

2023 ENROLLMENT GUIDE

Dubuque Non-Union
Team Members



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, 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 have 30 days from their start date to enroll in benefits using the Lawson portal. Benefits coverage begins the first day of the month following your start date. You can find a link to Lawson and instructions for how to enroll on the **Total Rewards Site**.

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. If adding a spouse/domestic partner or dependent child, UnityPoint Health highly encourages adding their social security number (identification number) into their dependent profile to support benefit activities such as insurance claims processing, wellness credit reporting, and form 1095 creation. During your enrollment, you will not be asked to verify your dependents. (Please review information on domestic partners below). With that said, you could be subject to a future audit asking you to provide dependent verification documents. To verify your dependent's eligibility (if audited), you would need to provide documentation such as a marriage certificate, government issued birth certificate(s), recent federal tax return, etc. If requested documents are not received within 30 days of request, the applicable dependents would be removed from the elected benefit(s). We recommend you keep these documents on hand in the event you are asked to provide them.

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). When enrolling a domestic partner, you will be required to verify and acknowledge that they are eligible for the plans you have selected. After you complete your enrollment our HR Shared Services team will reach out within a few business days to advise on the next steps towards verifying your domestic partner.
- 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.

Working Spouse Surcharge

Team members that choose to enroll a working spouse or domestic partner who is eligible for health insurance coverage through their employer will pay a \$75 working spouse surcharge. The \$75 surcharge only applies to medical coverage and will be added to your per pay period medical premium.

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

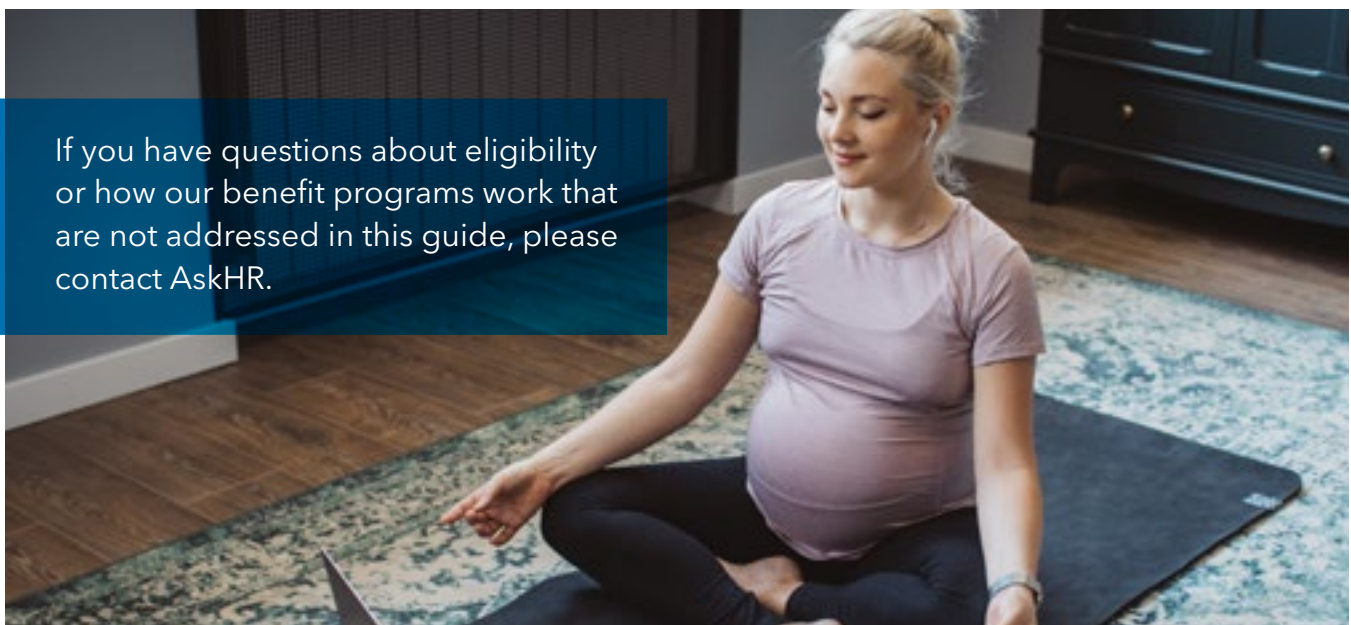
Based on IRS rules, you can generally make changes during the year only if you have a qualifying life event that impacts your family or employment status. For example, loss of health coverage, birth of a child(ren), marriage, or changes in residence. In order to make changes mid-year, you'll need to complete a "life event" in Lawson and submit any requested documentation, which could include dependent verification. You'll have 30 days from the date of the event to make benefit changes for the loss of health coverage, marriage, divorce, or changes in residence. You'll have 60 days from the date of the event to make benefit changes 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. Team members are not allowed to make changes mid-year between plan options under health insurance or dental insurance. For example you may not change from the Network Plan to the Health Savings Plan (HSA) or vice versa.

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 submit any requested documents. Your benefits coverage begins the first day of the month following your status change date.

If you're moving from a full-time status to a part-time status or vice versa, health insurance is the only benefit that you have the option to change. You have 30 days from your status change date to contact AskHR and request a change in health insurance.

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



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)





Health Insurance

Key Health Care Terms

We've compiled this list of health care terms to help you navigate this section of the enrollment guide:

Deductible: Dollar amount you must pay for covered care each calendar year before the medical plan pays benefits for services. The deductible doesn't apply to every service so be sure to check out the summary schedule of benefits. Under the Network plan, the family must collectively satisfy the family deductible. Additionally, each family member has an individual deductible in addition to the overall family deductible. Meaning if an individual in the family reaches his or her deductible before the family deductible is reached, his or her services will be paid by the insurance company. Under the Health Savings plan (HSA), the family deductible must be reached, either by an individual or by the family, before services will be paid by the insurance company. There is no individual deductible under the HSA plan.

Coinsurance: Percentage of the cost for eligible medical expenses that you pay after you meet the deductible. For example, under the Health Savings Plan, after you meet the deductible, the plan will pay 80% of covered costs and you pay the remaining 20% up to the plan's out-of-pocket maximum limit. The 20% is your coinsurance.

Copayment (or copay): A fixed amount that you must pay for a service. Copays can vary depending on the service you receive. For example, under the Network Plan, you will be required to pay a \$50 copayment if you have an office visit to a specialist provider.

Network Providers: Providers who have agreed to lower rates for services. The UnityPoint Health medical plans provide benefits for covered services provided by network providers.

Out-of-Pocket Maximum (OOPM): Maximum dollar amount that you pay for eligible expenses in a calendar year. The plan pays 100% of eligible expenses for the rest of the calendar year after the out-of-pocket maximum is reached - providing financial protection for you by limiting your out-of-pocket expenses in a given calendar year. The out-of-pocket limit is a combined amount for both medical and prescription coverage under each medical plan.

About the Medical Plans

You will have the choice to waive medical coverage or select coverage from one of two HealthPartners medical plans:

01

Network Plan

02

Health Savings Plan (High Deductible)

Both medical plans cover the same basic medical services. Your share of the cost of the medical services you receive differs.

If you select the Health Savings Plan you will pay significantly less in biweekly premium cost for coverage than the Network Plan. Conversely, the cost of care (deductible amounts and out-of-pocket limit) will be higher in the Health Savings Plan than it will be in the Network Plan.

UnityPoint Health advances a contribution on your behalf into your Health Savings Account when you enroll in the Health Savings Plan. The amount is prorated based on your benefit eligibility date and helps offset the amount of potential out-of-pocket cost you may have. Those dollars, in addition to any dollars you contribute yourself into your HSA, can be used to pay for the higher cost of care under the Health Savings Plan.

In the event you don't use all of the HSA dollars in your account during the year, the funds will roll over into the next year which can allow you to build up your account over time. Learn more about the HSA later in the guide.

Both medical plans offer the same network of doctors, hospitals and health care specialists who deliver quality care according to network standards and have agreed to lower, preferred rates for covered services.



About Your Medical Plan's Prescription Drug Coverage

If you take any medications regularly, prescription drug costs can add up to a significant part of your overall health care expenses. Knowing how your medical plan's prescription drug coverage works and what to do to manage costs can help you make smarter purchases and lower your out-of-pocket costs.

Here are a few items that are important to note:

- Under the Network Plan, lower Tier 1 copays for generic or brand drug fills (\$10 copay for formulary generic drugs and \$40 copay for formulary brand drugs) will apply when having prescriptions filled at a UnityPoint Health or Hy-Vee pharmacy. In addition, Tier 1 copays will apply to any retail pharmacy located outside a 15 mile radius of a UnityPoint Health or Hy-Vee pharmacy.
- Please note, to further support our rural communities and those with limited access to a UnityPoint Health or Hy-Vee pharmacy, the lower Tier 1 copays explained above will apply to a few additional pharmacies. For a full list, please click [here](#).
- Under the Network Plan, higher Tier 2 copays for generic or brand drug fills (\$20 copay for formulary generic drugs and \$50 copay for formulary brand drugs) will apply when having prescriptions filled at any retail pharmacy located within a 15 mile radius of a UnityPoint Health or Hy-Vee pharmacy.
- Coverage at CVS pharmacies (including Target locations) will not be provided.
- Both medical plans only provide coverage for formulary drugs. The formulary is compiled by a group of doctors and pharmacists. Medications are reviewed and approved for the formulary based on medical effectiveness and cost, which helps keep costs affordable for you. If you'd like to check to see if your prescriptions are on the formulary list, head to healthpartners.com/unitypointhealth and click "Check Prescriptions."
- The Rx shopping tool is an online prescription cost-saving tool. It helps you find the lowest cost for medicines, based on your current health plan. Visit healthpartners.com/unitypointhealth and log on to your myHealthPartners account. Once logged on, you'll be able to use the Rx shopping tool.
- A UnityPoint Health **Medication Therapy Management (MTM)** pharmacist can help you focus on your medicines to make sure they are a good fit for you and your health conditions. Your personal pharmacist will work with you and your care team to check that your medicines, doses, and schedules meet your needs. Your pharmacist will also make sure that your drugs work well together and aren't causing side effects. Visits can often be provided by phone or video conference, making them easier to fit into your schedule. Working with a pharmacist on a regular basis might also save you money on your medicine copays.

Preventive Care Benefits

Working in health care, we know how adopting a healthy lifestyle can help us stay well and live better. Therefore, it is important that you periodically receive physical exams and health screenings that help you identify health risks early to avoid developing more serious problems down the road.

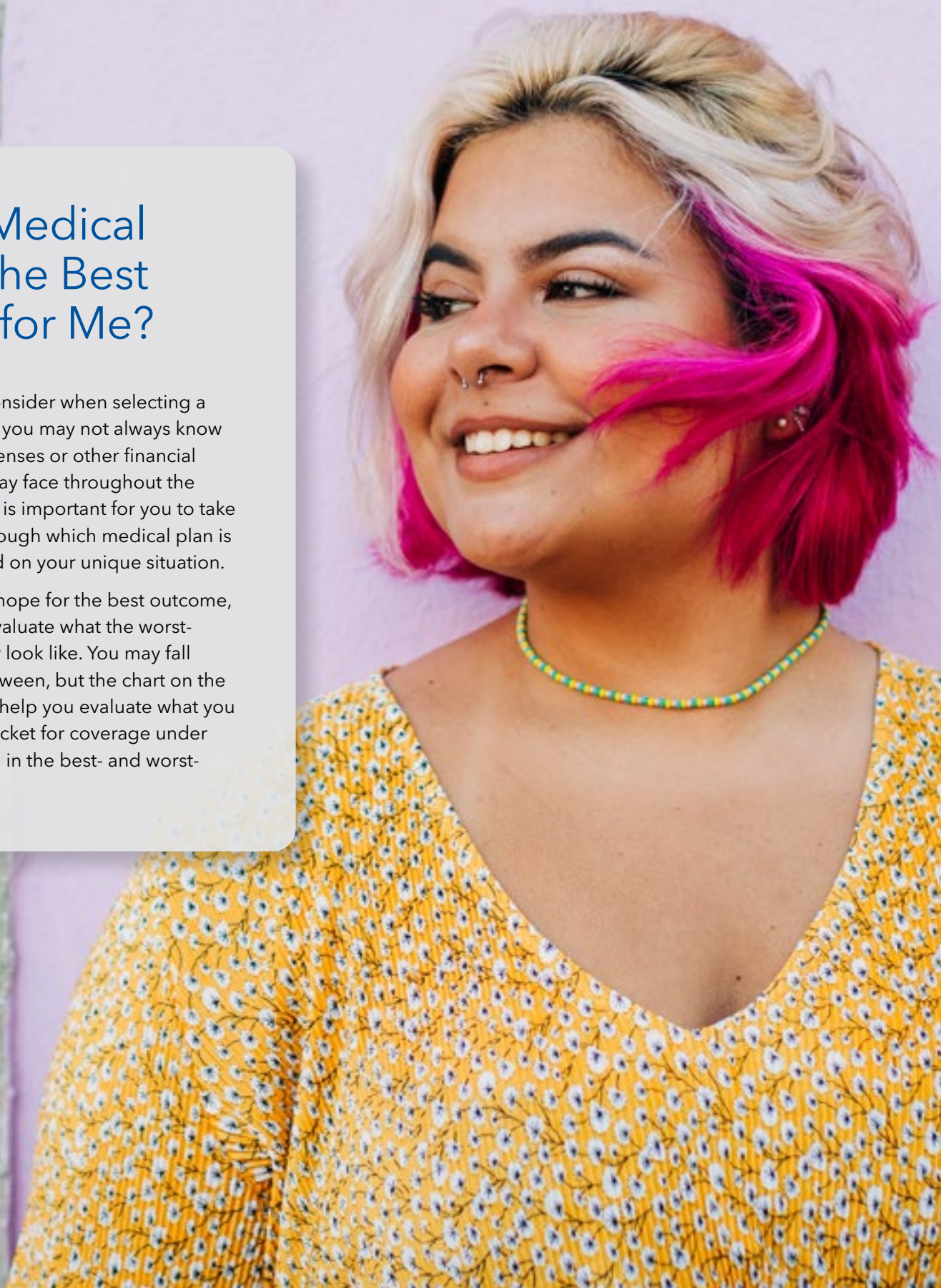
The following preventive services are covered at 100%, with no deductible, whether you enroll in the Health Savings Medical Plan or the Network Medical Plan as long as you see a network provider:

- Routine health exams and periodic health assessments
- Well-child visits
- Routine screening procedures for cancer
- Routine hearing exams
- Adult immunizations
- Women's preventive health services including all FDA approved contraceptive methods as prescribed by a physician
- Obesity screenings and management

Which Medical Plan is the Best Choice for Me?


There is a lot to consider when selecting a medical plan, and you may not always know what medical expenses or other financial obligations you may face throughout the year. That is why it is important for you to take time and think through which medical plan is best for you based on your unique situation.

While we tend to hope for the best outcome, it is also wise to evaluate what the worst-case scenario may look like. You may fall somewhere in between, but the chart on the next page should help you evaluate what you may pay out of pocket for coverage under each medical plan in the best- and worst-case scenario.






Please keep in mind, these scenarios are based on annual premiums and annual employer contribution amounts, so your experience may vary depending on your benefit eligibility date.

 BEST CASE SCENARIO	Health Savings Plan Best Case Out-of-Pocket Cost (Your Annual Premium minus HSA Contribution UPH Makes on Your Behalf)	Network Plan Best Case Out-of-Pocket Cost (Annual Premium)
Employee Only	\$410.38	\$1,939.60
Employee + Child(ren)	\$748.74	\$3,759.34
Employee + Spouse/DP	\$1,233.64	\$4,570.28
Family	\$2,248.68	\$6,267.56

You and your covered dependents, if applicable, have routine health exams and assessments during the year that are covered 100 percent by the plan under preventive services and no other major medical services or prescriptions are needed throughout the year. The only cost that you would be responsible for in this scenario is your bi-weekly premium cost for coverage. If you enroll in the Health Savings Plan, that total cost is offset by the contribution UnityPoint Health makes to your Health Savings Account (HSA). Be sure to refer to the Health Savings Account section to learn about what you can use the HSA funds for, how you can rollover unused funds at the end of the year and more.

 WORST CASE SCENARIO	Health Savings Plan Worst Case Total Cost (OOPM limit + Annual Premium - HSA Contribution UPH Makes on Your Behalf)	Network Plan Worst Case Total Cost (OOPM limit + Annual Premium)
Employee Only	\$4,660.38	\$5,064.60
Employee + Child(ren)	\$7,748.74	\$10,509.34
Employee + Spouse/DP	\$8,233.64	\$11,320.28
Family	\$9,248.68	\$13,017.56

The worst-case scenario would be that during the year you and/or your covered dependents receive medical care that brings you to the maximum out-of-pocket limit under the plan before the plan would cover any remaining cost over that limit. The maximum out-of-pocket limit amount plus the total annual premium represents the worst-case scenario of total cost that you may pay in a calendar year for medical and prescription coverage.



PLAN FOR ME TOOL

Compare the plan options and potential costs

Another great tool for you to use to help estimate your annual health care expenses is the **Plan for Me tool** which can help you compare the plan options and potential costs based on your unique situation and potential medical care you may need. You will be asked to enter the age and gender for yourself and your dependents, outline potential medical care you anticipate from a list of common conditions, and select medications for yourself or your dependents. Once you've entered that information, the tool will provide a comparison of the Health Savings Plan and Network Plan outlining an estimate of your costs for the year. To get the best comparison, it's also helpful for you to have premium amounts, medicines you are taking, and doctors, clinics or hospitals you use. Click [here](#) to get started.

Please note: You may be prompted to enter a Group Number, Site Number, and Effective Date. The information to enter for each is listed below.

- Group Number: 32116 - Site Number: 100 - Effective Date: 01/01/2023



Compare Health Insurance Plans

Deductibles, Out-of-Pocket Maximums and Premiums

	Health Savings Plan (HSA)	Network Plan
Annual Medical Deductible		
Individual Limit	\$2,000	\$900
Family Limit	\$3,500	\$1,800
Annual Out-of-Pocket Limit (includes medical deductible)		
Individual Limit	\$4,250	\$3,125
Family Limit	\$7,000	\$6,750
Health Savings Account (HSA)*		
Eligibility	Eligible	Not Eligible
UnityPoint Health Contribution**	\$750 for EE Only Coverage; \$1,500 for EE+ C, EE+S/DP, or Family Coverage	Not Eligible
Your Personal Contribution (Not required)	Up to \$3,100 for EE Only; Up to \$6,250 for EE+C, EE+S/DP, or Family Additional catch-up contribution of \$1,000 (if age 55 or older)	Not Eligible
Cost of Coverage		
Full-Time Premium Amounts*** (0.80 - 1.0 FTE)	Per Pay Period	Per Pay Period
Employee Only	\$44.63	\$74.60
Employee + Child(ren)	\$86.49	\$144.59
Employee + Spouse/DP	\$105.14	\$175.78
Family	\$144.18	\$241.06
Part-Time Premium Amounts*** (0.4 - 0.79 FTE)	Per Pay Period	Per Pay Period
Employee Only	\$66.94	\$111.91
Employee + Child(ren)	\$129.73	\$216.89
Employee + Spouse/DP	\$157.71	\$263.67
Family	\$216.27	\$361.59

*Funds can be carried over year-to-year if you don't use them or used for medical or pharmacy expenses like meeting deductibles and out-of-pocket limits for the team member, spouse, or tax dependent. The spouse and tax dependent don't have to be covered under a UnityPoint Health Medical Plan to be able to use HSA funds. Refer to the Health Savings Account section to learn more.

**UnityPoint Health advances the employer contribution to your account when you enroll in the Health Savings Plan which allows you to have access to those funds immediately. This amount is prorated based on your benefit eligibility date and number of months remaining in the year.

***Premium amounts shown above do not include the working spouse surcharge. For more information, please refer to the Enrollment and Eligibility section.

Compare Health Insurance Plans *continued*

The percentages in the following table are the percentages you pay. For example, if you see 20% that means the plan pays 80% and the remaining 20% is your responsibility. If you see a "100% covered" that means there is no member responsibility for that type of care or service. Anytime you see "after deductible is met" this means the annual medical deductible for the plan must be met before the plan will pay. Please keep in mind that these do not reflect any services not covered by the plan or benefit reductions caused by not complying with precertification.

Medical Plans

	Health Savings Plan (HSA)	Network Plan
	Network Facilities and Providers	Network Facilities and Providers
Wellness and Preventive Care	100% Covered	100% Covered

Annual Medical Deductible

Individual Limit	\$2,000	\$900
Family Limit	\$3,500	\$1,800

Annual Out-of-Pocket Limit (includes medical deductible)

Individual Limit	\$4,250	\$3,125
Family Limit	\$7,000	\$6,750

Office Visits

Primary Care Provider (PCP)	20% after deductible is met	\$10 or \$50 copay (See zip code table below to determine if higher copay applies)
Specialist	20% after deductible is met	\$50 copay
Chiropractic Care (Up to 5 visits per year)	20% after deductible is met	\$10 copay
Infertility Services	20% after deductible is met, up to a \$15,000 lifetime maximum	20% after deductible is met, up to a \$15,000 lifetime maximum
Urgent Care	20% after deductible is met	\$20 copay
Emergency Room Services	20% after deductible is met	1-3 visits: \$150 copay, then 20% after deductible is met 4-5 visits: \$400 copay, then 30% after deductible is met 6 or more visits: \$600 copay, then 40% after deductible is met

Compare Health Insurance Plans *continued*

Ambulance	20% after deductible is met	\$0 copay	
Virtual Care Services			
Virtual Care Office Visits	20% after deductible is met	\$10 or \$50 copay	
See zip code table below to determine if higher copay applies			
Virtual Care Urgent Care	20% after deductible is met	\$10 copay	
Mental Health and Substance Abuse			
Outpatient Office Visits	20% after deductible is met	\$10 copay	
Inpatient	20% after deductible is met	20% after deductible is met	
Outpatient Therapy Services			
PT/OT	20% after deductible is met	\$10 copay	
Cardiac Rehab/Dialysis	20% after deductible is met	20% after deductible is met	
Outpatient Imaging and Lab			
Diagnostic Testing (CT/PET Scan/MRI)	20% after deductible is met	20%, deductible does not apply	
Diagnostic X-Rays	20% after deductible is met	20%, deductible does not apply	
Labs: Preventive	100% coverage	100% coverage	
Labs: Diagnostic	20% after deductible is met	100% coverage	
Hospice	20% after deductible is met	20% after deductible is met	
Durable Medical Equipment (DME)	20% after deductible is met	20% after deductible is met	
Prescription Drug Coverage			
Retail Clinic (Up to 30-day supply)	Any Retail Pharmacy (excluding CVS pharmacies)	Tier 1 Pharmacies	Tier 2 Pharmacies (excluding CVS pharmacies)
Formulary Generic	20% after deductible is met	\$10 copay	\$20 copay
Formulary Brand	20% after deductible is met	\$40 copay	\$50 copay
Specialty Drugs	Designated Network Specialty Pharmacy only	Designated Network Specialty Pharmacy only	
Formulary Specialty	20% after deductible is met	\$60 copay	
Up to 90-Day Supply	HealthPartners Mail Order Pharmacy and UPH Affiliate Pharmacies Only	HealthPartners Mail Order Pharmacy	UPH Affiliate Pharmacies
Formulary Generic	20% after deductible is met	\$30 copay	\$25 copay
Formulary Brand	20% after deductible is met	\$120 copay	\$100 copay

Zip Code Table for Network Plan - PCP Office Visit Copay

If you enroll in the Network Plan and your home residence zip code is listed in the table below, your Primary Care Provider (PCP) office visit copay will increase to \$50 if you choose to see an in-network, non-UnityPoint Health PCP. If your PCP Office Visit is to a UnityPoint Health PCP, your copay will remain \$10.

- If your home residence zip code is **NOT** listed in the table below, your Primary Care Provider (PCP) office visit copay will be \$10 as long as you see an in-network PCP.

(For a quick way to see if your home residence zip code is listed in the table below, use "ctrl+F" on your keyboard, which will open a search bar. Once that appears, enter your home residence zip code and press "enter".)

50001	50217	50311	50501	50588	50662	51451	52244	52404	52772	61555	61485	50003	50105	50218	50312	50510
50591	50664	51452	52245	52405	61558	50006	50106	50220	50313	50511	50592	50665	51453	52246	52406	52774
61559	61266	61488	50007	50222	50314	50515	50593	50666	52249	52407	52776	61561	61272	61489	50009	50223
50315	50516	50594	50667	51458	52251	52408	52777	61562	50010	50109	50225	50316	50518	50595	50668	51459
52252	52409	61563	61491	50011	50111	50226	50317	50519	50597	50669	52253	52410	61564	61501	50012	50227
50318	50520	50598	50670	52254	52411	61565	61276	61516	50013	50118	50228	50319	50521	50599	50671	51466
52255	52497	61568	61517	50014	50122	50229	50320	50523	50601	50672	52035	52257	52498	61569	61519	50021
50230	50321	50524	50602	50673	52036	52301	52499	52805	61570	61520	50023	50124	50231	50322	50525	50674
52037	52302	52621	61571	61523	50125	50232	50323	50526	50604	50675	52038	52305	52637	61572	61524	50028
50126	50233	50324	50527	50605	50676	52041	52306	52640	52808	61601	61299	61525	50127	50234	50325	50528
50606	50677	52050	52307	52646	52809	61602	61369	61526	50031	50128	50327	50529	50607	50680	52057	52308
52653	61603	61375	61528	50032	50236	50328	50530	50608	50681	52310	52701	61204	61604	61377	61529	50033
50130	50237	50329	50532	50609	50682	52312	52720	61605	61401	61530	50034	50131	50239	50330	50533	50611
50701	52142	52313	52721	61606	61402	50035	50132	50240	50331	50535	50612	50702	52147	52314	61233	61607
61410	50036	50241	50332	50536	50613	50703	52164	52315	61610	61412	50037	50134	50243	50333	50538	50614
50704	52166	52317	52727	61611	50038	50137	50244	50334	50540	50616	50707	52169	52318	61236	61612	61414
50039	50138	50246	50335	50541	50619	52320	61237	61613	61415	50040	50139	50247	50336	50542	50621	50831
52321	61614	61419	50041	50248	50339	50543	50622	52201	52322	52731	61615	61421	50043	50141	50249	50340
50544	50623	52202	52323	52732	61616	61424	50046	50250	50359	50545	50624	50936	52203	52324	52733	61625
61426	50047	50145	50252	50360	50546	50625	50940	52204	52325	52734	61629	61427	50146	50361	50548	50626
50947	52205	52326	52736	61630	61428	50050	50148	50257	50362	50551	50627	50950	52206	52327	52737	61633
61430	50051	50258	50363	50552	50629	50980	52208	52328	52738	61634	61431	50054	50151	50259	50364	50554
50630	50981	52209	52329	52739	61635	61432	50055	50152	50261	50367	50557	50631	50982	52210	52330	61258
61636	61433	50056	50154	50368	50558	50633	50983	52212	52332	61637	61434	50057	50263	50369	50560	50634
51002	52213	52333	61638	61436	50156	50380	50561	50636	51033	52214	52334	61639	61439	50160	50265	50381
50562	50638	51047	52215	52336	61641	61441	50061	50161	50266	50391	50563	50641	51053	52216	52337	52749
61531	61643	61442	50062	50163	50269	50392	50565	50642	51301	52217	52338	52750	61533	61650	61443	50063
50271	50393	50566	50643	51333	52218	52340	61534	61651	61448	50064	50394	50567	50644	51340	52219	52341
52752	61535	61652	61449	50166	50273	50395	50568	50645	51341	52220	52342	61536	61653	61451	50066	50167
50275	50396	50569	50647	51342	52223	52344	52754	61537	61654	61458	50168	50276	50398	50570	50648	51343
52224	52345	52755	61539	61655	61459	50169	50277	50420	50571	50649	51357	52225	52346	61540	61656	50069
50170	50278	50421	50573	50650	51358	52227	52348	52757	61541	61721	61466	50070	50301	50427	50574	50651
51366	52228	52349	61542	61729	61467	50071	50201	50302	50430	50575	50652	51401	52229	52351	61543	61733
50072	50206	50303	50431	50576	50653	51430	52233	52352	52760	61544	61734	61472	50073	50208	50304	50439
50577	50654	51433	52235	52354	61545	61738	61474	50210	50305	50441	50579	50655	51436	52236	52358	61547
61742	61476	50075	50211	50306	50447	50581	50657	52237	52361	52766	61548	61747	61477	50078	50212	50307
50449	50582	50658	51443	52240	52362	52767	61550	61755	61479	50099	50308	50452	50583	50659	51444	52241
52401	61552	61759	61482	50101	50214	50309	50470	50585	50660	51449	52242	52402	61553	61760	61483	50102
50216	50310	50483	50586	50661	51450	52243	52403	52771	61554	61771	61484					



Health Savings Account (HSA)

What are the benefits of establishing a Health Savings Account (HSA)?

There are many benefits of establishing an HSA. Some of the top benefits include:

- Contributions reduce taxable income, funds grow tax-free and distributions for qualified expenses are not taxed.
- UnityPoint Health makes a contribution to your health savings account.
- The balance can grow from year to year. Unlike a flexible spending account (FSA), the HSA is not a “use it or lose it” account. The balance can continue to grow until a time you have a need to access the funds for qualified expenses.
- HSA funds belong to you even if you leave UnityPoint Health, change medical plans, or retire.

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.





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.

HSA Account Transfer Process

To transfer an HSA account from another provider, team members must first set up their Fidelity HSA:

- 01 Log in to **NetBenefits.com**.
- 02 Click the "Open" link next to "Health Savings Account."
- 03 Follow the online instructions. *Establishing a Fidelity HSA is not automatic.*
 - After the Fidelity HSA is open, team members may transfer savings from other HSA providers.
 - Fidelity can coordinate the transfer for team members and does not charge a fee for this transaction.
 - This transfer is not considered a taxable event and will not be reported to the IRS.
 - The assets being transferred are not applied toward the team member's HSA maximum annual contributions limit. To transfer other HSA assets team members can click **here**.

2023 Annual HSA Contribution Limits*

Individual health care coverage	\$3,850**
Family health care coverage	\$7,750**
Additional catch-up contribution (if age 55 or older)	\$1,000

*Please remember to not exceed the annual IRS HSA contribution limit, which is the total of your personal contribution plus UnityPoint Health contribution.

**The maximum amount you may contribute to your HSA, assuming you enroll at the start of 2023. 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.



Dental Insurance

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

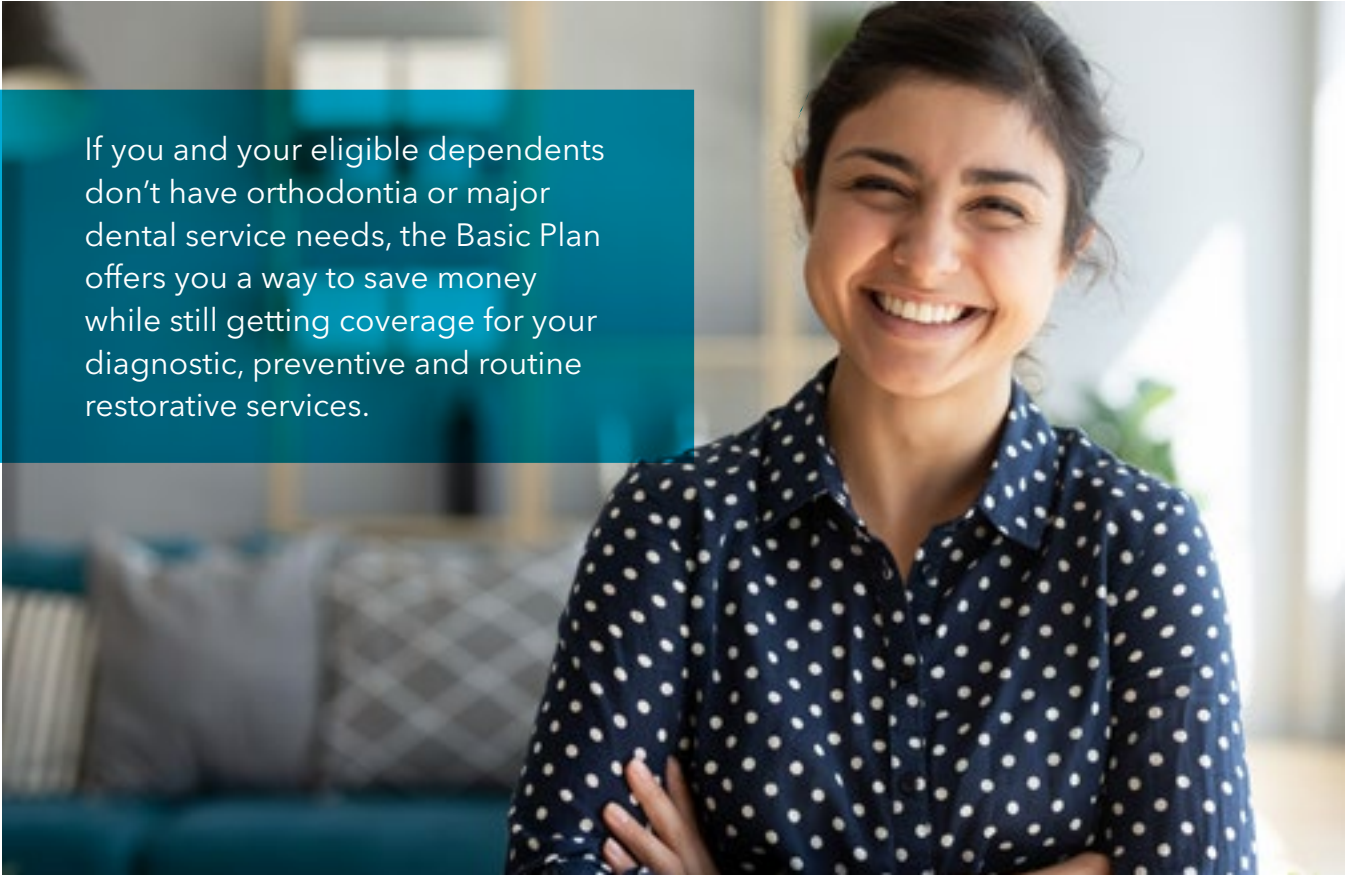
01	Premier Plan	02	Basic Plan
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About the Dental Plans

Both dental plans provide coverage for preventive and basic care services. When you enroll in the Premier Plan, orthodontia (under age 19) 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	\$25	\$50	\$15	\$25
Individual Annual Maximum*	\$750	\$750	\$1,500	\$1,500
Diagnostic & Preventive				
Exams, cleanings, space maintainers	100% covered	100% covered	100% covered	100% covered
Sealants				
X-rays				
Fluoride (Dependent Children Under 19)				
Routine Restorative Services				
Simple extractions, surgical services	10% after deductible	20% after deductible	10% after deductible	20% after deductible
Emergency Treatment				
Routine Oral Surgery				
Posterior Composites	50% after deductible		50% after deductible	
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% after deductible	
Lifetime Maximum** per dependent child			\$2,000	
Dental Premium Cost				
	Per Pay Period		Per Pay Period	
Employee Only	\$5.42		\$8.78	
Employee + Spouse/DP	\$10.66		\$17.55	
Employee + Child(ren)	\$12.17		\$19.92	
Family	\$16.13		\$26.58	

*The Individual Annual Maximum is the maximum benefit each covered person is eligible to receive for certain covered services in 2023.

**The Lifetime Maximum is the maximum benefit each covered person is eligible to receive for orthodontics in a lifetime.

***You will commonly pay less when seeing a Participating Delta Dental Dentist. For more information, please see the Dental SPD located on the HR Landing Page.



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 2023 plan year for eligible out-of-pocket health care expenses or dependent care expenses. For your 2023 plan year, you will be able to submit an eligible expense with a date of service between January 1, 2023 and December 31, 2023 and be reimbursed with your 2023 plan year funds. All eligible claims will need to be submitted by March 31, 2024.

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

- 01 **Understand the “use-it-or-lose-it” rule.** Unspent money left in your FSA accounts is forfeited after the end of the year.
- 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.
- 06 **Enroll in direct deposit.** The fastest way to get your reimbursement is to enroll in direct deposit. Besides accessing your reimbursement faster, you'll also avoid a fee of \$5 per reimbursement check issued.

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 \$3,050 to your Health Care FSA in 2023.

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 \$3,050 to your Limited Use FSA in 2023.

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 2023. 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 Debit 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 shouldn't use your debit card for expenses once the plan year has ended. For example, you shouldn't use the card in 2024 for 2023 expenses. If you still have 2023 expenses to submit in 2024, 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 and Accidental Death & Dismemberment 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. Accidental Death & Dismemberment (AD&D) insurance 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.

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

Basic Life and AD&D Insurance

UnityPoint Health offers group term life and AD&D insurance automatically at no cost to you.

Covered Person	Coverage Amount	Premium
Full-time and part-time benefit eligible team members	1 times your base annual pay, up to \$100,000	No cost to you

Voluntary Life and AD&D Insurance

You may purchase additional life and AD&D 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">• 8 times your annual base pay, or• \$500,000	Based on team member's age as of January 1, 2023
Spouse/domestic partner	Increments of \$10,000 up to \$100,000	Based on team member's age as of January 1, 2023
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 and AD&D insurance benefit amount you are eligible for is reduced. Team members aged 70-74 will have life and AD&D insurance value at 65% of the benefit, and those aged 75 and over will have a life and AD&D insurance value of 50% of the benefit.



Life and Accidental Death & Dismemberment Insurance *continued*

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

When it comes to voluntary life and AD&D 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 and AD&D insurance for the first time, you may purchase voluntary employee life and AD&D coverage in increments of \$10,000 up to the lesser of 8 times your annual base pay or \$500,000, without providing EOI.
- Each year after your initial enrollment period, you may increase your coverage by \$10,000 (not to exceed the lesser of 8 times your annual base pay or \$500,000) without providing EOI as long as you are currently enrolled in voluntary life and AD&D insurance.
- If you are newly benefit eligible and enrolling in life and AD&D insurance for the first time, you may purchase voluntary spouse/domestic partner life and AD&D coverage in increments of \$10,000 up to \$100,000, without providing EOI.
- Each year after your initial enrollment period, you may increase your spouse/domestic partner life and AD&D coverage by \$10,000 (not to exceed \$100,000) without providing EOI.
- If you are currently enrolled in voluntary life and AD&D insurance and you elect an amount greater than \$10,000 after your initial enrollment period, 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 and AD&D Insurance Premiums (per \$1,000 of coverage)

Age	Employee and Spouse/ Domestic Partner*
Under 25	\$0.027
25-29	\$0.031
30-34	\$0.040
35-39	\$0.044
40-44	\$0.051
45-49	\$0.074
50-54	\$0.111
55-59	\$0.203
60-64	\$0.309
65-69	\$0.563
70-74	\$0.910
75+	\$0.955
Children	\$0.026 Flat Rate

*Premium based on team member's age as of January 1, 2023

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



Calculating Your Voluntary Life and AD&D Cost

Follow these steps to calculate your bi-weekly voluntary Life and AD&D insurance premium:

Enter the amount of Voluntary Life and AD&D Insurance you want:	\$	(1)
Employee: Increments of \$10,000, up to the lesser of 8x 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 and AD&D Insurance	\$	(4)

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

Critical Illness Insurance

Critical Illness Insurance through Voya 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
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).

Infectious Condition Additional Benefit Rider

If you are diagnosed with COVID-19*, this pays a benefit** of \$100. If you are hospitalized for COVID-19* and there is a room and board charge for that hospitalization, this pays a benefit** amount of \$1,000.

*COVID-19 diagnosis must be confirmed by a medical professional.
**A benefit is payable up to a maximum of 1 time per Covered Person per policy calendar year.

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. For more information, review the **Wellness Benefit Claims Checklist & FAQ**.



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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 through Voya 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. For more information, review the [Wellness Benefit Claims Checklist & FAQ](#).





Hospital Indemnity Insurance

What is Hospital Indemnity Insurance?

Hospital Indemnity Insurance through Voya 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 14 days of continuous disability. Short-Term Disability benefits replace 60% of your regular weekly base pay, to a maximum of \$2,500 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 through Prudential. UnityPoint Health automatically provides you LTD benefits that replace up to 50% of your monthly base pay, up to a maximum of \$10,000 per month.

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

Buy-Up Long-Term Disability

You can purchase additional LTD coverage through Prudential that will increase your monthly benefit to 60% of your monthly pay. The cost of this additional coverage is available in Lawson during your enrollment.



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**.





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

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.

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

Diversity, Equity & Inclusion Coverage

ARAG is constantly evolving and adapting to meet the needs of all team members. Whether it's a team member with a disability, a veteran or a member of the LGBTQ+ community, their coverage provides solutions that include:

- Domestic Partnership Agreement
- HIPAA/Hospital Visitation Authorization
- Funeral Directive
- Gender Identifier Change
- Social Security/Veterans/Medicare Dispute
- School Administration Hearing

and, network attorney fees for most covered matters like these are paid 100% in full.





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 or call (800) GET-MET8.



WATCH
THE PET
INSURANCE
VIDEO

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 and Financial Wellness

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).

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

Check out the **Financial Wellness Portal** for an interactive experience that brings together resources and tools you need to plan your financial wellness strategy.

You are eligible to participate in the retirement savings plan once you have reached age 19.



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.



MY WELL-BEING

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





Paid Time Off (PTO)

The chart below will help provide you with details on your PTO plan. The purpose of PTO is to give team members flexibility in scheduling time away from work. PTO combines vacation, individual or family related sick days, holidays, and personal days you might need during the year.

UnityPoint Health PTO Accrual Chart

Years of Service Completed	PTO Accrued per Hour*	Maximum Annual Accrual* (Based on 2080 hours annually)	Maximum Carryover
0-1	0.09231	192 hours / 24 days	320
2-3	0.10385	216 hours / 27 days	320
4-8	0.11539	240 hours / 30 days	320
9-13	0.13847	288 hours / 36 days	320
14+	0.16154	336 hours / 42 days	320

**To calculate your PTO accrual per pay period, multiply the "PTO Accrued per Hour" number above by the number of hours you are paid per pay period (not to exceed 80 hours per pay period or 2080 hours annually). For example, if you are a team member who has 16 years of service and are a .75 FTE or work 60 hours per pay period, your calculation to project your PTO accrual in the future would be as follows: $0.1615 \times 60 = 9.69$ accrued hours in a pay period.*

PTO Cash

Benefit eligible team members** are eligible to cash out up to 40 hours of PTO, in 5-hour increments, annually.

Please review the chart below for further details and contact AskHR if you have questions.

Component	PTO Cash Guidelines
Eligibility**	Active, benefit eligible team members who are budgeted to work 32 hours or more per pay period (0.4 FTE or more). Executives and Physicians are not eligible for PTO Cash.
Election Period***	During Open Enrollment
Payout Dates	Announced during the annual open enrollment period
Maximum Hours to Declare	40 hours
Required Remaining Balance*	There is no requirement to have any remaining balance in your PTO account after the cash out occurs.

**While there is no required remaining balance, if you elect to cash out more hours than you have in your bank at the time of the payout dates, you will not receive the full elected cash-out amount. Instead, your payout will be reduced to the number hours in your bank at the time of the payout.*

***In order to receive a PTO Cash election, you must be an active, benefit eligible team member at the time of the payout. Executives and Physicians are not eligible for PTO Cash.*

****PTO cash elections can only be made within the election period. You will not be able to make changes, including cancellation, to your PTO cash election(s) outside of the election period.*



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

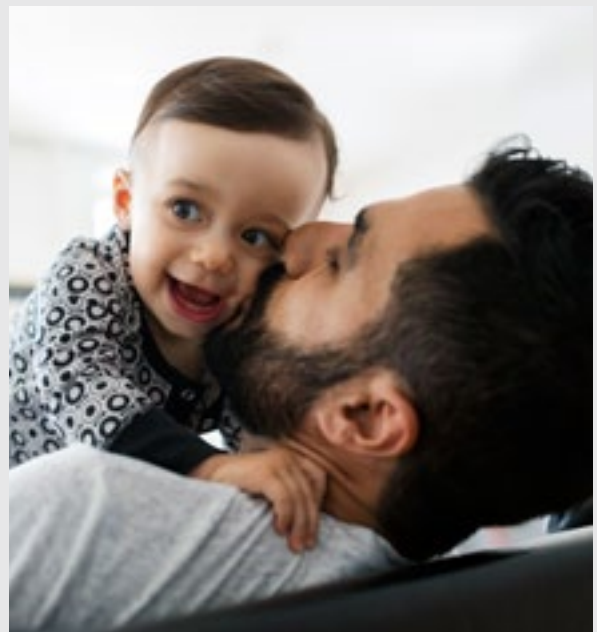
When you request a parental leave following the birth or adoption of a child, UnityPoint Health will provide 40 hours of additional Paid Time Off (PTO). The additional days will be added to your PTO bank and can be used through your regular time off request process at your affiliate.

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 \$6,000 in reimbursement, per child, for expenses related to the process of the legal adoption of a child to full-time and part-time benefit eligible team members who have completed at least 90 days of employment. For reimbursement, benefit eligible team members must complete the Application for Assistance and provide a copy of finalized adoption paperwork along with copies of appropriate bills, invoices, receipts, or other statements that verify the amount of adoption assistance being requested. This is done by submitting a case in Lawson to AskHR. If both parents work for UnityPoint Health, the total amount of reimbursement per legal adoption of a child is up to \$6,000 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.

Pet Backup Care

Our Backup Care program provides care for pets when team members regular pet care is not available. Pet Backup Care is available with our Personal Network. Team members can use a pet care provider of their choice and submit a claim to be reimbursed up to a set daily limit after care has occurred.

Personal Network reimbursement

Team members also have the freedom to use Personal Network backup care that allows them to get reimbursed for care delivered outside of the Care network. With Personal Network, team members can use one of their go-to caregivers, centers, pet sitters, or camps and get reimbursed for the cost of care, less their co-pay (\$5/hr in-home, \$10/child/day in-center), up to a daily limit of \$125 per day.

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.



OnPoint for Health: Wellness Credit and Wellness Rewards

2024 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, 2023 and on will be grandfathered into the 2024 Wellness Credit.

01

Complete an **annual physical** with your primary care provider (PCP) between December 1, 2022 - November 30, 2023.

02

Log into the OnPoint for Health portal between October 1, 2023 - December 29, 2023 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.

2024 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, 2024 in order to earn financial rewards.

Achieve 1,500 points

earn a \$100 reward paid out on your paycheck

Achieve 3,000 points

earn a \$150 reward paid out on your paycheck

*Eligibility for these rewards will be reviewed on a monthly basis between February and December 2024. 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





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.

- Team members who are benefit eligible 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 and AD&D 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"> • Voluntary Life and AD&D 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				
Network Plan	Employee Only	Employee + Child(ren)	Employee + Spouse/DP	Family
Full-Time Rates	\$74.60	\$144.59	\$175.78	\$241.06
Part-Time Rates	\$111.91	\$216.89	\$263.67	\$361.59
Health Savings Plan				
Full-Time Rates	\$44.63	\$86.49	\$105.14	\$144.18
Part-Time Rates	\$66.94	\$129.73	\$157.71	\$216.27
Premium amounts shown above do not include the working spouse surcharge. For more information, please refer to the Enrollment and Eligibility section.				
Dental Insurance				
Basic Plan - Full & Part Time Rates	\$5.42	\$12.17	\$10.66	\$16.13
Premier Plan - Full & Part Time Rates	\$8.78	\$19.92	\$17.55	\$26.58
Vision Insurance				
Full & Part Time Rates	\$3.29	\$7.16	\$6.32	\$9.38

Voluntary Life and AD&D Insurance (Bi-Weekly Premiums, per \$1,000 of coverage)			
Age		Employee and Spouse/ Domestic Partner	
Under 25		\$0.027	
25-29		\$0.031	
30-34		\$0.040	
35-39		\$0.044	
40-44		\$0.051	
45-49		\$0.074	
50-54		\$0.111	
		*Premium based on team member's age as of January 1, 2023	
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			

Critical Illness Insurance					
	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	Per Family Unit \$1.41
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/ 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	Applied Health Analytics	(855) 581-9910	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	www.prudential.com/mybenefits
Hospital Indemnity Insurance	Voya Financial	(877) 236-7564	voya.com
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 સુચના: 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 برادر: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات . کال کریں 1-515-574-6608 مفت میں دستیاب ہیں .

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.

HIPAA Notice of 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, placement for adoption, loss of eligibility for Medicaid or Children's Health Insurance Program (CHIP) or becomes eligible for subsidy (state premium assistance program). 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 in the **CHIP notice**, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1(877) KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1(866) 444-EBSA(3272).

If you live in one of the states listed in the **CHIP notice**, you may be eligible for assistance paying your employer health plan premiums. Contact your state using the **contact information provided here** for more information on eligibility.

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 HealthPartners Member Services at (888) 735-9200 for more information.

No Surprise Act Notice

Federal law requires health insurance issuers offering group health insurance coverage to make available a notice to team members informing them of federal restrictions on balance billing and the requirements under Code 9816, ERISA section 716, and PHS Act second 2799A-1. The **No Surprise Act Notice** also lets you know how you may contact appropriate state or federal agencies if a provider or facility has violated the restrictions against balance billing.

Marketplace Notice

The Patient Protection and Affordable Care Act (ACA) requires employers to provide team members with a written notice informing them of the existence of the Marketplace, including a description of the services provided by the Marketplace. The **Marketplace Notice** also lets you know how you may contact the Marketplace to request assistance.

Illinois Consumer Coverage Disclosure

For team members residing in Illinois, the Consumer Coverage Disclosure Act (CCDA) requires employers to disclose a written list of benefits offered compared to the list of essential health benefits issued by the State of Illinois. The **Illinois Consumer Coverage Disclosure** lets you compare the benefits offered by UnityPoint Health with the state's 'Benchmark Plan' posted on the Illinois Department of Labor website.

Notice of Privacy Practices

The HIPAA Privacy Rule requires groups offering certain health benefit plans to develop and distribute a Notice of Privacy Practices (NPPs). The **Notice of Privacy Practices** must describe how the covered entity may and may not use protected health information (PHI) and what your rights and obligations with respect to protected health information (PHI) are.

Voluntary Benefit Notice

UnityPoint Health does not sponsor, endorse or administer these voluntary programs or benefits and these voluntary programs or benefits do not constitute an "employee benefit plan" under the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Legal Insurance & Identity Theft Protection



UnityPoint Health