

2022 Benefits Guide



Contact information

Benefit	Vendor	Telephone	Web and More
Eligibility, Enrollment, Qualifying Life Events and COBRA	The Employee Benefits Center	(800) 307-0230	www.mynuvancehealthbenefits.org fax: (866) 406-6946 email: employeebenefits@bakertilly.com
Benefit updates by text message (opt-in)			Text nuvance to (855) 513-1284
Medical	Aetna	(877) 272-6374	www.aetna.com
Pharmacy	CVS/Caremark	(855) 801-8260	www.caremark.com
Virtual Medical	Teladoc	(800) 835-2362	www.teladoc.com
Dental	Delta Dental	(800) 932-0783	www.deltadentalins.com
Vision	VSP	(800) 877-7195	www.vsp.com
Health Savings Accounts	Fidelity	(800) 544-3716	www.netbenefits.com
Flexible Spending Accounts	Baker Tilly Vantage	(800) 307-0230	www.myFlexDollars.com
Life and AD&D	Lincoln Financial Group	(888) 787-2129	www.mylincolnportal.com
Short- and Long-Term Disability	Lincoln Financial Group	(888) 716-3850	www.mylincolnportal.com
Employee Assistance Program (EAP)	Aetna: Resources for Living	(800) 962-9841	www.resourcesforliving.com Username: Nuvance Password: eap
Provider/Associate Care Team (PACT)		When you need support from a peer, call the hospital operator and request PACT Peer Support on Call.	
Employee Wellness Program	Vitive Health	(800) 838-0337	www.benefitsquest.com/ nuvance-wellness-programs/
Retirement Savings Plans	Fidelity	(800) 343-0860	www.netbenefits.com
Pension	Principal Financial Group	(800) 547-7754	contract # 716977 – WCHN contract # 538323 – PHC contract # 632888 – VBMC
Voluntary Benefits (outside of Open Enrollment, contact vendors directly with questions)			
Voluntary Benefits	The Farmington Company	(800) 621-0067	
Critical Illness, Hospital Indemnity, Accident	Aetna	(800) 607-3366	www.myaetnasupplemental.com
Permanent Life	Transamerica (Permanent Life)	(888) 763-7474	www.transamerica.com
Legal	MetLife Legal	(800) 821-6400	www.members.legalplans.com
Home and Auto	Farmers GroupSelect SM	(800) 438-6381	www.autohome.farmers.com
Pet Insurance	Nationwide	(877) 738-7874	www.petsnationwide.com/ NuvanceHealth
Identity Theft	ID Watchdog	(866) 513-1518	www.idwatchdog.com
Employee Discounts	BenefitHub	(866) 664-4621	nuvance.benefitHub.com
For policy, details and contact information about programs not listed here, call the Employee Benefits Center at (800) 307-0230.			

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SCAN ME



**Benefits
Overview**





Welcome to your benefits

Nuvance Health is committed to offering a comprehensive benefits package that provides you with options, enabling you to select the benefits that are best suited for you and your family. The benefits package is designed to help you stay well, both physically and financially, and provide support and financial protection if the need arises.

As an employee of Nuvance Health, you have access to a wide variety of health benefits. You can enroll in one of our medical plans, with options for more cost-effective coverage when you receive care at Nuvance Health. We offer dental and vision plans, which could provide significant savings on covered services. You can also take advantage of a Flexible Spending Account (FSA) or Health Savings Account (HSA), if applicable, which can offer some tax relief.

If you need added security around your family's finances in case of an emergency, take a look at our life and disability insurance - including the free protection we offer eligible employees. Identity theft protection? Legal insurance plans? Pet insurance? Nuvance Health offers these and more: we're not just providing benefits for today, we're looking at what you'll need tomorrow.

Nuvance Health spends over \$150 million each year on healthcare for our employees. Employees pick up some of the costs of care through premiums, copays and coinsurance, and we work hard to keep your share as low as possible. In this guide you'll see some of the ways we balance our offerings and costs: from wellness credits, to surcharges for tobacco use and existing spousal coverage, to selecting a primary care physician (PCP).

Please take time to look through this guide. The benefits you choose can make a big difference in your life, and they're an important part of your total compensation.

You can find more details at www.benefitsquest.com/nuvance and you can always call the Employee Benefits Center at (800) 307-0230 with any questions. You can also opt-in to receive text updates about your benefits by texting **nuvance** to **(855) 513-1284**.

Please Note:

*This 2022 Benefits Guide provides an overview of your plan options. It does **not** contain all of the details in the official Plan Documents. If there is a discrepancy between what is summarized here or in any other written or verbal information you may receive, the Plan Documents will always govern.*

The Nuvance Health benefit plans are considered IRS Section 125 Cafeteria Plans. This means that the premiums you pay for Medical, Dental, Vision and contributions to a Flexible Spending Account (FSA) or Health Savings Account (HSA) will be deducted from your paycheck on a "pre-tax" basis.

Enrolling in benefits

There are three ways to enroll

1. Online Enrollment Self Service (any eligible period)

Know what you want? The self-service Benefits Center offers valuable tools and is available 24/7 throughout the year. Log into www.mynuvancehealthbenefits.org and follow the prompts to complete your enrollment or make changes – when eligible.

2. Virtual Enrollment Session (Open Enrollment only)

Need help? Make your elections from home or from a work computer with virtual support from a benefits counselor. The counselor can help you navigate the system, answer your questions and help with your benefit selections. To schedule your session, visit www.benefitsgo.com/nuvancehealthwebscheduler starting two weeks before Open Enrollment. Virtual benefits counselors will be available 9am–9pm during Open Enrollment.

3. Telephone Enrollment (Open Enrollment only)

Don't want to go online? Call the Enrollment Call Center at (855) 720-9933, 9am–6pm during Open Enrollment. A benefits counselor will answer your questions, help you with benefit decisions and record your elections over the phone.

Open Enrollment is held each November.

Open Enrollment is your only opportunity to elect or change benefits during the year, unless you experience a qualifying life event such as marriage, divorce or the birth of a child. Benefits elected during this time become effective January 1.

Required dependent verification

Have newly added dependents? Documents should be uploaded during the enrollment process or faxed to the Employee Benefits Center at (866) 406-6946.

Enrolling a spouse? Be sure to complete the spousal affidavit and upload any required documentation to:

www.mynuvancehealthbenefits.org, or fax it to the Employee Benefits Center at (866) 406-6946.

Select/confirm your beneficiaries

During Open Enrollment, you must select/update beneficiary information for your life insurance. Beneficiaries can be updated throughout the year.

Logging on to Self Service:

To access the self-service enrollment system, use the following credentials:

- **Login:***

NH + firstname.last name + birthdate/month (MMDD format). For example:
NHJohn.smith1220

- **Initial Password:** date of birth in MMDDYY format (122082, for example)

For login issues, call the Employee Benefits Center at (800) 307-0230.

For help with your benefit choices, schedule a virtual session with a benefits counselor or call the Enrollment Call Center (left).

** If you have an apostrophe or hyphen in your Last Name, it has been **removed** from your Login ID. If you have a space or period in your Last Name, it is **included** in your Login ID.*

Who's eligible for benefits?

Employee eligibility

All Nuvance Health employees assigned to positions with 20+ hours per week (18.75+ hours for legacy HQ affiliates who work a 37.5-hour work week) are eligible to participate in the benefits program.

- For elections during Open Enrollment, benefits are effective from January 1 through December 31 of the following year.
- The following benefits begin on the first of the month following your date of hire or employment status change: Medical, Dental, Vision, Flexible Spending Accounts, Health Savings Account, Life/AD&D, STD and LTD.
- Voluntary benefits (p. 24-25) begin on the first of the month following 30 days from your date of hire or employment status change.

When you can enroll:

- **When you are hired.** New hires have 31 days following date of benefit eligibility to elect benefits.
- **During Open Enrollment.** Each year in November, you have the chance to elect or change benefits.
- **When you have a qualifying life event**, such as a marriage, birth or change of coverage.

Dependent eligibility:

A dependent is defined as a covered employee's legal spouse or dependent child of the employee or employee's spouse. Domestic partners are not eligible, whether same or opposite sex.

Eligible dependent children will be covered through the end of the month in which they turn age 26.

A dependent child can be:

- A natural child
- A stepchild
- A legally adopted child
- A child for whom legal guardianship has been awarded to the covered employee or the employee's spouse
- Unmarried children of any age who become mentally or physically disabled before reaching the age limit of 26

Required dependent verification documents must be submitted and approved before newly added dependents will be enrolled in coverage. Enrolling ineligible dependents in coverage may result in penalties, up to and including termination of employment and recovery of claims paid for the ineligible dependent.

Qualifying life events

Under strict IRS rules, you cannot change or revoke your benefit elections until the beginning of the next plan year, unless you experience an IRS qualifying event such as death, marriage, divorce, birth or adoption of a child, termination or commencement of employment of spouse, open enrollment of spouse's coverage or eligibility for Medicare or Medicaid, etc.

You have 31 calendar days following a qualifying life event (60 days if due to a Medicaid or CHIP eligibility change) to make appropriate coverage changes. Coverage begins retroactively on the day of the event. Qualifying life events are covered by IRS Section 125 rules.

Documentation Required for Newly Enrolled Dependents

Provide copies ONLY, not originals. Foreign language documents must include a written translation in English along with a stamp and mark of a registered translator. Documents must be submitted within 31 calendar days from the new hire benefit eligibility date or qualifying life event.

Documents for newly added dependents can be uploaded during the enrollment process or faxed to the Employee Benefits Center at (866) 406-6946. For spouses, complete the spousal affidavit and upload all documents to: www.mynuvancehealthbenefits.org, or fax them to (866) 406-6946.

Dependent	Documents You Need to Enroll Them
Spouse/ Civil Union Partner	<p>If married/or joined in a civil union, submit a copy of:</p> <ul style="list-style-type: none"> Your marriage/civil union certificate <p>AND one of the following:</p> <ul style="list-style-type: none"> Federal Tax Return: Photocopy of the first page of the most recent year's Federal Tax return showing the spouse/partner listed as an eligible dependent. Note: Please black out all financial information. Home Ownership/Rental Property: Photocopy of mortgage statement or lease/rental agreement dated within the past 3 months showing both names as mortgage holders/tenants. Home/Rental Insurance: Photocopy of homeowner's insurance, renter's insurance, or property tax receipt dated within the past 12 months showing both names as mortgage holders/tenants. Driver's License: Photocopy of the employee's and spouse's driver's licenses listing a common address. Bank/Credit Card Statement: Photocopy of joint bank/credit card account statement dated within the past 3 months showing both names as account holders. Note: Please black out all financial information. Automobile Statement: Photocopy of automobile title or registration dated within the past 12 months listing both names as co-owners. Loan Statement: Photocopy of a loan agreement dated within the past 12 months showing both names as co-borrowers. Miscellaneous Bills: Photocopy of two different types of current bills dated within the past 3 months showing both the employee and the spouse's names on each bill and the same common mailing address, e.g. phone bill, electric bill, cable bill. Beneficiary Statement: Photocopy of designation as the primary beneficiary for life insurance or retirement benefits.
Child	<p>Submit a copy of:</p> <ul style="list-style-type: none"> Birth certificate, hospital record, adoption paperwork, divorce decree, or Report of Birth Abroad with notarized English translation. The document must list child's name and the employee as the parent For a disabled child - also submit Proof of disability*
Stepchild	<p>Submit a copy of:</p> <ul style="list-style-type: none"> Birth certificate, hospital record, adoption paperwork, divorce decree, or Report of Birth Abroad with notarized English translation. The document must list the child's name and the spouse's name For a disabled child - also submit Proof of disability*
Legal Guardianship Child	<p>Submit a copy of:</p> <ul style="list-style-type: none"> Court-awarded legal guardianship papers that show all of the following: <ul style="list-style-type: none"> Granting of guardianship under state law The employee, spouse or civil union partner identified as the child's legal guardian The name of the dependent covered by the agreement Court signature, stamp or seal For a disabled child - proof of disability*

* Disability coverage contingent upon completion of carrier disability forms and approval.

Our medical plans

Nuvance Health offers two different medical plans: the **Nuvance Health Provider Plan** and the **Nuvance Health Consumer Plan**. You may choose whichever plan best meets the needs of your family, or you may waive medical coverage. Both medical plans cover the same types of services, but each provides coverage at a different level and requires you to contribute a different amount per pay period toward the premium.

Nuvance Health Provider Plan

On the Nuvance Health Provider Plan, you can get care from both in- and out-of-network providers. You pay the least for providers and facilities within the Nuvance Health Provider Network, which brings together over 2,600 local providers.

Premiums in the Nuvance Health Provider Plan are higher than in the Nuvance Health Consumer Plan.

You pay a copay for most office visits and urgent care. For some services, including care outside of the Nuvance Health Provider Network, you must pay a deductible before the plan begins to cover a portion of your costs.

In both plans, deductibles are waived for preventive services.

You are not eligible for a Health Savings Account, but may enroll in a Health Care Flexible Spending Account (FSA), and contribute up to \$2,750 tax-free on a use-it-or-lose-it basis.

Nuvance Health Consumer Plan

The Nuvance Health Consumer Plan is a Health Savings Account (HSA) qualified high deductible health plan, and covers care from both in- and out-of-network providers. You usually pay less at providers and facilities within the Nuvance Health Provider Network.

Premiums in the Nuvance Health Consumer Plan are lower than in the Nuvance Health Provider Plan.

Each year, you must pay a deductible before the plan begins to cover your costs. Once the deductible is met, the plan begins covering a portion of your costs.

You can maintain a **Health Savings Account (HSA)**, and build tax-free savings from year-to-year to pay for eligible healthcare expenses.

Nuvance Health deposits \$500 (employee only) or \$1,000 (employee plus dependents) in your HSA, deposited with your first paycheck once your coverage begins and your HSA is opened. Contributions to the HSA are pro-rated if participation begins after January 1.

Both the deductible amount and coverage level depend on whether your provider is part of the Nuvance Health Provider Network (Tier 1); in-network with Aetna (Tier 2); or out-of-network (Tier 3).

Providers and networks

Both Nuvance Health medical plans offer three levels of coverage, depending on which providers and facilities you use.

Tier 1: Nuvance Health Provider Network

Nuvance Health providers and facilities, including Preferred Partners, offer the lowest out-of-pocket costs for plan members: your plan covers more care at Nuvance Health. Tier 1 hospitals include Danbury, New Milford, Norwalk, Vassar Brothers Medical Center, Putnam, Northern Dutchess and Sharon Hospital. See page 10 for instructions on finding other Tier 1 providers.

Tier 2: Aetna in-network providers

Providers and facilities determined by Aetna to be high-quality are in-network. The Aetna network is extensive, giving you choices nationwide for care across every specialty.

Tier 3: Out-of-network providers

Providers and facilities outside of the Aetna network are covered at the highest cost to you. In addition, out-of-network providers may charge additional fees beyond what the plan covers: this is called balance billing, and you are responsible for these charges.

Network choices with the Nuvance Health Provider Plan vs. the Nuvance Health Consumer Plan

Our two medical plans offer the same providers and network – but how they cover care in that network is very different.

- **The Nuvance Health Provider Plan is built around the Nuvance Health Provider Network.** When you need in- or outpatient hospital services under this plan and use a Nuvance Health facility, a deductible will apply for all professional physician charges—but the facility will be covered completely. If instead you visit a non-Nuvance Health facility in the Aetna network, you must first meet the \$3,500 deductible *under individual coverage*, then pay 40% of costs until you reach your *individual* out-of-pocket maximum of \$6,000.
- **The Nuvance Health Consumer Plan offers flexible coverage across network providers.** A hospital service at a Nuvance Health facility will require a \$1,500 deductible (*under individual coverage*) before care is covered 100%. For care at an Aetna network facility, on the other hand, the *individual deductible* is \$2,000—after which you will pay 10% of your bill, up to the \$5,000 individual maximum. **(Deductible and maximum are higher for family coverage.)**

In other words, when you elect a medical plan, consider whether you need to use providers and facilities outside of the Nuvance Health Provider Network.

Know your costs:

copay: a flat fee

For some services, you may pay a fixed copay at your physician's office, instead of paying a bill later.

deductible:

up-front costs each year
You pay up front for most services until you reach the amount of your deductible. Once you've paid the deductible for the year, the plan begins to pay for most of your care.

coinsurance:

your share of the bill
Once you meet your deductible, the plan begins paying for most of your care. You are only responsible for the coinsurance, which is a percentage of the remaining bill. Out-of-network providers may "balance bill" for additional costs.

annual maximum: your limit each year

The annual maximum is an upper limit on your out-of-pocket medical and pharmacy expenses each year. Once you reach this maximum, the plan pays all eligible medical and pharmacy costs – as long as you seek care in-network. Out-of-network providers may "balance bill" beyond this amount.

Nuvance Health Provider Plan

Services (you pay)	Tier 1	Tier 2	Tier 3
	Nuvance Health Provider Network	Aetna	Out-of-Network
Individual Deductible	\$750 (facility-based professional services only) *	\$3,500	\$5,000
Family Deductible	\$1,500 (facility-based professional services only) *	\$7,000	\$10,000
Individual Out-of-Pocket Max.	\$6,000		\$7,150
Family Out-of-Pocket Max.	\$12,000		\$14,300
Coinsurance (You Pay)	0%	40%	50%
Preventive Healthcare Services	No charge and no deductible		Deductible & Coinsurance
Primary Care Office Visit	\$25 copay	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Office Visit	\$35 copay	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospitalization	No facility charge. Professional services covered in full after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Hospital	No facility charge. Professional services covered in full after deductible	Deductible & Coinsurance	Deductible & Coinsurance
Physician Charges (inpatient or outpatient settings)	Deductible Only	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care <i>(Non-urgent care: use of urgent care not covered)</i>	\$35 copay	\$100 copay	Deductible & Coinsurance
Emergency Room <i>(Non-emergency: use of emergency room not covered)</i>	\$200 copay	\$200 copay	\$200 copay
Outpatient Lab, X-Ray and Complex Imaging (MRI, CT and PET Scans)	Nuvance Health: No Charge, No Deductible	Deductible & Coinsurance	Deductible & Coinsurance
Teladoc	\$25	\$25	NA
Durable Medical Equipment	20% Coinsurance; Deductible waived		Deductible & 50% Coinsurance
Health Savings Account (HSA)	An HSA is not available with this plan		
Prescription Drugs	Retail (30-day)	Mail Order (90-day)	
Generic	\$10 copay	\$20 copay	
Preferred	You pay 25%, \$20 minimum up to \$50 max	You pay 25%, \$30 minimum up to \$60 max	
Non-Preferred	You pay 35%, \$30 minimum up to \$90 max	You pay 35%, \$60 minimum up to \$180 max	

* Tier 1 deductibles only apply to professional (physician) services received in a hospital or outpatient setting. Office visits are covered with a copay, and Tier 1 facilities are covered 100%.

Nuvance Health Consumer Plan

Services (you pay)	Tier 1 Nuvance Health Provider Network	Tier 2 Aetna	Tier 3 Out-of-Network
Individual Deductible	\$1,500	\$2,000	\$3,000
Family Deductible	\$3,000	\$4,000	\$6,000
Individual Out-of-Pocket Max.	\$5,000		\$10,000
Family Out-of-Pocket Max.	\$10,000		\$20,000
Coinsurance (You Pay)	0%	10%	40%
Preventive Healthcare Services	No charge and no deductible		Deductible & Coinsurance
Primary Care Office Visit	Deductible Only	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Office Visit	Deductible Only	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Hospitalization	Deductible Only	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Hospital	Deductible Only	Deductible & Coinsurance	Deductible & Coinsurance
Physician Charges (inpatient or outpatient settings)	Deductible Only	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care	Deductible Only	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible Only	Deductible & 10% coinsurance	Deductible & 10% Coinsurance
Lab and Complex Imaging (MRI, CT and PET Scans)	Deductible Only	Deductible & Coinsurance	Deductible & Coinsurance
Teladoc	\$49, covered completely after Deductible		N/A
Durable Medical Equipment	N/A, Covered as Tier 2	Deductible & Coinsurance	Deductible & Coinsurance
Health Savings Account (HSA)	Nuvance Health contributes to the HSA: \$500 for Individual coverage, \$1,000 for employee plus family members. Contribution prorated if joining after January 1.		

Prescription Drugs

Generic	Deductible & 10% Coinsurance
Preferred	Deductible & 10% Coinsurance
Non-Preferred	Deductible & 10% Coinsurance

Finding an Aetna Provider

Our health plans give you access to a national network of doctors and hospitals. When you need to find in-network providers and facilities:

Step 1: Go to www.aetnaresource.com/n/Nuvance-Health

Step 2: Under "Provider Search", choose your employment category.

Step 3: You can log in as a plan member for best results, or continue as a guest.

Step 4: You can search for providers by location, specialty, plan, or other criteria. Providers are marked: Maximum Savings=Tier 1, Standard Savings=Tier 2.

Having problems? Call Aetna Member Services at 877-272-6374.

You can also search for Nuvance Health (Tier 1) providers at nuvancehealth.org.

Choosing a PCP

If you enroll in a medical plan from Nuvance Health and opt not to elect a primary care physician (PCP), you will pay a biweekly surcharge of \$46.15. New members may elect a PCP after receiving a medical plan ID card, and will have 60 days following their benefit eligibility to elect a PCP to avoid the surcharge.

Why do you need a primary care physician (PCP)?

All employees enrolled in our medical plans should select a primary care physician (PCP). A PCP is extremely important in making sure that your medical care is coordinated and you receive appropriate care. For the best experience, consider a Nuvance Health Provider Network PCP.

Finding and selecting your PCP:

The Aetna Member Website provides online tools to help you review claims, find providers and understand your plan and costs. You'll need to register at www.aetna.com.

Step 1: Go to www.aetna.com. Click **login** and follow the prompts to register for the first time. Or, if you have already registered, log in to your Aetna Account.

Step 2: Once logged into your secure account, click on **Find a Provider** under "Find Care and Pricing".

Step 3: Either search by name or click on **Primary Care Physicians** under "Popular Searches".

Step 4: Click on the name of the provider you want, and on the next screen click **Choose as Primary Care Physician**. *The election requires you select an individual provider, not a group.*

Step 5: You will be prompted to choose what member you would like the PCP assigned to; then select next. PCP is only required for the Nuvance Health employee, not dependents.

Step 6: Review the change and select **Confirm**. *The change will take up to 24 hours to display as indicated.*

- Providers in the Nuvance Health Provider Network are marked.
- Some PCPs are not accepting new patients or are only accepting existing patients. Please be sure to confirm if you are an existing patient if asked.
- Check that the system has accepted your election. Check your new ID card to be sure it captured your PCP correctly.

Step 7: Change your PCP at any time via the steps above.

Ways to save

Nuvance Health spends more than \$150 million each year to support employee health and benefits. We believe in shared accountability, and some of the tools we use to encourage choice are surcharges and credits.

Avoiding the primary care physician (PCP) election surcharge

If you enroll in a medical plan from Nuvance Health and do not elect a PCP, you will pay a biweekly surcharge of \$46.15. To avoid this, you must elect a PCP, as shown on page 10.

Avoiding the spousal surcharge

Does your spouse have coverage through their employer? If your spouse has group coverage available elsewhere and you enroll them in a medical plan from Nuvance Health through Aetna, you will pay a biweekly spousal surcharge of \$92.31. Spousal surcharge documentation must be updated each Open Enrollment to avoid the surcharge for the upcoming year.

Avoiding the tobacco surcharge

Employees on the medical plan who use any tobacco products will pay a biweekly tobacco surcharge of \$23.08 - tobacco includes cigarettes, cigars, e-cigarettes and chewing tobacco. You will be asked to attest to your tobacco status when you enroll in benefits.

If you use tobacco, you can still have the tobacco surcharge waived going forward, and receive a refund for amounts you've paid in the current plan year. To take advantage of this, complete a tobacco cessation program. You will be required to provide proof that you completed the tobacco cessation program. All surcharge amounts that are returned to you are deemed taxable income. To enroll in a smoking cessation program, visit www.resourcesforliving.com.

Earning the Vitive Health wellness premium credit

Your medical plan premiums are discounted when you make healthy choices and fulfill certain requirements. You'll have the chance each year to participate and earn the wellness credit. If you enroll mid-year as a new hire or newly eligible employee in a Nuvance Health plan through Aetna, you will earn the credit automatically for that year. The premium credit will show as a credit on your paystub. Visit the Vitive Health Wellness site at www.benefitsquest.com/nuvance-wellness-programs/ to learn more.



Health Savings Account

When you elect the Nuvance Health Consumer Plan, you can open a Health Savings Account (HSA). The HSA allows you to pay for qualified healthcare expenses with tax-free dollars in the short term – and to save for longer-term qualified medical expenses, including those in retirement.

The Fidelity HSA offers a range of investment options like CDs, bonds, mutual funds, ETFs and stocks. Call Fidelity at (800) 544-3716 for advice on choosing the right investment option for your situation.

Manage your HSA investments at:
[netbenefits.com](https://www.netbenefits.com).

Need to update your HSA election?
Visit www.mynuvancehealthbenefits.org

HSA's offer a number of benefits: not only qualified healthcare spending for the short-term, but also saving for longer-term qualified medical expenses, including those in retirement. Because an HSA is one of the most tax-efficient savings options available, consider contributing the maximum and paying for current health care expenses from other sources of personal savings. If you can afford to pay for current medical expenses from your person savings, consider investing a portion of your HSA assets that you can put aside for longer term health care expenses. Call Fidelity at 800-544-3716 for help determining how much to keep in cash for short-term medical expenses and suggestions on how to invest the rest.

Using an HSA:

- You may contribute up to \$3,150 for individual coverage and \$6,300 for family coverage pretax each year (in addition to the Nuvance Health contribution, below).
- If you are 55 or older, you may put an additional \$1,000 in your HSA.
- Unused funds roll over from year to year.
- Your HSA stays with you, even if you switch employers, change medical plans or retire.
- Rollovers to your Nuvance Health HSA from other HSAs and IRAs are permitted.
- Your money can earn interest – plus, you can enjoy investment options.
- You will be issued a debit card to use at point-of-service or online to pay for qualified medical expenses.

Nuvance Health contribution

Nuvance Health contributes \$500 for employee-only coverage, or \$1,000 if you cover dependents. Contributions are made once your Health Savings Account is opened, pro-rated by date of eligibility.

Eligible expenses

Eligible expenses include paying for:

- Qualified medical, pharmacy, dental and vision expenses for you, your spouse, or your tax dependents.
- Deductibles, coinsurance and copays.

- Some insurance premiums, such as:
 - COBRA healthcare continuation.
 - Healthcare coverage while receiving unemployment benefits.
 - Medicare and other health insurance if age 65 and older, not including Medicare Supplement.

You **cannot** use the funds for medical care you received before you opened the HSA.

To be HSA eligible

If you have an HSA, you must meet the following requirements:

- You are covered under a High Deductible Health Plan (HDHP) such as the Nuvance Health Consumer Plan
- You have no other medical coverage.
- You are not enrolled in Medicare Part A or B.
- You are responsible for all tax issues and reporting and should discuss with your tax advisor.
- If you participate for less than a full year, other rules may apply.
- Any Health Care FSA balance will move to a LPFSA as of January 1, when your HSA is opened (see page 16). You can use the remaining balance for Dental and Vision expenses only until March 15th. There will be no delay in the setup of your HSA.

For more information on HSA accounts, visit www.netbenefits.com or www.irs.gov/pub/irs-pdf/p969.pdf.

Prescription drugs

The prescription drug program provides you with coverage through CVS Caremark (CVS) if you are enrolled in one of the Nuvance Health medical plan options. See pages 8–9 for the costs to fill prescriptions.

Using the drug formulary to save

Nuvance Health uses the CVS/Caremark Value Formulary. The Value Formulary offers cost-effective prescription care with a focus on generic drugs and clinical programs to ensure proper prescription use and cost.

Generic drugs have the lowest cost for you. Your prescriptions should be automatically filled with the generic equivalent. If you buy a brand-name drug when a generic is available, you will pay an additional price – even if your physician prescribes the brand-name drug.

Formulary drugs are brand-name drugs that have been reviewed for price and effectiveness, and are offered by the plan at a lower cost than non-formulary drugs.

Non-formulary drugs are the most expensive brand-name drugs.

Specialty drugs are prescribed for rare conditions, and are often much more expensive than other drugs. You may need special approval before your plan will cover certain specialty drugs, and they should be obtained through CVS' Specialty Pharmacy or at SWC Pharmacy at Norwalk Hospital.

Provider Plan members get \$0 specialty drugs with PrudentRx*

Beginning in 2022, Provider Plan members can obtain copay assistance for eligible medications. Once enrolled in PrudentRx, you pay nothing out-of-pocket for medications on the specialty drug list

dispensed by CVS Specialty. *Certain exclusions apply.

Your enrollment in the program will start automatically if you are taking an eligible medication; you will need to call PrudentRx at 1 (800) 578-4403 to confirm enrollment or to ask questions.

To review the CVS formulary and learn about your drug costs, log into [caremark.com](https://www.caremark.com) with your personal account or visit [caremark.com/highvalueplan](https://www.caremark.com/highvalueplan) to view the formulary drug list.

Other Rx programs

Our program includes **step therapy**, which may require the use of a specific drug prior to permitting a more expensive drug.

Select **preventive drugs are covered at 100%** under your plan. If you are enrolled in the Consumer Plan, additional preventive drugs may also bypass your deductible. For a complete list of these drugs, log into your personal account at [caremark.com](https://www.caremark.com).

Order 90-day supplies of long-term (maintenance) medications to save money. CVS' maintenance list of medications can be obtained at any CVS pharmacy, through the CVS mail order, or at SWC Pharmacy at Norwalk Hospital and Walgreen's at Danbury Hospital.

Maintenance medications (except for first two fills for new medications) on CVS' maintenance list must be obtained at a 90-day supply.

Dental benefits

Delta Dental is our exclusive dental provider. You have two dental options: the Delta Dental Basic plan and the Delta Dental Plus plan.

Basic vs. Plus

Both dental plans share the same network of providers. The main difference is that the Plus plan has higher coverage and includes orthodontia benefits.

Seeing a dentist:

Under either plan you can receive care from any dentist you want. However, your cost will be lower if you see an in-network provider: participating dentists have agreed to discounted rates, and the plan reflects this.

When you choose a dentist outside of the Delta Dental PPO network, your out-of-pocket costs will be higher – and you may be subject to the dentist charging above and beyond what the plan allows.

You can locate participating in-network dental providers, check cost estimates, and see explanation of benefits (EOB) by visiting Delta Dental's website at:

www.deltadentalins.com.

Services (you pay)	Basic Plan	Plus Plan
Annual Deductible (Individual/Family)	\$100 / \$200	\$50 / \$100
Annual Overall Plan Maximum (per person)	\$1,500 <i>Preventive services do not count towards the plan maximum.</i>	\$1,750
Preventive Services (2 visits per person per calendar year)	No Charge <i>Deductible does not apply for preventive services.</i>	No Charge
Minor Restorative Services	You pay 25%	You pay 20%
Major Restorative Services	You pay 50%	You pay 40%
Orthodontia Coverage	No	Yes
Who is covered for Orthodontia?	N/A	Adults & Children To Age 26
Orthodontia Lifetime Maximum (per person)	N/A	\$2,000

For a more detailed plan summary, visit Delta Dental's website at www.deltadentalins.com.

Vision benefits

VSP is our exclusive vision provider. Whether your vision is 20/20 or less than perfect, everyone needs to take good care of their eyes. The VSP vision program is offered as a part of Nuvance Health's commitment to your wellbeing.

About the vision plan

The VSP vision program provides affordable, quality vision care, nationwide. Through VSP's provider network, you can obtain a comprehensive vision examination, as well as eyeglasses (lenses and frames) or contact lenses in lieu of eyeglasses.

All in-network providers will check your eligibility and submit claims for you. No card necessary. Simply tell the provider that you have VSP.

Carefully review the vision care program summary provided and consider whether it is right for your family.

You can call the VSP Customer Service Center for any questions you may have regarding providers or coverage, or visit the VSP website at www.vsp.com.

Services (you pay)	In-Network	Out-of-Network
Benefit Frequencies <i>for exams, lenses, and frames *</i>	Once per calendar year	Once per calendar year
Exam	\$10 copay	Up to \$48 reimbursement
Lenses		
Single	\$10 copay	Up to \$40 reimbursement
Bifocal	\$10 copay	Up to \$60 reimbursement
Trifocal	\$10 copay	Up to \$80 reimbursement
Lens Enhancements		
Standard Progressives	No charge	Up to \$60 reimbursement
Light-Reactive (Photochromic)	No charge	Not covered
Scratch-Resistance Coating	No charge	Not covered
Anti-Reflective Lenses	\$25 copay	Not covered
Frames	\$130 annual allowance	Up to \$64 reimbursement
Contact Lenses <i>in lieu of frames/lenses</i>		
Exam (fitting and evaluation)	\$10 copay	Up to \$60 reimbursement
Medically Necessary	No charge	Up to \$210 reimbursement
Elective	\$130 annual allowance	Up to \$105 reimbursement
Laser Vision Correction	Average of 15% off regular price or 5% off promotional price	N/A

* You cannot obtain both glasses and contacts in the same calendar year.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) can help you save money by letting you pay eligible out-of-pocket expenses with contributions deducted from your paycheck on a pre-tax basis. You can elect a Dependent Daycare FSA for daycare expenses and a Health Care FSA for healthcare expenses (or, if you are on the Nuvance Health Consumer Plan, a Limited Purpose FSA to cover dental, vision, and post-deductible medical expenses).

	Dependent Daycare FSA	Health Care FSA	Limited Purpose Health Care FSA (Nuvance Health Consumer Plan only)
What expenses can it pay for?	Supervisory care so you (and your spouse) can work or attend school. Eligible dependents include anyone who qualifies as a dependent for health plan purposes under IRS rules; children must be under age 13.	Healthcare expenses for you and your eligible dependents that are not paid for by your medical, prescription drug, dental and vision coverage.	Dental and vision expenses not reimbursed by an HSA, and medical expenses after your deductible has been met.
What about over-the-counter (OTC) medications?	Not covered	Covered	Covered
How much can I contribute?	Up to \$5,000*	Up to \$2,750*	Up to \$2,750*
Can I enroll if I have an HSA?	Yes: this account does not pay healthcare expenses	No, you cannot have an HSA and a Health Care FSA	Yes, this FSA is designed to complement an HSA
When can I access FSA funds?	You can only be reimbursed up to your current account balance	You can be reimbursed up to your total annual election amount at any time during the plan year	You can be reimbursed up to the total annual election amount at any time during the plan year
Can I enroll if I'm not in a Nuvance Health Medical Plan?	Yes	Yes	No: you must be on the Nuvance Health Consumer Plan and have an HSA
What is the deadline for submitting claims?	Each year, you can incur claims from January 1 through March 15 of the following year. You can submit these claims for reimbursement any time before March 31 of the following year (so all 2022 claims must be submitted by March 31, 2023).		
Do unused funds roll over?	No, funds not used by March 15 are forfeited	No, funds not used by March 15 are forfeited	No, funds not used by March 15 are forfeited

You cannot transfer funds from one FSA to another. You may be required to provide documentation to substantiate claims, failure to do so may result in suspension of your account. *Increases to FSA limits may be announced by the IRS after open enrollment; if you wish, you may increase your contribution at that time.

The Benefits Card

The benefits card makes using your FSA dollars easy: it works like any other debit card, deducting eligible expenses from your account. As long as the service provider accepts Visa®, there's no need to wait for reimbursement.

Your benefits card can help you avoid forfeiting unused FSA dollars, too. If you use the card between January 1 and March 15, it will automatically use prior year funds first before dipping into your current year funds.

You can use your benefits card to pay for prescribed and over-the-counter medicines. You do not need to submit a paper claim along with the proper documentation, such as a receipt and prescription.

Visit myFlexDollars.com or use the myFlexDollars mobile app for more information.

If you're new to the FSA, you'll receive two cards when you enroll. Additional cards are available for a fee.

If you're in the FSA now and plan to re-enroll, keep your existing benefits card. Enrolling will reactivate your account and card until its 3-year expiration date. If your card is expiring, you will automatically receive a new set.

Submitting claims for reimbursement

When not using the benefits card, you have several options for submitting expenses for reimbursement:

Website: myFlexDollars.com

Mobile: myFlexDollars mobile app

Fax: Send completed claim forms to (866) 406-6946 (claim forms are available at myFlexDollars.com)

Mail: Send completed claim forms and receipts to the Employee Benefits Service Center, 1200 Abington Executive Park, Clarks Summit, PA 18411

You will receive more information about reimbursement, including deadlines and direct deposit, after you enroll.

Save your receipts!

Save all your receipts for eligible medical and dependent daycare expenses, even when using the benefits card. Many of your expenses will be validated automatically at the point of sale, but the IRS may require you to verify that your expenses were health or dependent daycare related.



Teladoc is care where you are

Teladoc from Aetna offers U.S. Board-certified doctors, available 24/7/365, who can resolve many of your medical issues through phone or video consults. Set up your account today so when you need care quickly, a Teladoc doctor is just a call or click away.

Teladoc puts you face-to-face with a doctor from the comfort of your own home - perfect for when many common health issues don't merit a trip to urgent care or the ER. Doctors can prescribe some medications and diagnose many conditions.

When you need Teladoc

You wake up one morning with cold-like symptoms. You don't want to take time off from work, but you need care now. What can you do?

With Teladoc, you can talk to a doctor anytime for \$25 or \$49, depending on your plan.

Visit the Teladoc website at Teladoc.com/Aetna, log into your account and click submit.

You can also call Teladoc: 1-855-Teladoc (835-2362)

Set up your account

It's quick and easy online. Visit the Teladoc website at Teladoc.com/Aetna and provide the required information. You can also call Teladoc for assistance over the phone.

Request a consult

Visit the Teladoc website at Teladoc.com/Aetna, click "Talk to a Doctor" and provide the required information. You can also call 1-855-Teladoc (835-2362).

Provide medical history

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

- **Online:** Log into Teladoc.com/Aetna and click "My Medical History".
- **Mobile app:** Log into your account and complete the "My Health Record" section. Visit Teladoc.com/mobile to download the app.
- **Call Teladoc:** Teladoc can help you complete your medical history over the phone.

Wellness programs

Nuvance Health offers a variety of wellness programs that go beyond our core health plans: programs that can help you whether you're living with a serious health condition or looking for ways to take control of your wellbeing.

Take charge with Vitive Health

The popular Vitive Health wellness program lets you earn points towards a discount on your medical plan premiums by taking healthy steps like eating right and quitting tobacco. Get started at www.benefitsquest.com/nuvance-wellness-programs.

Get guidance from our Nurse Navigator

Meet a registered nurse who works directly with Nuvance Health employees dealing with newly diagnosed or chronic conditions. The Nurse Navigator can answer questions about health plan options and help you find the services you need. Call (203) 739-7589, or email: employeenursenavigator@nuvancehealth.org.

Manage your condition with Health Smart

Health Smart is a voluntary program offered to employees and their spouses living with **diabetes, hypertension, hyperlipidemia or tobacco use**. It offers value-based benefits for these conditions and lifestyle risks. Eligible participants can receive:

- No-cost generic drugs to treat diabetes, hypertension, hyperlipidemia and tobacco use
- No cost (\$0 copay) for office visits related to treat diabetes, hypertension and hyperlipidemia
- Smokers receive a free 6-week smoking cessation program
- If you're living with diabetes, an annual foot and eye exam is covered by the medical plan. Diabetes education and

nutrition counseling are available through Vitive Health and hospital programs

To be eligible for Health Smart:

- **You must enroll in the Nuvance Health Provider Plan to participate.**
- **Complete a health assessment every year**
 - You may complete the Aetna Health Risk Assessment (HRA) at any time during the year and your coverage will be updated to the Health Smart plan within two weeks of completion.
 - **Open Enrollment:** For 2022 Health Smart coverage, complete the HRA before December 1, 2021.
- **Complete a health coaching session with Vitive Health every year.** A health coaching session is a 30 minute telephonic session, though you can have multiple sessions with a coach.
 - The Employee or Spouse with eligible diagnosis must initiate a coaching session on Sterling Wellness platform prior to October 2022 if hired before September 2022; if hired after September 2022 this requirement is waived and must be completed the following year

Review the program and your situation in detail before you elect your medical plan.

You cannot participate in the Health Smart plan if you enroll in the Consumer Plan. If you enroll in the Provider Plan, you will receive additional details about the program requirements at the close of your enrollment period.

The specific requirements of this program may be amended at the discretion of Nuvance Health at any time for any reason.

Life insurance coverage

Nuvance Health provides all benefits-eligible employees with life insurance by Lincoln Financial Group at no cost to you, to support you and your family should the worst occur. You may also be able to purchase additional coverage for yourself and your dependents.

Basic Life Insurance and AD&D

All eligible employees are automatically enrolled in Basic Life and Accidental Death and Dismemberment (AD&D) insurance at no cost. AD&D will pay a benefit that matches your life insurance coverage benefit amount when death occurs as a result of an accident or will pay a partial benefit for dismemberment.

Nuvance Health Life Insurance Benefit:

The benefit pays one-and-a-half times your annual base pay, up to a maximum of \$750,000. This benefit decreases by 50% at age 70.

You can choose to limit your coverage amount to \$50,000 in order to avoid imputed income taxes.

Please ensure that your beneficiaries are up to date.

This benefit ends when you leave Nuvance Health; however, Basic Life Insurance can be converted to an individual policy within 31 days from the benefit end date. Contact the Employee Benefits Center at (800) 307-0230 for additional information.

If you are a physician or part of an executive or leadership group, your life and disability benefits may be different than those above.

A note about imputed income taxes

The federal government limits the amount of tax-exempt employer provided life insurance to \$50,000 of coverage. Therefore, any coverage amount over \$50,000 results in what is called "imputed income." The government determines the value of the imputed income amount based on age related rates, and that value is taxed accordingly.

For example, if your base salary is \$40,000 and your employer-provided life insurance is equal to \$60,000 (one-and-a-half times your base pay), then \$10,000 (the amount over \$50,000) will be considered imputed income. A government-determined value of this amount will be taxable to you.

To learn more about taxes on imputed income, visit the IRS website at [IRS.gov](https://www.irs.gov).



Supplemental Coverage for Nuvance Health Employees

Supplemental Life Insurance

Nuvance Health employees may purchase additional amounts of life insurance on an after-tax basis. You may purchase supplemental life insurance equal to one to eight times your annual base salary, up to a maximum benefit of \$1,500,000.

Newly eligible employees may elect up to three times your annual base salary, to a maximum of \$750,000, without having to provide evidence of insurability during initial eligibility.

Dependent Life Insurance

Dependent life insurance coverage provides benefits if a covered family member dies. Nuvance Health employees may elect spouse life insurance in the amount of \$10,000, \$25,000 or \$50,000. You can also purchase \$2,000 or \$5,000 in coverage for each of your dependent children.

Dependent life insurance for your spouse cannot exceed the amount of your basic life and supplemental life insurance. For example, if your combined life insurance and supplemental life insurance is \$50,000, the dependent life insurance for your spouse may not exceed \$50,000.

Evidence of insurability

Depending on the amount of supplemental life insurance you elect, you may need to provide Evidence of Insurability (EOI):

- If the option you select results in more than three times your annual base salary, or \$750,000, of supplemental life insurance
- In the future, if you elect to:
 - increase your supplemental life insurance to more than one level above your current level.
 - increase your supplemental life insurance option and the amount of supplemental life insurance is more than three times your annual base salary, or \$750,000.

If EOI is required, you will receive a form to complete or EOI can also be submitted on mylincolnportal.com. You will be notified once approved and the new coverage will be effective the 1st day of the following month.

For Spouse Life coverage, Evidence of Insurability is required if you elect to:

- Increase your spouse life insurance to greater than \$25,000.
- Increase your spouse life insurance to more than one level above your current level.

You will receive any necessary forms for your spouse to complete. You will be notified once approved and the higher level of coverage will be effective the 1st day of the following month.

You do not need to provide Evidence of Insurability for child life insurance. The premium you pay for child life insurance is the same regardless of how many children you cover.

Disability coverage

All Nuvance Health benefits eligible employees are provided with salary protection at no cost to you if you become disabled. Disability protection is divided into short term disability (if you are disabled for fewer than 180 days) and long term disability (180 days or more). The Family and Medical Leave Act (FMLA) entitles eligible employees to take unpaid, job-protected leave for specified family and medical reasons.

Short term disability (STD)

Employees are eligible for short term disability coverage, provided by Lincoln Financial Group.

STD coverage protects your income should you become injured off-the-job or ill and are unable to work. If you become disabled, STD benefits begin on the 8th calendar day and pay you a benefit of 60% of your salary up to \$1,000 per week for up to 26 weeks (including the 7-day waiting period). PTO does not accrue while short term disability benefits are paid.

Short term disability buy-up plan

Since everyone's needs are different, Nuvance Health provides you with the opportunity to purchase additional coverage under a buy-up STD plan, providing you a higher level of STD coverage.

The STD buy-up benefit is 75% of your basic weekly earnings up to a maximum of \$2,000 per week.

Transitioning to long term disability (LTD)

Should you continue to be disabled after your STD benefits end, you will not be required to complete a new disability application for LTD benefits to avoid any gap in coverage.

Long term disability (LTD)

LTD coverage may begin after your STD benefits end with no gap in coverage.

If you are approved for benefits, the plan will provide for lost wages in the event that you are unable to work due to sickness or an off-the-job injury. You receive a portion of your income up to a monthly maximum based on your position and salary.

For disability that occurs before the age of 60, approved LTD benefits will continue until the greater of Social Security Normal Retirement or age 65, or until your disability ends (but not less than five years). In the event that the disability occurs after age 61, LTD benefits may extend beyond the Social Security Normal Retirement Age.

Long term disability buy-up plan

You may be offered a buy-up option during your enrollment period based on your position and salary. This allows you to purchase additional coverage. You will see your options on the enrollment portal.

Note: Your LTD may be reduced by the amount of other income replacement benefits you receive for the same disability, such as Social Security or Workers' Compensation.

Employee Assistance Program

You and your family have access to simple solutions to help you cope with stress and life challenges through Resources For Living. Nuvance Health offers these services at no cost to you.

Aetna's Resources for Living program is a confidential, no-cost resource available to you and your family.

Emotional or Work-Life Counseling helps address stress, relationship or other personal issues including: job pressures, stress, anxiety and depression, substance abuse, relationship/marital conflicts, work/school disagreements and more.

Financial Information and Resources provide support for the complicated financial decisions you or your family members may face.

Legal Support and Resources offers assistance if legal uncertainties arise.

If you need help, just call anytime, 24 hours a day, 7 days a week to speak with a professional counselor. Resources for Living services are free and confidential for up to 8 sessions per issue.

Find out how much a little talk can help by calling (800) 962-9841 or go online to:

www.resourcesforliving.com

User name: Nuvance
Password: eap

Peer support with PACT

Care for others is more than a career, it's a calling. Errors, deaths, workplace violence and public health events can lead to trauma and stress – which is where PACT, the Provider/Associate Care Team, comes in.

When you need support from a peer who understands, call the hospital operator and request PACT Peer Support on Call.

Tuition Reimbursement Program

Nuvance Health is committed to providing support to employees so they may further their education and professional growth.

Nuvance Health offers a Tuition Reimbursement Program that provides financial assistance to employees who take coursework in approved degree or certification programs in accredited institutions of higher learning – including approved distance learning programs.

Nuvance Health provides up to \$4,500 per calendar year for full-time employees and \$2,250 for part-time benefit eligible employees. Additional reimbursement is available to RNs pursuing a Bachelors or Masters in Nursing. For more information, refer to the Tuition Reimbursement Program policy or contact the Employee Benefits Center at (800) 307-0230.

For employees who are subject to a collective bargaining agreement (CBA), please refer to your CBA for specific tuition reimbursement allowances and provisions.



Voluntary supplemental medical benefits

Medical insurance, no matter how comprehensive, does not prevent all the financial strain of a serious illness, injury, or hospital stay. Supplemental medical benefits can help cover additional out-of-pocket financial costs. The benefits are paid directly to you, allowing you to use the funds however you choose, even if you have other insurance.

Critical illness insurance

Critical Illness Insurance reduces the financial impact of a major illness, such as a heart attack, stroke or cancer. The policy pays a lump sum benefit directly to you if you or a covered family member is diagnosed with a covered condition. You choose the benefit amount when you enroll.

You can use this benefit to cover deductibles and coinsurance, pay for expenses your family incurs to be by your side, or simply to replace lost earnings from being out of work.

Accident insurance

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident Insurance pays benefits to you or your covered dependents for specified injuries and treatments resulting from a covered accident.

The plan covers accidents that occur both on and off the job, so you have 24-hour coverage. The amounts paid depend on the type of injury and the care received. Benefits are available for things like: surgery, physical therapy, lacerations, burns and similar injuries and care.

Hospital indemnity insurance

Even with medical insurance, a hospital stay can cost you thousands of dollars. Hospital Indemnity Insurance pays a benefit directly to you if you or a family member receives hospital care.

You receive a benefit for being admitted to the hospital and then for each day you're confined. Additional benefits are paid based on the type of services you receive.

Benefits can be used to offset deductibles, coinsurance and other out-of-pocket expenses.

To enroll due to a life event or during Open Enrollment, visit:

www.mynuvancehealthbenefits.org

When you enroll in these voluntary benefits, they renew automatically each year unless you cancel them.

To cancel a benefit, contact The Farmington Company at (800) 621-0067, M-F, 8am-5pm and select #3.

Nuvance Health does not sponsor or manage these benefits. The policies on this page or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable.

Income protection and other benefits

The supplemental benefits on this page can protect your family's financial wellbeing in the face of the unexpected, whether major or minor.

Permanent Whole Life Insurance

Permanent Life Insurance completes your Life Insurance protection by providing a benefit to your loved ones that they can use to cover your final expenses such as funeral costs, shared credit card debt and unpaid medical bills.

Permanent Life is 100% portable and premiums are guaranteed. This means you can take the benefit with you if you change jobs or retire, and the cost and coverage remain the same.

You can purchase coverage for yourself, your spouse, and your children. Coverage is guaranteed issue – no proof of good health required – if you enroll when you are first eligible.

Home & Auto Insurance

This program offers discounted coverage for your car, boat, motorcycle, home, condo, recreational vehicle and other possessions. Rates are based on your personal history. Safe driver, good student and anti-theft device discounts may also be available.

Pet Insurance

Your pet needs regular veterinary care to stay healthy. Pet Insurance reimburses eligible veterinary expenses relating to accidents, illnesses, and injuries for dogs, cats, birds and several exotic pets. Optional wellness protection coverage is also available for routine preventive exams and services. Premiums are based on the age, species and breed of your pet. Coverage includes the option to use your preferred vet and 24/7 access to a vet helpline.

Identity Theft Protection

Identity Theft Protection provides comprehensive, proactive identity theft monitoring and recovery assistance. By constantly monitoring your personal and financial data, this service catches fraud early and helps you act quickly to limit the damage of stolen information.

Legal Plan

Affordable legal assistance can sometimes be difficult to find. With the Legal Plan, you have access to comprehensive legal assistance, advice and representation on many legal needs, including wills and estate planning documents, real estate matters, traffic offenses, adoptions and debt collection defense.

Employee discounts through BenefitHub

Receive savings on everything from electronics to travel, to deals on tickets, food, auto insurance and much more!

1. Go to nuvance.benefithub.com
2. Click on create account.
3. Complete the form and start saving

Questions? Call (866) 664-4621 or email customercare@benefithub.com.

Nuvance Health does not sponsor or manage these supplemental benefits. The policies on this page or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable.

Nuvance Health 401(k) Plan

It's never too early to start planning for the future, and the Nuvance Health 401(k) Plan is a great place to begin. You set your contribution amount and decide how to invest to help you meet your retirement goals. You can enroll on Fidelity NetBenefits at www.netbenefits.com or call (800) 343-0860. To use the EasyEnroll feature and enroll in about 60 seconds, go to www.netbenefits.com/easy.

Automatic enrollment

If you do not proactively enroll in the Nuvance Health 401(k) Plan, you will be automatically enrolled at a pre-tax rate of 6% 45 days after your hire date. Your contributions will be invested in the Plan's default fund, one of the Capital Group Target Date Retirement TrustSM (US) Class U2 funds.

Your contributions

You can contribute from 1%–100% of your eligible pay as pre-tax, after-tax or Roth contributions, or a combination, up to the annual IRS dollar limits.

- As of 2022, the annual contribution limit is \$19,500. If you are age 50 or older by December 31, 2021 you may also be eligible to contribute an additional \$6,500 in 2021. The IRS has the option to revise these limits each year.
- You can choose to increase your retirement savings plan contributions automatically each year through the optional Annual Increase Program.
- **Nuvance Health will match 100% of the first 6% of employee contributions you make to the Plan.**

A Roth contribution to your Plan allows you to make after-tax contributions and take any associated earnings completely tax-free at retirement under qualified circumstances.

When you are vested

You are immediately 100% vested in your own contributions to your account, as well as any earnings on them.

- You will be 100% vested in Nuvance Health's matching contributions when you complete three years of continuous service.

Investing

The Plan offers you a range of options to help you meet your investment goals. Select a mix of investment options that suits your goals, time horizon, and risk tolerance. The Plan's investment options and performance are available online at www.netbenefits.com.

A Fidelity Retirement Planner is available to help: call (800) 642-7131 to schedule a complimentary appointment, or register at: www.fidelity.com/reserve.

Employees covered under a collective bargaining agreement (CBA) should refer to their CBA for specific details regarding contributions and plan provisions.

Laws and Notices

Notice regarding wellness program

The Nuvance Health Wellness Program Vitive Health™ is a voluntary wellness program available to all full time, part time and per diem employees of Nuvance Health, excluding Health Quest collectively bargained employees. 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 assessment or "assessment" 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 consisting of a 38 panel blood screening, a comprehensive metabolic panel (CMP), a complete blood count (CBC), a full lipid profile and an A1c test. It will also include taking your blood pressure (BP), waist and body mass index (BMI). The assessment and biometric screening are both administered by Sterling Wellness, Nuvance Health's program vendor. You are not required to complete the assessment or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program and who are enrolled in the Nuvance Health plan in 2022 will receive a \$400 incentive credit towards your annual health plan premium for completing a Health Assessment (questionnaire) and Health Screening (biometric screening) by October 22, 2021. Although you are not required to complete the assessment or participate in the biometric screening, only those who do so will receive the \$400 credit toward their 2022 health plan premium (unless they are hired on or after September 1, 2021). Additional incentives of up to \$200 may be available for employees who participate in certain health-related activities sponsored by Nuvance Health (e.g. events, seminars, fitness activities, eCourses and challenges).

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. If you require a Reasonable Accommodation due to a qualifying disability as defined by the Americans with Disabilities Act "ADA" as amended, "ADA AA" and the Rehabilitation Act of 1973, as amended "Rehabilitation Act," please contact Sterling Wellness at 1.800.838.0337 for options available to you. They will work with you to find a wellness program with the same reward that is right for you in light of your health status.

The information from your assessment 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 a personalized results report, immediate intervention outreach, condition management coaching, opt-in health coaching and an interactive web portal including online challenges and eCourses. 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 Sterling Wellness and The Nuvance Health Wellness Program Vitive Health™ may use aggregate information it collects to design a program based on identified health risks in the workplace, Sterling Wellness will never disclose any of your personal information either publicly or to your 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. The only individual(s) who will receive your personally identifiable health information is the health management team at Sterling Wellness, including its RNs, MDs, health coaches, and Reasonable Alternative Standard Administrators in order to provide you with services under the Program. Any other disclosure of your personal health information must be authorized by you in writing.

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 Nuvance Health Benefits Hotline at benefits@nuvancehealth.org or (203) 739-8181.

HIPAA special enrollment rights

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

other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the health coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption,

you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

Section 111

Effective January 1, 2009 Group Health Plans are required by Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability

of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health Plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age or older. Please be prepared to provide

this information on your Benefit Enrollment Form when enrolling into benefits.

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

The Newborn's and Mother's Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and insurers may not, under Federal law, require that a provider obtain authorization from the plan or the insurer for prescribing a length of stay not more than 48 hours (or 96 hours).

PATIENT PROTECTION:

If the Group Health Plan generally requires the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in the network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior

authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating healthcare professionals who specialize in obstetrics or gynecology, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

Mental Health Parity Act Of 1996 (MHPA)

The Mental Health Parity Act of 1996 provided that a healthcare plan or policy may not provide separate lower annual or lifetime dollar maximums (considered financial maximums) on mental health benefits as compared to medical benefits. With the passage of the Emergency Economic Stabilization Act and its inclusion of the Mental Health Parity and Addiction Equity Act of 2008 (Mental Health Parity Act or MHPA), the original act was extended to include the same provisions for

substance abuse disorders, not just mental health disorders. Further, the MHPA also disallows more restrictive treatment limitations (number of covered office visits, inpatient days of coverage, etc.) for both disorders.

Premium Assistance Under 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, 2021. Contact your State for more information on eligibility.

ALABAMA, Medicaid
myalhipp.com/
1-855-692-5447

Email: hipp@dhcs.ca.gov

ALASKA, Medicaid
The AK Health Insurance Premium Payment Program: myakhipp.com/
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
1-866-251-4861

COLORADO, Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+) www.healthfirstcolorado.com/
Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: www.colorado.gov/pacific/hcpf/child-health-plan-plus
1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): www.colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: 1-855-692-6442

ARKANSAS, Medicaid
myarhipp.com/
1-855-MyARHIPP (855-692-7447)

CALIFORNIA, Medicaid
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322

FLORIDA, Medicaid
www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html
1-877-357-3268

GEORGIA, Medicaid
medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
1-678-564-1162 ext 2131

INDIANA, Medicaid
Healthy Indiana Plan for low-income adults 19-64
www.in.gov/fssa/hip/
1-877-438-4479
All other Medicaid
www.in.gov/medicaid/
1-800-457-4584

IOWA, Medicaid and CHIP (Hawki)
Medicaid Website: dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: 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

KANSAS, Medicaid
www.kdheks.gov/hcf/default.htm
1-800-792-4884

KENTUCKY, Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov

LOUISIANA, Medicaid
www.medicicaid.la.gov or www.ldh.la.gov/lahipp
1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE, Medicaid
Enrollment Website: www.maine.gov/dhhs/ofl/applications-forms
1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium
www.maine.gov/dhhs/ofl/applications-forms
1-800-977-6740. TTY: Maine relay 711

MASSACHUSETTS, Medicaid and CHIP
www.mass.gov/eohhs/gov/departments/masshealth/
1-800-862-4840

MINNESOTA, Medicaid
mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp
1-800-657-3739

MISSOURI, Medicaid
www.dss.mo.gov/mhd/participants/pages/hipp.htm
573-751-2005

MONTANA, Medicaid
dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
1-800-694-3084

NEBRASKA, Medicaid
www.ACCESSNebraska.ne.gov
1-855-632-7633 Lincoln:
1-402-473-7000
Omaha: 1-402-595-1178

NEVADA, Medicaid
Medicaid Website: dhcnp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE, Medicaid
www.dhhs.nh.gov/oii/hipp.htm
603-271-5218
Toll-Free: 1-800-852-3345, ext 5218

NEW JERSEY, Medicaid and CHIP
Medicaid: www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid 609-631-2392
CHIP: www.njfamilycare.org/index.html
CHIP 1-800-701-0710

NEW YORK, Medicaid
www.health.ny.gov/health_care/medicaid/
1-800-541-2831

NORTH CAROLINA, Medicaid
medicaid.ncdhhs.gov/
1-919-855-4100

NORTH DAKOTA, Medicaid
www.nd.gov/dhs/services/medicalserv/medicaid/
1-844-854-4825

OKLAHOMA, Medicaid and CHIP
www.insureoklahoma.org
1-888-365-3742

OREGON, Medicaid
<http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
1-800-699-9075

PENNSYLVANIA, Medicaid
www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
1-800-692-7462

RHODE ISLAND, Medicaid and CHIP
www.eohhs.ri.gov/
855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH CAROLINA, Medicaid
www.scdhhs.gov
1-888-549-0820

SOUTH DAKOTA Medicaid
dss.sd.gov
1-888-828-0059

TEXAS, Medicaid
gethipptexas.com/
1-800-440-0493

UTAH, Medicaid and CHIP
Medicaid: medicaid.utah.gov/
CHIP: health.utah.gov/chip
1-877-543-7669

VERMONT, Medicaid
www.greenmountaincare.org/
1-800-250-8427

VIRGINIA, Medicaid and CHIP
www.coverva.org/en/famis-select
www.coverva.org/en/hipp
Medicaid: 1-800-432-5924
CHIP: 1-800-432-5924

WASHINGTON, Medicaid
www.hca.wa.gov/
1-800-562-3022

WEST VIRGINIA, Medicaid
mywvhipp.com/
1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN, Medicaid and CHIP
www.dhs.wisconsin.gov/badger-careplus/p-10095.htm
1-800-362-3002

WYOMING, Medicaid
health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, 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

Medicare D Notice

Important Notice from Nuvance Health About Your Prescription Drug Coverage and Medicare

If you are covered by Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Nuvance Health 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. Nuvance Health has determined that the prescription drug coverage offered by CVS/Caremark 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 through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also

be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current Nuvance Health coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Nuvance Health coverage, be aware that you and your dependents may 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 Nuvance Health 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 Nuvance Health for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Nuvance Health changes. You also may request a copy of this notice at any time.

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

The Health Insurance Marketplace

Coverage options and your health coverage

Beginning October 1, 2013, you can buy health insurance through the new Health Insurance Marketplace. Although anyone can buy Marketplace coverage, not everyone can receive help paying for their coverage. To help you review your options, this notice provides basic information about the new Marketplace and the healthcare coverage offered by your employer.

What is the Health Insurance Marketplace?

Using the Health Insurance Marketplace, you can shop for a health plan that best meets your needs and also fits your budget. However, instead of selling goods and services, this Marketplace exclusively offers individual health insurance plans. You can apply for Marketplace coverage online, by phone, or by submitting a paper application via mail or in-person at a Certified Application Counselor Organization in your area.

Can I get help paying for coverage in the Marketplace?

You can get help paying for health insurance you buy through the Marketplace if:

- You are not eligible for health coverage through your employer, OR
- You are eligible for health coverage through your employer, but it doesn't meet certain standards, AND
- Your household income is between 100% and 400% of the Federal Poverty Level.

Does employer health coverage impact whether or not I can receive help paying for coverage in the Marketplace?

YES. If you are eligible for healthcare coverage through your employer, and that coverage meets all of the required standards, then you cannot receive help paying for your coverage. If you fall into this category, consider the following before heading out to the Marketplace:

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).

November 1, 2020
Nuvance Health Total Rewards
100 Reserve Road
Danbury, CT 06810

- You will pay 100% of the cost for Marketplace coverage, regardless of your household income.
- Any employer contribution that helped to reduce your cost for health coverage will be lost if you elect Marketplace coverage.
- You will also lose the tax savings that are tied to coverage you elect through your employer. You pay for employer-provided coverage on a pre-tax basis (i.e. before certain taxes are calculated). Marketplace coverage is paid for with after-tax dollars.

How can I get more information?

On Employer Coverage: Information regarding the Nuvance Health Benefits Program is posted online at mynuvancehealthbenefits.org. Visit the Library section of the website to learn more today! You may also call the Nuvance Health Benefits Hotline at (203) 739-8181 option 1. On Marketplace Coverage: Visit healthcare.gov or call the Marketplace Call Center at (800) 318.2596.

Information about health coverage offered by your employer

This section contains information about the health coverage offered by your employer. You will be asked to provide this information if you apply for coverage through the Marketplace. The information below is numbered to correspond with the Marketplace application.

Nuvance Health
EIN: 83-4214573
100 Reserve Road
Danbury, CT 06810
203-739-8181 option 1
Benefits@NuvanceHealth.org

