

2025 Benefits Guide



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 36 for more details.

 **Nuvance
Health™**

Contact information

Benefit	Vendor	Telephone	Web and More
Eligibility, Enrollment, Qualifying Life Events and COBRA	The Employee Benefits Center	(844) 688-2367 (844) NUV-BENS	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	RxBenefits	(800) 334-8134	email: customercare@rxbenefits.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	(844) 688-2367	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
Health Coaching	Vida		vida.com/Nuvance
Employee Assistance Program (EAP)	Spring Health	(855) 629-0554	nuvancehealth.springhealth.com Mon.-Fri. 8 am-11 pm
Tuition Reimbursement Program	Contact the Employee Benefits Center	(844) 688-2367	
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	nuvancehealth.sharepoint.com/sites/wellbeing
Retirement Savings Plans	Fidelity	(800) 343-0860	www.netbenefits.com
Pension	Principal Financial Group	(800) 547-7754	contract # 716977 – WCHN/PHC contract # 632888 – VBMC
Voluntary Benefits (outside of Open Enrollment, contact vendors directly with questions)			
Voluntary Benefits	The Farmington Company	(877) 290-3945	
Critical Illness, Hospital Indemnity, Accident	Aetna	(800) 607-3366	www.myaetnasupplemental.com
Whole Life with Long-Term Care	Allstate	(800) 521-3535	https://www.allstate.com/allstate-benefits/main.aspx
Legal	MetLife Legal	(800) 821-6400	www.members.legalplans.com
Home and Auto	Farmers GroupSelect SM	(800) 438-6381	www.farmers.com/groupselect
Pet Insurance	MetLife	(800) 438-6388	metlife.com/getpetquote
Identity Theft	Allstate Identity Protection	(800) 789.2720	www.myaip.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 (844) 688-2367.			

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SCAN ME



Benefits
Overview

Have an HR question?

The Human Resources Service Center is available to help when you need answers on Employee Benefits, Leaves, General HR Questions, Talent & Development, and more.

Call (203) 739-7766
Monday - Friday, 10 am - 3 pm, EST

Submit a ticket on The Hub
The Hub>HR Tools & Resources>HR Service Center

It's important to review and update your personal information within MyHR in Infor on an annual basis. You now have the ability to provide additional demographic information, including Sex/Gender, Race/Ethnicity, Languages and Education. Employee demographics help guide our policies, practices and diversity, equity and inclusion efforts throughout the system.



Welcome to your benefits

At Nuvance Health, we hold ourselves to a high standard when it comes to delivering services to patients, and we hold ourselves to that same standard when delivering benefits to our employees. We are committed to offering a wide variety of benefits selected with you and your family in mind.

Health

- Medical, dental, and vision coverage
- Health Care Flexible Spending Account
- Dependent Daycare Flexible Spending Account
- Limited Use Flexible Spending Account
- Health Savings Account
- 401(k) retirement plan

Work/Life

- Tuition Reimbursement
- Wellness Programs
- Employee Assistance Program
- Employee Discounts

Income Protection

- Critical Illness
- Hospital Indemnity
- Accident Insurance
- Whole Life with Long Term Care
- Identity Theft Protection
- Life and Disability Insurance
- Legal Insurance
- Pet Insurance
- Home and Auto Insurance

Want to know more?

Find details on all the benefits at benefitsgo.com/nuvance. You can also call the Employee Benefits Center at (844) 688-2367 with any questions.

You can also opt-in to receive text updates about your benefits by texting **nuvance** to (855) 513-1284.

While every effort has been made to ensure accuracy of this benefits guide, the plan documents and contracts will prevail in case of discrepancy between this guide and the plan documents and contracts. In addition, the company reserves the right to modify or terminate any benefit plans at any time.

The information in this booklet affecting benefits that are part of the Nuvance Health health and welfare plan constitutes a Summary of Material Modifications (SMM) of the Nuvance Health health and welfare plan Summary Plan Description ("SPD") document. Effective January 1, 2025, this benefits guide, along with a copy of the SPD document, will comprise the full SPD. Please retain this guide for reference. If you have questions or need to request a hard copy of the SPD, please contact the Employee Benefits Center at (844) 688-2367.

Enrolling in benefits

There are three ways to enroll

1. Online Enrollment Self-Service (any eligible period)

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

2. Onsite Enrollment Cafe (Open Enrollment only)

Need help? Get questions answered and make your elections on a laptop with onsite counselor support. No appointment is necessary – walk-ins are welcome. Find times and locations at benefitsgo.com/nuvance.

3. Telephone Enrollment (any eligible period)

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

Open Enrollment is held in the Fall

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

Adding a dependent for the first time? Required for newly added dependents only, documents should be uploaded during the enrollment process or faxed to the Employee Benefits Center at (866) 406-6946.

Enrolling a spouse? Complete the spousal affidavit and upload any required documentation to nuvancehealthbenefits.org, or fax it to the Employee Benefits Center at (866) 406-6946.

Select/confirm your life insurance beneficiaries

During Open Enrollment, you must select/update beneficiary information for your life insurance. Beneficiaries can also 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)

** 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.*

Passwords are reset annually for Open Enrollment.

For help with your benefit choices:

- During Open Enrollment, call (855) 720-9933, M – F, 9 am – 6 pm (ET), to enroll with a benefits counselor.
- During the year, call the Employee Benefit Center at (844) 688-2367.

Who's eligible for benefits?

Employee eligibility

All permanent FT and PT 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.

Eligible dependents include:

Your legal spouse or dependent child(ren). Eligible dependent children will be covered through the end of the month in which they turn age 26. *Domestic partners are not eligible.*

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.

When can I enroll?

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

When do benefits start?

Medical, Dental, Vision, Flexible Spending Accounts, Health Savings Account, Life/AD&D, STD and LTD begin on the first of the month following your date of hire or employment status change. The waiting period for Residents or Fellows is waived, with the exception of LTD. For elections made during Open Enrollment, benefits are effective January 1 through December 31 of the following year. Voluntary benefits (pages 29-30) begin on the first of the month following 30 days from your date of hire or employment status change.

Can I change my benefits?

You cannot change your benefit elections until the Open Enrollment event in the fall unless you experience a qualifying life event such as death, marriage, divorce, birth or adoption of a child, termination or commencement of benefits, open enrollment of spouse's coverage or eligibility for Medicare or Medicaid, etc.

You have 31 calendar days following a QLE (60 days if due to a Medicaid or CHIP eligibility change) to make coverage changes. Coverage begins retroactively on the day of the event.

Documentation Required for Newly Enrolled Dependents

Documents must be submitted within 31 calendar days from the new hire benefit eligibility date or qualifying life event.

Foreign language documents must include a written translation in English along with a stamp and mark of a registered translator.

For newly added dependents or spouses, documents can be uploaded to nuvancehealthbenefits.org or faxed to the Employee Benefits Center at (866) 406-6946. For spouses, you must complete and upload the spousal affidavit. Spousal surcharge documentation must be updated each Open Enrollment to avoid the surcharge for the upcoming year.

Dependent	Documents You Will Need
Spouse	<p>If married, submit a copy of:</p> <ul style="list-style-type: none"> Your marriage 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 listed as an eligible dependent. 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. 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 or spouse 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 medical plans: the **Nuvance Health Provider Plan** and the **Nuvance Health Consumer Plan**. Both plans give you the option of seeking care in- or out-of-network.

Nuvance Health Provider Plan

You pay the least for providers and facilities within the Nuvance Health Provider Network.

Premiums 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.

The PrudentRx copay assistance program helps you with the cost of certain specialty medications covered under your medical plan.

Nuvance Health Consumer Plan

You usually pay less at providers and facilities within the Nuvance Health Provider Network.

Premiums 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.

In both plans, deductibles are waived for preventive services.

You can enroll in a Health Care Flexible Spending Account (FSA), and **contribute up to \$3,200** tax-free on a use-it-or-lose-it basis. You are not eligible for a Health Savings Account.

You can open a **Health Savings Account (HSA)** to pay for eligible healthcare expenses. See page 13 for details.

For 2025, you may **contribute up to \$4,300 for individual coverage** and **\$8,550 for family coverage** pretax each year (including any Nuvance Health contribution, below). If you are 55 or older, you can **contribute an additional \$1,000**.

Nuvance Health contributes a certain amount to your HSA based on salary. See page 13 for details.

Participants in an HSA may not enroll in a Health Care FSA. However, you have the option to enroll in a Limited Purpose FSA along with your HSA.

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 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 11 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, there is no deductible to meet. 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 \$1,650 deductible (*under individual coverage*) before care is covered 100%. For care at an Aetna network facility, on the other hand, the *individual deductible* is \$2,100—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

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

deductible

The amount you need to pay out of your pocket for covered health expenses before your plan begins paying a percentage of your costs.

Deductibles work differently depending on your plan:

Provider plan: If you enroll family members, each person has their own individual deductible. The plan begins paying benefits for a person once they have met their own deductible, or once the family as a whole has met the family deductible. This is an **embedded deductible**.

Consumer plan: Your deductible depends on whether you elect individual or family coverage. If you enroll family members, there is one deductible for your entire family. The plan pays benefits for everyone once you meet that deductible, regardless of who in your family receives the care. This is a **non-embedded deductible**.

coinsurance

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

out-of-pocket maximum

The most you will pay each year before your plan begins paying most of your covered expenses – 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 Nuvance Health Provider Network	Tier 2 Aetna	Tier 3 Out-of-Network
Individual Deductible	\$0	\$3,500	\$5,000
Family Deductible (embedded) (see "Know Your Costs" on pg. 8)	\$0	\$7,000	\$10,000
Individual Out-of-Pocket Max.	\$6,000		\$7,150
Family Out-of-Pocket Max. (embedded) (see "Know Your Costs" on pg. 8)	\$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	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Hospital	No facility charge. Professional services covered in full	Deductible & Coinsurance	Deductible & Coinsurance
Physician Charges (inpatient or outpatient settings)	No charge	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care (Non-urgent care: use of urgent care not covered)	\$35 copay	\$100 copay	Deductible & Coinsurance
Emergency Room (Non-emergency: use of emergency room not covered)	\$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 copay		N/A
Behavioral Health	\$0 copay for both Tier 1 and Tier 2		Deductible & Coinsurance
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)	Retail or 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	

Nuvance Health Consumer Plan

Services (you pay)	Tier 1 Nuvance Health Provider Network	Tier 2 Aetna	Tier 3 Out-of-Network
Individual Deductible	\$1,650	\$2,100	\$3,000
Family Deductible (non-embedded) (see "Know Your Costs" on pg. 8)	\$3,300	\$4,200	\$6,000
Individual Out-of-Pocket Max.	\$5,000		\$10,000
Family Out-of-Pocket Max. (embedded) (see "Know Your Costs" on pg. 8)	\$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 & Coinsurance	Deductible & 10% Coinsurance
Lab and Complex Imaging (MRI, CT and PET Scans)	Deductible Only	Deductible & Coinsurance	Deductible & Coinsurance
Teladoc	Deductible & Coinsurance		N/A
Behavioral Health	Deductible Only	Deductible Only	Deductible & Coinsurance
Durable Medical Equipment	N/A, Covered as Tier 2	Deductible & Coinsurance	Deductible & Coinsurance
Health Savings Account (HSA)	For HSA eligible employees, Nuvance Health contributes to the HSA based on salary: Under \$55,000: \$750 for Individual Coverage/\$1,500 for employee plus family members; \$55,000–\$199,999: \$500 for Individual Coverage/\$1,000 for employee plus family member; Over \$200,000: \$0. Contribution is prorated if joining after January 1.		
Prescription Drugs			
	Retail or Mail Order		
Annual Deductible	Your medical and prescription costs are combined and will count toward one total deductible. Coverage begins after Tier 1 deductible is met.		
Generic	Deductible & 10% Coinsurance		
Preferred	Deductible & 10% Coinsurance		
Non-Preferred	Deductible & 10% Coinsurance		

Make your health a priority

As dedicated healthcare professionals committed to caring for others, we can sometimes overlook our own health needs. Find time to make your health a priority and take advantage of online scheduling to book appointments that match your schedule.

Regular visits to a primary care physician/provider (PCP) allow for comprehensive assessments, disease prevention, care for chronic conditions and more. Be sure to schedule your annual physical and take advantage of the opportunity to discuss concerns, seek guidance and maintain a holistic view of your health.

Have you had your annual physical?

- Nuvance medical plans offer no cost annual preventative physicals.
- Search for a PCP using "primary care". Many offer online scheduling and telehealth visits.

Are you up to date on preventative screenings?

Prevention is key when it comes to health – and regular screenings are essential for early detection of various conditions, especially cancer. Whether it's routine blood tests, a mammogram, colonoscopy or other recommended screenings, make sure you are up to date.

Schedule your screenings today:

- **Mammography:** go to <https://findcare.nuvancehealth.org/> and search for "mammography".
- **Colonoscopy:** go to <https://findcare.nuvancehealth.org/> and search for "colonoscopy".

We're committed to gender-affirming care

Our plan covers medical, prescription drug and mental health services for gender reassignment surgery. This includes facility and anesthesia charges related to the surgery. These services must be approved in advance for benefits to be paid.

If you use in-network providers, they'll take care of precertification for you. If you use out-of-network providers, you'll want to obtain precertification to make sure the gender affirmation services you want are covered under the plan.

Call Aetna Member Services at **(877) 272-6374** for more information.

Need a Primary Care Physician/Provider?

Find a Nuvance Health provider at <https://findcare.nuvancehealth.org/>

Finding an Aetna Provider

When you need to find in-network providers and facilities:

Step 1: Go to 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.

Avoid the surcharges

To keep our benefit plans affordable, we reward plan members who take healthy actions. Here is how you can save on healthcare costs this year.

Choose a Primary Care Physician/Provider (PCP)

If you enroll in a medical plan from Nuvance Health, you must elect a PCP or pay a **biweekly surcharge of \$46.15**.

Elect a PCP directly with Aetna at [aetna.com](https://www.aetna.com) or call **(877) 272-6374**.

Certify your spouse is not eligible for coverage elsewhere

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 \$92.30**. Spousal surcharge documentation must be updated each Open Enrollment to avoid the surcharge for the upcoming year.

Commit to quit if you use tobacco products

Employees on the medical plan who use any tobacco products will pay a **biweekly tobacco surcharge of \$46.15**; tobacco includes cigarettes, cigars, e-cigarettes and chewing tobacco. You must attest to your tobacco status when you enroll in benefits.

If you use tobacco, you can still complete a tobacco cessation program to waive the surcharge and receive a refund for this year. (Surcharge amounts that are returned to you are treated as taxable income). Nicotine users can complete Sterling Health's 8-week Commit to Quit Cessation Program and receive support and guidance from a Sterling Health coach to help you create a personalized plan to quit for good. Join the Commit to Quit program on the Engage page at **MyVitiveHealth.org** or call **(800) 838-0337** for questions.

Earn wellness credits and lower your premiums

Earn points towards wellness credits on your medical plan premiums by taking healthy steps like eating right and quitting tobacco. **You can earn the wellness credit each year through our Vitive Health wellness program.** See page 20 for more information.

To learn more, visit Vitive Health Wellness at **www.myvitivehealth.org**.



Health Savings Account

When you elect the Nuvance Health Consumer Plan, you can open a Health Savings Account (HSA) to pay for qualified healthcare expenses tax-free.

Eligibility

You can contribute to a HSA:

- If you are covered under a High Deductible Health Plan (HDHP) such as the Nuvance Health Consumer Plan.
- If you have no other medical coverage.
- If you are not enrolled in Medicare Part A or B.
- You are responsible for all tax 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 Limited Purpose Health Care FSA (LPFSA) as of January 1, when your HSA is opened (see page 17). You can use the remaining balance for Dental and Vision expenses only until March 15th.

Eligible expenses

- Deductibles, coinsurance, copays, vision and dental expenses and more.
- 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.

Using an HSA

- **\$4,300 for individual coverage** and **\$8,550 for family coverage** pre-tax (this includes the Nuvance Health Contribution).
- If you are 55 or older, you may put an **additional \$1,000** in your HSA.
- You will receive a debit card to pay for qualified medical expenses.

Nuvance Health contribution

Nuvance Health contributes to your HSA based on salary:

- **Salaries under \$55,000:** \$750 for employee-only coverage/\$1,500 for family.
- **Salaries from \$55,000–\$199,999:** \$500 for employee-only coverage/\$1,000 for family.

Contributions are made once your HSA is opened, pro-rated by date of eligibility.

HSA Facts

- Unused funds roll over 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 can also participate in a Limited Purpose Flexible Spending Account (LPFSA). Funds can only be used for eligible dental and vision expenses.

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

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.

Need to update your HSA election? Visit mynuvancehealthbenefits.org

HSAs 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 personal 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.

Prescription drug benefits

When you choose medical coverage, you are automatically enrolled in prescription drug benefits through RxBenefits in partnership with CVS Caremark®.

Are my drugs covered under the plan?

In your prescription drug coverage, the Formulary Drug list is used as a guide for determining your costs for each prescription. Drugs not listed on the Standard Control Formulary with Advanced Control Specialty Formulary may not be covered. Your formulary is the Standard Control Formulary with Advanced Control Specialty Formulary.

For questions, contact RxBenefits at **(800) 334-8134**, Monday – Friday, 7:00 am – 8:00 pm (CT) or email: **CustomerCare@rxbenefits.com**.

- **Generic drugs** have the lowest cost. Your prescriptions should be automatically filled with the generic equivalent. If a brand name drug is filled when a generic equivalent is available you will be required to pay the brand cost share plus the difference in cost between the generic and brand name drug. The generic policy does not apply if the prescription indicates the brand must be dispensed.
- **Formulary drugs** are brand-name drugs and are offered by the plan at a lower cost than non-formulary drugs.
- **Non-formulary drugs** are more expensive than preferred formulary brand drugs.
- **Specialty drugs** are prescribed for rare conditions, and are often more expensive than other drugs. You may need special approval before your plan will cover certain specialty drugs, and they should be obtained through SWC Pharmacy at Norwalk Hospital.

Provider Plan members get

\$0 specialty drugs with PrudentRx

Nuvance Health is offering the PrudentRx Copay program to help you manage the cost of these medications by applying financial copay assistance from drug manufacturers. By enrolling in the PrudentRx program, your out-of-pocket costs for covered medications would be \$0.

Contact PrudentRx at **(888) 203-1768** and a patient advocate can assist you with completing your enrollment.

If you are enrolled in the Consumer Plan,

select preventive drugs are covered at 100% under your plan. Certain preventive drugs will bypass the deductible and 10% coinsurance will apply.

Maintenance medications

After two 30-day supply fills at a retail pharmacy location, your plan requires maintenance medications be filled in 90-day supplies by Walgreens at Danbury Hospital, SWC Pharmacy at Norwalk Hospital, Caremark's mail order pharmacy, or a CVS retail pharmacy location.

Other Rx programs

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

Some prescriptions require authorization before they can be filled.

Dental benefits

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.

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 Delta Dental providers and check cost estimates at [deltadentalins.com](https://www.deltadentalins.com).

Seeing a dentist

Under either plan, you can receive care from any dentist you want. However, your cost will be lower if you see a Delta Dental in-network provider.

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

Vision benefits are provided by VSP with a nationwide network of providers.

About the vision plan

You can see an in- or out-of-network provider for most services, but you will pay less when you stay in-network.

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

Visit [vsp.com](https://www.vsp.com) or call the Customer Service Center at **(800) 877-7195** for questions regarding providers or coverage.

With VSP EasyOptions, you and each member on your plan can choose one enhanced eyewear option when purchasing your glasses or contacts. You must use an in-network provider to receive coverage.

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)	\$75 copay	Not covered
Scratch-Resistant Coating	\$35 copay	Not covered
Anti-Reflective Lenses	\$41 - \$85 copay	Not covered
Frames	\$130 annual allowance	Up to \$64 reimbursement
VSP EasyOptions	An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$100 contact lens allowance	Not covered
Contact Lenses <i>in lieu of frames/lenses</i>		
Exam (fitting and evaluation)	Up to \$60 copay	Not covered
Medically Necessary	\$10 copay	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) help you save money by letting you pay eligible out-of-pocket expenses with contributions deducted from your paycheck on a pre-tax basis.

Three types of FSAs

You can elect a **Dependent Daycare FSA** and a **Health Care FSA** or, if you are on the Nuvance Health Consumer Plan, a **Limited Purpose FSA** to cover dental, vision, and

post-deductible medical expenses. These accounts are “use it or lose it” plans, so plan your elections carefully. You cannot transfer funds from one FSA to another.

	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. The Provider/Nanny/Babysitter must have a SSN or Tax ID.	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?	N/A	Covered	Not eligible
How much can I contribute?	Up to \$5,000	Up to \$3,300	Up to \$3,300
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?	DCFSA funds become available as they are contributed through payroll. You can only be reimbursed up to your available 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 2025 claims must be submitted by March 31, 2026).		
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

The Benefits Card

You can use your benefits card to pay for prescribed and over-the-counter medicines.

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.

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. The IRS may require you to verify that your expenses were health or dependent daycare related.





URGENT CARE

With many locations in New York's Hudson Valley and Fairfield County, CT, you can get convenient telehealth or in-person care for immediate treatment of injuries or illnesses that are not life-threatening.

- Minor eye injuries
- Minor burns, cuts & scrapes
- Sprains & strains
- Joint & bone injuries
- Colds, flu & fevers
- Mild animal & insect bites
- Urinary tract infections
- Earaches & headaches
- Nausea, vomiting & diarrhea
- Asthma & emphysema
- Allergies & rashes
- Sore throat & cough

If your symptoms or injury could be life-threatening, call 911 or go to the emergency room immediately. Visit the ER for:

- Difficulty breathing
- Severe burns
- Head trauma
- Pregnancy issues
- Heart attack
- Ingestion of poison

Nuvance Health – GoHealth Urgent Care Locations

- Kingston, NY
- Carmel, NY
- Poughkeepsie, NY
- Lagrangeville, NY
- Wappinger Falls, NY
- Norwalk, CT
- Stamford, CT
- Danbury, CT

Member costs:

- **Provider Plan members:** Tier 1: \$35 copay
- **Consumer Plan members:** 100% coverage after meeting the annual deductible.

Please Note: only Nuvance Health-GoHealth Urgent Care locations are Tier 1.

Get great care day or night.

- Open 365 days a year, including weekends and holidays
- Walk in to a Nuvance Health-GoHealth Urgent Care near you
- Schedule a virtual or in-person visit online
- Pediatric services for 6 months and up
- Connects to your Nuvance Health primary care provider

Visit GoHealthUC.com/NuvanceHealth

SCAN ME



Wellness programs

Nuvance Health offers a variety of wellness programs that can help you whether you're living with a serious health condition or looking for ways to take control of your well-being.

Take charge with Vitive Health

From eating healthier and reaching your fitness goals to reducing stress, the Vitive Health wellness program provides you with resources to make positive lifestyle changes. And, to reward you for all your hard work, you can earn points towards wellness credits each year to lower your medical plan premiums. Participation is voluntary. Get started at nuvancehealth.sharepoint.com/sites/wellbeing.

Get guidance from our Employee Navigator

Meet with social worker, Allison Barker-Ford, who can assist you in finding resources when you need help coping with a difficult situation. Email allison.barker-ford@nuvancehealth.org or call (475) 279-9898.

Tobacco Cessation Program

Nicotine users can complete Sterling Health's 8-week Commit to Quit Cessation Program and receive support and guidance from a Sterling Health coach to create a personalized plan to help you quit for good. Join the Commit to Quit program on the Engage page at MyVitiveHealth.org or call (800) 838-0337 for questions.

Manage your chronic condition with Vida Health

Vida is a voluntary program offered to employees and their spouses living with diabetes, pre-diabetes, hypertension, and obesity. Eligible participants can receive:

- Health Coaching
- Diabetes supplies
- Remote monitoring and app tracking (device diagnostic)
- Scale
- Weight loss medication management

To be eligible for Vida:

- You must enroll in the Nuvance Health medical plan
- You must have a diagnosis or self-attest to having pre-diabetes, diabetes, hypertension, or obesity.

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

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

SCAN ME



You Matter Most

Health and well-being resources for Nuvance Health employees

The outstanding quality care we bring our patients and the community is only possible because of our outstanding staff, and we want you to be at the top of your game. Our well-being programs are designed to address your individual goals so you can take charge of your physical, financial, and mental wellness.

Wellness

Vitive Health is a confidential wellness program designed to evaluate your current health, provide goals and personalized action plans to help you make personal health improvements through fun, interactive challenges, telephonic health coaching and more – includes a financial incentive/wellness credit (\$400-\$600) towards next year's Nuvance Health medical plan premium.

Details and links to all these resources are available on [The Hub>Well-being>Vitive Health](#)

Nutrition

- **Nuvance Health Nutrition Therapy and Diabetes Self-Management Programs:** Danbury/New Milford Hospitals, Norwalk Hospital and Putnam Hospital.
- **Nuvance Health Metabolic Weight-Loss Centers:** Fishkill, NY, Newtown and Wilton, CT. Non-surgical offerings to support your weight loss journey.
- **Nutrition and Thriving Workshop:** Monthly virtual series for breast cancer survivors.

Community Supported Agriculture Program (CSA)

Access to fresh, seasonal weekly produce shares (15 weeks over the summer).

“

- Nuvance Health employee on Vitive Health

I wanted to say thank you for offering this program. My Health Coach, Jen Coatanroch, has helped me immensely throughout the past 6 months. Doing the various smaller changes and challenges encouraged me to choose healthier foods which kept my weight under control and gave me more energy. I actually look forward to exercise!

Jen has made this journey easy. Her positivity and encouragement are invaluable! I will definitely be joining this program next year. Health care savings and a healthier me!"

Physical health

Vida Health

A personalized chronic disease management program for employees and/or spouses living with the following conditions: diabetes, pre-diabetes, hypertension, and obesity.

Smoking Cessation

- **Norwalk Hospital:** Free education and support throughout the quitting process.
- **The Heart Center:** Free education and support. Call **(845) 473-1188**.
- **Commit to Quit Tobacco Cessation:** Available through Vitiv Health. Visit the Engage page.

On-site Cardiac Rehab Gym Facilities

Open 5 pm – 5 am at designated hospital locations for employees to utilize. Contact wellness@nuvancehealth.org.

Gym Discounts

Employee discounts at various community gyms.

Find Care

Our Nuvance Health PCPs and specialists are available to meet all your healthcare needs. Find an in-network PCP at <https://findcare.nuvancehealth.org> and search for "primary care".

Nuvance Health-GoHealth Urgent Care

Convenient telehealth or in-person care when you need it most. Save your spot online or simply walk in to one of the many locations throughout New York and Connecticut. \$35 copay (Provider Plan) or covered 100% after reaching deductible (Consumer Plan).



Social/Support resources

- **Employee Navigator, Allison Barker-Ford:** Confidential support to help you navigate difficult family challenges, work-related situations, social concerns, or if you simply need support for a problem or stressful situation you're facing.
- **Vitive Health/Sterling Wellness Health Coaching:** Free guidance and motivation to establish and reach attainable health goals.
- **Bright Horizons/Family Care Assistance:** Find reliable child, adult or elder care when you need it (at a moment's notice) and access to resources such as academic support, enrichment programs, summer camps, pet care, housekeeping services and more.
- **Provider Associate Care Team/PACT:** Peer support available 24/7, call the hospital operator and request the PACT Peer Support on Call.
- **Employee Resource Groups (ERGs):** Positive platforms for engagement where employees come together based on a common background, interest or purpose with the goal to foster an environment of growth, engagement, contribution and belonging (12 diverse groups).
- **Spiritual Care:** Located within most Nuvance Health hospitals.
- **Emmi Wellness Resources:** Brief videos designed to boost your mood, physical activity and reduce stress.
- **Wellness Champions:** Designed for those passionate about healthy living and interested in serving as a leader to motivate and guide their colleagues in achieving their optimal health.

Stress management and Mental health services

- **Spring Health Employee Assistance Program (EAP):** Free, confidential mental well-being benefit for you and your household members (6+) including free therapy, work-life services, alcohol/substance use support, coaching, medication management, personal care navigators and more.
- **10-Minute Midday Meditation:** Virtual, Tuesdays, Wednesdays, Thursdays at noon.
- **Guided Meditation:** Wednesdays at 2 pm. Call **(929) 376-1727**, Conference ID: 831-008-45#.
- **Moments:** Spring Health videos/quick "moments" designed to bring immediate relief to what's troubling you while promoting long-term skills.



Financial wellness

- **Employee Crisis Fund:** Financial support and assistance for employees experiencing a financial hardship. For questions, contact CrisisFund@nuvancehealth.org.
- **Fidelity NetBenefits:** Employee savings plans.
- **Fidelity One-on-One Consultations:** Meet with a Fidelity representative for a financial consultation.
- **Tuition Reimbursement Program:** Further your education and professional growth with financial assistance. Contact the Employee Benefits Center at **(844) 688-2367**.
- **Discount Marketplace:** Discounts or cash back on thousands of products and services.
- **MyFlexDollars Reimbursements:** Manage and request reimbursement for medical and dependent care flexible spending accounts (FSA).
- **The FSA Store:** Purchase a variety of products online using your FSA card.
- **Financial Wellness Solutions from Fidelity:** Log into your Fidelity account for offerings ranging from caring for a loved one, tax preparation, buying/selling a home, legal support, and navigating college to estate planning, saving/managing debt and more.

SCAN ME



Snap the QR Code to go to the Well-being site on the Hub

Questions

Contact wellness@nuvancehealth.org



- Nuvance Health employee on Spring Health, Employee Assistance Program

I am navigating this life following the sudden deaths of three very important people in my life all while navigating the diagnosis of stage 4 colon cancer of my incredible husband.

To say life is challenging is an understatement. The session I had with Spring Health helped me to see that I was doing okay and was right where I should be. They gave me the confidence to know I am okay and the wherewithal to keep on going!"



Life insurance coverage

Nuvance Health provides all benefits-eligible employees with life insurance by Lincoln Financial Group at no cost to you. 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 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 Lincoln Financial Group at **(888) 787-2129** 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 \$60,000 and your employer-provided life insurance is equal to \$60,000 (one 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**.



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 your confirmation lists a **pending benefit**, follow the instructions and complete an EOI on mylincolnportal.com, code nuvance.

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.

Your spouse can go to mylincolnportal.com, code nuvance to complete an EOI.

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).

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 \$3,000 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.

If your confirmation lists a **pending benefit**, follow the instructions and complete an EOI on mylincolnportal.com, code nuance.

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 (EAP)

Spring Health offers help when you need it. It's free, strictly confidential and you do not need to be enrolled in a health plan.



- **Free therapy and coaching:** Up to 8 sessions of each, per family member, each year at no cost to you.
- **Work-life services:** Talk to experts and find resources for legal assistance, financial services, substance abuse, child and elder care and more.
- **Care navigation:** Get help finding the right therapist, scheduling appointments, and receive support throughout your care.
- **Substance abuse support:** Available to you and your family members age 18 years and up.

Call **(855) 629-0554**, Press 3 for general questions Mon - Fri from 8 am - 11 pm ET; Press 2 for crisis support, available any time 24/7; Press 1 for Spanish language support.

Contact: springhealth.com/support
Visit: nuvancehealth.springhealth.com

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.

Bright Horizons Back-Up Care

Find care at a moment's notice. Get up to 10 back-up care days per year of child, adult, or elder care when your regular caregiver is unavailable.

- Daily copay of \$10 per child/\$15 per family for an in-network daycare center.
- Pay \$4/hour for in-home care (up to 10-hour shifts).
- Receive reimbursement of up to \$100 per day when using a family member or friend as the caregiver if a daycare center or in-home caregiver is not available.

Visit <https://clients.brighthorizons.com/nuvancehealth>.

Tuition Reimbursement Program

Further your education and professional growth.

Nuvance Health provides financial assistance to employees who take coursework for approved degree or certification programs at 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 **(844) 688-2367**.

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

Supplemental medical benefits can help cover additional out-of-pocket costs if you are diagnosed with a critical illness, experience an accident or are hospitalized. 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.

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

To cancel a voluntary benefit, you need to contact The Farmington Company at **(877) 290-3945**, M – F, 8 am – 5 pm 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.

Please note: These plans are not replacements for medical insurance. See page 38 for details.

Income protection and other benefits

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

Whole Life Insurance with Long-Term Care

One policy with two benefits. Whole Life Insurance provides a benefit to your loved ones that they can use to cover expenses such as funeral costs, shared credit card debt, and unpaid medical bills. If you need long-term care, you can access a portion of your Life Insurance to help you pay for your long-term care expenses such as a home health care worker, long-term care facility, or a nursing home.

Whole 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

Find discounted coverage for your car, boat, motorcycle, home, condo, and other possessions. Rates are based on your personal history. Safe driver, good student and anti-theft device discounts may also be available. You may enroll in this benefit at anytime during the year.

Pet Insurance

Pet Insurance reimburses eligible veterinary expenses relating to accidents, illnesses, and injuries for dogs, cats, birds and several exotic pets. 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. You may enroll in this benefit at anytime during the year.

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

With the Legal Plan, you have access to comprehensive legal assistance, advice and representation on legal needs, including wills and estate planning, real estate matters, traffic offenses, adoptions and debt collection defense.

Please Note: MetLife Legal can only be canceled during Open Enrollment.

Employee discounts through BenefitHub

Receive savings on everything from electronics and 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 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

Everyone deserves a secure retirement. The 401(k) Plan lets you save for retirement through payroll deductions made on a pre-tax basis or after-tax (Roth) basis.

How to enroll

Enroll in Fidelity NetBenefits at www.netbenefits.com or call **(800) 343-0860**. To use the EasyEnroll feature and enroll in about 60 seconds, go to netbenefits.com/easy.

Automatic enrollment

If you do not 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 1%-100% of your eligible pay as pre-tax, Roth contributions or a combination, up to annual IRS dollar limits. After-tax contributions are also available with a 20% maximum contribution rate.
- **Nuvance Health will match 100% of the first 6% of employee contributions you make to the Plan.**
- The contribution limit for 2025 is \$23,500. If you are age 50 or older by December 31, 2025, you may contribute an additional \$7,500. *The IRS revises these limits each year.*
- You can increase your contributions automatically each year through the optional Annual Increase Program.

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

You can select a mix of investment options that suits your goals and risk tolerance. The Plan's investment options and performance are available online at netbenefits.com.

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

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

SCAN ME



go.fidelity.com

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.

Employees who choose to participate in the wellness program and who are enrolled in a Nuvance Health medical plan in 2026 will receive a \$450 incentive credit towards your annual health plan premium for completing a Health Assessment (questionnaire), Health Screening (biometric screening), and completing an Annual Exam or Preventative Screening including colonoscopy, mammogram, well-women visit or pap smear by September 30, 2025. Although you are not required to complete the assessment or participate in the biometric screening or annual exam or preventative screening, only those who do so will receive the \$450 credit toward their 2026 health plan premium. Additional incentives 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 by the program vendor 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 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 eligible 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, 2024. Contact your State for more information on eligibility.

ALABAMA, Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA, Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS, Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA, Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322 Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

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

FLORIDA, Medicaid
Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA, Medicaid
GA HIPP Website: medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162, Press 1
GA CHIPRA Website: medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: 678-564-1162, Press 2

INDIANA, Medicaid
Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA, Medicaid and CHIP (Hawki)
Medicaid Website: iowa.gov/health-human-services
Medicaid Phone: 1-800-338-8366
Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](https://hawki.iowa.gov/)
Hawki Phone: 1-800-257-8563
HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](https://iowa.gov/health-human-services)
HIPP Phone: 1-888-346-9562

KANSAS, Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

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

LOUISIANA, Medicaid
Website: www.medicicaid.la.gov or www.la.gov/lahealth
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE, Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 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
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840, TTY: 711
Email: masspremasistance@accenture.com

MINNESOTA, Medicaid
Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI, Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA, Medicaid
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHIPPPProgram@mt.gov

NEBRASKA, Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633, Lincoln: 402-473-7000, Omaha: 402-595-1178

NEVADA, Medicaid
Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE, Medicaid
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY, Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

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

NORTH CAROLINA, Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA, Medicaid
Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA, Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON, Medicaid and CHIP
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA, Medicaid and CHIP
Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](https://www.pa.gov/childrens-health-insurance-program-chip)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND, Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA, Medicaid
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA, Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS, Medicaid
Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](https://www.texas.gov/health-human-services)
Phone: 1-800-440-0493

UTAH, Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program
Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT, Medicaid
Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](https://www.vermont.gov/health-access)
Phone: 1-800-250-8427

VIRGINIA, Medicaid and CHIP
 Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
 Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON, Medicaid
 Website: <https://www.hca.wa.gov/>
 Phone: 1-800-562-3022

WEST VIRGINIA, Medicaid
 Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
 Medicaid Phone: 304-558-1700
 CHIP Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)

WISCONSIN, Medicaid and CHIP
 Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
 Phone: 1-800-362-3002

WYOMING, Medicaid
 Website: <https://health.wyo.gov/healthcarefin/mcicaid/programs-and-eligibility/>
 Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, 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 Alluma 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.
3. Nuvance Health has determined that the prescription drug coverage offered by Alluma 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 (800) MEDICARE 1 (800) 633-4227). TTY users should call (877) 486-2048.

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

November 1, 2024
Nuvance Health Total Rewards
100 Reserve Road
Danbury, CT 06810

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value

standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.02% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.02% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting

a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024.

Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan. Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact the Nuvance Health Benefits Hotline at (203) 739-8181 option 1 or visit mynuvancehealthbenefits.org. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance, coverage and contact information for a Health Insurance Marketplace in your area.

IMPORTANT: Supplemental benefits are a fixed indemnity policy, NOT health insurance

The following policies are fixed indemnity policies (see page 29 for details):

- Critical Care Insurance
- Accident Insurance
- Hospital Indemnity Insurance

These fixed indemnity policies may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most
- Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

