

# 2026

# BENEFIT GUIDE

## SIOUX CITY UNION TEAM MEMBERS



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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.



# You Matter.

At UnityPoint Health, we provide team members with a strong culture where you can work, grow, and belong through a set of shared values. We also offer a comprehensive Total Rewards package that supports your career and life journey, so you can focus on delivering an exceptional experience to our patients and communities.

UnityPoint Health is committed to providing benefits that support your physical, emotional and financial health. Our benefits are flexible enough to help meet your immediate and future needs.

## How to Use this Guide

We know there is a lot of information in this guide, and you may be feeling a little overwhelmed. Here are a few tips on 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 this guide may be updated throughout the year. For the most up to date information, head to [uphtotalrewards.com](https://uphtotalrewards.com) or the [HR landing page](#).

### › AskHR is Here to Help!

If you have questions about anything in the benefit guide, reach out to AskHR by creating a case in Lawson or 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 begin 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 benefits if you are a:

- ✔ **FULL-TIME** team member who is regularly scheduled to work 70 hours or more per pay period. (0.875 - 1.0 FTE)
- ✔ **LEVEL ONE PART-TIME** team member who is regularly scheduled to work 32-69 hours or more per pay period. (0.4 - 0.8625 FTE)

## Dependents

In most cases, you can enroll your eligible dependents. If adding a spouse/domestic partner or dependent child, we highly encourage adding their social security number (identification number) to their dependent profile.

## Dependent Verification

You may be asked to verify the eligibility of your spouse/partner and/or your dependents in order for them to be covered by UnityPoint Health benefits. If asked to do so, you must submit the requested documents or risk having your dependents removed from benefits.

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 who choose to enroll a working spouse/partner who is eligible for health insurance coverage through their employer will pay a \$75 working spouse surcharge. The \$75 surcharge only applies to health insurance and will be added to your per pay period 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 for 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 health or dental insurance, you will be responsible for imputed income tax on the difference in the employer premium for the additional coverage.

## Qualifying Life Events

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 of 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 or dental insurance. For example, you may change from the Traditional 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.

### Examples of qualifying life events include:

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



## 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 your 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](#)

## Continuation of Coverage (COBRA)

Continuation of Coverage (COBRA) provides a temporary extension of health benefits when you or your eligible dependents lose group coverage. COBRA coverage is available for health, dental, vision, and medical flexible spending accounts.

If you experience a qualifying event (such as termination of employment or reduction in work hours), COBRA enrollment information will be sent directly to you and/or your eligible dependents by the COBRA administrator.

## 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.



# My Benefits

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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



## Enrollment

You have the choice between two different health insurance plans, the **TRADITIONAL PLAN** or the **HEALTH SAVINGS PLAN**. Both health insurance plans:

- › Cover the same basic medical services
- › Cover the same network of providers, hospitals and health care specialists who deliver quality care according to network standards and have agreed to lower, preferred rates for covered services.

Depending on the plan selected, your share of the costs of medical services you receive differs.

### ✓ **TRADITIONAL PLAN**

- › Higher biweekly premium cost for coverage
- › Cost of care (deductible and out-of-pocket maximum) lower than the Health Savings Plan
- › The family must collectively satisfy the family deductible. Additionally, each family member has an individual deductible in addition to the overall family deductible. This means that if an individual meets their deductible before the family deductible is reached, their services will be covered by the insurance carrier.

### ✓ **HEALTH SAVINGS PLAN**

- › Pay less in biweekly premium costs for coverage
- › Cost of care (deductible and out-of-pocket maximum) higher than the Traditional Plan
- › UnityPoint Health contributes to your Health Savings Account (HSA) to help offset out-of-pocket costs
- › If you cover your spouse and/or dependents, the family deductible must be reached, either by an individual or by the family, before services will be covered by the insurance carrier. There is no individual deductible under the family Health Savings Plan.



## Important Health Insurance Definitions

This list of health insurance definitions is included for reference in this section of the benefit guide.

- › **Deductible:** The out-of-pocket amount you pay for covered health care before your plan begins paying. Not all services may count toward the deductible.
- › **Coinsurance:** The percentage of covered costs you pay after meeting your deductible.
- › **Copay:** A set fee you pay for certain services; your insurance covers the remaining cost.
- › **Out-of-Pocket Maximum:** This is the total you pay for deductibles, coinsurance and copays in a policy period. After reaching this limit, your plan covers all allowed costs for covered services.
- › **Formulary Drug:** Is a list of prescription medications that are covered by a health insurance plan. It is organized based on factors such as cost, safety and effectiveness. The formulary is created and regularly updated by medical experts to ensure that it reflects the best options for patients.
- › **Preventive Services:** Services that are fully covered with no deductible when using a network provider. Breast cancer screening may now include ultrasounds, MRIs, and biopsies at no extra cost. Review Wellmark's preventive services list [here](#).
- › **Medication Therapy Management (MTM):** UnityPoint Health MTM pharmacists assist patients in reviewing their medications to ensure they are suitable for their health conditions. The pharmacist collaborates with both the patient and their care team to verify that the medications, dosages, and schedules align with individual needs. Additionally, the pharmacist checks for potential drug interactions and side effects. Visits are available by phone or video conference for convenience. Regular interaction with a pharmacist may help reduce medication copay expenses.
- › **Summary of Benefits and Coverage (SBC):** The SBC provides a simple overview of a health plan's costs, benefits, covered services and unique features. It is useful for comparing benefit plans. SBCs can be found on the [HR landing page](#) under My Benefits and Health Insurance.

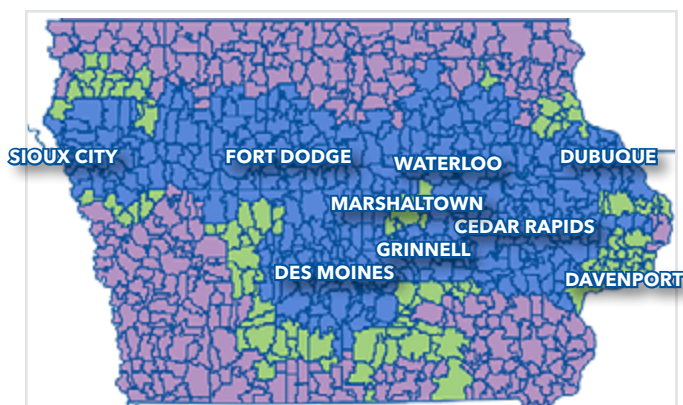
## Understanding the Network

To choose the right plan for you and your family, consider where you'll get your care and how out-of-pocket costs fit your budget. UnityPoint Health offers lower costs when you use select in-network providers.

To locate in-network providers visit [Wellmark.com/Find-Care](https://www.wellmark.com/Find-Care) or call Wellmark Customer Service at (800) 546-3939. Once your plan is effective, you will be able to log in to the myWellmark portal or app to verify appropriate Tier costs.

## Team Members Residing in Iowa

The zip code of your primary residence will determine your provider network access. Services received from out-of-network providers are not covered. Locate your primary residence zip code to see your zone, then check your plan's out-of-pocket costs in the tables in the following pages.

**QUICK SEARCH**

To quickly check if your primary residence ZIP code is listed in the tables below, press "Ctrl + F" on your keyboard to open the search bar. Then, type your ZIP code and press "Enter."

**ZIP CODE ZONE 1**

|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 50001 | 50003 | 50006 | 50007 | 50009 | 50010 | 50011 | 50012 | 50013 | 50014 | 50021 | 50023 | 50028 | 50031 | 50032 | 50033 | 50034 | 50035 | 50036 |
| 50037 | 50038 | 50039 | 50040 | 50041 | 50043 | 50046 | 50047 | 50050 | 50051 | 50054 | 50055 | 50056 | 50057 | 50061 | 50062 | 50063 | 50064 | 50066 |
| 50069 | 50070 | 50071 | 50072 | 50073 | 50075 | 50078 | 50099 | 50101 | 50102 | 50105 | 50106 | 50109 | 50111 | 50112 | 50118 | 50122 | 50124 | 50125 |
| 50126 | 50127 | 50128 | 50130 | 50131 | 50132 | 50134 | 50135 | 50137 | 50138 | 50139 | 50141 | 50145 | 50146 | 50148 | 50151 | 50152 | 50153 | 50154 |
| 50155 | 50156 | 50157 | 50160 | 50161 | 50163 | 50166 | 50167 | 50168 | 50169 | 50170 | 50171 | 50201 | 50206 | 50208 | 50210 | 50211 | 50212 | 50214 |
| 50216 | 50217 | 50220 | 50222 | 50223 | 50225 | 50226 | 50227 | 50228 | 50229 | 50230 | 50231 | 50232 | 50233 | 50234 | 50236 | 50237 | 50239 | 50240 |
| 50241 | 50242 | 50243 | 50244 | 50246 | 50247 | 50248 | 50249 | 50250 | 50251 | 50252 | 50257 | 50258 | 50259 | 50261 | 50263 | 50265 | 50266 | 50269 |
| 50271 | 50273 | 50275 | 50276 | 50277 | 50278 | 50301 | 50302 | 50303 | 50304 | 50305 | 50306 | 50307 | 50308 | 50309 | 50310 | 50311 | 50312 | 50313 |
| 50314 | 50315 | 50316 | 50317 | 50318 | 50319 | 50320 | 50321 | 50322 | 50323 | 50324 | 50325 | 50327 | 50328 | 50329 | 50330 | 50331 | 50332 | 50333 |
| 50334 | 50335 | 50336 | 50339 | 50340 | 50359 | 50360 | 50361 | 50362 | 50363 | 50364 | 50367 | 50368 | 50369 | 50380 | 50381 | 50391 | 50392 | 50393 |
| 50394 | 50395 | 50396 | 50398 | 50441 | 50501 | 50510 | 50516 | 50518 | 50519 | 50520 | 50521 | 50523 | 50524 | 50525 | 50526 | 50527 | 50529 | 50530 |
| 50532 | 50533 | 50535 | 50538 | 50540 | 50541 | 50542 | 50543 | 50544 | 50545 | 50546 | 50548 | 50551 | 50552 | 50554 | 50557 | 50558 | 50560 | 50561 |
| 50562 | 50563 | 50566 | 50567 | 50568 | 50569 | 50570 | 50571 | 50573 | 50574 | 50575 | 50576 | 50577 | 50579 | 50581 | 50582 | 50583 | 50585 | 50586 |
| 50588 | 50591 | 50592 | 50593 | 50594 | 50595 | 50599 | 50601 | 50602 | 50604 | 50607 | 50608 | 50609 | 50611 | 50612 | 50613 | 50614 | 50616 | 50619 |
| 50621 | 50622 | 50623 | 50624 | 50626 | 50627 | 50629 | 50630 | 50631 | 50633 | 50634 | 50636 | 50638 | 50641 | 50642 | 50643 | 50644 | 50647 | 50648 |
| 50649 | 50650 | 50651 | 50654 | 50655 | 50657 | 50658 | 50660 | 50661 | 50662 | 50664 | 50665 | 50666 | 50667 | 50668 | 50669 | 50670 | 50671 | 50672 |
| 50673 | 50674 | 50675 | 50676 | 50677 | 50680 | 50681 | 50682 | 50701 | 50702 | 50703 | 50704 | 50707 | 50831 | 50936 | 50940 | 50947 | 50950 | 50980 |
| 50981 | 50982 | 50983 | 51002 | 51004 | 51005 | 51006 | 51007 | 51014 | 51015 | 51016 | 51018 | 51019 | 51020 | 51024 | 51025 | 51026 | 51028 | 51030 |
| 51031 | 51033 | 51034 | 51035 | 51038 | 51039 | 51044 | 51047 | 51048 | 51049 | 51050 | 51051 | 51052 | 51053 | 51054 | 51055 | 51056 | 51061 | 51062 |
| 51101 | 51103 | 51104 | 51105 | 51106 | 51108 | 51109 | 51111 | 51401 | 51431 | 51433 | 51436 | 51443 | 51444 | 51445 | 51449 | 51450 | 51451 | 51453 |
| 51458 | 51459 | 51466 | 52001 | 52002 | 52003 | 52031 | 52032 | 52033 | 52035 | 52036 | 52037 | 52038 | 52039 | 52040 | 52041 | 52045 | 52046 | 52050 |
| 52053 | 52054 | 52056 | 52057 | 52065 | 52066 | 52068 | 52073 | 52078 | 52079 | 52142 | 52147 | 52164 | 52202 | 52203 | 52204 | 52205 | 52206 | 52228 |
| 52208 | 52209 | 52210 | 52211 | 52212 | 52213 | 52214 | 52215 | 52216 | 52217 | 52218 | 52219 | 52220 | 52221 | 52222 | 52223 | 52224 | 52225 | 52227 |
| 52229 | 52232 | 52233 | 52235 | 52236 | 52237 | 52240 | 52241 | 52242 | 52243 | 52244 | 52245 | 52246 | 52247 | 52249 | 52251 | 52252 | 52253 | 52254 |
| 52255 | 52257 | 52301 | 52302 | 52305 | 52306 | 52307 | 52308 | 52310 | 52312 | 52313 | 52314 | 52315 | 52316 | 52317 | 52318 | 52320 | 52321 | 52322 |
| 52323 | 52324 | 52325 | 52326 | 52327 | 52328 | 52329 | 52330 | 52332 | 52333 | 52334 | 52335 | 52336 | 52337 | 52338 | 52339 | 52340 | 52341 | 52342 |
| 52344 | 52345 | 52346 | 52347 | 52348 | 52349 | 52351 | 52352 | 52354 | 52356 | 52358 | 52361 | 52362 | 52401 | 52402 | 52403 | 52404 | 52405 | 52406 |
| 52407 | 52408 | 52409 | 52410 | 52411 | 52462 | 52497 | 52498 | 52499 | 52701 | 52720 | 52721 | 52727 | 52731 | 52733 | 52734 | 52736 | 52739 | 52749 |
| 52750 | 52754 | 52755 | 52757 | 52760 | 52766 | 52772 | 52774 | 52776 | 52777 |       |       |       |       |       |       |       |       |       |

**ZIP CODE ZONE 2**

|       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 50002 | 50005 | 50026 | 50027 | 50029 | 50044 | 50048 | 50049 | 50058 | 50060 | 50068 | 50104 | 50107 | 50115 | 50116 | 50119 | 50120 | 50129 | 50136 |
| 50142 | 50143 | 50149 | 50150 | 50158 | 50162 | 50164 | 50173 | 50174 | 50207 | 50213 | 50219 | 50235 | 50238 | 50254 | 50256 | 50264 | 50268 | 50632 |
| 50635 | 50706 | 50801 | 50830 | 50845 | 50849 | 50858 | 50859 | 50861 | 51001 | 51003 | 51008 | 51009 | 51010 | 51012 | 51022 | 51027 | 51029 | 51036 |
| 51037 | 51041 | 51046 | 51060 | 51063 | 51068 | 51102 | 51234 | 51238 | 51239 | 51245 | 51250 | 51439 | 51440 | 51460 | 51461 | 51462 | 51463 | 51483 |
| 51572 | 51609 | 52004 | 52030 | 52042 | 52043 | 52044 | 52048 | 52049 | 52052 | 52060 | 52064 | 52069 | 52074 | 52076 | 52171 | 52207 | 52309 | 52355 |
| 52501 | 52530 | 52531 | 52536 | 52537 | 52553 | 52561 | 52569 | 52722 | 52726 | 52728 | 52729 | 52742 | 52745 | 52746 | 52747 | 52748 | 52751 | 52753 |
| 52756 | 52758 | 52759 | 52761 | 52765 | 52768 | 52769 | 52773 | 52778 | 52801 | 52802 | 52803 | 52804 | 52805 | 52806 | 52807 | 52808 | 52809 |       |

**ZIP CODE ZONE 3 - ANY ZIP CODE IN IOWA NOT LISTED IN ZIP CODE ZONE 1 OR ZIP CODE ZONE 2**

Provider tiers set your costs for deductibles, copays, coinsurance and out-of-pocket expenses.

**TIER 1**

UnityPoint Health Providers  
and Level 1 Affiliated Partners

**TIER 2**

Level 2 Affiliated  
Partners

**TIER 3**

Wellmark Health  
Plan of Iowa Providers

**TIER 4\***

University of Iowa  
Health Care Providers

\*If an out-of-network referral is approved to Mayo Clinic Health System, it will be processed at the Tier 4 cost share.

## Traditional Plan

|                                                                  | ZIP CODE ZONE 1                                                              | ZIP CODE ZONE 2                                                              | ZIP CODE ZONE 3                                                              |
|------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Deductible - Single                                              | Tier 1 - \$750<br>Tier 2 - \$750<br>Tier 3 - \$1,050<br>Tier 4 - \$1,350     | Tier 1 - \$750<br>Tier 2 - \$750<br>Tier 3 - \$1,050<br>Tier 4 - \$1,350     | Tier 1 - \$750<br>Tier 2 - \$750<br>Tier 3 - \$750<br>Tier 4 - \$1,350       |
| Deductible - Family                                              | Tier 1 - \$1,500<br>Tier 2 - \$1,500<br>Tier 3 - \$2,100<br>Tier 4 - \$2,700 | Tier 1 - \$1,500<br>Tier 2 - \$1,500<br>Tier 3 - \$2,100<br>Tier 4 - \$2,700 | Tier 1 - \$1,500<br>Tier 2 - \$1,500<br>Tier 3 - \$1,500<br>Tier 4 - \$2,700 |
| Coinsurance                                                      | Tier 1 - 20%<br>Tier 2 - 25%<br>Tier 3 - 30%<br>Tier 4 - 50%                 | Tier 1 - 20%<br>Tier 2 - 20%<br>Tier 3 - 30%<br>Tier 4 - 50%                 | Tier 1 - 20%<br>Tier 2 - 20%<br>Tier 3 - 20%<br>Tier 4 - 50%                 |
| Out of Pocket Maximum - Single<br>includes deductible and copays | Tier 1 - \$3,900<br>Tier 2 - \$3,900<br>Tier 3 - \$4,900<br>Tier 4 - \$6,900 | Tier 1 - \$3,900<br>Tier 2 - \$3,900<br>Tier 3 - \$4,900<br>Tier 4 - \$6,900 | Tier 1 - \$3,900<br>Tier 2 - \$3,900<br>Tier 3 - \$3,900<br>Tier 4 - \$6,900 |
| Out of Pocket Maximum - Family<br>includes deductible and copays | Tier 1 - \$7,800<br>Tier 2 - \$7,800<br>Tier 3 - \$9,300<br>Tier 4 - \$9,900 | Tier 1 - \$7,800<br>Tier 2 - \$7,800<br>Tier 3 - \$9,300<br>Tier 4 - \$9,900 | Tier 1 - \$7,800<br>Tier 2 - \$7,800<br>Tier 3 - \$7,800<br>Tier 4 - \$9,900 |
| Covered Preventive Services                                      | No Charge                                                                    | No Charge                                                                    | No Charge                                                                    |
| Office Visit Copay                                               | Tier 1 - \$10<br>Tier 2 - \$35<br>Tier 3 - \$60<br>Tier 4 - \$125            | Tier 1 - \$10<br>Tier 2 - \$10<br>Tier 3 - \$60<br>Tier 4 - \$125            | Tier 1 - \$10<br>Tier 2 - \$10<br>Tier 3 - \$10<br>Tier 4 - \$125            |
| Specialty Visit Copay                                            | Tier 1 - \$40<br>Tier 2 - \$65<br>Tier 3 - \$90<br>Tier 4 - \$180            | Tier 1 - \$40<br>Tier 2 - \$40<br>Tier 3 - \$90<br>Tier 4 - \$180            | Tier 1 - \$40<br>Tier 2 - \$40<br>Tier 3 - \$40<br>Tier 4 - \$180            |
| Urgent Care Copay*                                               | Tier 1 - \$20<br>Tier 2 - \$20<br>Tier 3 - \$20<br>Tier 4 - \$125            | Tier 1 - \$20<br>Tier 2 - \$20<br>Tier 3 - \$20<br>Tier 4 - \$125            | Tier 1 - \$20<br>Tier 2 - \$20<br>Tier 3 - \$20<br>Tier 4 - \$125            |
| Mental Health/Chemical<br>Dependency Office Visit Copay          | \$10                                                                         | \$10                                                                         | \$10                                                                         |
| Mental Health/Chemical<br>Dependency Outpatient                  | Deductible,<br>20% Coinsurance                                               | Deductible,<br>20% Coinsurance                                               | Deductible,<br>20% Coinsurance                                               |
| Doctor On Demand                                                 | \$40                                                                         | \$40                                                                         | \$40                                                                         |
| Chiropractic Copay                                               | \$25                                                                         | \$25                                                                         | \$25                                                                         |
| Emergency Room Copay                                             | \$300<br>Waived if Admitted                                                  | \$300<br>Waived if Admitted                                                  | \$300<br>Waived if Admitted                                                  |

[Click here](#) to see examples of the costs you can expect to pay in each tier under the Traditional Plan.

## Health Savings Plan - Health Savings Account (HSA) Eligible

|                                                                  | ZIP CODE ZONE 1                                                                            | ZIP CODE ZONE 2                                                                            | ZIP CODE ZONE 3                                                                            |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Deductible - Single                                              | Tier 1 - \$2,000<br>Tier 2 - \$2,000<br>Tier 3 - \$2,300<br>Tier 4 - \$2,600               | Tier 1 - \$2,000<br>Tier 2 - \$2,000<br>Tier 3 - \$2,300<br>Tier 4 - \$2,600               | Tier 1 - \$2,000<br>Tier 2 - \$2,000<br>Tier 3 - \$2,000<br>Tier 4 - \$2,600               |
| Deductible - Family                                              | Tier 1 - \$4,000<br>Tier 2 - \$4,000<br>Tier 3 - \$4,600<br>Tier 4 - \$5,200               | Tier 1 - \$4,000<br>Tier 2 - \$4,000<br>Tier 3 - \$4,600<br>Tier 4 - \$5,200               | Tier 1 - \$4,000<br>Tier 2 - \$4,000<br>Tier 3 - \$4,000<br>Tier 4 - \$5,200               |
| Coinsurance                                                      | Tier 1 - 20%<br>Tier 2 - 25%<br>Tier 3 - 30%<br>Tier 4 - 50%                               | Tier 1 - 20%<br>Tier 2 - 20%<br>Tier 3 - 30%<br>Tier 4 - 50%                               | Tier 1 - 20%<br>Tier 2 - 20%<br>Tier 3 - 20%<br>Tier 4 - 50%                               |
| Out of Pocket Maximum - Single<br>includes deductible and copays | Tier 1 - \$4,500<br>Tier 2 - \$4,500<br>Tier 3 - \$5,500<br>Tier 4 - \$7,900               | Tier 1 - \$4,500<br>Tier 2 - \$4,500<br>Tier 3 - \$5,500<br>Tier 4 - \$7,900               | Tier 1 - \$4,500<br>Tier 2 - \$4,500<br>Tier 3 - \$4,500<br>Tier 4 - \$7,900               |
| Out of Pocket Maximum - Family<br>includes deductible and copays | Tier 1 - \$9,000<br>Tier 2 - \$9,000<br>Tier 3 - \$9,750<br>Tier 4 - \$10,150              | Tier 1 - \$9,000<br>Tier 2 - \$9,000<br>Tier 3 - \$9,750<br>Tier 4 - \$10,150              | Tier 1 - \$9,000<br>Tier 2 - \$9,000<br>Tier 3 - \$9,000<br>Tier 4 - \$10,150              |
| Covered Preventive Services                                      | No Charge                                                                                  | No Charge                                                                                  | No Charge                                                                                  |
| Office Visit Copay                                               | Deductible,<br>Coinsurance                                                                 | Deductible,<br>Coinsurance                                                                 | Deductible,<br>Coinsurance                                                                 |
| Specialty Visit Copay                                            | Deductible,<br>Coinsurance                                                                 | Deductible,<br>Coinsurance                                                                 | Deductible,<br>Coinsurance                                                                 |
| Urgent Care Copay*                                               | Deductible,<br>Coinsurance<br>Tier 1 - 20%<br>Tier 2 - 20%<br>Tier 3 - 20%<br>Tier 4 - 50% | Deductible,<br>Coinsurance<br>Tier 1 - 20%<br>Tier 2 - 20%<br>Tier 3 - 20%<br>Tier 4 - 50% | Deductible,<br>Coinsurance<br>Tier 1 - 20%<br>Tier 2 - 20%<br>Tier 3 - 20%<br>Tier 4 - 50% |
| Mental Health/Chemical<br>Dependency Office Visit Copay          | Deductible,<br>20% Coinsurance                                                             | Deductible,<br>20% Coinsurance                                                             | Deductible,<br>20% Coinsurance                                                             |
| Mental Health/Chemical<br>Dependency Outpatient                  | Deductible,<br>20% Coinsurance                                                             | Deductible,<br>20% Coinsurance                                                             | Deductible,<br>20% Coinsurance                                                             |
| Doctor On Demand                                                 | 50% Coinsurance                                                                            | 50% Coinsurance                                                                            | 50% Coinsurance                                                                            |
| Chiropractic Copay                                               | Deductible, 30%<br>Coinsurance                                                             | Deductible, 30%<br>Coinsurance                                                             | Deductible, 30%<br>Coinsurance                                                             |
| Emergency Room Copay                                             | Deductible, 20%<br>Coinsurance                                                             | Deductible, 20%<br>Coinsurance                                                             | Deductible, 20%<br>Coinsurance                                                             |

[Click here](#) to see examples of the costs you can expect to pay in each tier under the Health Savings Plan.

These tables are not complete and is for illustrative purposes only. For more detailed information refer to Summary of Benefits and Coverage (SBC) and other plan documents found on the [HR landing page](#) under "My Benefits and Health Insurance". Deductible and out-of-pocket maximum amounts accumulate across tiers.

Team members with dependents living outside of Iowa should contact Wellmark about Guest Membership for that location.

\*Office visit/specialty visit copay may apply at some locations if not able to bill as urgent care.

## Team Members Residing Outside of Iowa

The state in which you reside determines the providers available to you and the related out-of-pocket costs for each provider. Provider tiers set your costs for deductibles, copays, coinsurance and out-of-pocket expenses.

UnityPoint Clinic and UnityPoint at Work team members who reside in Wisconsin should [click here](#) for details on an additional health insurance option.

### TIER 1

UnityPoint Health Providers, Affiliated Partners, Wellmark Blue Preferred Providers (Wisconsin) and Wellmark Blue Card Providers (All Other States)

### TIER 2

University of Iowa Health Care Providers and Mayo Clinic Health System Providers

### TIER 3

Out of Network Providers

|                                                                  | TRADITIONAL PLAN                                                                | HEALTH SAVINGS PLAN                                                             |
|------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Deductible - Single                                              | Tier 1 - \$750<br>Tier 2 - \$1,350<br>Tier 3 - \$3,950                          | Tier 1 - \$2,000<br>Tier 2 - \$2,600<br>Tier 3 - \$5,200                        |
| Deductible - Family                                              | Tier 1 - \$1,500<br>Tier 2 - \$2,700<br>Tier 3 - \$7,900                        | Tier 1 - \$4,000<br>Tier 2 - \$5,200<br>Tier 3 - \$10,400                       |
| Coinsurance                                                      | Tier 1 - 20%<br>Tier 2 - 50%<br>Tier 3 - 50%                                    | Tier 1 - 20%<br>Tier 2 - 50%<br>Tier 3 - 50%                                    |
| Out of Pocket Maximum - Single<br>includes deductible and copays | Tier 1 - \$3,900<br>Tier 2 - \$6,900<br>Tier 3 - \$20,400                       | Tier 1 - \$4,500<br>Tier 2 - \$7,900<br>Tier 3 - \$21,000                       |
| Out of Pocket Maximum - Family<br>includes deductible and copays | Tier 1 - \$7,800<br>Tier 2 - \$9,900<br>Tier 3 - \$33,300                       | Tier 1 - \$9,000<br>Tier 2 - \$10,150<br>Tier 3 - \$34,500                      |
| Covered Preventive Services                                      | Tier 1 - No Charge<br>Tier 2 - No Charge<br>Tier 3 - Deductible,<br>Coinsurance | Tier 1 - No Charge<br>Tier 2 - No Charge<br>Tier 3 - Deductible,<br>Coinsurance |
| Office Visit Copay                                               | Tier 1 - \$10<br>Tier 2 - \$125<br>Tier 3 - Deductible,<br>Coinsurance          | Deductible, Coinsurance                                                         |
| Specialty Visit Copay                                            | Tier 1 - \$40<br>Tier 2 - \$180<br>Tier 3 - Deductible,<br>Coinsurance          | Deductible, Coinsurance                                                         |
| Urgent Care Copay*                                               | Tier 1 - \$20<br>Tier 2 - \$125<br>Tier 3 - Deductible,<br>Coinsurance          | Deductible, Coinsurance                                                         |
| Mental Health/Chemical<br>Dependency Office Visit Copay          | \$10                                                                            | Deductible,<br>20% Coinsurance                                                  |
| Mental Health/Chemical<br>Dependency Outpatient                  | Deductible,<br>20% Coinsurance                                                  | Deductible,<br>20% Coinsurance                                                  |
| Doctor On Demand                                                 | \$40                                                                            | 50% Coinsurance                                                                 |
| Chiropractic Copay                                               | Tier 1 - \$25<br>Tier 2 - \$25<br>Tier 3 - Deductible,<br>Coinsurance           | Deductible, Coinsurance<br>Tier 1 - 30%<br>Tier 2 - 30%<br>Tier 3 - 50%         |
| Emergency Room Copay                                             | \$300 Waived if Admitted                                                        | Deductible, 20% Coinsurance                                                     |

[Click here](#) to see examples of the costs you can expect to pay in each tier under both plan options.

This table is not complete and is for illustrative purposes only. For more detailed information refer to Summary of Benefits and Coverage (SBC) and other plan documents found on the [HR landing page](#) under "My Benefits and Health Insurance".

Deductible and out-of-pocket maximum amounts accumulate across tiers, with the exception of out-of-network amounts.

Team members with dependents living outside of Iowa should contact Wellmark about Guest Membership for that location.

\*Office visit/specialty visit copay may apply at some locations if not able to bill as urgent care.

## About Your Prescription Drug Coverage

All health insurance plans cover formulary drugs, no matter your location. To check if your prescription is covered, click [here](#).

Some specialty medications must be filled at UnityPoint at Home or select pharmacies. Certain administered medications are only covered if given by preferred providers or dispensed by UnityPoint at Home.

Drugs are organized into Tiers and Levels, which affect your cost at the pharmacy—the higher the Tier or Level, the more you pay. Once your plan is effective, you can check drug costs using the Find Costs tool on the myWellmark member portal or app. This tool helps you make the most of your pharmacy benefits.

For a list of UnityPoint Health pharmacies click [here](#).

|                                              | TRADITIONAL PLAN                                                |                                                                   | HEALTH SAVINGS PLAN                                                                                                  |                                                                   |
|----------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
|                                              | Level 1<br>UnityPoint Health<br>Pharmacies                      | Level 2<br>All Other In-Network<br>Pharmacies                     | Level 1<br>UnityPoint Health<br>Pharmacies                                                                           | Level 2<br>All Other In-Network<br>Pharmacies                     |
| <b>UP TO 30-DAY SUPPLY</b>                   |                                                                 |                                                                   |                                                                                                                      |                                                                   |
| Tier 1 - Most Generics                       | \$5                                                             | \$10                                                              | Deductible,<br>15% Coinsurance                                                                                       | Deductible,<br>20% Coinsurance                                    |
| Tier 2 - Preferred Brands                    | \$35                                                            | \$40                                                              | Deductible,<br>15% Coinsurance                                                                                       | Deductible,<br>20% Coinsurance                                    |
| Tier 3 - Non-Preferred Brands                | \$35                                                            | \$40                                                              | Deductible,<br>15% Coinsurance                                                                                       | Deductible,<br>20% Coinsurance                                    |
| Specialty Drugs                              | \$70                                                            | \$70                                                              | Deductible,<br>25% Coinsurance                                                                                       | Deductible,<br>25% Coinsurance                                    |
| Durable Medical Equipment<br>Formulary RxDME | \$35                                                            | \$40                                                              | Deductible,<br>15% Coinsurance                                                                                       | Deductible,<br>20% Coinsurance                                    |
| Weight Loss Drugs<br>Including GLP-1s*       | 50% up to \$350 per 30-day supply<br>and out of pocket maximum) |                                                                   | 50% up to \$350 per 30-day supply<br>after deductible is met<br>(applies to deductible and<br>out of pocket maximum) |                                                                   |
|                                              | Level 1<br>UnityPoint Health<br>Pharmacies                      | Level 2<br>CVS Mail Order &<br>All Other In-Network<br>Pharmacies | Level 1<br>UnityPoint Health<br>Pharmacies                                                                           | Level 2<br>CVS Mail Order &<br>All Other In-Network<br>Pharmacies |
| <b>UP TO 90-DAY SUPPLY</b>                   |                                                                 |                                                                   |                                                                                                                      |                                                                   |
| Tier 1 - Most Generics                       | \$15                                                            | \$30                                                              | Deductible,<br>15% Coinsurance                                                                                       | Deductible,<br>20% Coinsurance                                    |
| Tier 2 - Preferred Brands                    | \$100                                                           | \$120                                                             | Deductible,<br>15% Coinsurance                                                                                       | Deductible,<br>20% Coinsurance                                    |
| Tier 3 - Non-Preferred Brands                | \$100                                                           | \$120                                                             | Deductible,<br>15% Coinsurance                                                                                       | Deductible,<br>20% Coinsurance                                    |
| Durable Medical Equipment<br>Formulary RxDME | \$100                                                           | \$120                                                             | Deductible,<br>15% Coinsurance                                                                                       | Deductible,<br>20% Coinsurance                                    |

\*Program requirements are available [here](#).

## Health Insurance Premium Cost – Per Pay Period

|                              | TRADITIONAL PLAN |                 | HEALTH SAVINGS PLAN |                 |
|------------------------------|------------------|-----------------|---------------------|-----------------|
|                              | Full-Time Rates  | Part-Time Rates | Full-Time Rates     | Part-Time Rates |
| <b>Employee Only</b>         | \$86.06          | \$129.09        | \$50.73             | \$59.95         |
| <b>Employee + Spouse/DP</b>  | \$202.80         | \$304.20        | \$121.30            | \$181.95        |
| <b>Employee + Child(ren)</b> | \$166.81         | \$250.23        | \$99.79             | \$149.67        |
| <b>Family</b>                | \$278.11         | \$417.18        | \$166.34            | \$249.51        |

### Using Your Wellmark Health Insurance Benefits

The Wellmark Welcome Guide provides information on how to engage with Wellmark and utilize available benefits.

- › **Welcome Guide** – [Team Members Residing in Iowa](#)
- › **Welcome Guide** – [Team Members Residing Outside of Iowa](#)

### Get The Most From Your Health Plan

Wellmark members have access to free tools and resources. They're all designed to help you manage your health care costs and live a healthier life. [Click here](#) to learn more.

### myWellmark

[myWellmark](#) is your on-the-go resource for understanding how your health plan works. View claims, look up providers, manage prescriptions, access your ID cards and more.

### Go MOBILE

Download the [myWellmark app](#) to find important information about your benefits and access helpful tools. Track your claim status, view copay amounts, find in-network care and well-being services, , manage more.

### BeWell 24/7

Life is stressful and health problems can arise anytime. [BeWell 24/7](#) offers Wellmark members reliable, real-time support around the clock. Call 844-84-BeWell (239355) to access support.

## Blue365

Just by being a Wellmark member, you have access to [Blue365](#). When you sign up, you get exclusive discounts for wellness products and services you use every day – life fitness trackers, eyeglasses, and athletic shoes.

Visit [Wellmark.com/Blue365](https://www.wellmark.com/Blue365) for a full list of deals and discounts available to you.

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## IDX™ Identity

Your Wellmark health insurance coverage keeps you safe, secure and protected from more than the cost of health care. Just by being a Wellmark member, you and your dependents have exclusive, free access to identity protection services called [IDX Identity](#). Sign in to myWellmark and select Identity Protection from the bottom of the homepage or call (866) 486-4812 to enroll.



# Health Savings Account (HSA)



Team members that enroll in the Health Savings Plan are eligible to participate in an HSA. The HSA is a savings account that you can fund with pre-tax dollars. The money in the HSA can be used to pay for both current and future qualified medical expenses. Medical expenses are defined under the Internal Revenue Code and generally cover most medical care, dental services, vision care and prescription drugs.

## Benefits of Establishing a Health Savings Account (HSA)

There are many benefits of establishing an HSA, including:

- › 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.
- › You can change or update contributions throughout the year.
- › 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.
- › HSA funds belong to you even if you leave UnityPoint Health, change medical plans, or retire.

## You are not Eligible to Contribute to an HSA

- › You are covered by a non-HSA eligible medical plan, a spouse’s health care FSA or health reimbursement account.
- › You are enrolled in Medicare, TRICARE, or TRICARE for Life.
- › You have received Veterans Health Administration benefits in the last three months (unless the condition for which you received care was service related).
- › You are eligible to be claimed as a dependent on someone else’s tax return.

### HOW MUCH CAN I CONTRIBUTE TO MY HSA IN 2026?\*

|                          |         |
|--------------------------|---------|
| Individual               | \$4,400 |
| All Other Coverage Tiers | \$8,750 |

The maximum contribution amount **includes** dollars contributed by UnityPoint Health. A catch-up contribution of an additional \$1,000 is allowed for team members 55 or older.

### HOW MUCH WILL UNITYPOINT HEALTH CONTRIBUTE TO MY HSA IN 2026?

|                          |         |
|--------------------------|---------|
| Individual               | \$750   |
| All Other Coverage Tiers | \$1,500 |

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. If your benefit effective date is after January 1, the amount is prorated based on the number of months remaining in the year.

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

## 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://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 (800) 544-3716.

## Transferring an Account to Fidelity

- › To transfer an HSA account from another provider, team members must first set up their Fidelity HSA.
- › 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 contribution limit. To transfer assets to Fidelity, team members can click [here](#).

## Investing Your HSA

- › Investment gains are not taxed
- › No minimum to open an account
- › Investing options give you access to your funds anytime

# Dental Insurance



## Which Dental Plan is the Best Choice for Me?

We offer dental insurance through Delta Dental of Iowa 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 of Iowa contracts with dentists and other dental care providers to ensure our team members are covered regardless of where they 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 |
|-----------------------------------------------------------------------------------------------|--------------|--------------|

**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                     |             | 50% After Deductible |
| Crowns, Inlays, Onlays                                |             |                      |
| 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         | \$6.25  | \$10.12 |
| Employee + Spouse/DP  | \$12.48 | \$20.22 |
| Employee + Child(ren) | \$14.18 | \$22.96 |
| Family                | \$18.91 | \$30.62 |

\*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 vision insurance, 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

N/A

Standard Scratch-Resistant Coating

\$17

Ultraviolet Screening

\$15

Solid or Gradient Tint

\$17

Standard Anti-Reflective Coating

\$45

N/A

**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 +<br>up to 20% discount | Up to \$48 |
| Transitions®<br>(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 ¥ | One-time/lifetime \$150 allowance<br>Provider discount up to 25%* | One-time/lifetime \$150 allowance |
|-------------------------------|-------------------------------------------------------------------|-----------------------------------|

**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 +<br>Spouse/DP | Employee +<br>Child(ren) | Family  |
|------------------------|---------------|-------------------------|--------------------------|---------|
| Full & Part Time Rates | \$3.76        | \$7.22                  | \$8.18                   | \$10.71 |

† 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 Quasight (visit [quasight.com/-avesis](http://quasight.com/-avesis) for more information).

# 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 each year. The FSAs are funded entirely with your contributions, which are made with pretax dollars from your paycheck.

## Eligible Expense Reimbursement: 2026 FSA Plan Funds

For the 2026 plan year, you will be able to submit an eligible expense with a date of service between **January 1, 2026 and December 31, 2026** for reimbursement with your 2026 plan year funds.

All eligible claims must be submitted by **March 31, 2027**.

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 RENEROLLMENT

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 WEX 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.

## 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 \$3,400 to your Health Care FSA in 2026.

## 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, vision and hearing aid expenses – not medical expenses or prescription drugs.
- › You can contribute up to \$3,400 to your Limited Use FSA in 2026.

## 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 \$7,500 to your Dependent Care FSA in 2026. Note: If your spouse also participates in a dependent care FSA, the tax-free benefit is limited to \$7,500 for both of you combined. If you are married but filing taxes separately, the tax-free benefit is limited to \$3,750.



### MANAGE YOUR FSA ON THE GO

Download the free WEX app by searching “Benefits by WEX” on your phone’s online store 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 WEX, 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 WEX 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 in the WEX mobile app. You can find more FSA resources on the [HR landing page](#).

## 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 2027 for 2026 expenses. If you still have 2026 expenses to submit in 2027, you'll need to submit them 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 WEX mobile app or your WEX online account. You can also mail or fax a copy to WEX customer service at (866) 451-3399.
- › Keep all receipts.
- › Get a copy of your Explanation of Benefits (EOB).
- › Read all letters and emails from WEX. 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 on the [HR landing page](#). If you have questions or need assistance with your FSA account, call WEX customer service at (866) 451-3399.



# 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 \$250,000 | 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 those dependents are employees of UnityPoint Health.

| COVERED PERSON              | COVERAGE AMOUNTS                                                                                 | PREMIUM                                           |
|-----------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Employee                    | Increments of \$10,000 up to the lesser of:<br>> 8 times your annual base pay, or<br>> \$500,000 | Based on team member's age as of January 1, 2026  |
| Spouse/<br>Domestic Partner | Increments of \$10,000 up to \$250,000                                                           | Based on team member's age as of January 1, 2026  |
| 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](https://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 at 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 \$250,000, 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 your 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 be required 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/DP* |
|----------|-------------------------|
| 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, 2026

### 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 \$250,000

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 dependent children under age 26. If you leave UnityPoint Health, you can take this coverage with you.

Team members may not elect coverage for dependents if those dependents are employees of UnityPoint Health. If both you and your spouse are employed by UnityPoint Health only one of you may cover your dependent children.

| COVERED PERSON | COVERAGE AMOUNTS               |
|----------------|--------------------------------|
| Employee       | \$10,000   \$20,000   \$30,000 |
| Spouse/DP      | \$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 dependent 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) |         |         |         |
|---------------------------------|---------|---------|---------|
| 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/DP (BI-WEEKLY) |         | PREMIUMS - CHILD (BI-WEEKLY) |        |
|----------------------------------|---------|------------------------------|--------|
| 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 dependent children under age 26. If you leave UnityPoint Health, you can take this coverage with you.

Team members may not elect coverage for dependents if those dependents are employees of UnityPoint Health. If both you and your spouse are employed by UnityPoint Health only one of you may cover your dependent children.

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<br>(per day, up to 365 days)          | \$375          | Physical or Occupational Therapy<br>(per treatment, up to 6) | \$60           |
| Critical Care Unit Confinement<br>(per day, up to 15 days) | \$600          | Mental Health Therapy<br>(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 + Child(ren)                  | \$8.91  |
| Employee + Spouse/DP                   | \$7.70  |
| 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.

Watch the  
accident  
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](#).

# 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 dependent children.
- › Your dependent children are eligible for coverage up to age 26.
- › If you elect coverage for your family members, your spouse/domestic partner and dependent children will have the same Hospital Indemnity benefits as you do.
- › Team members may not elect coverage for dependents if those dependents are employees of UnityPoint Health.
- › If both you and your spouse are employed by UnityPoint Health only one of you may cover your dependent children.

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 + Child(ren) | \$13.79 |
| Employee + Spouse/DP  | \$18.20 |
| 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.

## Long-Term Disability (LTD)

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 \$12,000 per month.

If you earn \$288,000 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](https://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

ARAG also provides services for parents and grandparents, including:

- › Document preparation
- › Irrevocable trusts
- › Document review
- › Revocable trusts
- › Wills and powers of attorney

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](https://ARAGLegalCenter.com) (access code 18191uph) and click on View Plan. 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.

## Inclusivity 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

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 play 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.

[Watch the pet insurance video](#)

## 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://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 providing 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.

In addition, you will be enrolled in the annual increase program. Unless you elect otherwise, your pre-tax contributions will increase annually each May (assuming you have been employed for at least six months) by 1% up to a maximum of 10%.



## ELIGIBILITY

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

| 401(K) RETIREMENT SAVINGS PLAN |    |      |    |      |    |      |     |      |
|--------------------------------|----|------|----|------|----|------|-----|------|
| Employee Deferral              | 0% | 1%   | 2% | 3%   | 4% | 5%   | 6%  | 7%+  |
| Employer Match                 | 0% | 0.5% | 1% | 1.5% | 2% | 2.5% | 3%  | 3%   |
| Employer Core Contribution     | 2% | 2%   | 2% | 2%   | 2% | 2%   | 2%  | 2%   |
| Total Contribution             | 2% | 3.5% | 5% | 6.5% | 8% | 9.5% | 11% | 12%+ |



You are always 100% vested in your own contributions, as well as any earnings on them.

Your UnityPoint Health matching and core contributions will be fully vested when you have completed 3 years of service (1,000 paid hours per year).

| YEARS OF SERVICE | % VESTED |
|------------------|----------|
| 0-2              | 0%       |
| 3 or More        | 100%     |

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](https://netbenefits.com)).

From there you can do things like:

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**CHANGE YOUR  
INVESTMENTS**

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**UPDATE YOUR  
BENEFICIARIES**

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**GET HELP WITH YOUR FINANCES BY  
TALKING TO A RETIREMENT PLANNER**

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**DETERMINE HOW MUCH  
YOU SHOULD BE SAVING**

---

**CHANGE YOUR  
CONTRIBUTIONS**

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**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](#).



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**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.



# My Well-Being

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

# Paid Time Off (PTO) & Holidays



## Paid Time Off (PTO)

The chart below will help provide you with details on our 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, 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 Health PTO Accrual Chart

| YEARS OF SERVICE COMPLETED | PTO ACCRUED PER HOUR* | MAXIMUM ANNUAL ACCRUAL* (BASED ON 2080 HOURS ANNUALLY) | MAXIMUM CARRYOVER |
|----------------------------|-----------------------|--------------------------------------------------------|-------------------|
| 0-5                        | 0.0770                | 160 hours / 20 days                                    | 240               |
| 6-10                       | 0.0962                | 200 hours / 25 days                                    | 300               |
| 10+                        | 0.1154                | 240 hours / 30 days                                    | 360               |

\*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. 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:  $.1154 \times 60 = 6.92$  accrued hours in a pay period.

## Holidays

UnityPoint Health and the union recognize the following holidays: New Year's Eve Day, New Year's Day, Easter, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, Christmas Eve Day and Christmas Day.

Team Members required to work the holiday will have up to 8 hours of PTO added to their PTO bank during the pay period in which the holiday is worked.

## PTO Cash

Benefit eligible team members are eligible to cash out up to 160 hours of PTO, in 1-hour increments, annually. Please review the information below for further details and contact AskHR if you have questions.

- › **Maximum Hours to Cash Out**  
Minimum of 8 hours to a maximum of 80 hours per payout
- › **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).
- › **Required Remaining Balance\*\*\***  
You must have at least 80 hours (prorated by FTE) remaining 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.

\*\*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.

\*\*\*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.

# Adoption Assistance & CommUNITY Networks



## 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.

## CommUNITY Networks

CommUNITY Networks are online communities open to all team members, regardless of geographic location. They focus on System-wide initiatives and opportunities, and allow you to connect with team members who share similar experiences across the organization.

These networks provide space for individuals with similar identities, backgrounds, and experiences to build stronger connections and help improve our internal culture. This regular connection point is a safe space for team members to share experiences, engage in meaningful conversations, share ideas, and find community.

Participation in CommUNITY Networks is voluntary.



# Team Member Discounts & Earned Wage Access



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



## 2027 Wellness Credit

Benefit-eligible team members enrolled in a UPH health plan can earn a \$20 per pay period credit added to their paycheck, rewarding them for making wellness a priority. A covered spouse/domestic partner would be eligible for an additional \$20 if they are enrolled in your UPH health plan. To earn the credit, team members and their spouse/domestic partner must do the following:

- 1 Complete an **annual physical** with your primary care provider (PCP) between December 1, 2025 - November 30, 2026.
- 2 Log into the OnPoint for Health portal between October 1, 2026 - December 18, 2026 to complete the online Health Risk Assessment (HRA).

## 2026 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 in [OnPoint for Health](#) to earn financial rewards. Challenges will be available after January 1, 2026.

### 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 health insurance 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 2026. 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

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

# Education Assistance Benefits



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.

## Tuition Reimbursement

**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 written 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 awarded 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 Tuition 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](https://fidelity.com/forgiveness). Employment certification forms ready for completion should be sent to [UPH\\_HRSharedServices@unitypoint.org](mailto:UPH_HRSharedServices@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, origination fees, or prepayment penalties
- › Simple online process that keeps your data confidential

To access Credible, log into the Fidelity portal at [netbenefits.com](https://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, 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, Dental & Vision Insurance

|                         | EMPLOYEE ONLY | EMPLOYEE + SPOUSE/DP | EMPLOYEE + CHILD(REN) | FAMILY   |
|-------------------------|---------------|----------------------|-----------------------|----------|
| <b>Traditional Plan</b> |               |                      |                       |          |
| Full-Time Rates         | \$86.06       | \$202.80             | \$166.81              | \$278.11 |
| Part-Time Rates         | \$129.09      | \$304.20             | \$250.23              | \$417.18 |

## Health Savings Plan

|                 |         |          |          |          |
|-----------------|---------|----------|----------|----------|
| Full-Time Rates | \$50.73 | \$121.30 | \$99.79  | \$166.34 |
| Part-Time Rates | \$59.95 | \$181.95 | \$149.67 | \$249.51 |

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   | \$6.25  | \$12.48 | \$14.18 | \$18.91 |
| Premier Plan - Full & Part Time Rates | \$10.12 | \$20.22 | \$22.96 | \$30.62 |

## Vision Insurance

|                        |        |        |        |         |
|------------------------|--------|--------|--------|---------|
| Full & Part Time Rates | \$3.76 | \$7.22 | \$8.18 | \$10.71 |
|------------------------|--------|--------|--------|---------|

\*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/DP* | AGE      | EMPLOYEE & SPOUSE/DP* |
|----------|-----------------------|----------|-----------------------|
| 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, 2026

## Hospital Indemnity Insurance

| EMPLOYEE ONLY | EMPLOYEE + SPOUSE/DP | EMPLOYEE + CHILD(REN) | FAMILY  |
|---------------|----------------------|-----------------------|---------|
| \$9.39        | \$18.20              | \$13.79               | \$22.60 |

## Accident Insurance

| EMPLOYEE ONLY | EMPLOYEE + SPOUSE/DP | EMPLOYEE + CHILD(REN) | FAMILY  |
|---------------|----------------------|-----------------------|---------|
| \$4.69        | \$7.70               | \$8.91                | \$11.92 |

## Legal Insurance & Identity Theft Protection

\$9.46 for employee and all dependents

## Critical Illness Insurance

|                  | EMPLOYEE |          |          | SPOUSE/DP | CHILD                     |
|------------------|----------|----------|----------|-----------|---------------------------|
|                  | \$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<br>\$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                            | Wellmark                 | (800) 546-3939                                                      | <a href="http://wellmark.com">wellmark.com</a>                                                                             |
| Dental Insurance                            | Delta Dental of Iowa     | (800) 544-0718                                                      | <a href="http://deltadentalia.com">deltadentalia.com</a>                                                                   |
| Vision Insurance                            | Avesis                   | (855) 214-6777                                                      | <a href="http://avesis.com">avesis.com</a>                                                                                 |
| Flexible Spending Accounts (FSA)            | WEX                      | (866) 451-3399                                                      | <a href="http://wexinc.com">wexinc.com</a>                                                                                 |
| Health Savings Account (HSA)                | Fidelity                 | (800) 544-3716                                                      | <a href="http://netbenefits.com">netbenefits.com</a>                                                                       |
| Life/AD&D/Disability                        | Prudential               | Life Inquires:<br>(800) 524-0542<br>EOI Inquires:<br>(888) 257-0412 | <a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>                                           |
| Accident Insurance                          | Voya Financial           | (877) 236-7564                                                      | <a href="http://voya.com">voya.com</a>                                                                                     |
| Critical Illness Insurance                  | Voya Financial           | (877) 236-7564                                                      | <a href="http://voya.com">voya.com</a>                                                                                     |
| Hospital Indemnity Insurance                | Voya Financial           | (877) 236-7564                                                      | <a href="http://voya.com">voya.com</a>                                                                                     |
| Legal Insurance & Identity Theft Protection | ARAG                     | (800) 247-4184<br>(access code 18191uph)                            | <a href="http://ARAGLegalCenter.com">ARAGLegalCenter.com</a>                                                               |
| Pet Insurance                               | MetLife                  | (800) GET-MET8                                                      | <a href="http://metlife.com/getpetquote">metlife.com/getpetquote</a>                                                       |
| Retirement Savings                          | Fidelity                 | (800) 343-0860                                                      | <a href="http://netbenefits.com">netbenefits.com</a>                                                                       |
| Education Assistance                        | EdAssist                 | live chat available on website                                      | <a href="http://unitypoint.edassist.com">unitypoint.edassist.com</a>                                                       |
| OnPoint for Health                          | Applied Health Analytics | (855) 581-9910                                                      | <a href="http://onpointforhealthuph.personalhealthportal.net/login">onpointforhealthuph.personalhealthportal.net/login</a> |
| 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:

**Director, Benefits**  
1776 West Lakes Parkway  
West Des Moines, IA 50266  
(888) 543-2275

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 اذكر 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 . 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 (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 Wellmark Customer Service at (800) 546-3939 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](http://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](http://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](http://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

