaud, appreciate, encourage and remember other associates and earn points to redeem for brand-name merchandise, gift cards, travel and more.

Tuition Reimbursement

Looking to further your studies? Our tuition reimbursement program can reimburse you for pre-approved tuition expenses. These expenses must be for a degree program that is directly related to your position at Hancock Whitney. You may be reimbursed up to \$3,200 for undergraduate expenses or \$4,200 for graduate expenses per calendar year.



Resources

Tools & Resources

There are a variety of educational tools available to help you choose and use your benefits well. Explore these tools during annual enrollment or at any time during the year.

Benefits Website

On the benefits website at HancockWhitney.gobenefits.net, you'll find overviews of your benefit options, rates, links to provider sites and other helpful tools and resources to get the most out of your benefits. It is accessible anywhere, anytime—network access not required.

Health Advocate

Whether it's deciding the right course of treatment, understanding care options and benefit coverage, prescription assistance, resolving a billing issue or providing emotional support and resources during a challenging time, Health Advocate's experts will confidentially help associates no matter what the concern—saving time, money and worry. For questions about any of your benefits coverage, contact Health Advocate at HealthAdvocate.com or 866-799-2728.

HRLink

HRLink is your connection to your Hancock Whitney HR Team. For questions on the enrollment process or other HR matters, contact HRLink via the HRLink Portal (requires network access) or 855-404-5465. Open Enrollment can create high volume and wait times for HRLink; please be sure to review the enrollment materials carefully before contacting HRLink.

Enrollment & Changes

Whether you are a new or existing associate, you will elect and make changes to your benefit elections in My Workday. You can access My Workday on HancockWhitney.gobenefits.net.

Unless you have a qualifying life event, such as marriage, divorce or addition of a child to your family, you can't make changes to certain benefit elections until next year's Open Enrollment period. If you have a qualifying life event, you have 31 days following the event to make changes to your benefits.

Cost of Coverage

Rates for 2024 can be found at HancockWhitney.gobenefits.net.

Provider Contact Information

Contact information for all of our providers can be found at HancockWhitney.gobenefits.net.



Notices

2024 Required Notices

View, download and print legal notices and information about your benefits under Notices at HancockWhitney.gobenefits.net. Federal laws require the company provide you with certain notices that inform you about your rights regarding eligibility, enrollment and coverage of health care plans. The following section explains these rules. You're not required to take any action. These notices are for your information only. We ask that you read these notices carefully and keep them where you can find them. If you have any questions regarding the benefits contained within this packet, please contact HRLink via the HRLink Portal (network access required) or call 855-404-5465.

- ▶ Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Coverage Rights
- ▶ Women's Health and Cancer Rights Act Notice
- ▶ HIPAA Special Enrollment Rights for Medical Plan Coverage
- ▶ Important Notice from Your Employer about Your Prescription Drug Coverage and Medicare
- ▶ Notice of Privacy Practices
- ▶ Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

This guide summarizes your benefits program at Hancock Whitney Corporation, but it does not contain all of the program details. If there is a discrepancy between what is summarized here and the governing legal documents, the legal documents will control. The company reserves the right to modify, amend, suspend or terminate any of the benefit plans it sponsors at any time and for any reason and at its sole discretion in the manner specified in the plan documents. You should keep this document with other important information about your benefits.

