

2025



Benefit Guide

ADVANCED PRACTICE PROVIDERS



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CLICK AWAY

For your convenience, we've linked each section to its corresponding page in this guide. Simply click on the section you want to learn more about, and you'll be taken to the correct page.





hello.

UnityPoint Health is 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.

UnityPoint Health is committed to providing benefits that support our team members from various backgrounds, experiences, and identities. We offer benefits aimed to meet the needs of all of our team members and their families.

How to Use this Guide

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

› Use the Table of Contents

Click on the title of the benefit you want to learn more about for quick navigation around the guide.

› Know Where to Get the Most Up to Date Information

Please remember that these enrollment guides are sometimes updated throughout the year. For the most up to date information, head to unitypoint.org/totalrewards.

› AskHR is Here to Help!

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.

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 [HR Landing Page](#).

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:

- ✓ **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.

Dependent Verification You may be asked to verify your dependent's eligibility by providing documentation. If asked to do so, you must submit all documents within 30 days of request or risk having your dependents removed from the elected benefit.

Eligible dependents include:

- › Spouse/partner (spouse, civil union partner, domestic partner*, common law spouse)
- › Your children under age 26.
- › Unmarried children of any age who are unable to support themselves because of a physical or mental disability.**

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.

*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.

**Applies if not covered by other government programs and meets the eligibility requirements as defined by each benefit plan.

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.

Status and Benefit Changes

You can change your coverage during the year if you have a qualifying life event. The changes you may make depend on the type of qualifying event that occurs.

If you experience a qualifying life event and wish to make changes to your benefits, you must declare a life event through Lawson within 30 days from the date of the event (60 days for the birth of a child, adoption, or adoption placement).

Team members are allowed to make changes mid-year between plan options under health insurance or dental insurance. For example you may change from the Network Plan to the Health Savings Plan (HSA) or vice versa. Note: Deductible and maximum out of pocket accumulators will transfer between plan options, team members will be responsible for any excess health saving account contributions and team members are not able to change flexible spending account annual election amounts.

Qualifying Life Events

- › Marriage, divorce, or legal separation
- › Birth or addition of an eligible child
- › Loss of other coverage
- › New eligibility for other coverage
- › Qualified medical child support order
- › Status changes
- › Commencement or return from an unpaid leave of absence



STATUS CHANGES

Current team members who are newly benefit eligible have 30 days from their status change date to enroll in benefits. If moving from a full-time to part-time position or vice versa you have 30 days from status change date to request a change to your health insurance through AskHR.



LIFE EVENT GUIDE

For additional information check out the [Qualified Life Event Guide](#)

Transferring Employment Within UPH Affiliates

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.

Dependent Eligibility

Eligibility for your dependent begins or ends with:

- › Change in residence or place of work resulting in change in health insurance availability
- › Death of spouse/domestic partner or child



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.
- › **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.

Which Medical Plan is the Best Choice for Me?

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

- › Cover the same basic medical services
- › Cover 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.

However, depending on the plan selected, your share of the cost of the medical services you receive differs.

✓ NETWORK PLAN

- › Higher biweekly premium cost for coverage
- › Cost of care (deductible amounts and out-of-pocket limit) lower than the Health Savings Plan

✓ HEALTH SAVINGS PLAN (HSA)

- › Pay less in biweekly premium cost for coverage
- › Cost of care (deductible amounts and out-of-pocket limit) will be higher than the Network Plan
- › UnityPoint Health contributes to your Health Savings Account to help offset out-of-pocket costs



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 Plan or the Network 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
- › Obesity screenings and management
- › Women’s preventive health services including all FDA approved contraceptive methods as prescribed by a physician

Walk-In & Virtual Care

Our insurance plans cover walk-in and virtual care if you are unable to see your primary care provider or it is outside of clinics operating hours.

Walk- In Care: Our Urgent Care, Express or Express Care locations treat minor medical problems and injuries that are not life-threatening, such as coughs, small injuries, ear infections, fevers, non-severe burns or sprains, yeast infections, urinary tract infections, etc. You can save time by reserving your spot online. Click [here](#) to search for a walk-in care clinic near you.

Virtual Care in MyUnityPoint: See a provider through video with Virtual Urgent Care for minor medical problems that are not life-threatening. Virtual care can be used to treat cold and flu, rashes, sore throat, headaches, sinus infections, allergies and more. Please note: some conditions and certain age groups can’t be treated through virtual care. Team members must be in Iowa, Illinois, Nebraska or South Dakota to use this service. For more information visit unitypoint.org/virtualcare.



Compare Health Insurance Plans

Deductibles, Out-of-Pocket Maximums and Premiums. The family limit includes those that elect Employee+Spouse/Domestic Partner, Employee + Children and Family plans.

	HEALTH SAVINGS PLAN (HSA)	NETWORK PLAN
Annual Medical Deductible		
Individual Limit	\$2,000	\$750
Family Limit	\$4,000	\$1,500

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

Individual Limit	\$4,500	\$4,000
Family Limit	\$9,000	\$8,000

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	
Your Personal Contribution (Not required)	Up to \$3,550 for EE Only; Up to \$7,050 for EE+C, EE+S/DP, or Family Additional catch-up contribution of \$1,000 (if age 55 or older)	

Cost of Coverage / Per Pay Period

	Full-Time Premium Amounts*** (0.80 - 1.0 FTE)	Part-Time Premium Amounts*** (0.4 - 0.79 FTE)	Full-Time Premium Amounts*** (0.80 - 1.0 FTE)	Part-Time Premium Amounts*** (0.4 - 0.79 FTE)
Employee Only	\$50.04	\$76.19	\$84.90	\$127.35
Employee + Child(ren)	\$98.44	\$147.65	\$164.55	\$246.84
Employee + Spouse/DP	\$119.65	\$179.49	\$200.05	\$300.08
Family	\$164.09	\$246.13	\$274.35	\$411.53

*Funds can be carried over year-to-year if you don't use them 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 “100% covered” that means there is no member responsibility for that type of care or service. Anytime you see “after deductible is met,” that 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 preauthorization.

	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	\$750
Family Limit	\$4,000	\$1,500

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

Individual Limit	\$4,500	\$4,000
Family Limit	\$9,000	\$8,000

Office Visits

Primary Care Provider (PCP)	20% after deductible is met	\$10 or \$50 copay (See zip code table 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: \$200 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

* Primary Care Provider (PCP) copay may apply at some locations if not able to bill as urgent care.



Compare Health Insurance Plans, *continued*

	HEALTH SAVINGS PLAN (HSA)	NETWORK PLAN
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 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% after deductible is met
Diagnostic X-Rays	20% after deductible is met	20% after deductible is met
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



Compare Health Insurance Plans, *continued*

	HEALTH SAVINGS PLAN (HSA)	NETWORK PLAN	
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
Weight Loss Drugs*			
Weight Loss Drugs Including GLP-1s	50% up to \$350 per 30-day supply after deductible is met (applies to deductible and out-of-pocket limit)	50% up to \$350 per 30-day supply (does not apply to deductible or out-of-pocket limit)	
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	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

*Weight loss GLP-1 drugs are covered for members who previously filled a prescription under the UnityPoint Health plan between September 1, 2024, and December 31, 2024.

Effective July 1, 2025, weight loss GLP-1 drugs will be subject to weight loss management requirements and the plan may dictate where the drug can be purchased.

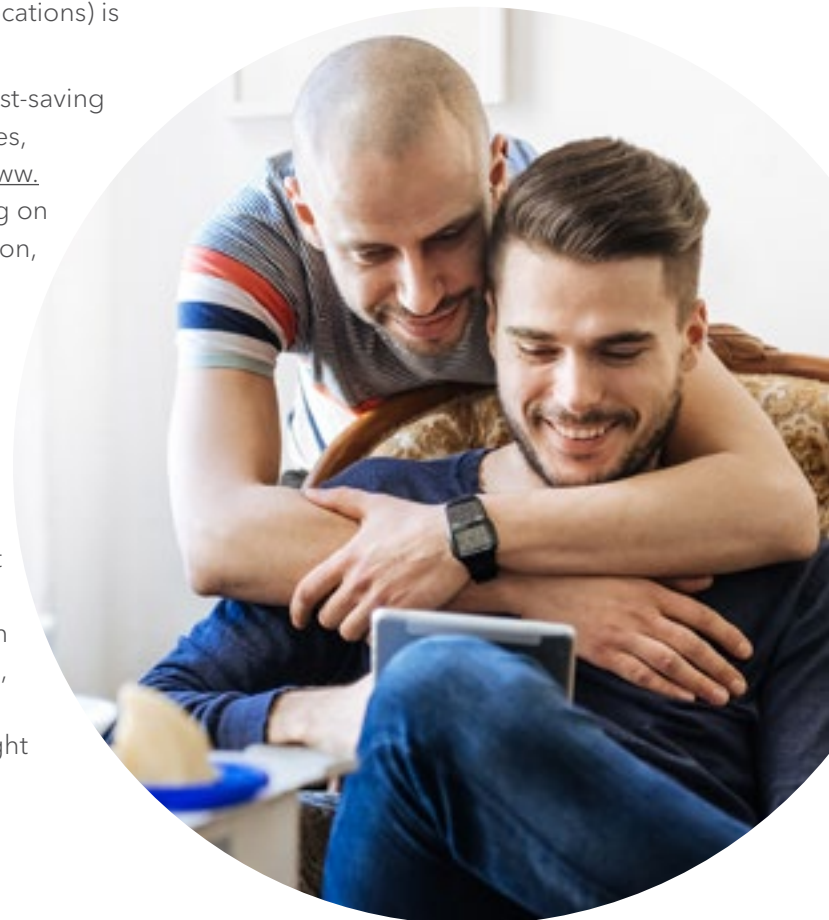


About Your Medical Plan's Prescription Drug Coverage

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.
- › 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 <https://www.healthpartnersunitypointhealth.com/uph/> and click "Check Prescriptions."
- › Coverage at CVS pharmacies (including Target locations) is not provided.
- › 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 <https://www.healthpartnersunitypointhealth.com/uph/> 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.



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 roll over from year to year. Unlike a flexible spending account (FSA), the HSA is not a “use it or lose it” account.
- › You can change or update contributions throughout the year.
- › HSA funds belong to you even if you leave UnityPoint Health, change medical plans, or retire.

Receive and Make Contributions to Your HSA

- › 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](https://www.netbenefits.com)
- › 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:

- 1 Log in to [NetBenefits.com](https://www.netbenefits.com).
- 2 Click the “Open” link next to “Health Savings Account.”

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](#).

2025 Annual HSA Contribution Limits*

Individual health care coverage	\$4,300**
Family health care coverage	\$8,550**
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 2025. 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



Which Dental Plan is the best choice for Me?

We offer dental coverage through Delta Dental with a choice of two plans: **BASIC** and **PREMIER**. Both dental plans provide coverage for preventive and basic care services.

✓ **BASIC PLAN:**

- › Lower premiums
- › Doesn't cover orthodontia or major services

✓ **PREMIER PLAN:**

- › Covers orthodontia if under 19
- › Covers major 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.

Coverage and Costs

Delta Dental contracts with dentists and other dental care providers in all of the communities where UnityPoint Health affiliates are located.

You can review the coverage levels and premium information for each dental plan on the next page to help you determine which plan is best for you. The percentages in the table are the percentages you pay.



SAVE MONEY ON THE BASIC PLAN

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.



DELTA DENTAL PPO NETWORK

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.



	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, Sealants, X-rays, Fluoride (Dependent Children Under 19)	100% covered	100% covered
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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	20% after deductible	
Periodontics - conservative and maintenance therapies			
Periodontics - complex procedures			
Crowns, inlays, onlays		50% after deductible	
Bridges and dentures			
Repairs and adjustments			

Orthodontics (Dependent Children Under 19)

Appliances, treatment & related services	Not covered	50% after deductible
Lifetime Maximum** per dependent child		\$2,000

Dental Premium Cost - Per Pay Period

Employee Only	\$6.15	\$9.96
Employee + Child(ren)	\$13.96	\$22.60
Employee + Spouse/DP	\$12.29	\$19.90
Family	\$18.62	\$30.14

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

**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. 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 Examination	IN-NETWORK	OUT-OF-NETWORK
Includes refraction	Covered in full after \$10 copay	Up to \$35
Retinal Imaging	Up to \$45 member out-of-pocket (OOP) maximum	N/A

Materials

\$10 copay

(Materials copay applies to frame or spectacle lenses, if applicable.)

Frame Allowance

Up to 20% discount above frame allowance.*

Members receive a \$65 wholesale allowance up to \$175 retail value†

Up to \$55

Standard Spectacle Lenses

Single Vision

Up to \$25

Bifocal

Up to \$40

Trifocal

Up to \$50

Lenticular

Up to \$80

Preferred Pricing Options

Level 6 Option Package

Polycarbonate (Single Vision/Multi-Focal)

\$40/\$44
(Covered in full up to age 19)

N/A
(Up to \$10 for ages up to 19)

Standard Scratch-Resistant Coating

\$17

Ultraviolet Screening

\$15

Solid or Gradient Tint

\$17

Standard Anti-Reflective Coating

\$45

N/A

† Value may be less depending on the providers retail pricing.

* Discounts are not insured benefits.

‡ Enhanced benefit for certain conditions.

¥ Save up to 25% on average LASIK prices when you use Quallsight (visit quallsight.com/-avesis for more information).



Preferred Pricing Options, *continued*

Level 1 Progressives	Covered in full	Up to \$40
Level 2 Progressives	Covered in full	Up to \$48
All Other Progressives	\$140 allowance + up to 20% discount	Up to \$48
Transitions® (Single Vision/ Multi-Focal)	\$70/\$80	n/a
Polarized	\$75	
PGX/PBX	\$40	
Other Lens Options	Up to 20% discount*	

Contact Lenses (In lieu of frame and spectacle lenses)

Elective	\$175 allowance	Up to \$160
Medically Necessary [‡]	Covered in full	Up to \$250

Refractive Laser Surgery

Up to 25% provider discount ¥	Onetime/lifetime \$150 allowance Provider discount up to 25%*	Onetime/lifetime \$150
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Frequency

Eye Examination	Once every 12 months
Lenses or contact lenses	Once every 12 months
Glasses Frames	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

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.

Eligible Expense Reimbursement: 2025 FSA Plan Funds

For your 2025 plan year, you will be able to submit an eligible expense with a date of service between **January 1, 2025 and December 31, 2025** and be reimbursed with your 2025 plan year funds.

All eligible claims must be submitted by **March 31, 2026**.

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

UNDERSTAND THE “USE-IT-OR-LOSE-IT” RULE.

Unspent money left in your FSA accounts is forfeited after the end of the year.

EACH ACCOUNT IS SEPARATE.

You cannot transfer money between the health care and dependent care accounts.

NO AUTOMATIC RENEWAL

IRS rules require you to actively re-enroll in the FSAs each year if you want to contribute pretax dollars.

SAVE YOUR RECEIPTS.

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

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.

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 \$3,300 to your Health Care FSA in 2025.

Limited Use FSA

- › If you enroll in the Health Savings 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 \$3,300 to your Limited Use FSA in 2025.

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 2025. 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 health care or limited use 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](https://www.healthpartners.com). 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 2026 for 2025 expenses. If you still have 2025 expenses to submit in 2026, 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 will be taxed** on the amount of the transaction.

Additional FSA resources can be found at [HealthPartners.com](https://www.healthpartners.com). 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.

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 AMOUNTS	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.

*Team members may not elect Voluntary Life and AD&D coverage for dependents if they are employees of UnityPoint Health.

COVERED PERSON	COVERAGE AMOUNTS	PREMIUM
Employee	Increments of \$10,000 up to the lesser of: > 8 times your annual base pay, or > \$500,000	Based on team member's age as of January 1, 2025
Spouse/domestic partner	Increments of \$10,000 up to \$100,000	Based on team member's age as of January 1, 2025
Children (up to age 26)	Flat amount of \$5,000 or \$10,000 per child	Flat rate no matter how many children are covered

REVIEW & UPDATE

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



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.

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.

- › 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.
 - 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 coverage for yourself and/or spouse/domestic partner by \$10,000 (not to exceed the maximum) without providing EOI as long as you are currently enrolled in voluntary life and AD&D insurance.

Life AD&D Insurance EOI Process

- › 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.



DON'T BE DENIED

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





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, 2025

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 above 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).

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

100% OF COVERAGE

- › Heart attack
- › Stroke
- › Coma
- › Cancer
- › Type 1 Diabetes
- › Major organ failure
- › Permanent paralysis
- › End stage renal failure

25% OF COVERAGE

- › Coronary artery bypass
- › Carcinoma in situ
- › Open heart surgery for valve replacement or repair

10% OF COVERAGE

- › Skin cancer
- › Transcatheter heart valve replacement or repair

Watch the critical illness insurance video



WELLNESS BENEFIT

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](#).



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.

Specified Conditions Diagnosis Benefit

This benefit will pay you a Specified Condition Diagnosis benefit if you are diagnosed with autism spectrum disorder Level 3 on or after the coverage effective date.

Specified Condition Facility Confinement Benefit

If you are diagnosed with bipolar disorder or depressive disorder that results in a confinement to a hospital, rehabilitation facility or transitional care facility, this benefit will pay you a Specified Condition Facility Confinement Benefit.

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.



*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



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)		PREMIUMS - CHILD (BI-WEEKLY)	
	\$10,000		\$5,000
Age 29 and under	\$2.68	Per Family Unit	\$1.41
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		

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	EVENT/CONDITION	BENEFIT AMOUNT
Ground ambulance	\$400	Coma (14 or more days)	\$18,500
Air ambulance	\$2,000	Surgery (open abdominal, thoracic)	\$1,500
Emergency room treatment	\$250	Follow-up doctor visit	\$100
Hospital admission	\$1,500	Medical equipment	\$275
Hospital confinement (per day, up to 365 days)	\$375	Physical or occupational therapy (per treatment, up to 6)	\$60
Critical care unit confinement (per day, up to 15 days)	\$600	Mental health therapy (up to 10 per accident)	\$60

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

Your coverage also includes accidental death and dismemberment benefits. If you are severely injured or pass away due to an accident additional benefits may apply.



WELLNESS BENEFIT

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.

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**

**EVERYDAY EXPENSES
LIKE UTILITIES AND
GROCERIES**

**CHILD
CARE**

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.

Watch the
hospital
indemnity
insurance video



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 & Long-Term Disability



Short-Term Disability (STD)

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

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

The Short-Term Disability Plan begins to pay benefits after 7 days of continuous disability. Short-Term Disability benefits replace 60% of your regular weekly base pay, to a maximum of \$2,500 per week, for up to 26 weeks.

The Short-Term Disability plan for Finley Hospital providers begins to pay benefits after 14 days of continuous disability.

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 base pay, up to a maximum of \$10,000 per month.

If you earn \$240,000 or more you should not enroll in this benefit because you are receiving the maximum benefit amount through basic long-term disability.

The cost of this additional coverage is available in Lawson during your enrollment.

NO COST TO YOU

UnityPoint Health automatically provides Short-Term and Long-Term Disability coverage- at no cost to you- for all eligible team members.

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

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.

Malpractice Insurance

Your malpractice insurance is provided by UnityPoint Health at no cost to you. Please reference your Provider Employment Agreement for more information. Questions should be directed to your affiliate risk management/compliance department.

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.



TRACK YOUR ACTIVITY

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

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.

WHAT'S COVERED?	COVERAGE ALSO INCLUDES
Exam fees	Hip dysplasia
Accidental injuries	Hereditary conditions
X-rays and diagnostic tests	Congenital conditions
Surgeries	Chronic conditions
Medications	Alternative therapies
Ultrasounds	Holistic care
Illnesses	And much more!
Hospital stays	



GET A QUOTE OR ENROLL

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

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%. 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).

From there you can do things like:

CHANGE YOUR INVESTMENTS

UPDATE YOUR BENEFICIARIES

DETERMINE HOW MUCH YOU SHOULD BE SAVING

CHANGE YOUR CONTRIBUTIONS

GET HELP WITH YOUR FINANCES BY TALKING TO A RETIREMENT PLANNER

GET A SNAPSHOT OF YOUR RETIREMENT BY ANSWERING A FEW QUESTIONS

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

Review more details on our [401\(k\) Plan Highlights document](#).

457(b) Retirement Savings Plan:

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

- › Employee deferrals are 100% paid by the team member
- › Participant directs investments within certain guidelines
- › Payout at termination, death and disability as W-2 wages
- › Funds invested are subject to the creditors of the organization
- › Rollovers limited to another 457(b) plan



SPEAK WITH A FIDELITY REPRESENTATIVE

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.



ELIGIBILITY

You are eligible to participate in the retirement savings plan once you have reached age 18.



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 our system-wide 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. The PTO plan includes time off required under all state and local paid leave laws to include sick and safe leave.

UnityPoint Recognized Holidays: New Year’s Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Day.

UnityPoint Health PTO Accrual Chart

YEARS OF SERVICE COMPLETED	PTO ACCRUED PER HOUR*	MAXIMUM ANNUAL ACCRUAL* (BASED ON 2080 HOURS ANNUALLY)	MAXIMUM CARRYOVER
0-4	0.0923	192 hours / 24 days	320
5-9	0.1115	232 hours / 29 days	320
10-14	0.1231	256 hours / 32 days	320
15-19	0.1346	280 hours / 35 days	320
20+	0.1385	288 hours / 36 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: $.1346 \times 60 = 8.07$ accrued hours in a pay period.

Finley Hospital providers should reference the Dubuque Non-Union Team Member benefits guide for their PTO accrual chart.

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 information below for further details and contact AskHR if you have questions.

- › **Component**
PTO Cash Guidelines
- › **Maximum Hours to Declare**
40 hours
- › **Election Period****
During Open Enrollment
- › **Payout Dates**
Announced during the annual open enrollment period
- › **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.
- › **Required Remaining Balance*****
There is no requirement to have any remaining balance in your PTO account after the cash out occurs.

*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.

***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.

Parental Leave & Adoption Assistance



Parental Leave

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:

- › Receive 40 hours of additional Paid Time Off (PTO)
- › 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.

UnityPoint Health will also extend a position-guaranteed leave for two additional weeks. 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.



ABSENCEONE

To speak with an AbsenceOne representative who can answer your questions or to request a Parental Leave, please contact AbsenceOne by visiting absenceone.com/unitypointhealth 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.

Team Member Discounts



Team Member Discounts

UnityPoint Health partners with PerkSpot to provide a one-stop shop for thousands of exclusive discounts in more than 25 categories including:

- › 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

PerkSpot is a free benefit to all UnityPoint Health team members. Visit <https://unitypoint.perkspot.com> to get started.



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.

Earned Wage Access

UnityPoint Health partners with Wisely by ADP to offer flexible pay options for our team members. You can request your earned wages through either the myWisely app (if you currently receive your paychecks through Wisely) or the DailyPay app. The available balance is based on your regular compensation and hours (minus any withholdings) worked to date during a pay period. Learn more [here](#).

OnPoint for Health: Wellness Credit and Wellness Rewards



2026 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, 2025 and on will be grandfathered into the 2026 Wellness Credit.

- 1 Complete an **annual physical** with your primary care provider (PCP) between December 1, 2024 - November 30, 2025.
- 2 Log into the OnPoint for Health portal between October 1, 2025 - December 19, 2025 to complete the online Health Risk Assessment (HRA).

2025 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, 2025 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

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.



DID YOU KNOW?

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



HEALTH RISK ASSESSMENT (HRA)

Review the [Notice Regarding Wellness Program](#) for information on what will be collected, how it will be used, who will receive it and what will be done to keep it confidential.

*Eligibility for these rewards will be reviewed on a monthly basis between February and December 2025. The financial reward will be paid out by the 2nd paycheck of the following month in which the point total is achieved.



My Growth & Development

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

Education Assistance Benefits



Continuing Education

Ongoing education is critical within our culture of innovation. We support your commitment to staying abreast of best-practice guidelines as you continue to hone your skills as a provider. Please reference your Provider Employment Agreement and the Provider CME Funds and CME Time Off policy for more information on this benefit.

Tuition Reimbursement

UnityPoint Health offers tuition assistance to eligible Team Members who seek to pursue education that supports the current business needs and future objectives of the organization. All education programs must be related to Team Member's current job or an established career path within UnityPoint Health. Visit the [HR Landing page](#) for more information.

FULL-TIME and **PART-TIME BENEFIT ELIGIBLE TEAM MEMBERS** who have been actively employed with UnityPoint Health for at least six months are eligible for Tuition Reimbursement. Team members must be in good standing and have not had a formal performance corrective action plan within the previous 12 months.

Reimbursement Amounts

CLASSIFICATION	MAXIMUM AMOUNTS
Full Time (64-80)	\$5,250/year
Part Time (32-63)	\$2,625/year

Terms of Tuition Reimbursement

- › All courses related to a degree or certificate program must be completed with a minimum grade equivalent of C or better and award college credit. Courses that are based on a pass/fail grading system must be completed with a passing grade. Courses in which a Team Member receives an incomplete, withdrawal, or equivalent grade are ineligible.
- › Eligible expenses include tuition, required textbooks, and mandatory course-related fees such as registration or admissions fees, lab fees, technology fees, library cards, and graduation fees.
- › Ineligible expenses include, but are not limited to, meals, lodging, transportation and tools or supplies (other than textbooks) that can be kept after completing the course of instruction
- › Educational programs not covered include, but are not limited to, individual courses for sports, recreation or hobbies, unless part of a degree program and seminars, conferences and workshops.
- › Although attainment of educational goals often leads to improved performance and new career opportunities, participation in this program does not guarantee a specific career result such as a promotion or salary increase.
- › In compliance with IRS regulations (section 127), employer provided educational assistance is exempt from taxation up to a maximum of \$5,250 per calendar year. Taxes will be assessed if, at the time of payment processing, the total amount of tuition assistance paid in the calendar year exceeds \$5,250. Please consult with your tax advisor for additional information.



Work Commitment

A Team Member who voluntarily terminates employment or is terminated for cause within 12 months of receiving education assistance through Traditional Reimbursement will be required to refund UnityPoint Health 100% of the payments received within that time period on a pro-rated basis from the time of last payment and date of termination.

Public Service Loan Forgiveness (PSLF) Support

PSLF is a federal program created for those in public service jobs, offering the opportunity to have your federal loan balances forgiven after 10 years and 120 qualifying payments. All tax free!

Team Members can receive PSLF support through Fidelity's Summer program aimed at streamlining and automating the process while reducing stress with resources that may help increase financial well-being and confidence.

KEY FEATURES OF THE PROGRAM INCLUDE:

- › **Complete PSLF coverage** – Summer manages the entire PSLF process for borrowers from checking eligibility to employer coordination and online form submission.
- › **Recertification support** – Summer works with borrowers and their employers to ensure all PSLF requirements are met.
- › **Protection from server mistakes** – Summer has deep experience navigating rejections from loan servicer mistakes.

For help from an expert to determine your eligibility or support filling in your forms, visit fidelity.com/forgiveness. Employment certification forms ready for completion should be sent to leaves@unitypoint.org.

Student Loan Origination & Refinancing

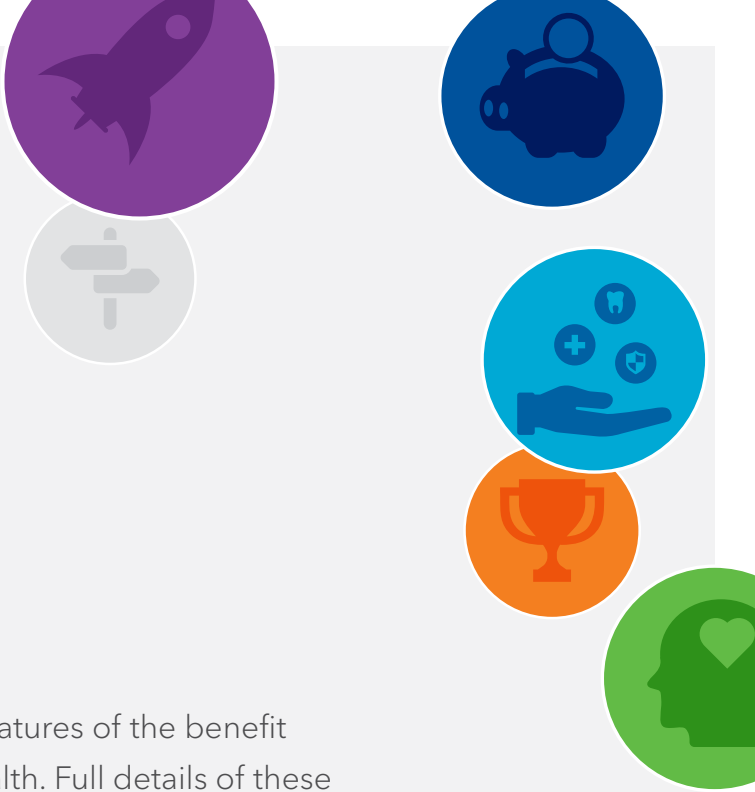
Fidelity's Credible program is one way to find options to pay for college. Credible is an online marketplace that provides borrowers looking for private student loans with competitive, personalized, prequalified rates from up to 8 vetted lenders.

There is no cost to request offers, and checking rates will not impact your credit score.

Key features of the program include:

- › Personalized rates, not ranges from multiple lenders
- › Ability to comparison shop across lenders to find the best solution for your situation
- › No hidden fees, original fees, or prepayment penalties
- › Simple online process that keeps your data confidential.

To access Credible log into the Fidelity portal at netbenefits.com.



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

- › Health Savings Account (Employer Contribution)
- › Basic Life and AD&D Insurance
- › Short-Term Disability
- › Long-Term Disability
- › Employee Assistance Program (EAP)
- › Paid Leave (Bereavement, Jury Duty, Parental Leave, etc.)
- › OnPoint for Health Wellness Program
- › Education Assistance
- › Paid Time Off (PTO)
- › 401(k) Employer Match

YOU PAY FOR

- › Health Savings Account (Employee Contributions)
- › Vision Insurance
- › Voluntary Life and AD&D Insurance
- › Legal Insurance & Identity Theft Protection
- › Flexible Spending Accounts (FSA)
- › Critical Illness Insurance
- › Hospital Indemnity Insurance
- › Accident Insurance
- › Pet Insurance
- › 401(k) Employee Contributions
- › Long-Term Disability Buy-Up

YOU AND UNITYPOINT HEALTH SHARE THE COST OF

- › Health Insurance*
- › Dental Insurance

LISTED BELOW

All premiums listed below are deducted over 26 pay periods

Health Insurance

	EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE + SPOUSE/DP	FAMILY
Network Plan				
Full-Time Rates	\$84.90	\$164.55	\$200.05	\$274.35
Part-Time Rates	\$127.35	\$246.84	\$300.08	\$411.53

Health Savings Plan

Full-Time Rates	\$50.04	\$98.44	\$119.65	\$164.09
Part-Time Rates	\$76.19	\$147.65	\$179.49	\$246.13

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	\$6.15	\$13.96	\$12.29	\$18.62
Premier Plan – Full & Part Time Rates	\$9.96	\$22.60	\$19.90	\$30.14

Vision Insurance

Full & Part Time Rates	\$3.29	\$7.16	\$6.32	\$9.38
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*UnityPoint Health pays for the majority of these costs

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

AGE	EMPLOYEE & SPOUSE/ DOMESTIC PARTNER*	AGE	EMPLOYEE & SPOUSE/ DOMESTIC PARTNER*
Under 25	\$0.027	55-59	\$0.203
25-29	\$0.031	60-64	\$0.309
30-34	\$0.040	65-69	\$0.563
35-39	\$0.044	70-74	\$0.910
40-44	\$0.051	75+	\$0.955
45-49	\$0.074	Children	\$0.026 Flat Rate
50-54	\$0.111		

*Premium based on team member's age as of January 1, 2025

Hospital Indemnity Insurance

EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE & SPOUSE/ DOMESTIC PARTNER	FAMILY
\$9.39	\$13.79	\$18.20	\$22.60

Accident Insurance

EMPLOYEE ONLY	EMPLOYEE + CHILD(REN)	EMPLOYEE & SPOUSE/ DOMESTIC PARTNER	FAMILY
\$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	https://www.healthpartnersunitypointhealth.com/uph/
Dental Insurance	Delta Dental of Iowa	(800) 544-0718	deltadentalia.com
Vision Insurance	Avesis	(855) 214-6777	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
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
Legal Insurance & Identity Theft Protection	ARAG	(800) 247-4184 (access code 18191uph)	ARAGLegalCenter.com
Pet Insurance	MetLife	(800) GET-MET8	metlife.com/getpetquote
Retirement Savings	Fidelity	(800) 343-0860	netbenefits.com
Education Assistance	EdAssist	live chat available on website	unitypoint.edassist.com
UnityPoint Health IT Service Center	UnityPoint Health	(800) 681-2060	N/A

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 Section 1557 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 Section 1557 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 انكر 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 بردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات . 1-515-574-6608 مفت میں دستیاب ہیں . کال کریں

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

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.

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.

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.

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