

2022 OPEN ENROLLMENT GUIDE

Madison - UnityPoint Clinic Physicians




UnityPoint Health

Know how much *You matter* to this world.

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hello.

As a team member at UnityPoint Health, we're proud to offer you a comprehensive Total Rewards program. Total Rewards is the value provided to our team members and their families throughout their career at UnityPoint Health by combining Compensation, Benefits, Personal Growth and Development, Recognition, Well-Being, and Purpose into one, simple program.

How to Use this Guide

We know there is a lot of information in this guide, and you might be feeling a little overwhelmed. We put together a few tips for how to get the most out of this guide as you're preparing to select your benefits.

› Use the Table of Contents

We know you likely won't need every benefit we offer. To quickly get to the information you care about most, reference this guide's Table of Contents. We've included links, so you simply have to click on the title you want to learn more about it, and you'll automatically be taken to that section.

› Know Where to Get the Most Up to Date Information

Some people like to print this document off, so that they can review it with their spouse or domestic partner. Please remember that these enrollment guides are sometimes updated throughout the year. For the most up to date information, head to unitypoint.org/totalrewards. This site is completely accessible from home, so you can easily review this information on your personal computer, smartphone or tablet, too.

› AskHR is Here to Help!

The AskHR team is comprised of your fellow UnityPoint Health team members, and they are experts on all our benefit offerings. If you have questions about anything in the enrollment guide, reach out to AskHR by creating a case in Lawson or by calling (888) 543-2275.

This booklet highlights the main features of the benefit plans sponsored by UnityPoint Health. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. UnityPoint Health reserves the right to change or discontinue the plans at any time with appropriate notification. Participation in the plans does not constitute an employment contract. UnityPoint Health reserves the right to modify, amend, or terminate any benefit plan or practice described in this booklet. Nothing in this booklet guarantees that any new plan provisions will continue in effect for any period. Plan documents are available at the HR landing page on the Hub or by contacting AskHR at (888) 543-2275.

Enrollment and Eligibility

Eligible team members will be able to participate in Open Enrollment from Tuesday, October 26 - Tuesday, November 9. You will complete the enrollment process within the Lawson platform. You can find a link to Lawson and instructions for how to enroll on the **Total Rewards Site**. We encourage you to complete your enrollment in Lawson by 5 p.m. on Tuesday, November 9.

Who is Eligible

You are eligible to enroll in UnityPoint Health benefits if you are in a benefits-eligible status. You are eligible for benefit coverage if you are a:

Full-time	Part-time
Full-time team member who is regularly scheduled to work 64 hours or more per pay period. (0.8 - 1.0 FTE)	Part-time team member who is regularly scheduled to work 32-63 hours or more per pay period. (0.4 - 0.79 FTE)

Dependents

In most cases, you can also cover your eligible dependents. You must provide a valid Social Security Number and proof of eligibility (for example: birth certificate/adoption papers, marriage license/federal tax return). Eligible dependents will not be enrolled unless you provide a valid Social Security Number and proof of eligibility. You can review the details for submitting that information **here**.

Eligible dependents include:

- ▶ Spouse/partner (if legally married under federal law)
- ▶ Civil union partner (if legally recognized by a government authority)
- ▶ Domestic partner (DP) (if applicable)
- ▶ Common law spouse (if applicable)
- ▶ Your children under age 26. "Children" are your biological children, children for whom there are parental responsibility documents issued by a court, legally adopted children, children of a current same-gender domestic partner or current civil union partner, children legally placed for adoption or foster care, children for whom there is a Qualified Medical Child Support Order (QMCSO), and stepchildren as long as the team member and parent are married.
- ▶ Unmarried children of any age who are unable to support themselves because of a physical or mental disability, are not covered by other government programs, were covered under the plan prior to age 26, and are wholly dependent upon the participant for support and maintenance.

Domestic Partner Imputed Income

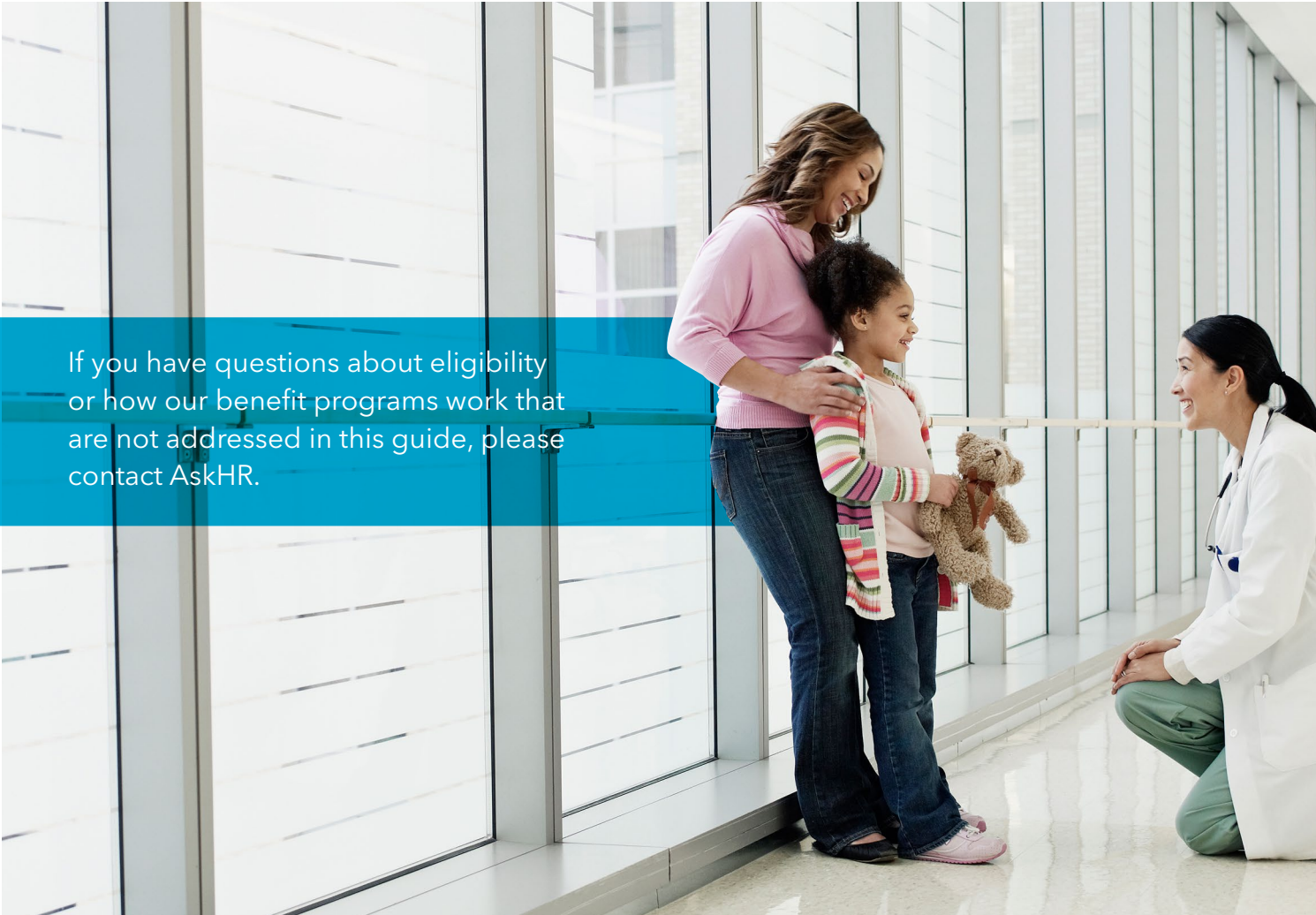
If you choose to add your domestic partner to your medical and/or dental coverage, you will be responsible for imputed income tax on the difference in the employer premium for the additional coverage. Please contact AskHR with questions or for additional details.

Making Benefit Changes During the Year

Based on IRS rules, you can generally make changes during the year only if you have a qualifying life event that impacts your family or employment status. For example, loss of health coverage, birth of a child(ren), marriage, or changes in residence. In order to make changes mid-year, you'll need to complete a "life event" in Lawson and submit any requested documents. You'll have 30 days for the loss of health coverage, marriage, divorce, or changes in residence. You'll have 60 days for birth of a child(ren), adoption, or placement for adoption. Team members can contact AskHR if they have questions regarding life events. If you transfer employment to another UnityPoint Health affiliate, your benefits will continue unchanged if you continue to meet eligibility requirements. You cannot make changes to your benefit elections if you transfer employment as this is not a qualifying event for making changes during the year.

Status Changes

If you are a current team member who is newly benefit eligible, you have 30 days from your status change date to enroll in benefits using the Lawson portal and provide documentation for dependent eligibility verification if you have dependents to enroll. Your benefits coverage begins the first day of the month following your status change date.



If you have questions about eligibility or how our benefit programs work that are not addressed in this guide, please contact AskHR.

What's New for 2022

Health Insurance (Tiered & High Deductible Plans)

- ▶ UnityPoint Health will continue to pay most of the premium cost for medical coverage. **There will be an increase in premiums, and the amount will vary based on the plan, tier, and years of service level.**
- ▶ The deductible for single coverage will increase by \$500, and the deductible for family coverage will increase by \$1,000. This applies to both the Tiered Plan and Health Savings (High Deductible) Plan.
- ▶ The separate deductibles for inpatient and outpatient services, under the Tiered Plan, will now be combined into one deductible.
- ▶ Under the Health Savings (High Deductible) Plan, the family deductible will not be embedded – meaning there are two deductibles within one plan: single and family. No one family member will contribute more than the single amount towards the family deductible.

Health Savings Account (HSA)

- ▶ Annual contribution limits will increase from \$3,600 to \$3,650 for single coverage and from \$7,200 to \$7,300 for family coverage.

Flexible Spending Accounts (FSA) (Health Care, Limited Use & Dependent Care Accounts)

- ▶ IRS regulations require that every transaction from an FSA be substantiated. This means there needs to be proof that the funds were for eligible medical, prescription, dental, or vision expenses.
- ▶ New in 2022, if a team member does not provide documentation to substantiate the claim and funds are not paid back to the plan, or if the funds cannot be offset from future reimbursements, the team member may be taxed on the amount that needs to be substantiated.

Dental Insurance (Basic & Premier Plans)

- ▶ There will be a slight increase in premiums for Basic and Premier Plans in 2022.

Voluntary Life Insurance

- ▶ You may increase your coverage and/or your spouse or domestic partner coverage by \$10,000 (not to exceed the guarantee issue amount) without Evidence of Insurability (EOI).

Accident Insurance and Critical Illness Insurance

- ▶ Team members will see an increase in benefit amounts payable under each plan with no change in premium for the increased benefit amounts.

Pet Insurance

- ▶ A new pet insurance offering through MetLife can help keep your dogs and cats safe and healthy. Visit the Pet Insurance section or [metlife.com/getaquote](https://www.metlife.com/getaquote) to learn more or enroll.
- ▶ This benefit is not available to team members represented by a collective bargaining agreement.

IMPORTANT REMINDERS

Basic Life Insurance, Short-Term Disability, and Long-Term Disability

- ▶ To help protect you and your family when an accident, injury, illness, or even death occurs, UnityPoint Health provides these benefits at no cost to you.

Leave and Disability Management Transitioned to AbsenceOne

- ▶ Effective September 2021, **UnityPoint Health partnered with AbsenceOne** to offer a new process for requesting a leave of absence, including short- and long-term disability claims.

401(k) Retirement Savings Plan

- ▶ UnityPoint Health provides a core contribution equal to 2% of your pay and matches 50% for each dollar you contribute, up to the first 6%.
- ▶ You may change your contribution amount by visiting the **Fidelity website** at any time throughout the year.

Beneficiary Designation

- ▶ Review or change your 401(k) plan beneficiary designation(s) **through Fidelity**.
- ▶ Review or change your Life Insurance and Accidental Death & Dismemberment (AD&D) beneficiary designations(s) through **Prudential**.

2022 PTO Cash

- ▶ The election period is October 26 - November 9, 2021.
- ▶ Benefit eligible supervisors and non-management team members can sell up to 40 hours per payout date for a total of 80 hours in 2022.
 - The 40 hours per payout date for a total of 80 hours in 2022 is in response to the COVID-19 crisis. The annual cash out maximum of 40 hours will be reinstated for 2023 PTO Cash.
- ▶ Payouts will occur on the May 13, 2022 paycheck and/or the December 9, 2022 paycheck.

2022 Wellness Credit

- ▶ To earn the 2022 Wellness Credit, you and your spouse or domestic partner that is enrolled in a UnityPoint Health health insurance plan must complete the following requirements:
 1. An **annual physical** with your primary care provider (PCP) between **December 1, 2020 - November 30, 2021**.
 2. The online Health Risk Assessment (HRA) through the OnPoint for Health portal between **October 1, 2021 - December 31, 2021**.

MY BENEFITS

Health, dental, and vision insurance, life and disability insurance, and programs to help save for the future, such as 401(k) and Health Savings Account (HSA)





Compare Health Insurance Plans

	Tiered Plan (Traditional HMO)			High Deductible Health Plan		
	In-Network					
Annual Deductible (Single/Family)	\$1,500/\$3,000			\$3,000/\$6,000		
Annual HSA Contribution	N/A			\$750/\$1,500		
Coinsurance	20%			0%		
Med Exp Max Out of Pocket	\$4,000/\$8,000			\$3,000/\$6,000		
Physician Services						
Office Visit	\$30 Copay			No charge after Ded		
Specialty Visit	\$60 Copay			No charge after Ded		
E-visit	No charge			No charge after Ded		
Emergency Services						
Urgent Care	\$60 Copay			No charge after Ded		
Emergency Room	1-4 visits: \$250 each 5 or more visits: \$500 each			No charge after Ded		
Hospital Services						
Inpatient Services	20% Coins after Ded			No charge after Ded		
Delivery & Newborn Charges	20% Coins after Ded			No charge after Ded		
Outpatient Services	20% Coins after Ded			No charge after Ded		
Diagnostic Services						
Lab & X-Ray	No charge			No charge after Ded		
MRI/PET/CAT Scan	\$150 Copay			No charge after Ded		
Behavioral Health						
Inpatient Services	20% Coins after Ded			No charge after Ded		
Transitional	20% Coins after Ded			No charge after Ded		
Outpatient Services	\$30 Copay			No charge after Ded		
Other Services						
Durable Medical Equipment	20% Coins			No charge after Ded		
Therapy Services	\$30 Copay			No charge after Ded		
Pharmacy Benefits						
	Meriter UW Pharm		Other Pharm			
Tier 1	\$15 Copay		\$20 Copay		No charge after Ded	
Tier 2	30% Coins		30% Coins		No charge after Ded	
Tier 3	50% Coins		50% Coins		No charge after Ded	
Specialty	30% Coins				No charge after Ded	
Max Out of Pocket (Single/Family)	\$2,000/\$4,000			N/A		
Additional Benefits						
Preventive Services	No charge			No charge		
Employee Bi-Weekly Rates (26 pay periods)						
Years of Service	0-9	10-19	20+	0-9	10-19	20+
Employee	\$53.96	\$49.81	\$47.04	\$39.88	\$35.72	\$32.95
Employee + 1	\$121.43	\$117.28	\$114.51	\$82.25	\$78.09	\$75.32
Family	\$175.40	\$165.71	\$157.87	\$129.60	\$119.91	\$112.06

This Benefit Summary is intended to highlight the benefits provided in these plans. Please see your policy, including the Certificate of Coverage and Schedule of Benefits(SOB) for detailed coverage information, limitations and exclusions.



Health Savings Account (HSA)

To Receive and Make Contributions:

- You will need to open an account with Fidelity (Instructions below.) This will allow your payroll contributions and the UnityPoint Health contribution to be deposited at Fidelity.
- In order to make pre-tax contributions to your HSA, you will need to elect those contributions within the Fidelity website. This will be the only method of making and changing your contributions throughout the year.
- Beginning October 26, login to your Fidelity account to make your 2022 HSA pre-tax contribution election. Elections made by December 15 will be applied beginning the first pay period of 2022.
- Team members currently enrolled in an HSA, will have their 2021 HSA pre-tax contribution election roll over into 2022, if no action is taken.

Opening an account with Fidelity

When you're ready, opening and managing your HSA with Fidelity is fast and easy. You'll get information on investment choices, payment options, and ongoing support to help you build and manage your savings. For convenience, you can open a Fidelity HSA online.


Here's how it works:

- Log into NetBenefits® at NetBenefits.com/UnityPoint.
- From the home page, click "Open" next to Health Savings Account.
- If you do not have access to NetBenefits, contact a Fidelity Representative at 1-800-544-3716.

2022 Annual HSA Contribution Limits

Individual health care coverage	\$3,650*
Family health care coverage	\$7,300*
Additional catch-up contribution (if age 55 or older)	\$1,000

*The maximum amount you may contribute to your HSA, assuming you enroll at the start of 2022. These amounts include UnityPoint Health contributions. If you enroll into an HSA after the first of the year, this amount will change based on the monthly prorated UnityPoint Health contribution.



GENERAL NEED-TO-KNOW

- If you enroll in the Health Savings Medical Plan for 2022 but do not open your account with Fidelity between October 26 and December 24, 2021, you will forfeit the UnityPoint Health HSA contribution for the 2022 calendar year.
- Your 2022 payroll and UnityPoint Health contributions will be applied to your Fidelity HSA account beginning the first pay period of 2022.





Dental Insurance

You will have the choice to elect dental coverage from two plans:

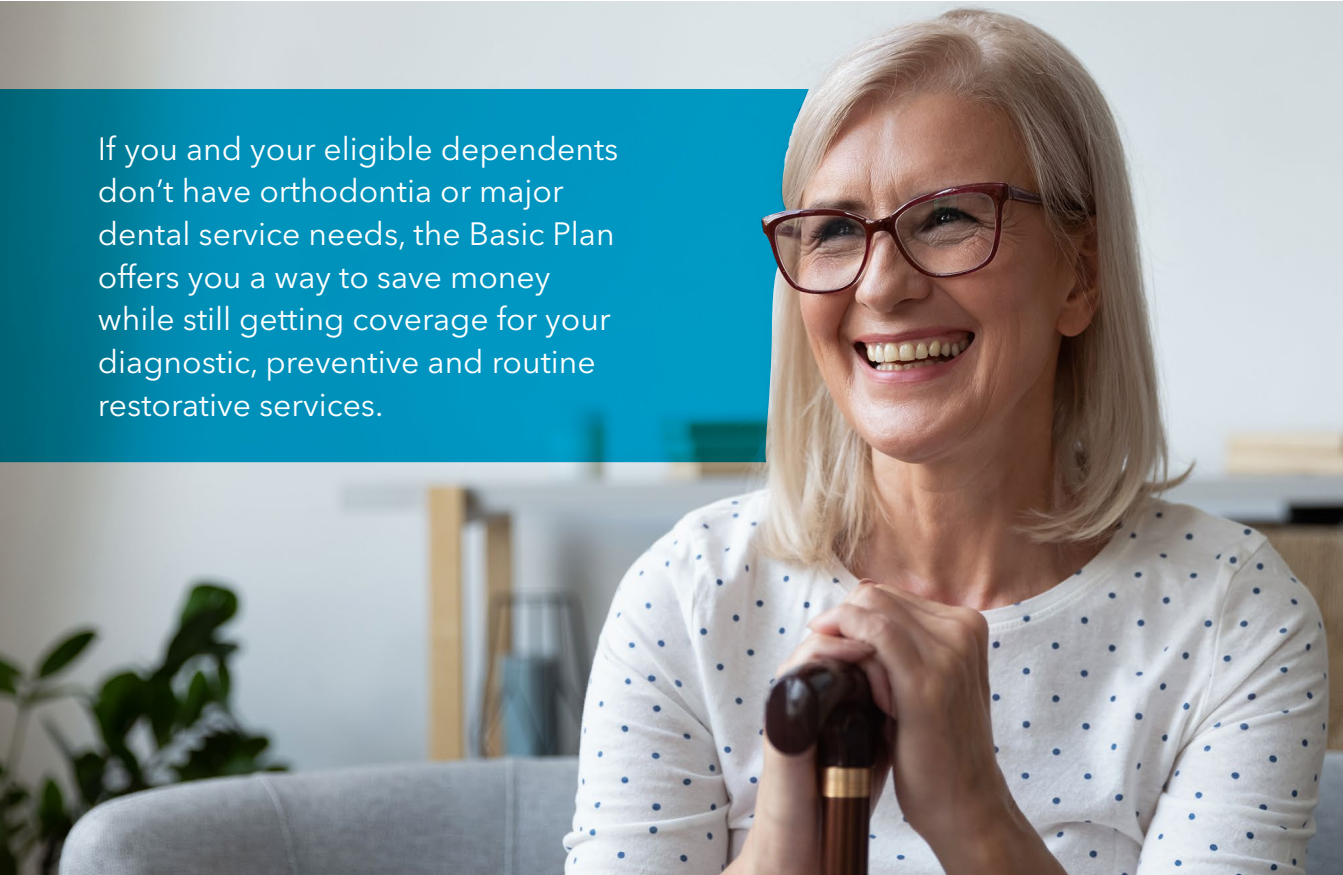
01	Premier Plan	02	Basic Plan
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About the Dental Plans

Both dental plans provide coverage for preventive and basic care services. When you enroll in the Premier Plan, orthodontia and major services will be covered for you and your eligible dependents. The Basic Plan will have significantly lower premiums as a result of not covering major services and orthodontia. **If you and your eligible dependents don't have orthodontia (under age 19) or major dental service needs, the Basic Plan offers you a way to save money while still getting coverage for your diagnostic, preventive and routine restorative services.**

The Enhanced Benefits Program (EBP) is available under both plans. The EBP offers additional oral health services to Eligible Covered Persons with qualifying dental or medical conditions. Qualifying participants may be eligible for additional cleanings and topical fluoride application.

Delta Dental contracts with dentists and other dental care providers in all of the communities where UnityPoint Health affiliates are located. When you see a dental provider who is in the Delta Dental PPO network, you will commonly pay less than when you see a dental provider who is in the Delta Dental Premier network or an out-of-network provider. You can review the coverage levels and premium information for each dental plan below to help you determine which plan is best for you. The percentages in the following table are the percentages you pay.



If you and your eligible dependents don't have orthodontia or major dental service needs, the Basic Plan offers you a way to save money while still getting coverage for your diagnostic, preventive and routine restorative services.



Dental Benefit Coverage	Basic Plan		Premier Plan	
	Delta PPO	Delta Premier/ Out of Network	Delta PPO	Delta Premier/ Out of Network
Deductible/Individual Annual Maximum	\$25 \$750	\$50 \$750	\$15 \$1,500	\$25 \$1,500
Diagnostic & Preventive				
Exams, cleanings, fluoride, space maintainers	100% covered	100% covered	100% covered	100% covered
Sealants				
X-rays				
Routine Restorative Services				
Simple extractions, surgical services	10% after deductible	20% after deductible	10% after deductible	20% after deductible
Emergency Treatment				
Routine Oral Surgery	50% after deductible		50% after deductible	
Posterior Composites				
Major Services				
Endodontics - root canal therapy	Not covered	Not covered	20% after deductible	20% after deductible
Periodontics - conservative and maintenance therapies				
Periodontics - complex procedures	Not covered	Not covered	50% after deductible	50% after deductible
Crowns, inlays, onlays				
Bridges and dentures				
Repairs and adjustments				
Orthodontics (Dependent Children Under 19)				
Appliances, treatment & related services	Not covered	Not covered	50%	
Lifetime Maximum per dependent child			\$2,000	
Dental Premium Cost				
	Per Pay Period		Per Pay Period	
Employee Only	\$5.20		\$8.43	
Employee + Spouse/DP	\$10.23		\$16.84	
Employee + Child(ren)	\$11.68		\$19.12	
Family	\$15.48		\$25.52	



Vision Insurance

Under the vision plan, you may purchase your eyeglasses and contacts at the eye care provider of your choice. However, when you use an Avesis network provider, you receive the highest level of plan benefits and have the lowest out-of-pocket costs.

For routine eye exams, you can see any Optometry provider; in or out-of-network. However, for non-routine eye care, you'll need to visit an in-network provider.

Vision Care Services	In-Network	Out-of-Network Reimbursement
Routine Annual Eye Exam	\$10 copay	Up To \$35
Materials	\$10 copay*	See Below
Glasses Frames	\$10 copay then covered 100% up to \$150 retail / \$50 wholesale value	Up to \$45
Glasses Lenses		
Single Vision	Covered in full after \$10 copay	\$25
Bifocal	Covered in full after \$10 copay	\$40
Trifocal	Covered in full after \$10 copay	\$50
Lenticular	Covered in full after \$10 copay	\$80
Standard Progressives	Covered up to \$140, plus 20% discount	Up to \$48
Lens Package Details		
Polycarbonate (Single Vision/Multi-Focal)	\$40/\$44	N/A
Youth Polycarbonate (Up to age 19)	Covered in full	Up to \$10
Standard Scratch-Resistant Coating	\$17	N/A
Ultra-Violet Screening	\$15	N/A
Solid or Gradient Tint	\$17	N/A
Standard Anti-Reflective Coating	\$45	N/A
Level 1 Progressives	Covered in full	Up to \$40
Level 2 Progressives	Covered in full	Up to \$48
Transitions (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% discount	N/A



Contact Lenses (in lieu of glasses)				
Elective	Up to \$150		Up to \$130	
Medically Necessary**	Covered in full		Up to \$250	
Surgery				
Refractive Laser Surgery	\$150 lifetime allowance, plus provider discount up to 25%		\$150 lifetime allowance	
Frequency				
Exam	Once every 12 months		Once every 12 months	
Glasses Lenses or Contact Lenses	Once every 12 months		Once every 12 months	
Glasses Frames	Once every 24 months		Once every 24 months	
Vision Premium Cost	Employee Only	Employee + Child(ren)	Employee + Spouse/DP	Family
Full & Part Time Rates	\$3.29	\$7.16	\$6.32	\$9.38

* Applies to eyeglasses frames up to \$150 retail value (\$50 wholesale value) and standard lenses (excluding progressive lenses)

** Prior authorization required





Flexible Spending Accounts (FSA)

Flexible Spending Accounts (FSAs) give you the opportunity to lower your taxes by paying for eligible health care and dependent care expenses on a pretax basis. You choose whether to participate in one or both of the accounts during each year. The FSAs are funded entirely with your contributions, which are made with pretax dollars from your paycheck.

Estimate how much you expect to spend during the 2022 plan year for eligible out-of-pocket medical expenses or dependent care expenses. For your 2022 plan year, you will be able to submit an eligible expense with a date of service between January 1, 2022 and December 31, 2022 and be reimbursed with your 2022 plan year funds. All eligible claims will need to be submitted by March 31, 2023.

As you choose to participate, there are a few things to keep in mind:

01

Avoid the “use-it-or-lose-it” rule. Unspent money left in your Dependent Care FSA is forfeited after the end of the year. Unspent money in the Health Care or Limited Use FSAs can be carried over into the next year, but only up to \$550.

02

Each account is separate. You cannot transfer money between the health care and dependent care accounts.

03

No automatic re-enrollment. IRS rules require you to actively re-enroll in the FSAs each year if you want to contribute pretax dollars.

04

Save your receipts. You may be required to submit them to HealthPartners to document your expenditures.

05

Choose your contribution amount wisely. Once you choose your FSA contribution amount, your election cannot be changed during the year without a qualifying life event.

Health Care FSA

This account is for eligible health care expenses for you and your dependents. Eligible expenses include medical, dental, orthodontia, vision and hearing aid expenses not covered by another health benefit plan. You can contribute up to \$2,750 to your Health Care FSA in 2022.

Limited Use FSA

If you enroll in the Health Savings Medical Plan, you cannot have a regular Health Care FSA, but you can have a Limited Use FSA. With the Limited Use FSA, eligible expenses include dental, orthodontia and vision expenses – not medical or prescription drugs. You can contribute up to \$2,750 to your Limited Use FSA in 2022.

Dependent Care FSA

This account can be used to pay dependent care expenses for children under 13 or adult dependents who can't care for themselves. Qualified expenses include in-home child care, licensed day care, preschool facilities, before- or after-school programs, and elder care. You can contribute up to \$5,000 to your Dependent Care FSA in 2022. Note: If your spouse also participates in a dependent care FSA, the tax-free benefit is limited to \$5,000 for both of you combined. If you are married but filing taxes separately, the tax-free benefit is limited to \$2,500.

MANAGE YOUR FSA ON THE GO

Download the free HealthPartners myHP app from the iTunes Store or Google Play to:

- ▶ Check your account balances on the go.
- ▶ Snap and submit photos of your receipts and file claims.
- ▶ And more!



Your FSA Benny Card

When you enroll in the FSA, you will receive a debit card from HealthPartners, which you can use to pay for your eligible FSA expenses.

Some card transactions will be verified at the point of purchase and others will be verified later through an automatic process. However, if HealthPartners cannot determine whether a transaction was for an eligible health care product or service, you will need to submit a detailed receipt to verify your purchase.

You may also submit claims and requested documentation from the myHP mobile app. You can find more FSA resources at healthpartners.com/unitypointhealth. If you have questions or need assistance with your FSA account, call HealthPartners Member Services at (888) 735-9200.

How long do you have to use your debit card for plan year expenses?

You can't use your debit card for expenses once the plan year has ended. For example, you can't use the card in 2023 for 2022 expenses. If you still have 2022 expenses to submit in 2023, you'll need to do it in the app, online, by mail, or fax.



FSA Tips & Resources

Tips to help automatically approve your expenses:

- Pay your bill in full as soon as possible.
- Pay separately for each date of service.

Tips for submitting documentation:

- Save your documentation electronically so it's easy to attach to your reimbursement request. You can take a picture with your smartphone or scan it. Submit your reimbursement request using the myHP mobile app or your myHealthPartners account. You can also mail or fax a copy to HealthPartners at (877) 624-2287.
- Keep all receipts.
- If you don't have a HealthPartners medical plan, get a copy of your Explanation of Benefits (EOB).
- Read all letters and emails from HealthPartners. They let you know when documentation is needed.
- Send in documentation right away. Your card could be suspended if you wait too long. If documentation is requested and not received you may be taxed on the amount of the transaction.

Additional FSA resources can be found at healthpartners.com/unitypointhealth. If you have questions or need assistance with your FSA account, call HealthPartners Member Services at (888) 735-9200.





Life Insurance

Life insurance coverage helps protect your loved ones in the event of your death or serious injury. Even if you're single, your beneficiary can use your life insurance benefits to pay off your debts, such as credit cards, mortgages and other final expenses.

Review and update your beneficiaries with Prudential at prudential.com/mybenefits

Basic Life Insurance

UnityPoint Health offers group term life insurance automatically at no cost to you.

Covered Person	Coverage Amount	Premium
Full-time and Part-time benefit eligible team members	1.5 times your base annual pay, up to \$450,000	No cost to you

Voluntary Life Insurance

You may purchase additional life insurance at favorable group rates. You pay for this coverage with after-tax dollars. Premiums for this coverage are shown in Lawson during your enrollment experience.

Covered Person	Coverage Amount	Premium
Employee	Increments of \$10,000 up to the lesser of: <ul style="list-style-type: none"> • 5 times your annual base pay, or • \$500,000 Amounts that exceed the lesser of three times your annual pay or \$350,000 will require Evidence of Insurability (EOI)	Based on team member's age as of January 1, 2022
Spouse/domestic partner	Increments of \$10,000 up to \$100,000 Amounts that exceed \$50,000 will require Evidence of Insurability (EOI)	Based on team member's age as of January 1, 2022
Children (up to age 26)	Flat amount of \$5,000 or \$10,000 per child	Flat rate no matter how many children are covered

Amount Limit Due to Age:

If you are age 70 and over, the life insurance benefit amount you are eligible for is reduced. Team members aged 70-74 will have life insurance value at 65% of the benefit, and those aged 75 and over will have a life insurance value of 50% of the benefit.



What You Need to Know About Evidence of Insurability (EOI)

When it comes to voluntary life insurance, you may be required to provide Evidence of Insurability, or EOI, to the insurance carrier as part of the application process. So, how does it work, and when will you have to submit it? Glad you asked!

- If you are newly benefit eligible and enrolling in life insurance for the first time, you may purchase voluntary employee life coverage up to the lesser of three times your annual pay or \$350,000, in increments of \$10,000, without providing EOI.
- Each year after your initial enrollment period, you may increase your coverage by \$10,000 (not to exceed the guarantee issue limit of the lesser of three times your annual pay or \$350,000) without providing EOI, as long as you are currently enrolled in voluntary life insurance.
- If you are newly benefit eligible and enrolling in life insurance for the first time, you may purchase voluntary spouse/domestic partner life coverage up to \$50,000, in increments of \$10,000, without providing EOI.
- Each year after your initial enrollment period, you may increase your spouse/domestic partner life coverage by \$10,000 (not to exceed the guarantee issue limit of \$50,000) without providing EOI.
- If you elect an amount greater than the guarantee issue limit, you will be required to submit EOI. If this is the case, you will receive an email with a link to an online questionnaire about you and/or your spouse/domestic partner’s health. You must complete the questionnaire in order for your requested coverage increase to be considered.
- Based on the answers in your questionnaire, you may also need to get a basic physical exam.

Bi-Weekly Voluntary Life Insurance Premiums (per \$1,000 of coverage)

Age	Employee and Spouse/ Domestic Partner*
Under 25	\$0.022
25-29	\$0.026
30-34	\$0.035
35-39	\$0.040
40-44	\$0.051
45-49	\$0.088
50-54	\$0.139
55-59	\$0.204
60-64	\$0.305
65-69	\$0.559
70-74	\$0.906
75+	\$1.230
Children	\$0.022 Flat Rate

*Premium based on team member’s age as of January 1, 2022

Evidence of Insurability is important! Your coverage may be delayed or denied if you don’t submit EOI.



Calculating Your Voluntary Life Cost

Follow these steps to calculate your bi-weekly voluntary life insurance premium:

Enter the amount of Voluntary Life Insurance you want:	\$	(1)
Employee: Increments of \$10,000, up to the lesser of 5x your base annual pay or \$500,000	Spouse/Domestic Partner: Increments of \$10,000 up to \$100,000	
Divide the amount in Line 1 by 1,000 and enter:	\$	(2)
Use the chart on the previous page to find the bi-weekly cost for employee's age and enter:	\$	(3)
Multiply the amount in Line 2 by the amount in Line 3 and enter:		
This is your bi-weekly cost for Voluntary Life Insurance	\$	(4)

► **Note:** Your cost can change if your coverage amount changes, your age changes, or if the insurance rates change.





Accidental Death and Dismemberment

This coverage pays a benefit if the covered person dies as a result of an accident. It will also pay all or part of the coverage amount if the covered person suffers a dismemberment injury or other covered loss due to an accident. You can purchase coverage for yourself, your spouse/domestic partner and/or your dependent children as follows:

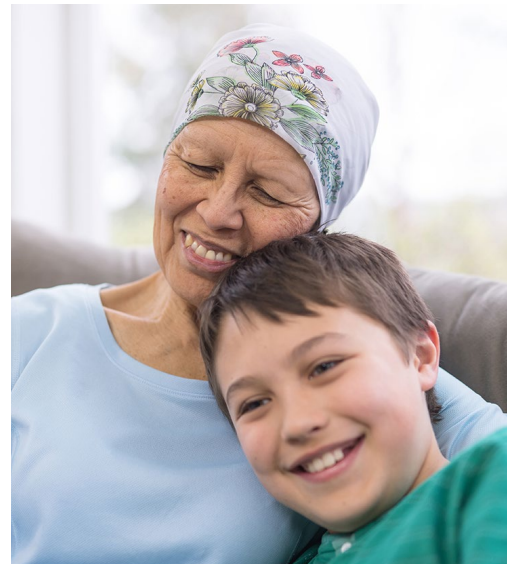
Review and update your beneficiaries with Prudential at prudential.com/mybenefits

Covered Person	Coverage Amounts	Available Premium
Employee	\$50,000 - \$500,000 in \$50,000 increments	\$0.007 per \$1,000 of coverage
Spouse/domestic partner	\$50,000 or \$100,000	
Children	\$5,000 or \$10,000 per child	

Critical Illness Insurance

Critical Illness Insurance pays a lump sum benefit if you are diagnosed with a covered illness or condition. You can use the benefit payment for any purpose you choose. You can purchase coverage for yourself, your spouse/domestic partner, and your children under age 26. If you leave UnityPoint Health, you can take this coverage with you. The following coverage amounts are available:

Covered Person	Coverage Amounts Available
Employee	\$10,000 \$20,000 \$30,000
Spouse/domestic partner	\$10,000
Children	\$5,000 per child



You must elect critical illness insurance for yourself in order to elect coverage for your spouse/domestic partner or child(ren).

The plan also pays a wellness benefit of \$50 once per calendar year for each family member enrolled when an eligible health screening test is completed.



**WATCH THE
CRITICAL
ILLNESS
INSURANCE
VIDEO**



If a covered person is diagnosed with a covered condition, the plan will pay this amount:

100% of coverage	25% of coverage	10% of coverage
<ul style="list-style-type: none"> • Heart attack • Stroke • Coma • Cancer • Type 1 Diabetes 	<ul style="list-style-type: none"> • Major organ failure • Permanent paralysis • End stage renal failure 	<ul style="list-style-type: none"> • Coronary artery bypass • Carcinoma in situ • Open heart surgery for valve replacement or repair
		<ul style="list-style-type: none"> • Skin cancer • Transcatheter heart valve replacement or repair

► **Note:** although there is not a pre-existing condition limitation on the Critical Illness plan, the plan will only cover illnesses/diseases that are diagnosed after the effective date of coverage.

At the time of claim, each claimant will be asked to provide supporting medical documentation along with the Attending Physician’s Statement of Critical Illness/ Specified Disease form.

Critical Illness Insurance: Bi-Weekly Premiums

Premiums - Employee (Bi-Weekly)			
	\$10,000	\$20,000	\$30,000
Age 29 and under	\$2.22	\$4.43	\$6.65
Age 30-34	\$2.77	\$5.54	\$8.31
Age 35-39	\$2.77	\$5.54	\$8.31
Age 40-44	\$5.22	\$10.43	\$15.65
Age 45-49	\$5.22	\$10.43	\$15.65
Age 50-54	\$10.15	\$20.31	\$30.46
Age 55-59	\$10.15	\$20.31	\$30.46
Age 60-64	\$14.68	\$29.35	\$44.03
Age 65-70	\$18.88	\$37.75	\$56.63
Age 70+	\$25.48	\$50.95	\$76.43
Premiums - Spouse/Domestic Partner (Bi-Weekly)			
	\$10,000		
Age 29 and under	\$2.68		
Age 30-34	\$3.18		
Age 35-39	\$3.18		
Age 40-44	\$6.00		
Age 45-49	\$6.00		
Age 50-54	\$12.55		
Age 55-59	\$12.55		
Age 60-64	\$19.15		
Age 65-70	\$21.92		
Age 70+	\$33.05		
Premiums - Child (Bi-Weekly)			
	\$5,000		
Per Family Unit	\$1.41		



Accident Insurance

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. You can purchase coverage for yourself, spouse/domestic partner, and your children under age 26. If you leave UnityPoint Health, you can take this coverage with you.

The amount paid depends on the type of injury and care received. For those who experience an accident claim and visit a UnityPoint Health facility, you will receive an additional 25% benefit up to \$1,000. You can use the payments for any purpose you choose. Here are some examples of payment provided:

Event/Condition	Benefit Amount
Ground ambulance	\$400
Air ambulance	\$2,000
Emergency room treatment	\$250
Hospital admission	\$1,500
Hospital confinement (per day, up to 365 days)	\$375
Critical care unit confinement (per day, up to 15 days)	\$600
Coma (14 or more days)	\$18,500
Surgery (open abdominal, thoracic)	\$1,500
Follow-up doctor visit	\$100
Medical equipment	\$275
Physical therapy (per treatment, up to 6)	\$60



WATCH THE ACCIDENT INSURANCE VIDEO

Accident Insurance also pays benefits for accident-related transportation, lodging, family care, prosthetic devices, burns, eye injuries, lacerations, dislocations, fractures and more.

Accident Insurance: Bi-weekly Premiums	
Employee Only	\$4.69
Employee + Spouse/ Domestic Partner	\$7.70
Employee + Child(ren)	\$8.91
Family	\$11.92

The plan also pays a wellness benefit of \$50 once per calendar year for each family member enrolled when an eligible health screening test is completed.





Hospital Indemnity Insurance

What is Hospital Indemnity Insurance?

Hospital Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. The benefit amount is determined by the type of facility and the number of days you stay. Hospital Indemnity Insurance is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



WATCH THE HOSPITAL INDEMNITY INSURANCE VIDEO

How can Hospital Indemnity Insurance help?

Below are a few examples of how your Hospital Indemnity Insurance benefit could be used (coverage amounts may vary):



Medical expenses, such as deductibles and copays



Travel, food and lodging expenses for family members



Child care



Everyday expenses like utilities and groceries

Who is eligible for Hospital Indemnity Insurance?

- All UnityPoint Health benefit eligible team members, their spouses/domestic partners and children.
- Your children are eligible for coverage up to age 26.
- If you elect coverage for your family members, your spouse/domestic partner and children will have the same Hospital Indemnity benefits as you do.

How much does Hospital Indemnity Insurance cover?

	Standard Benefit	Benefit at UPH Facility
Hospital Admission	\$1,000	\$1,250
Critical Care Unit Admission	\$2,000	\$2,500
Hospital Confinement	\$100/day, up to 30 days	\$125/day, up to 30 days
Hospital Intensive Care	\$200/day, up to 15 days	\$250/day, up to 15 days
Rehabilitation Facility Benefit	\$50/day, up to 30 days	\$62.50/day, up to 30 days
Pregnancy Covered?	Yes	Yes
Pre-Existing Condition Exclusion?		No
Portable and Transferable?		Yes
Bi-Weekly Premium Rates		
Employee		\$9.39
Employee + Spouse/DP		\$18.20
Employee + Child(ren)		\$13.79
Family		\$22.60



Short-Term Disability

The Short-Term Disability (STD) Plan provides income protection if you become disabled and cannot work due to a non-work-related illness or accidental injury.

UnityPoint Health automatically provides Short-Term Disability coverage - at no cost to you - for all eligible team members. Participation begins on the first of the month following your start date or benefit status change date.

The Short-Term Disability Plan begins to pay benefits after 7 days of continuous disability. Short-Term Disability benefits replace 70% of your regular weekly base pay, to a maximum of \$3,500 per week, for up to 26 weeks.

Long-Term Disability

If you become disabled for an extended period of time and cannot work, no benefit becomes more important to your financial security than disability income protection.

Basic Long-Term Disability

If you remain totally disabled and unable to work for more than 180 days, you may be eligible for Long-Term Disability (LTD) benefits. UnityPoint Health automatically provides you LTD benefits that replace up to 60% of your monthly base pay, up to a maximum of \$15,000 per month for full-time and part-time team members.

Monthly LTD benefits will be reduced by Social Security and any other disability income you are eligible to receive, such as Workers' Compensation.

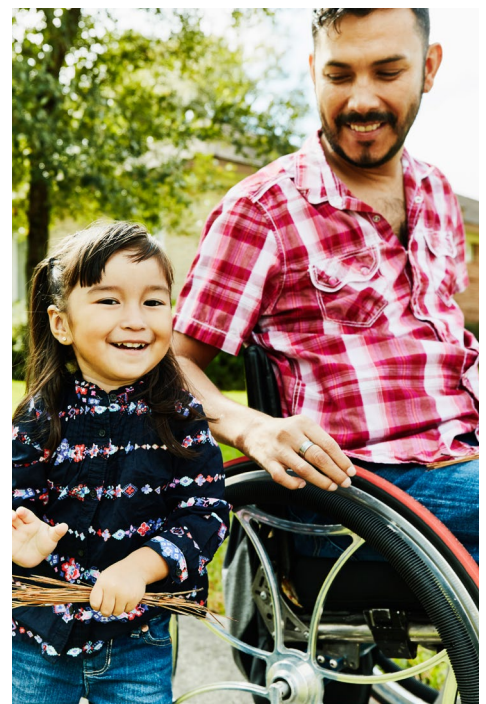
Individual Disability Income

UnityPoint Health recognizes that Basic Long-Term Disability (LTD) insurance alone may not provide enough of a monthly income to meet your financial obligations. That's why we offer supplemental coverage that guarantees a disability benefit amount of up to \$10,000 per month on top of your Basic LTD benefit amount, with no medical exams required.



ABSENCEONE

All approved Leaves of Absence (LOA), including intermittent FMLA and continuous LOA, including Short-Term Disability (STD), medical, personal, and military leave, are administered through AbsenceOne. Access the AbsenceOne online portal at AbsenceOne.com/unitypointhealth.





Malpractice Tail Insurance

Your Malpractice Insurance is provided by UnityPoint Health at no cost to you.

Legal Insurance & Identity Theft Protection

Whether you need assistance writing your will, disputing a traffic ticket, or protecting yourself against identity theft, Legal Insurance and Identity Theft protection from ARAG is here to help.

For only \$9.46 per pay period, you and your covered dependents will have access to a nationwide network of attorneys who will work with you to address and resolve life’s legal, financial, and identity theft issues, such as:

- Consumer and fraud protection
- Wills and estate planning
- Real estate
- Family law
- Civil damage claims (defense)
- Criminal matters
- Government benefits
- Small claims court
- Tax issues
- Traffic matters
- Debt-related matters
- Landlord disputes

This service can track your credit activity or online identity and you are notified immediately of suspicious activity.



In the event that your identity is stolen, the ARAG Identity Theft Protection program provides full-service restoration including access to Certified Identity Theft Restoration Specialists and reimbursement for up to \$1 million for expenses associated with restoring your identity.

To see a full list of coverages available under this plan, visit **ARAGLegalCenter.com** (access code 18191uph) and click on Plan Details. For any legal matters not covered and not excluded under the plan (including immigration assistance), you are eligible to receive at least 25% off the Network Attorney’s normal rate.





Pet Insurance

Now more than ever, pets are playing a significant role in our lives, and it's important to keep them safe and healthy. Help make sure your furry family members are protected against unplanned vet expenses for covered accidents or illnesses with MetLife Pet Insurance.

Like health insurance for you and your family, pet insurance is coverage for dogs and cats that can help you be prepared for unexpected vet costs. With MetLife Pet Insurance, you may be able to cover up to 100% of the veterinary care expenses from any licensed veterinarian, specialist, or emergency clinic across the U.S.

What are the coverage options?

Coverage is flexible and customizable so that you can choose the plan that works for you.

Options include:

- Levels of coverage from \$500 - unlimited
- \$0 - \$2,500 deductible options
- Reimbursement percentages from 50% - 100%

How much does Pet Insurance cost?

Each pet's premium will be unique based on the age, breed, location, as well as what coverage amount you select. Plus, if you go claim-free in a policy year, MetLife will automatically decrease your deductible by at least \$25.

How do you pay for the insurance?

You can set up an automatic payment from your bank or credit card with MetLife.

- To get a quote or enroll, visit [metlife.com/getpetquote](https://www.metlife.com/getpetquote) or call (800) GET-MET8.



What's covered?	Coverage also includes
Accidental injuries	Hip dysplasia
Illnesses	Hereditary conditions
Exam fees	Congenital conditions
Surgeries	Chronic conditions
Medications	Alternative therapies
Ultrasounds	Holistic care
Hospital stays	And much more!
X-rays and diagnostic tests	





Retirement Savings

We are proud to invest in your financial health and future by continuing to provide a core contribution to you that is equal to 2% of your pay and also matching 50% for each dollar you contribute to your 401(k), up to the first 6%. So, in order to maximize your employer match, you would want to contribute 6% of your paycheck so you can receive the full 3% match from UnityPoint Health. While there isn't any action required on your behalf for your enrollment, we do encourage you to log into the Fidelity portal (netbenefits.com/unitypoint).

To speak with a Fidelity representative who can answer your questions or to schedule a one-on-one consultation, you can call (800) 343-0860.

From there you can do things like:

- Determine how much you should be saving
- Get a snapshot of your retirement by answering a few questions
- Change your contributions
- Change your investments
- Update your beneficiaries
- Get help with your finances by talking to a retirement planner

457(b) Retirement Savings Plan:

A 457(b) plan allows you to invest, on a pretax basis, a portion of your income for retirement.

- Employee deferrals are 100% paid by the staff member
- Non-qualified deferred compensation plan
- Eligible individuals (initially >\$150,000 salary) can defer additional pretax salary up to \$19,500
- Participant directs investments within certain guidelines
- Payout at termination, death and disability as W-2 wages
- Funds invested are subject to the creditors of the organization
- Rollovers limited to another 457(b) plan



MY WELL-BEING

Programs, activities and resources designed to enhance physical, financial and emotional well-being





Paid Time Off (PTO)

UnityPoint Clinic supports time away from the clinic by providing vacation time in accordance with the schedule below. Please note this is adjusted based upon FTE status. In addition, recognized holidays are not deducted from the bank and sick time is not deducted when on the approved compensation plan. The standard plan allows for non hospitalist physicians to receive 10 days of vacation upon hire. You will accrue up to 20 days (including vacation and sick time) when on guarantee and 30 days (vacation only) when on the compensation plan.

Hospitalists will receive 5 days of PTO front loaded for Short Term Disability elimination period.

Physician PTO Accrual Chart*

Employment type	Guarantee	Compensation
Days per year	20 days	30 days
Accrual rate	7.70%	11.54%
Hours per pay period (assuming 80 hours)	6.1538	9.2308
Maximum balance	20 Days (160 Hours)	30 Days (240 Hours)

*Hospitalists are not eligible to accrue PTO.





Paid Parental Leave Policy

We know it is important for you to take time to care for your newborn or adopted child. Any full-time benefit eligible team member (0.8 FTE or more) who has at least six months of employment with UnityPoint Health will have the ability to:

01

Receive 40 hours of additional Paid Time Off (PTO)

02

Utilize a position-guaranteed leave

About Your Benefit

When you request a parental leave following the birth or adoption of a child, UnityPoint Health will provide 40 hours of additional Paid Time Off (PTO). The additional days will be added to your PTO bank and can be used through your regular time off request process at your affiliate.

UnityPoint Health will also extend a position-guaranteed leave for two additional weeks. Depending on your affiliate location and employment, this extension will take place upon the exhaustion of Family Medical Leave Act (FMLA), Wisconsin Family and Medical Leave Law (WFMLL), Iowa Pregnancy Leave Law (IPLL), and/or Short-Term Disability. These additional two weeks must be taken consecutively.

To speak with an AbsenceOne representative who can answer your questions or to request a Parental Leave, please contact AbsenceOne by visiting absenceone.com/unitypoint or calling (877) 467-2671.

Adoption Assistance

UnityPoint Health will grant up to \$4,000 in reimbursement per child for expenses related to the process of the legal adoption of a child to full-time (0.8 FTE or more) and part-time (0.4 FTE or more) benefit eligible team members who have at least six months of employment with UnityPoint Health. For reimbursement, a benefit eligible team member must provide a notarized statement of expenses and a notarized copy of a court decree of adoption by submitting a case in Lawson to AskHR. If a husband and wife both work for UnityPoint Health, the total amount of reimbursement per legal adoption of a child is up to \$4,000 per child.





Care@Work

By partnering with **Care.com**, we are able to bring a portfolio of family care benefits to our benefit eligible team members at every stage of life. UnityPoint Health will pay for the membership costs for **Care.com** on your behalf. The only cost you will be responsible for is the provider charges.

Care.com Membership

With a **Care.com** membership, you will receive unlimited access to the largest online community for family care. You can find assistance with a multitude of needs in one convenient location, accessible anywhere. You can find child care, help for aging parents, pet care, housekeeping and more all at **Care.com**.

Backup Care for Children

Backup care allows eligible team members to get last-minute assistance for child care when schools are closed, nannies or daycare providers are sick, last-minute business trips or any other issues that arise. Team members can be confident that all **Care.com** resources are properly vetted, and each recommendation has passed a multitude of background checks to ensure your children are in the best hands possible, in every situation. The options for backup childcare are reputable in-home or in-center care that can be arranged for them should any issues arise.

Backup Care for Adults

Backup care for adults is in-home care for your family members - even in other cities. Every family is different, and every family member has varying needs. **Care.com** has specialists that find vetted adult care for help with rides to doctor appointments, meal prep, household maintenance and more. They are here to help family members live better day-to-day when our team members can't be there.

Senior Care Planning

Senior care planning offers one-on-one guidance and support from Masters-level social workers. Assisting family members with aging can be a difficult process but **Care.com** is here to help. Through support from social workers, they can provide assistance finding the best care options for a variety of different health needs, conducting facility evaluations for senior centers, rehabilitation facilities, nursing homes, and retirement communities, as well as assistance with transitioning to end-of-life care.

Ready to get started with **Care@Work**? Head to unitypoint.care.com to complete a simple registration process.

Team Member Discounts

UnityPoint Health continues to partner with PerkSpot to provide discounts on a wide variety of services and consumer goods. PerkSpot is a free benefit to all UnityPoint Health team members. You can go to <https://unitypoint.perkspot.com> to log into the PerkSpot website where you will gain access to numerous discounts for things like:

- Restaurants
- Clothing and Jewelry
- Gym Memberships
- Vehicles and Car Services
- Electronics and Cell Phones
- Home Services
- Insurance
- Office Supplies
- Movie and Entertainment Tickets
- Sports
- Hotels
- Flights

DID YOU KNOW?

If you would like to suggest a merchant for PerkSpot to work with, you can log in and click the "Suggest a Merchant" link in the upper right corner of the screen. Once you submit the suggestion, PerkSpot will contact the merchant. Merchants can also contact PerkSpot directly by calling 866-606-6057 if they would like to offer a discount to you and others.



Provider Wellness Services

Provider Wellness Services is designed to help providers and their family deal with a variety of work and life challenges, such as communication issues, depression or anxiety, grief, substance abuse, relationship troubles, legal or financial problems, or other challenges you may face. The service, administered by Vital Work-Life, provides the following benefits:

- Counseling
- Virtual Concierge Services
- Financial Services
- Provider Peer Coaching
- Legal Services
- Web Services

Please call Provider Wellness Services at (877) 731-3949 to utilize this EAP service or go to: vitalforphysicians.com

Username: unitypointclinic | **Password:** provider

OnPoint for Health: Wellness Credit and Wellness Rewards

2022 Wellness Credit

Team members and their spouses or domestic partners who are enrolled in the health plan will have two opportunities to earn rewards – A wellness credit and a wellness reward.

Please note: New hires as of October 1, 2021 and on will be grandfathered into the 2022 Wellness Credit.

- 01 Complete an **annual physical** with your primary care provider (PCP) between December 1, 2020 - November 30, 2021.
- 02 Log into the OnPoint for Health portal between October 1, 2021 - December 31, 2021 to complete the online Health Risk Assessment (HRA).

DID YOU KNOW?

Both UnityPoint Health medical plans completely cover the cost of your annual physical with your PCP.

2022 Wellness Rewards

Benefit-eligible team members (even if they are not enrolled in a UnityPoint Health medical plan) and their spouse/domestic partner (who must be enrolled in a UnityPoint Health medical plan) can earn points by completing challenges that will be available after January 1, 2022 in order to earn financial rewards.

Achieve 1,500 points	Achieve 3,000 points
earn a \$100 reward paid out on your paycheck	earn a \$150 reward paid out on your paycheck

*Eligibility for these rewards will be reviewed on a monthly basis between February and December 2022. The financial reward will be paid out by the 2nd paycheck of the following month in which the point total is achieved.

Please note: All wellness rewards are subject to tax and you must be in an active, benefit-eligible status at the time the reward is paid out in order to receive it.

MY GROWTH & DEVELOPMENT

Learning, career opportunities and other experiences that support professional and personal growth





Continuing Education

Ongoing education is critical within our culture of innovation. We support your commitment to staying abreast of best practice guidelines as you continue to hone your skills as a provider.

- Physicians will receive 5 days off per year for CME Time (Part-time 3 days). This is separate from vacation days.
- \$5,000 annual CME allowance on qualifying expenses (CME funds will be prorated accordingly in the event of partial FTE employment by Physician).
- You may roll over unused funds from year to year, with a cap of \$10,000.



Education Assistance

UnityPoint Health has partnered with Fiducius to help benefit eligible team members with their student loan and educational needs. If you have student loans, the Loan Relief benefit is for you. If you are seeking additional education to advance your career, then the Tuition Support benefit is for you. For both benefits, enrollment starts with the Student Loan Financial Planning service. Several factors, including education plans, income, household size, student loan balance, etc., help determine which benefit delivers the greatest financial wellness for your specific situation. This service is delivered through an online platform and interaction with expert financial Advisors. Learn more below.

Loan Relief Benefit - Team Members & Family Members with Existing Student Loans

- Based on your specific situation, Fiducius will determine which, if any, of the following loan restructuring solutions is best for you:

Forgive	ReFi	SimpliFi
Reduce monthly payments and receive loan forgiveness through a federal program (PSLF).	Refinance through a private lender to lower interest rate and/or improved terms.	Consolidate loans and lower payments, while maintaining Dept. of Education benefits.

- You will be fully educated on your option(s) and receive a detailed Student Loan Financial Wellness Plan. This personalized plan will outline your anticipated savings and how they support your short and long-term financial goals, e.g., buying a home.
- The plan is provided at no cost to you since UPH provides this service. As a voluntary benefit, you then decide whether to implement the plan on your own or to hire Fiducius to manage the implementation. It's your choice and there is absolutely no obligation! Either way, you can be confident you're tackling your student loans in the best way possible with your plan.
- It's easy to get started. Check your work inbox for emails from Fiducius about the Loan Relief benefit. Use the provided links to go to the "Create Account" page to complete setup of your account and answer some basic questions, which typically takes 5-6 minutes. If you can't find the emails or have trouble logging in, email Fiducius at LoginAssistance@GetFiducius.com, put "UPH" in the subject line, and provide a brief description of the problem. Your Support Services team at Fiducius will be glad to help you resolve the issue.



Who is eligible for the Loan Relief Benefit?

All UnityPoint Health team members and their family members	All team members with student loans <ul style="list-style-type: none"> • Loan(s) for themselves • Loan(s) for their children/grandchildren - Parent Plus loans 	Family members of UnityPoint Health team members <ul style="list-style-type: none"> • Loan(s) of spouses or other family members • Cover both nonprofit and for-profit organizations
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IT'S NOT JUST UNITYPOINT HEALTH TEAM MEMBERS!

Tuition Support - Team Members Seeking Additional Education

- This benefit is an investment in your higher education and development. Those seeking additional degrees or certificates may qualify for Tuition Support. Through the Student Loan Financial Planning process, Fiducius will direct you towards standard Tuition Support or the enhanced Back-to-School Forgive solution, based on your unique situation.

Who is eligible for Tuition Support?

Part-time and full-time benefit eligible team members who have been employed with UnityPoint Health for at least six months. Team members must be in good standing and have not had a formal performance corrective action plan within the previous 12 months.

- Those who are directed towards the Back-to-School Forgive solution will not receive standard support, but instead use "forgivable debt" to finance your education. This may be because you have existing student loan debt or the cost of your on-going education. Your Advisor will explain how this approach will save you far more than taking standard support. In addition, all fees associated with this benefit are covered by UnityPoint Health.
- Those who are not directed towards the Back-to-School Forgive solution of Loan Relief offered through Fiducius, will be granted the following Tuition Support allowances. This is dependent on available Tuition Support budget for the fiscal year.

Support Amounts

	Classification	Maximum Amounts
All Other Colleges	Part Time (32-63)	\$1,500
	Full Time (64-80)	\$3,000
UnityPoint Health College	Part Time (32-63)	\$2,625
	Full Time (64-80)	\$5,250



Terms of Tuition Support

- Team members must obtain a “C” or better for Undergraduate degree programs to be eligible to receive support.
- Team members must obtain a “B” or better for Graduate degree programs to be eligible to receive support.
- The program will offer support for expenses relative to books, fees and tuition less any grants/scholarships.
- Tuition support benefits do not include payments for the following items:
 - Meals, lodging, or transportation
 - Tools or supplies (other than textbooks) that you can keep after completing the course of instruction.
 - Courses involving sports, games, or hobbies unless they:
 - Have a reasonable relationship to the business of UnityPoint Health; or
 - Are required as part of an approved degree program.
 - **Support will only be made upon completion of a course following submission of your grade and proof of payment.**
- Receipt of Tuition Support is not a promise of a position upon completion of an academic degree program and does not forgive the repayment of funds as set forth in this policy if no offer of employment is presented.
- Benefits provided under this policy are intended to comply with the requirement of Internal Revenue Code Section 127 and will be treated as nontaxable to the maximum extent allowed thereunder. In addition, other provisions of the Internal Revenue Code may apply and/or another UnityPoint Health policy, program, or practice to exclude benefits from a team member’s taxable income. As a result, UnityPoint Health will not include said benefits with wages, tips and other compensation shown on team member’s Form W-2, box 1, unless otherwise required by law. This also means team members are not required to include the benefits on personal income tax returns.

Repayment

Repayment is required when a team member fails to remain in a benefit eligible employment status within any UnityPoint Health employer for more than 12 months after the ending date of the course.



This booklet highlights the main features of the benefit plans sponsored by UnityPoint Health. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. UnityPoint Health reserves the right to change or discontinue the plans at any time with appropriate notification. Participation in the plans does not constitute an employment contract. UnityPoint Health reserves the right to modify, amend, or terminate any benefit plan or practice described in this booklet. Nothing in this booklet guarantees that any new plan provisions will continue in effect for any period. Plan documents are available at the HR landing page on the Hub or by contacting AskHR at (888) 543-2275.

APPENDIX



Cost Breakdown

You and UnityPoint Health (UPH) share the cost of your benefits. You pay your share of most benefit costs before federal, state and Social Security taxes are calculated.

UnityPoint Health Pays for:	<ul style="list-style-type: none"> • Health Savings Account (Employer Contribution) • Basic Life Insurance • Short-Term Disability • Long-Term Disability 	<ul style="list-style-type: none"> • Employee Assistance Program (EAP) • OnPoint for Health Wellness Program • Paid Time Off (PTO) • 401(k) Employer Match 	<ul style="list-style-type: none"> • Paid Leave (Bereavement, Jury Duty, Parental Leave, etc.) • Education Assistance • Care.com Membership
You pay for:	<ul style="list-style-type: none"> • Vision Insurance • Flexible Spending Accounts (FSA) • Health Savings Account (Employee Contributions) 	<ul style="list-style-type: none"> • Accidental Death & Dismemberment • Voluntary Life Insurance • Critical Illness Insurance • Accident Insurance • Pet Insurance 	<ul style="list-style-type: none"> • Legal Insurance & Identity Theft Protection • Hospital Indemnity Insurance • 401(k) Employee Contributions
You and UnityPoint Health share the cost of:	<ul style="list-style-type: none"> • Health Insurance* • Dental Insurance 	*UnityPoint Health pays for the majority of these costs	

All premiums listed below are deducted over 26 pay periods

Health Insurance				
Tiered Plan	Employee Only	Employee + 1	Family	
0-9 Years	\$53.96	\$121.43	\$175.40	
10-19 Years	\$49.81	\$117.28	\$165.71	
20+ Years	\$47.04	\$114.51	\$157.87	
High Deductible Health Plan				
0-9 Years	\$39.88	\$82.25	\$129.60	
10-19 Years	\$35.72	\$78.09	\$119.91	
20+ Years	\$32.95	\$75.32	\$112.06	
Dental Insurance				
	Employee Only	Employee + Child(ren)	Employee + 1	Family
Basic Plan - Full & Part Time Rates	\$5.20	\$11.68	\$10.23	\$15.48
Premier Plan - Full & Part Time Rates	\$8.43	\$19.12	\$16.84	\$25.52
Vision Insurance				
Full & Part Time Rates	\$3.29	\$7.16	\$6.32	\$9.38
Accidental Death & Dismemberment				
Covered Person	Coverage Amounts		Available Premium	
Employee	\$50,000 - \$500,000 in \$50,000 increments		\$0.007 per \$1,000 of coverage	
Spouse/domestic partner	\$50,000 or \$100,000			
Children	\$5,000 or \$10,000 per child			

Voluntary Life Insurance (Bi-Weekly Premiums, per \$1,000 of coverage)			
Age	Employee and Spouse/ Domestic Partner	Age	Employee and Spouse/ Domestic Partner *
Under 25	\$0.022	55-59	\$0.204
25-29	\$0.026	60-64	\$0.305
30-34	\$0.035	65-69	\$0.559
35-39	\$0.040	70-74	\$0.906
40-44	\$0.051	75+	\$1.230
45-49	\$0.088	Children	\$0.022 Flat Rate
50-54	\$0.139	*Premium based on team member's age as of January 1, 2022	

Hospital Indemnity Insurance			
Employee Only	Employee + Child(ren)	Employee and Spouse/ Domestic Partner	Family
\$9.39	\$13.79	\$18.20	\$22.60

Accident Insurance			
\$4.69	\$8.91	\$7.70	\$11.92

Legal Insurance & Identity Theft Protection
 \$9.46 for employee and all dependents

	Premiums - Employee (Bi-Weekly)			Premiums - Spouse/ DP (Bi-Weekly)	Premiums - Child (Bi-Weekly)
	\$10,000	\$20,000	\$30,000	\$10,000	\$5,000
	Age 29 and under	\$2.22	\$4.43	\$6.65	\$2.68
Age 30-34	\$2.77	\$5.54	\$8.31	\$3.18	
Age 35-39	\$2.77	\$5.54	\$8.31	\$3.18	
Age 40-44	\$5.22	\$10.43	\$15.65	\$6.00	
Age 45-49	\$5.22	\$10.43	\$15.65	\$6.00	
Age 50-54	\$10.15	\$20.31	\$30.46	\$12.55	
Age 55-59	\$10.15	\$20.31	\$30.46	\$12.55	
Age 60-64	\$14.68	\$29.35	\$44.03	\$19.15	
Age 65-70	\$18.88	\$37.75	\$56.63	\$21.92	
Age 70+	\$25.48	\$50.95	\$76.43	\$33.05	

Vendor Contact List

Plan	Contact	Phone	Website
Health Insurance	Quartz	(800) 805-0693 (608) 644-3440	quartzbenefits.com
FSA	HealthPartners	(888) 735-9200	healthpartners.com/unitypointhealth
Dental Insurance	Delta Dental of Iowa	(800) 544-0718	deltadentalia.com
Vision Insurance	Avesis	(800) 828-9341	avesis.com
OnPoint for Health	Optimum	(309) 691-6383	onpointforhealthuph.personalhealthportal.net/login
Health Savings Account (HSA)	Fidelity	(800) 544-3716	netbenefits.com/unitypoint
Accident Insurance	Voya Financial	(877) 236-7564	voya.com
Critical Illness Insurance	Voya Financial	(877) 236-7564	voya.com
Life/AD&D/ Disability	Prudential	Life Inquires: (800) 524-0542 EOI Inquires: (888) 257-0412	prudential.com/mybenefits
Hospital Indemnity Insurance	Voya Financial	(877) 236-7564	voya.com/products/hospital-confinementindemnity-insurance
Care@Work	Care.com	(855) 781-1303	unitypoint.care.com
Legal Insurance & Identity Theft Protection	ARAG	(800) 247-4184	ARAGLegalCenter.com (access code 18191uph)
Pet Insurance	MetLife	(800) GET-MET8	metlife.com/getpetquote
Retirement Savings	Fidelity	(800) 343-0860	netbenefits.com/unitypoint
UnityPoint Health IT Service Center	UnityPoint Health	(800) 681-2060	N/A
Education Assistance	Fiducius		unitypoint.myfiducius.com

Availability of Summary Health Information

UnityPoint Health offers two medical plans. As required by Patient Protection and Affordable Care Act, your plan makes available a Summary of Benefits and Coverage (SBC) for each option. The SBCs can be found at the HR landing page on the Hub. You can also request a paper copy, free of charge, by contacting AskHR.

ERISA Disclosure Notice

UnityPoint Health does not discriminate, exclude, or treat people differently on the basis of race, color, national origin, age, disability, or sex. We provide the following for free:

- Communication aids and services to people with disabilities, such as:
 - Sign language interpreters
 - Written information in other formats
- Language services to people whose primary language is not English, such as:
 - Interpreters
 - Information written in other languages

If you need these services, contact the Grievance Coordinator. If you believe that we have failed to provide these services or discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail or by phone with:

Benefits Manager, Human Resources
1776 West Lakes Parkway
West Des Moines, IA 50266
(515) 883-9662

The Grievance Coordinator is available to help you file a grievance. You can also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200
Independence Avenue, SW Room 509F
HHH Building
Washington, D.C. 20201
1-800-368-1019 | 1-800-537-7697 (TDD)
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

Arabic

ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-515-574-6608

Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-515-574-6608。

French ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-515-574-6608.

German ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-515-574-6608.

Gujarati સુચન: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-515-574-6608.

Hindi ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-515-574-6608 पर कॉल करें।

Hmong LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-515-574-6608.

Italian ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-515-574-6608.

Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-515-574-6608 번으로 전화해 주십시오.

Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-515-574-6608.

Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-515-574-6608.

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-515-574-6608.

Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-515-574-6608.

Urdu بردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات کال کریں 1-515-574-6608 مفت میں دستیاب ہیں۔ کال کریں

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-515-574-6608.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan 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 other 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 marriage. You must request enrollment within 60 days of birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact UnityPoint Health's AskHR department by calling 1-888-543-2275.

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).

State	Phone	Website:
Alabama - Medicaid	1-855-692-5447	http://myakhipp.com/
Alaska - Medicaid The Ak Health Insurance Premium Payment Program	1-866-251-4861	Website: http://myakhipp.com/ Email: CustomerService@MyAKHIP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
Arkansas - Medicaid	1-855-MyARHIPP (855-692-7447)	http://myarhipp.com/
Colorado - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (Chp+)	Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Health First Colorado Website: https://www.healthfirstcolorado.com/ CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
Florida - Medicaid	1-877-357-3268	http://flmedicaidtplrecovery.com/hipp/
Georgia - Medicaid	678-564-1162 ext 2131	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Indiana - Medicaid	1-877-438-4479 All other Medicaid 1-800-403-0864	Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ All other Medicaid http://www.indianamedicaid.com
Iowa - Medicaid	1-800-257-8563	http://dhs.iowa.gov/Hawki
Kansas - Medicaid	1-800-635-2570	https://chfs.ky.gov
Louisiana - Medicaid	1-888-695-2447	http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Maine - Medicaid	1-800-442-6003 TTY: Maine relay 711	http://www.maine.gov/dhhs/ofi/public-assistance/index.html

Massachusetts - Medicaid And Chip	1-800-862-4840	http://www.mass.gov/eohhs/gov/departments/masshealth/
Minnesota - Medicaid	1-800-657-3739	https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Missouri - Medicaid	573-751-2005	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Montana - Medicaid	1-800-694-3084	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Nebraska - Medicaid	(855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	http://www.ACCESSNebraska.ne.gov
Nevada - Medicaid	1-800-992-0900	https://dhcfp.nv.gov
New Hampshire - Medicaid	603-271-5218 Toll free HIPP program: 1-800-852-3345, ext 5218	https://www.dhhs.nh.gov/oii/hipp.htm
New Jersey - Medicaid And Chip	Medicaid Phone: 609-631-2392 CHIP Phone: 1-800-701-0710	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP Website: http://www.njfamilycare.org/index.html
New York - Medicaid	1-800-541-2831	https://www.health.ny.gov/health_care/medicaid/
North Carolina - Medicaid	919-855-4100	https://medicaid.ncdhhs.gov/
North Dakota - Medicaid	1-844-854-4825	http://www.nd.gov/dhs/services/medicalserv/medicaid/
Oklahoma - Medicaid And Chip	1-888-365-3742	http://www.insureoklahoma.org
Oregon - Medicaid	1-800-699-9075	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html
Pennsylvania - Medicaid	1-800-692-7462	http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Rhode Island - Medicaid And Chip	855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	http://www.eohhs.ri.gov/
South Carolina - Medicaid	1-888-549-0820	https://www.scdhhs.gov
South Dakota - Medicaid	1-888-828-0059	http://dss.sd.gov
Texas - Medicaid	1-800-440-0493	http://gethipptexas.com/
Utah - Medicaid And Chip	1-877-543-7669	https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone:
Vermont - Medicaid	1-800-250-8427	http://www.greenmountaincare.org/
Virginia - Medicaid And Chip	Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282	http://www.coverva.org/programs_premium_assistance.cfm CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
Washington - Medicaid	1-800-562-3022 ext. 15473	https://www.hca.wa.gov/
West Virginia - Medicaid	Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	http://mywvhipp.com/
Wisconsin - Medicaid And Chip	1-800-362-3002	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Wyoming - Medicaid	307-777-7531	https://wequalitycare.acs-inc.com/

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

Women's Health And Cancer Rights Act Of 1998 (WHCRA)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call UnityPoint Health's AskHR department at 1-888-543-2275 for more information.



UnityPoint Health