

Contact information

Benefit	Vendor	Telephone	Web					
Eligibility, Enrollment, Qualifying Life Events and COBRA	The Employee Benefits Center	(800) 307-0230	www.mynuvancehealthbenefits.org fax: (866) 406-6946 email: employeebenefits@bakertilly.com					
Flexible Spending Accounts	Baker Tilly Vantagen	(800) 307-0230	www.myFlexDollars.com					
Employee Assistance Program (EAP)	Aetna: Resources for Living	(800) 962-9841	www.resourcesforliving.com Username: Nuvance Password: eap					
Leave of Absence Administration	Lincoln Financial Group	(888) 716-3850	www.mylincoInportal.com					
Retirement Savings Plans	Fidelity	(800) 343-0860	www.netbenefits.com					
Voluntary Benefits (outside of Open Enrollment, contact vendors directly with questions)								
Voluntary Benefits	The Farmington Company	(800) 621-0067						
Critical Illness, Hospital Indemnity, Accident	Aetna	(800) 607-3366	www.myaetnasupplemental.com					
Permanent Life	Transamerica (Permanent Life)	(888) 763-7474	www.transamerica.com					
Legal	MetLife Legal	(800) 821-6400	www.members.legalplans.com					
Home and Auto	Farmers GroupSelect SM	(800) 438-6381	www.autohome.farmers.com					
Pet Insurance	Nationwide	(877) 738-7874	www.petsnationwide.com/ NuvanceHealth					
Identity Theft	ID Watchdog	(866) 513-1518	www.idwatchdog.com					
Employee Discounts	BenefitHub	(866) 664-4621	nuvance.benefithub.com					
For policy, details and contact information about programs not listed here, call the Employee Benefits Center at (800) 307-0230.								

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As a collectively-bargained employee of Nuvance Health, you have access to take advantage of Flexible Spending Accounts, which might offer a little tax relief. During the annual open enrollment period, you may also be able to sell back un-used vacation or sick time, if allowable per the conditions set forth in your collective bargaining agreement

If you need added security around your family's finances in case of an emergency, take a look at the supplemental benefits we offer eligible employees. Identity theft protection? Legal insurance plans? Pet insurance? A lot has changed in the last year, and a lot will keep changing. Nuvance Health is still new, and we're not just providing benefits for today, we're looking at what you'll need tomorrow.

Please take time to look through this guide. The benefits you choose can make a big difference in your life, and they're an important part of your Total Rewards. You can find more details at www.benefitsquest.com/nuvance.

How to enroll

When you're ready, you will enroll online at www.mynuvancehealthbenefits.org.

- Username: NH followed by firstname.lastname and 4-digit birth month and day (e.g.: NHjohn.smith0402)
- Initial Password: Date of birth in MMDDYY format (122082, for example)

Once you submit your enrollment, a confirmation statement will be automatically generated for your review. A statement will also be mailed to your home address. Check your confirmation statement for accuracy and follow the instructions included with the statement to report corrections. Be sure to maintain a copy of this statement for your records.

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

Please Note:

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

The Nuvance Health benefit plans are considered IRS Section 125
Cafeteria Plans. This means that the contributions to a Flexible Spending Account (FSA) will be deducted from your paycheck on a "pre-tax" basis.

Who's eligible for benefits?

Employee eligibility

All Nuvance Health collectively-bargained employees assigned to positions with 20+ hours per week (18.75+ hours for affiliates who work a 37.5-hour work week) are eligible to participate in Flexible Spending Accounts (FSAs).

- For new hires or newly eligible, Flexible Spending Accounts begin on the first of the month following date of hire or employment status change.
- For elections during Open Enrollment, benefits are effective from January 1 through December 31 of the following year.

When you can enroll:

- When you are hired. New hires have 31 days following date of benefit eligibility to elect FSAs.
- During Open Enrollment. Each year in November you have the chance to elect certain benefits. These include Flexible Spending Accounts and PTO/Vacation/Sick Sellback*
 - * Subject to conditions set forth in respective Collective Bargaining Agreement.
- When you have a qualifying life event, such as a marriage, birth, or change of coverage.

Qualifying life events

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

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

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) can help you save money by letting you pay eligible out-of-pocket expenses with contributions deducted from your paycheck on a pre-tax basis. You can elect a Dependent Daycare FSA for daycare expenses and a Health Care FSA for healthcare expenses.

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

You cannot transfer funds from one FSA to another. You may be required to provide documentation to substantiate claims, failure to do so may result in suspension of your account.

^{*} Increases to FSA limits may be announced by the IRS after open enrollment; if you wish, you may increase your contribution at that time.

The Benefits Card

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

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

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

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

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

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

Submitting claims for reimbursement

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

Website: myFlexDollars.com

Mobile: myFlexDollars mobile app

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

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

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

Save your receipts!

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



Employee Assistance Program

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

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

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

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

Legal Support and Resources offers assistance if legal uncertainties arise.

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

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

www.resourcesforliving.com

User name: Nuvance Password: eap

Peer support with PACT

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

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



Voluntary supplemental medical benefits

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

Critical illness insurance

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

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

Accident insurance

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

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

Hospital indemnity insurance

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

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

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

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

www.mynuvancehealthbenefits.org

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

To cancel a benefit, contact The Farmington Company at (877) 290-3945, M-F, 8am-5pm and select #3.

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

Income protection and other benefits

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

Permanent Life Insurance

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

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

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

Home & Auto Insurance

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

Pet Insurance

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

Identity Theft Protection

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

Legal Plan

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

Employee Discounts Through BenefitHub

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

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

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

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Laws and Notices

HIPAA special enrollment rights

If you are declining enrollment for yourself and your dependents (including your spouse) because of other health insurance or group health coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the health coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

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

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.