

2024 Team Member Benefits



U^{of} Health

THE POWER OF **U**

UofL Health's Benefits:

Powering U for Life

From the time you're hired to when you retire, our benefits give you the power to get the most out of life.



The power to **pursue your dreams**

Attend college with fully funded tuition.

Our Fully Funded Tuition and Tuition Reimbursement Programs cover you and your dependents.

The power to **save on health care costs**

Take advantage of UofL Health's network of providers and enjoy lower premiums. Our OnePlan health insurance option covers your family for as little as \$100 a month.

The power to **be well**

Learn how to manage your diabetes symptoms and pay \$0 in copays for your medications.

Our Employee Diabetes Management Program has won the Worksite Wellness Award for Disease Management.

The power to **overcome life's obstacles**

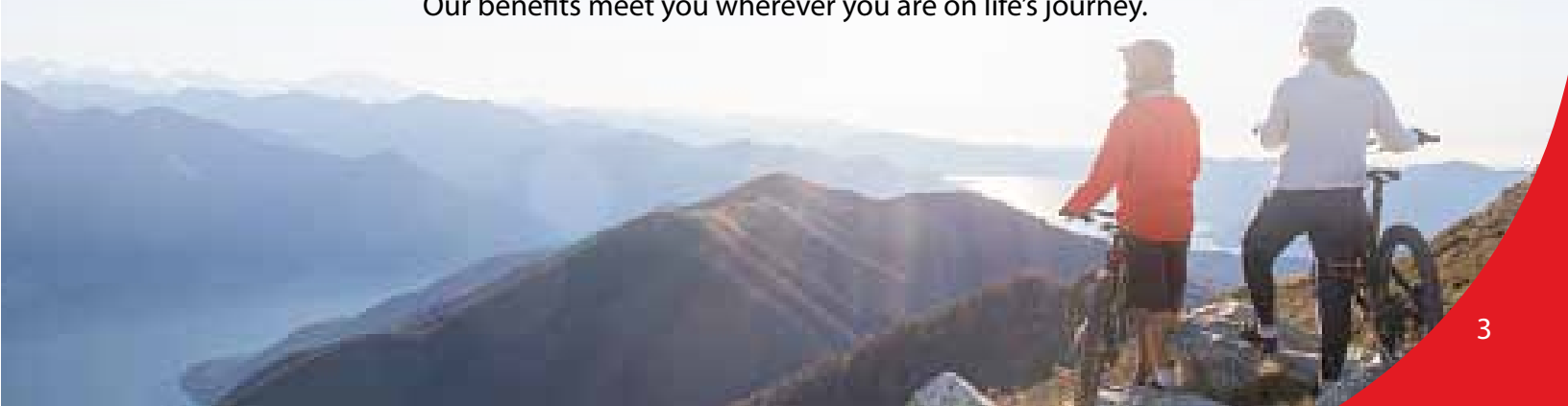
Talk through your struggles with compassionate counselors.

Our Employee Assistance Program is there when you need it.

The power to **choose what's right for you**

Explore all your options and find the right fit.

Our benefits meet you wherever you are on life's journey.



Benefits Contacts

Need to get in touch with one of our benefits carriers? Their information is below. Remember, your **AP Enroll and AP Assist teams** can also answer your benefits questions. You can find their contact information on page 8-9.

Carrier	Website	Phone	Group
Medical <ul style="list-style-type: none"> KBA Anthem 	kbasolution.com anthem.com	800-331-4757 1-844-933-2299	OHT0002 L08691
Pharmacy Management <ul style="list-style-type: none"> UofL Health – Pharmacy Services 		855-681-1600 502-562-3571	N/A N/A
Prescription Services <ul style="list-style-type: none"> Ventegra 	ventegra.com	1-877-867-0943	N/A
Dental <ul style="list-style-type: none"> Delta Dental of Kentucky 	deltadentalky.com	800-995-2030	69938
Vision <ul style="list-style-type: none"> EyeMed 	eyemed.com	866-723-0513	1011755
HSA / FSA <ul style="list-style-type: none"> WEX Health 	wexinc.com	833-225-5939	N/A
Basic Life and AD&D / Voluntary Life and AD&D <ul style="list-style-type: none"> Lincoln Financial Group 	lfg.com	800-487-1485	N/A
Short-Term Disability / Long-Term Disability <ul style="list-style-type: none"> Lincoln Financial Group 	lfg.com	800-487-1485	N/A
Medical Transportation Insurance <ul style="list-style-type: none"> MASA 	medairservices.com	800-643-9023	N/A
Legal Insurance <ul style="list-style-type: none"> MetLife 	legalplans.com	800-821-6400	N/A
Pet Insurance <ul style="list-style-type: none"> MetLife 	metlife.com/getpetquote	1-800-GETMET8	N/A
Employee Assistance Program <ul style="list-style-type: none"> Wayne Corporation 	waynecorp.com	502-451-8262	N/A
Voluntary Worksite Benefits <ul style="list-style-type: none"> Atlantic American 	aaemployeebenefits.com	866-458-7502	N/A



Need a New I.D. Card?

Call your insurance carrier or visit their website.



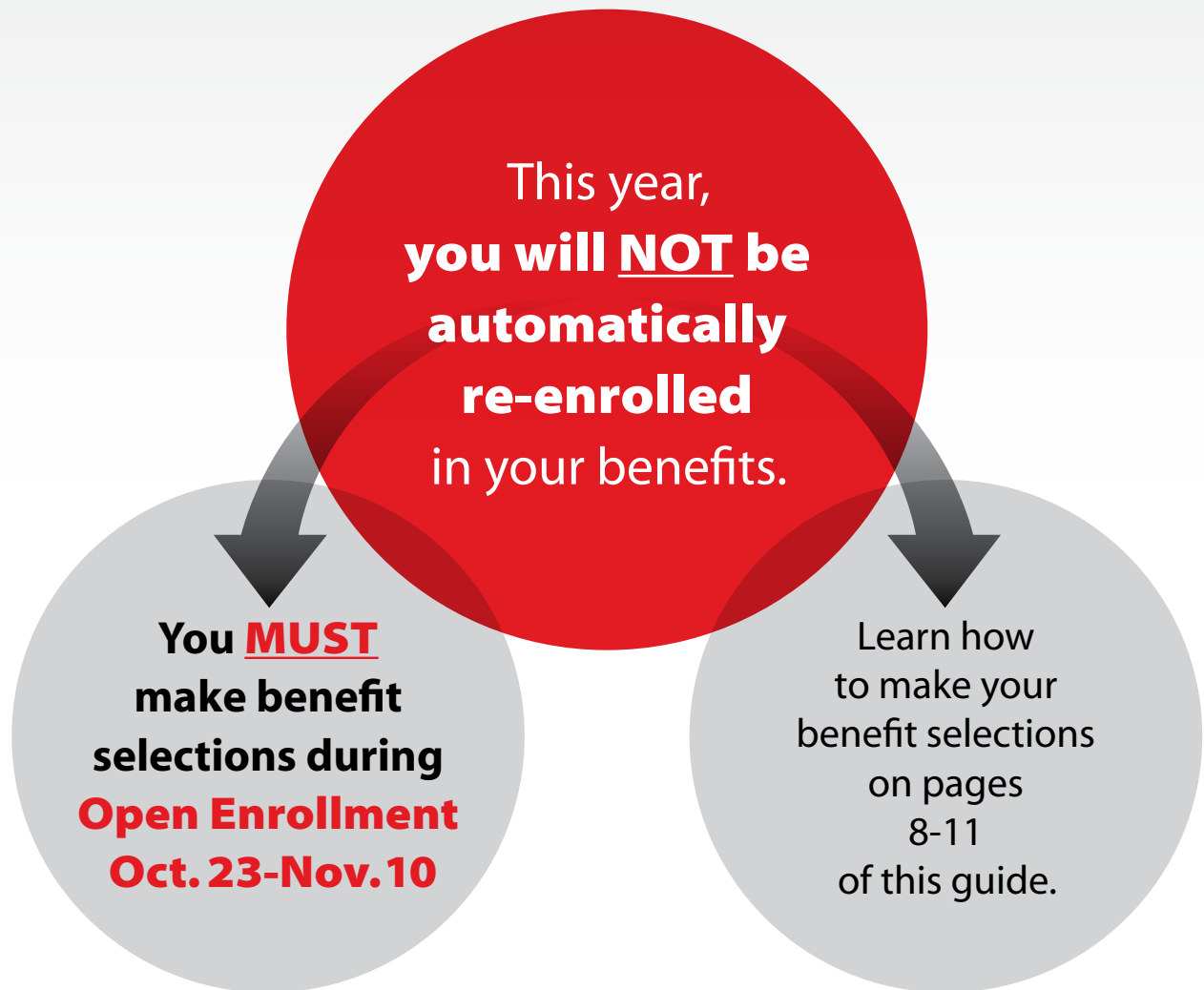
Need Claims Assistance?

Contact the insurance carrier and provide:

- Your I.D. number or Social Security number
- Date of service
- Provider name

The Power is in Your Hands.

Choose your benefits today!



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Your Powerful Benefits Start Here

At UofL Health, we know that in order to provide the best care to our patients, we need to take care of our team members — that means you.

We want you to feel supported, valued and empowered, no matter where you are on life's journey. That's why our benefits go beyond the standard offerings to include programs designed to help you thrive — personally and professionally. From free college tuition to wellness perks, employee assistance programs and more, we're committed to **Powering U for Life**.

This year's enrollment period is ACTIVE, which means that you must make benefit selections if you want to be covered. As you review the benefits outlined in this guide, consider your options carefully. It's up to you to make elections that best support you and your family.

If you have any questions along the way, our **AP Enroll, AP Assist, HR site teams** and **Benefits team** are happy to help.

Here are a few other things to note about your Benefits Guide:

This guide is intended to provide a general overview of benefits to help you make selections that fit your needs. For full details on each benefit, please refer to UofL Health's official plan and policy documents at **UofLHealth-Now.org/employee-benefits**.

- In case of any conflict between the contents of the official plan documents and this guide, **the plan documents will govern**.
- The benefits described in this guide **may be modified or discontinued** by UofL Health at any time.

Thank you for choosing a career at UofL Health!

Questions?

Please contact your local HR site team or Benefits:
Benefits@UofLHealth.org

Our mission:

As an academic health care system, we will transform the communities we serve through compassionate, innovative, patient-centered care.

PLEASE NOTE: This guide provides a summary of the benefits available but is not your Summary Plan Description (SPD). Your company reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this guide as accurate as possible. However, should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.

AP Enroll & AP Assist: Here to Answer Your Benefits Questions

With so many benefits, it can be hard to know where to start or what to choose. That's why UofL Health connects you with **AP Enroll** and **AP Assist** – they're experts in all things benefits. **Here's how you can use each team during and after open enrollment.**

AP Enroll: Your Resource During Open Enrollment

This year's open enrollment is **ACTIVE**, which means that you **must make benefit selections if you want to be covered**. The benefit counselors at AP Enroll can help you decide which benefits are right for you and your family. They can also help you:

- **Enroll in your benefits** in Workday
- Confirm **demographic** and **beneficiary** information
- Answer **medical, dental, vision** and **voluntary benefit** questions

AP Assist: Your Support Team Throughout the Year

The AP Assist team is your year-round benefits support system. They can help you:

- Understand your **plan benefits** and **eligibility rules**
- Make sense of **Explanation of Benefits (EOBs)** and other **plan materials**
- Assist with **enrollment** and **billing issues**
- Work with insurance companies to **resolve claims** and **billing issues**
- Learn about your **benefits options after a life event like marriage, birth, death, divorce or a job change**
- Obtain **member ID Cards**

AP Enroll Call Center

Open October 23 – November 10

- **Business Hours:** 8 a.m.-5 p.m. EST
- **Phone:** 502-874-4914

AP Assist Call Center

Open throughout the year

- **Business Hours:** 8:30 a.m.-5 p.m. EST, Monday-Friday
- **Phone:** 833-664-7195
- **Email:** APAssist@AssuredPartners.com



Enrolling in Your Benefits

Open Enrollment: Oct. 23 – Nov. 10

The 2024 Open Enrollment Period is **ACTIVE**.

Here's what that means for you.

- You **will NOT** be re-enrolled in your benefits from last year.
- You **must actively make benefit selections** during open enrollment.
- **Once the open enrollment period ends, you will NOT be able to change your benefit elections** until the next enrollment period unless:
 - You experience a qualifying life event
 - UofL Health launches a special enrollment event
 - You fall under another exception that permits mid-year changes

Have Questions About Open Enrollment? Contact AP Enroll.

The benefit counselors at AP Enroll can help you **choose the right benefits** and **make your selections in Workday**.

AP Enroll Call Center

Open Oct. 23-Nov. 10

- **Business Hours:** Monday-Friday
8 a.m.-5 p.m. EST
- **Phone:** 502-874-4914
- **Schedule an appointment:**
Scan QR code



<https://t2m.io/uoflhealth>

Enrolling in Your Benefits: Current Team Members

Are you a current team member at UofL Health? Here are the steps you need to take to enroll in your benefits this year.

1. **Log in to Workday before the open enrollment period** to ensure you have the correct username and password.
2. **Double check that your personal information in Workday is up to date**, including your marital status, dependent information, mailing address and beneficiary information.
3. **Make your benefit selections in Workday during open enrollment: Oct. 23 – Nov. 10.**
4. **Your benefits will go into effect Jan. 1, 2024.**

Enrolling in Your Benefits: New Team Members

Are you new to UofL Health? Here are the steps you need to take to enroll in your benefits this year.

1. **Log in to Workday and complete your profile**, including your marital status, dependent information, mailing address and beneficiary information.
2. **Make your benefit selections in Workday within 30 days of your hire date.**
3. **Your benefits will go into effect the first day of the month following your hire date.** For example, if you were hired on Dec. 15, 2023, your benefits will begin Jan. 1, 2024.

Enrollment Deadlines and Effective Dates

Team Member Status	Enrollment Deadline	Effective Date of Coverage	Documentation Required
All currently active team members	Nov. 10, 2023 11:59 p.m. EST	Jan. 1, 2024	N/A
New hire/rehires	Within 30 days of hire/rehire date	First day of the month following hire/rehire date (Unless otherwise indicated)	N/A
Status change from: <ul style="list-style-type: none">• Part-time to full-time• PRN to full-time• PRN to part-time• Full-time to part-time	Within 30 days of status change date	First day of the month following status change date	N/A
Qualified life event*	Within 30 days of qualifying life event date	First day of the month following qualifying life event date (For newborns, coverage begins on date of birth)	Depending on qualifying life event: <ul style="list-style-type: none">• Marriage certificate• Birth certificate• Other court documents for newly added dependents

Enrolling in Benefits via Workday

Workday Instructions for Open Enrollment

Step 1

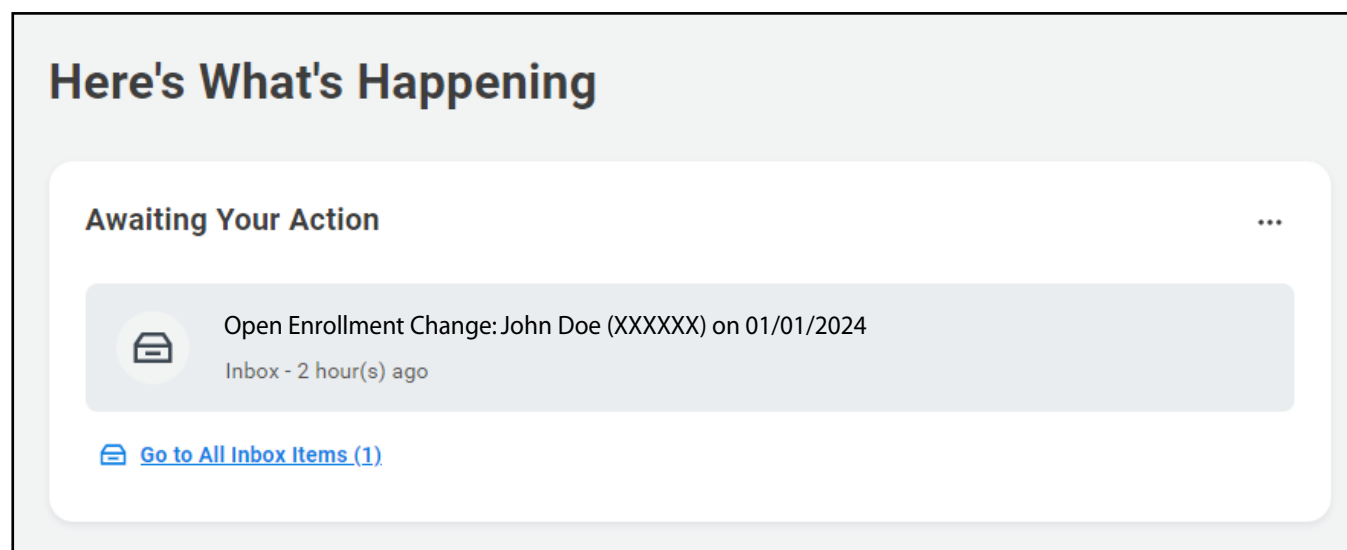
To elect your benefits during the annual Open Enrollment period, you will first need to login to your Workday account via **myworkday.com/uoflhealth/d/home.html**.

If you need assistance with logging into your Workday account, please reach out to the IT Help Desk at **ServiceDesk@UofLHealth.org**.

Step 2

There are two ways that you can locate your Open Enrollment task:

1. On your Workday home page, you will see any items that are currently awaiting action.

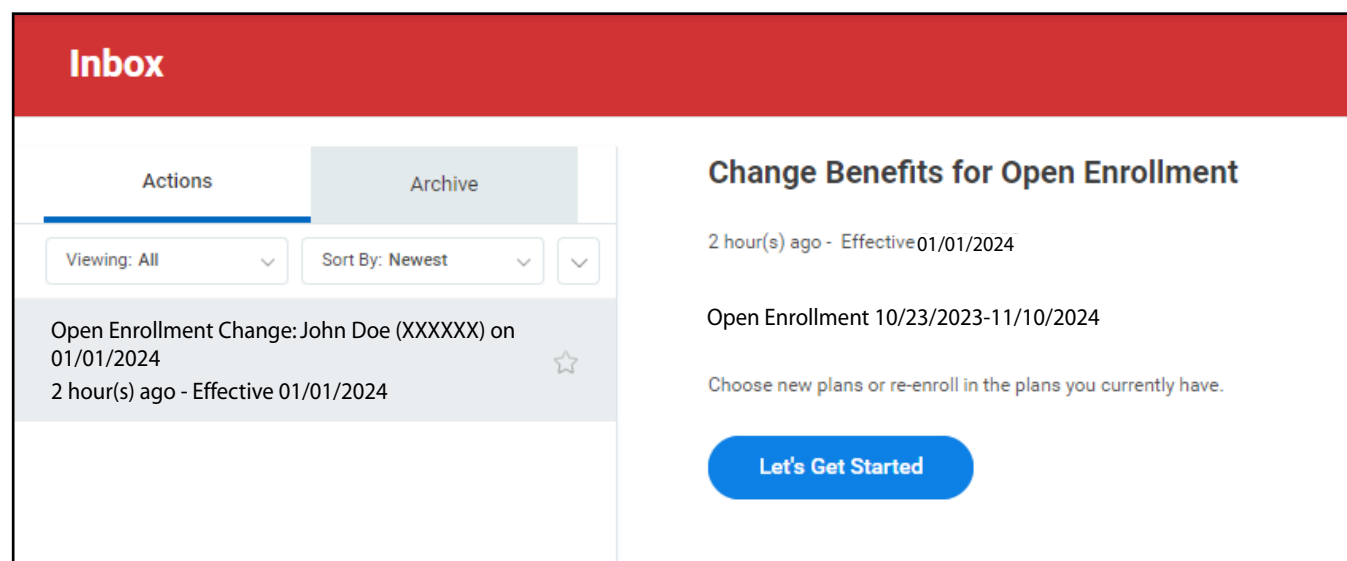


2. Additionally, in the top right corner, you will locate your employee "Inbox" to view any incomplete items assigned to your profile. You will also find your outstanding Open Enrollment item within your inbox.




Step 3


Either from your Workday home page or your Inbox, click the "Open Enrollment Change" item and click "Let's Get Started" to begin the Open Enrollment process.



Step 4

Health Care and Accounts:

 Medical
Waived
Enroll

 Health Savings Account (HSA)
Waived
Enroll

Insurance

Step 5

Plans Available

Select a plan or Waive to opt out of Medical. The displayed cost of w

3 items

Benefit Plan	*Selection
Anthem HDHP \$4,000	<input type="radio"/> Select <input checked="" type="radio"/> Waive
Anthem PPO	<input type="radio"/> Select <input checked="" type="radio"/> Waive
Key Benefit Administrators (KBA) EPO	<input type="radio"/> Select <input checked="" type="radio"/> Waive

4

[Confirm and Continue](#) [Cancel](#)

Step 6

If adding a dependent. You will need to have their **First Name, Last Name, Address, Phone Number** and **SSN**.

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage * Team Member Only

Plan cost per paycheck \$190.50

[Add New Dependent](#)

Step 7

Once you are satisfied with your selections, click "**Review and Sign**" at the bottom of the screen.

[Review and Sign](#)

Step 8

Electronic Signature

Legal Notice: Please Read

Your name and Password are considered your "Electronic Signature" and

- You understand and approve the enrollment as indicated above.
- You understand and acknowledge that under the Internal Revenue
- You understand that you will not pay income tax or FICA tax on m
- Company-provided life insurance that exceeds \$50,000 may be s
- Each year, during the annual enrollment period, you will have the
- If you decline medical insurance enrollment for yourself or your c
- your other coverage ends. In addition, if you have a new spouse c

I Accept ☐

[Submit](#) [Save for Later](#) [Cancel](#)

Eligibility

Life is complicated, but figuring out benefits eligibility should be simple. We've outlined what you need to know below.

UofL Health Team Member Coverage

Which UofL Health team members are eligible for benefits?

- Full-time team members (those who work 36+ hours per week)
- Part-time team members (those who work 20-35 hours per week)

When do my benefits begin?

Your benefits will begin on **the first day of the month following the date you were hired**. For example, if you were hired on Sept. 4, 2024, your benefits would begin Oct. 1, 2024.

If I quit or am terminated, when will my benefits end?

- **Medical, dental and vision benefits will end on the last day of the month following your departure from UofL Health.** For example, if you were terminated on Aug. 18, 2024, your benefits would end Aug. 31, 2024.
- All other benefits, including Health Savings Accounts (HSA) or Flexible Spending Accounts (FSA), **will end on the last day of your employment or upon the loss of your eligibility.**

Spouse/Domestic Partner Coverage

Do my benefits cover my spouse or domestic partner?

Yes. If you're eligible for benefits, you can enroll your spouse or domestic partner in the following UofL Health benefits:

- Medical
- Dental
- Vision
- Dependent life insurance
- Supplemental accidental death and dismemberment (AD&D) insurance

You can only enroll one spouse or domestic partner at any given time. Domestic partners are covered as a post-tax deduction.

Do I have to do anything special to enroll my domestic partner in benefits?

Yes. If you would like to enroll your domestic partner in benefits, you need to **complete a signed, notarized affidavit of domestic partnership status**.

- When enrolling your domestic partner in benefits for the first time, **contact HR at Benefits@UofLHealth.org before you enroll.** They can walk you through the process.

How will domestic partner benefits be taxed?

If you elect to have your partner covered under your plan, you will pay income tax and social security payroll tax on the portion of the insurance premium that your employer contributes to your partner's policy.

What is a domestic partner?

A domestic partner is someone you are in a formal relationship with, but you're not married.

Dependent Child Coverage

Do my benefits cover my children?

Yes. If you are eligible for benefits, your benefits also cover:

- Natural child(ren)
- Stepchild(ren)
- Legally adopted child(ren)
- Child(ren) placed for legal adoption
- Any other child(ren) you or your spouse/domestic partner are legally responsible for **until they turn 26**.

Your children are eligible for the following UofL Health benefits:

- Medical
- Dental
- Vision
- Dependent life insurance
- Supplemental accidental death and dismemberment (AD&D) insurance

When do benefits end for my child?

Once your child turns 26, they will be dropped from your medical, dental and vision insurance at the end of the month after their birthday. Dependent life insurance and supplemental AD&D insurance will end on your child's 26th birthday. For example, if your child turns 26 on Sept. 19, they will be covered until Sept. 30.



Qualifying Life Events

Life is filled with expected (and unexpected) changes. A qualifying life event is a **life change that allows you to make adjustments to your current benefits during the year**. That means you won't have to wait for the next enrollment period. Here are the details.

What counts as a qualifying life event?

There are a few different categories of qualifying life events. Here's the breakdown.

Qualifying Life Events: Births and Deaths

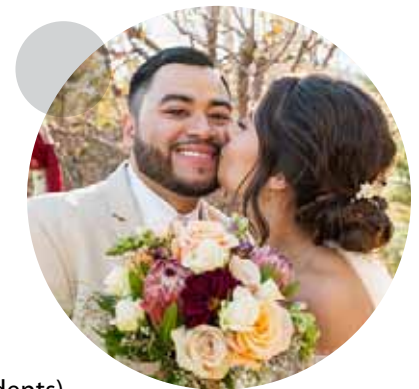
- Birth / adoption of child(ren)
- Death

I am having a child / adopting a child. How do plan changes work?

- You **can request to make plan changes** to cover newborns or newly adopted children.
- You must request to make plan changes within a **30-day period** of the birth or adoption. This period is **60 days** for changes under **Medicaid** or the **Child Health Insurance Program (CHIP)**.
- Benefits **will be retroactive** to the date of birth, adoption or placement for adoption. That means you won't have to wait for them to start.
- **If you do not make your request for plan changes** within the timeframes listed above, you will not be able to make changes until the next enrollment period, another qualifying life event, a special enrollment event or another event that permits a mid-year change.

Qualifying Life Events: Change in Status

- Marriage
- Divorce
- Change in residence
- FMLA leave
- Loss of coverage
- Dependent satisfies or stops satisfying your plan's eligibility requirements
- Employment status (includes UofL Health team members, spouses and dependents)
- Become eligible for Medicare



Notifying HR of a Qualifying Event

It is important you notify UofL Health Human Resources within 30 days after the qualifying life event and provide supporting documentation to make change(s). The effective date of this change will be the first of the month following Human Resources' receipt and acceptance of the completed form and supporting documentation. You can contact Human Resources via email at Benefits@UofLHealth.org.

Powering U for Life: Carlos Experiences a Change

Carlos and his wife are divorcing, and he has a lot to worry about. Until now, he and their two children were covered by his wife's benefits. He needs to enroll himself and his kids in UofL Health's benefits, but it's six months until the next enrollment period. Here are the steps he took to get coverage from UofL Health.

- Carlos **emailed Benefits@UofLHealth.org** within 30 days of his divorce. They let him know what materials he needed to provide.
- Carlos started his life event in **Workday** to add coverage due to a loss of coverage life event. He attached the necessary materials after he updated his benefit elections and all was submitted to HR for review. The event was **approved** by HR in Workday.
- Carlos' benefits (including those for his children) will begin on **the first of next month**.

Qualifying Life Events: Other Dependent Care Changes

CHIPRA Rights

Under the Children's Health Insurance Program Reauthorization Act (CHIPRA), you are allowed certain health plan enrollment changes if:

- You or your dependent **loses coverage** under a state CHIP or Medicaid program, or,
- You or your dependent **become eligible** for a premium assistance subsidy from the state

You must request coverage:

- Within **60 days** after one of the CHIPRA events listed above

Qualifying Life Events: HIPAA Special Enrollment Rights

Under the Health Insurance Portability and Accountability Act (HIPAA), you are allowed certain **health plan changes** if other coverage is lost due to:

- Loss of eligibility
- Discontinuation of employer contributions under another employer's plan
- Exhaustion of a COBRA period of coverage

HIPAA also grants you rights to **add coverage you have previously waived** if you have:

- Gotten married
- Acquired a new dependent child

You must request coverage:

- Within **30 days** after losing coverage, or,
- Within **30 days** after acquiring a dependent through marriage, birth, adoption or placement for adoption



Medical Benefits at a Glance

We have a few changes to our health plans this year. We've outlined what you need to know below, but if you have any questions, please don't hesitate to contact our HR site team or email Benefits@UofLHealth.org. We're happy to answer any questions you have.

Active Enrollment: You Must Take Action!

This year's enrollment period will be **ACTIVE**. That means that you **will not be re-enrolled in your health care benefits**. You will need to actively elect all of your benefits for 2024.

Medical Insurance Update: Moving from Humana to Anthem

Two of our health plans — the **Core PPO Plan** and our **\$4,000 HSA-Eligible High Deductible Plan** are now administered by **Anthem**.

Medical Insurance Options

UofL Health team members can choose from three different medical insurance plans:

1. **UofL Health's OnePlan (administered by KBA) – UofL Health Network Only**
2. **Core PPO Plan with Anthem**
3. **\$4,000 HSA-Eligible High Deductible Health Plan with Anthem**

What should I know about this year's medical insurance options?

- Just like last year, all medical insurance options **cover preventive care at 100%**. **Services like physicals and mammograms are free**, as long as they're coded properly with an in-network provider.

Coverage Levels

When electing your medical, dental and/or vision benefits, you have four coverage level choices:

1. Team Member
2. Team Member + Spouse/Domestic Partner
3. Team Member + Child(ren)
4. Family



Network Options

UofL Health OnePlan

- UofL Health team members who choose UofL Health's OnePlan **can use any of UofL Health's network of:**
 - Hospitals
 - Medical offices
 - Urgent care centers
 - Physicians
- OnePlan can also be used at **Norton Children's Hospital** and **certain pediatric providers**.
- With OnePlan, **there are no out of network providers with the exception of true emergencies, or emergencies that happen outside of the service area.**
- Students who **attend college out of state are still eligible for coverage** via the OnePlan. Please contact Key Benefit Administrators (KBA) for specific information.



Anthem Plans

- Team members who choose one of the Anthem-administered plans will **pay less when they use UofL Health's network of providers.**
- However, they will **still have access to all of Anthem's in-network providers.**

Pharmacy Options

- On all plan options available, **members will pay less for their prescriptions at the UofL Health Onsite Pharmacy.**

Power of Wellness Rates for Medical Insurance

When you participate in UofL Health's **NEW Power of Wellness program**, you will have the opportunity to earn the **\$50 wellness credit in 2024**. With this new program, all previous wellness credits will end as of Dec. 31, 2023.



Medical Insurance: UofL Health OnePlan



KBA: 800-331-4757 | Group # OHT0002

Option 1: UofL Health's OnePlan		
Amounts illustrated below are what you pay	UofL Health Network	First Health Network
Annual Deductible (Individual / Family)	\$250 / \$500	Not covered
Annual Out-of-Pocket Maximum (Individual / Family)	\$3,000 / \$6,000	Not covered
Coinsurance	10%	Not covered
Office Visit Copay Primary Care Physician Specialist Office Visit	\$10 copay \$25 copay	Not covered Not covered
Preventive Care Visit	100% covered	Not covered
Outpatient Surgery and Facility Charge	10% after deductible	Not covered
Outpatient Diagnostic	10% after deductible	Not covered
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	10% after deductible	Not covered
Emergency Services		
Emergency Room (True Emergencies Only) All Other Emergencies	\$350 copay 20% after deductible	\$350 copay 20% after deductible
Urgent Care	\$50 copay	Not covered

Full-Time Team Member Bi-Weekly Rate		Power of Wellness Bi-Weekly Rate
Team Member	\$25.00	\$0.00
Team Member + Spouse	\$57.50	\$32.50
Team Member + Child(ren)	\$40.00	\$15.00
Family	\$75.00	\$50.00
Part-Time Team Member Bi-Weekly Rate		Power of Wellness Bi-Weekly Rate
Team Member	\$31.75	\$6.75
Team Member + Spouse	\$73.03	\$48.03
Team Member + Child(ren)	\$50.80	\$25.80
Family	\$95.25	\$70.25

Medical Insurance: Core PPO Plan



Anthem: 844-933-2299 | Group # L08691

Option 2: Core PPO Plan		
Amounts illustrated below are what you pay	UofL Health Network	Anthem In Network
Annual Deductible (Individual / Family)	\$250 / \$500	\$2,500 / \$5,000
Annual Out-of-Pocket Maximum (Individual / Family)	\$3,000 / \$6,000	\$6,500 / \$9,500
Coinsurance	10%	35%
Office Visit Copay Primary Care Physician Specialist Office Visit	\$10 copay \$25 copay	35% coinsurance 35% coinsurance
Preventive Care Visit	100% covered	100% covered
Outpatient Surgery and Facility Charge	10% after deductible	35% coinsurance
Outpatient Diagnostic	10% after deductible	35% coinsurance
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	10% after deductible	35% coinsurance
Emergency Services		
Emergency Room (True Emergencies Only) All Other Emergencies	\$350 copay 20% after deductible	\$350 copay 20% after deductible
Urgent Care	\$50 copay	\$75 copay

Full-Time Team Member Bi-Weekly Rate		Power of Wellness Bi-Weekly Rate
Team Member	\$75.00	\$50.00
Team Member + Spouse	\$175.00	\$150.00
Team Member + Child(ren)	\$160.00	\$135.00
Family	\$270.00	\$245.00
Part-Time Team Member Bi-Weekly Rate		Power of Wellness Bi-Weekly Rate
Team Member	\$95.25	\$70.25
Team Member + Spouse	\$222.25	\$197.25
Team Member + Child(ren)	\$203.20	\$178.20
Family	\$342.90	\$317.90

Medical Insurance: HSA-Eligible High Deductible Plan



Anthem: 844-933-2299 | Group # L08691

Option 3: HSA-Eligible High Deductible Plan: \$4,000		
Eligible for Employer HSA Funding: \$500 Individual / \$1,000 Family*		
Amounts illustrated below are what you pay	UofL Health Network	Anthem In Network
Annual Deductible (Individual / Family)	\$4,000 / \$8,000	\$4,000 / \$8,000
Annual Out-of-Pocket Maximum (Individual / Family)	\$5,000 / \$10,000	\$6,500 / \$13,500
Coinsurance	15%	35%
Office Visit <i>Primary Care Physician</i> <i>Specialist Office Visit</i>	15% after deductible 20% after deductible	35% after deductible 35% after deductible
Preventive Care Visit	100% covered	100% covered
Outpatient Surgery and Facility Charge	15% after deductible	35% after deductible
Outpatient Diagnostic	15% after deductible	35% after deductible
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	15% after deductible	35% after deductible
Emergency Services		
Emergency Room	15% after deductible	15% after deductible
Urgent Care	15% after deductible	35% after deductible

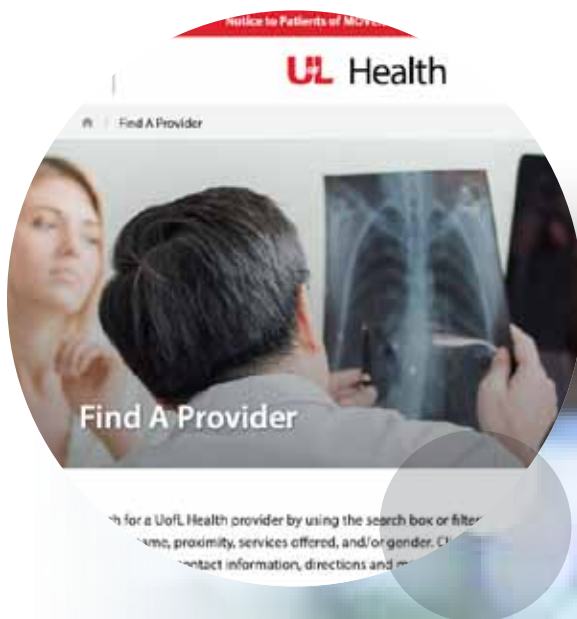
Full-Time Team Member Bi-Weekly Rate		Power of Wellness Bi-Weekly Rate
Team Member	\$55.00	\$30.00
Team Member + Spouse	\$120.00	\$95.00
Team Member + Child(ren)	\$85.00	\$60.00
Family	\$127.50	\$102.50
Part-Time Team Member Bi-Weekly Rate		Power of Wellness Bi-Weekly Rate
Team Member	\$69.85	\$44.85
Team Member + Spouse	\$152.40	\$127.40
Team Member + Child(ren)	\$107.95	\$82.95
Family	\$161.93	\$136.93

How to Find OnePlan Providers with KBA

Are you enrolling in UofL Health's OnePlan? **Here's how you can find an in-network provider.**

- Visit OneHealthPlan.net
- From the landing page, select **"UofL Health's OnePlan Providers"***
- Read the notice and click "OK"
- Choose how you would like to search for a provider — either by ZIP code and provider type or by name

**Please Note: The wrap network is only applicable in unique situations, such as students who are out of area but who are qualified for coverage. For more information, please contact KBA.*



Preventive Care

They say an ounce of prevention is worth a pound of cure. Preventive care like well visits and preventive screenings can help you stay healthy and identify small issues before they become big problems. **And most preventive care is 100% covered by UofL Health's medical plans.**

Well Visits

You don't need to be sick to schedule a doctor's appointment. Regular well visits are an essential form of self-care.

What happens during a well visit?

During a well visit, you and your doctor can:

- **Assess your general health**
 - Blood pressure
 - Cholesterol
 - Blood glucose
 - Weight/height/BMI
 - Immunizations
- **Schedule preventive screenings**
 - Colonoscopy
 - Mammogram
 - Pap smear
- **Assess your risks for disease**
 - Cancer
 - Diabetes
- **Discuss your mental health**
 - Stress
 - Anxiety
 - Depression
- **Discuss options for nicotine-use counseling**



Preventive Screenings

Preventive screenings are important because they can detect potential health issues early, allowing for prompt intervention or treatment if needed.

How often should I schedule preventive screenings?

The charts below can help you stay on top of your preventive screenings.

Preventive Screenings for Men

Type of Screening	Frequency
Blood pressure	Once per year
Cholesterol and heart disease	Every five years after 35
Diabetes	Every three years after 45
Colon cancer	Every 10 years between 50-75 <i>Those with a family history of colon cancer should be screened before they turn 50</i>
Dental exam	Twice per year
Eye exam	Every two to four years between 40-54 Every one to three years between 55-64
Immunizations	<ul style="list-style-type: none">• Once per year flu shot• Shingles vaccination after 60• Tetanus-diphtheria booster every 10 years after 19
Osteoporosis	Discuss screening between 50-70
Prostate	Discuss with your provider after 50 <i>African American men and those with a family history of prostate issues should screen at 45</i>
Skin exam	Regularly check for signs of skin cancer, especially if you are high-risk

Preventive Screenings for Women

Type of Screening	Frequency
Blood pressure	Once per year
Cholesterol and heart disease	Every four to six years after 20
Diabetes	Every three years after 44
Colon cancer	Every 10 years between 50-75 <i>Those with a family history of colon cancer should be screened before they turn 50</i>
Dental exam	Twice per year
Eye exam	Every two to four years between 40-54 Every one to three years between 55-64
Immunizations	<ul style="list-style-type: none">• Once per year flu shot• Shingles vaccination after 60• Tetanus-diphtheria booster every 10 years after 19
Osteoporosis	Discuss screening after 50, especially if you have risk factors
Breast exam	<ul style="list-style-type: none">• Perform a monthly self-exam• Once per year screening with doctor
Mammogram	Every one to two years between 40-75
Pelvic exam and pap smear	<ul style="list-style-type: none">• Every three years between 20-29• Every five years after 30
Skin exam	Regularly check for signs of skin cancer, especially if you are high-risk

Pharmacy Benefits

Starting January 1, 2024, **Ventegra** will be managing your pharmacy benefits through UoL Health. Our goal, in conjunction with UoL Health – Pharmacy Services, is to ensure you have high-quality, affordable prescription drugs. Team members will receive lower cost share when filling with UoL Health pharmacies.



Amounts illustrated below are what you pay						
Plan Name	ONEPLAN - administered by KBA		CORE PPO PLAN		HDHP \$4,000	
Prescription Drug	UoL Health Pharmacy	Network Pharmacy	UoL Health Pharmacy	Network Pharmacy	UoL Health Pharmacy	Network Pharmacy
Retail: Tier 1	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay after deductible	\$20 copay after deductible
Retail: Tier 2	10% coinsurance (\$15 min/\$40 max)	25% coinsurance (\$40 min/\$80 max)	10% coinsurance (\$15 min/\$40 max)	25% coinsurance (\$40 min/\$80 max)	10% coinsurance after deductible (\$15 min/\$40 max)	25% coinsurance after deductible (\$40 min/\$80 max)
Retail: Tier 3	20% coinsurance (\$25 min/\$75 max)	40% coinsurance (\$60 min/\$160 max)	20% coinsurance (\$25 min/\$75 max)	40% coinsurance (\$60 min/\$160 max)	20% coinsurance after deductible (\$25 min/\$75 max)	40% coinsurance after deductible (\$60 min/\$160 max)
Prescription Drug	All Specialty Rx Managed through UoL Health – Pharmacy Services		All Specialty Rx Managed through UoL Health – Pharmacy Services		All Specialty Rx Managed through UoL Health – Pharmacy Services	
Specialty Pharmacy Tiers 1, 2, 3	25% coinsurance (\$100/\$150/\$250 max)		25% coinsurance (\$100/\$150/\$250 max)		25% coinsurance after deductible (\$100/\$150/\$250 max)	



Pharmacy Services

Convenient and costs-effective services and employee-only benefits

UofL Health – Pharmacy Services provides a comprehensive range of services allowing us to partner with our team members for better health.

Our Services

- **Retail Pharmacy** – fill your maintenance or acute need prescriptions on-site, without a separate trip on your way home from the doctor or work
- **Specialty Pharmacy** – A “specialty medication” is one that requires extra attention from your health care team, may treat rare, serious or chronic conditions, is expensive, and can be either an oral medication or self-injection. Our care team is focused on delivering personalized care, providing 24/7 pharmacy support and offering quality clinical services with specialty medications.
- **Med Synch (Medication Synchronization)** ensures that all medications for you and your beneficiaries are coordinated and ready for pick-up the same day each month – no more need to call in your refills or wait for medications to be ordered.
- **Employee Medication Management Clinic:**
 - Through this program, team members and their dependents have the opportunity to work with clinical pharmacists to optimize their medication outcomes.
 - Program participants will meet with a pharmacist to review their medications and perform clinical assessments to see how well their medications are working for them. During each visit, the pharmacist will discuss changes that could be made to optimize the patient’s health.
 - The benefits of this program include waiving or significantly reducing medication co-pays, points towards the UofL Health wellness program, the Power of Wellness, and expert advice on medication optimization and adherence.
 - Medication Therapy Management Clinics:
 - Diabetes
 - Hypertension
 - Hyperlipidemia
 - Specialty Medications
 - If you are interested in joining the program or have any questions, please email PharmacyMedManagement@UofLHealth.org.
- **Immunizations** – certified immunization providers onsite during all hours of operation to provide vaccinations that keep you safe
- **Tobacco Cessation Program** – specially trained pharmacists provide coaching and education; may select individual or group sessions; personalized care to increase your success in quitting tobacco

Take advantage of these TEAM MEMBER ONLY benefits:

- **Jackson Street Outpatient Center**
7:30 a.m. – 6 p.m. Monday – Friday
- **Curb-side service**
- **Ship to home or work**
- **Payroll deduction**
Allows you to pay for your medications via payroll deduction

To get started using UofL Health – Pharmacy Services or for more information, contact us at 502-562-3571.

UofL Health | Pharmacy Services

UofL Health – Jackson Street Outpatient Center
550 S. Jackson Street, Louisville, KY 40202

UofLHealth.org



Q: Where can I fill my medications?

A: The UofL Health onsite pharmacy is the preferred pharmacy location to fill your prescription medications at the lowest cost. You may also fill prescriptions at any participating Ventegra Nationwide Network Pharmacy at a higher cost share. If you have questions please call the Ventegra Customer Care Team at **1-877-867-0943**.

Q: Will I receive a separate ID card for my prescription benefit through Ventegra?

A: No, pharmacy details will be integrated in your new Anthem or KBA OnePlan ID Card.

Q: If I have changed or elected new medical benefits, when will I receive ID card(s) from Anthem/KBA in the mail?

A: You should receive your ID card prior to Jan. 1, 2024.

Q: Can I use my Anthem or KBA ID card for prescriptions?

A: Yes, you can.

Q: If there is a change to the drug formulary, will I be notified?

A: Yes, similar to your current pharmacy vendor, Ventegra will send letters to members if they will be impacted by an upcoming formulary change.

Q: Do I have to use the mail order service to fill my maintenance medications*?

A: No, you have the option to fill your 90-day prescriptions at UofL Health - Pharmacy Services for a lower cost or at a participating Ventegra nationwide network pharmacy.

Q: How can I fill my specialty medications?

A: Specialty medications will be filled through UofL Health – Pharmacy Services.

Q: I was just prescribed a specialty medication. How do I get started?

A: Call UofL Health – Pharmacy Services at **1-855-681-1600**. We will get you enrolled in Specialty Pharmacy and work with your doctor to obtain a prescription and any authorization needed for coverage. We also provide personalized services that provide guidance through each step, provide support with any questions and provide the best possible service.

Q: I still have questions, who do I contact?

A: Call Ventegra's Customer Care Team at **1-877-867-0943**.

Pharmacies Contact Information:

• **UofL Health – Pharmacy Services**

Phone: 502-562-3571

Website: UofLHealth.org/services/pharmacy

Email: OutpatientPharmacy@UofLHealth.org

• **UofL Health – Specialty Services**

Phone: 502-681-1600

Website:

UofLHealth.org/services/specialty-pharmacy

Email: ULHSpecialtyPharmacy@UofLHealth.org

• **Ventegra**

Customer Care: 1-877-867-0943

Website: Ventegra.com

Dental Insurance



Delta Dental: 800-955-2030 | Group # 699380

UofL Health's dental insurance can help keep you and your family smiling for life. We offer two different pre-tax options to UofL Health team members through Delta Dental. Here's the breakdown.

Who's eligible?

UofL Health benefits eligible team members, plus their spouse/domestic partner and their dependent child(ren).

What are my options?

You can choose between two different dental insurance plans:

- Core Plan
- Buy-Up Plan

Both plans cover 100% of preventive and diagnostic services.

As you review these plans, keep in mind that **you can go to any dentist, but your costs are lower when you use a Delta Dental PPO participating provider.**

Dental Plan	Core Plan		Buy-Up Plan	
	PPO Participating Provider	Out of Network Provider**	PPO Participating Provider	Out of Network Provider**
Deductible (Single / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual Benefit Maximum	\$1,000	\$1,000	\$1,500	\$1,500
	Plan Pays	Plan Pays	Plan Pays	Plan Pays
Diagnostic and Preventive Services*				
• Periodic oral exam				
• Cleanings				
• Space maintainers				
• Sealants				
• Brush biopsies				
• X-rays				
• Emergency palliative treatments				
	100%	100%	100%	100%
Basic Services				
• Fillings and crown repair				
• Simple extractions				
	50%	50%	90%	80%
Major Services				
• Endodontics/root canals				
• Periodontics				
• Oral surgery				
• Major restorative service				
• Bridge and denture repair				
• Prosthodontic services				
	50%	50%	60%	50%
Orthodontic Services*** Child and Adult	50%	50%	50%	50%
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,500	\$1,500

Team Member Bi-Weekly Rate	Core Plan	Buy-Up Plan
Team Member	\$10.52	\$12.86
Team Member + Spouse/Domestic Partner	\$20.61	\$25.20
Team Member + Child(ren)	\$24.61	\$30.09
Family	\$38.27	\$46.79



*Deductible waived for Preventive Services

**When services are received from an Out-of-Network Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the Out-of-Network Dentist Fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

***12 month waiting period for Orthodontic Services and major services if not previously covered on a dental plan.

Vision Insurance

EyeMed: 866-723-0513 | Group # 1011755



Vision insurance can help you see life more clearly. UofL Health offers vision insurance through **EyeMed**. Here's what you need to know.

Who's eligible?

UofL Health benefits-eligible team members, their spouse/domestic partner and their dependent child(ren).

As you review the plan below, keep in mind that coverage is available for services received out of network, but you'll save the most money by going to an EyeMed Select network provider.

How do I find an EyeMed Select network provider?

Visit www.EyeMedVisionCare.com and choose "Select network."

Vision Plan	In Network	Out of Network
Exam with Dilation (every 12 months)	\$10 copay	\$106
Fundus Photography Benefit	Up to \$39	N/A
Eyeglass Frames (every 24 months)	\$0 copay up to \$150 allowance 20% off remaining balance	\$100
Standard Plastic Lenses (every 12 months)		
Single Vision	\$15 copay	\$70
Bifocal	\$15 copay	\$95
Trifocal	\$15 copay	\$120
Standard Progressive Lenses	\$80 copay	\$95
Premium Progressive Lenses	\$80 copay 80% of Charge less \$120 allowances	\$95
Glasses Lens Options		
UV Treatment	\$15	N/A
Tiny (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0 copay	\$40
Standard Polycarbonate – Adults	\$40	N/A
Standard Polycarbonate – Kids under 19	\$0 copay	N/A
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Other Add-Ons	20% off retail price	N/A
Contact Lens Options (every 12 months)		
Exam – Standard lens fit and follow-up	Covered up to \$40	N/A
Exam – Standard lens fit and follow-up	\$10 off retail price	N/A
Conventional	\$0 copay up to \$130 15% off remaining balance	\$0 copay up to \$130
Disposable	\$0 copay up to \$130	\$0 copay up to \$130
Medically Necessary	Covered in full	Covered up to \$210
Laser Vision Correction	15% off retail price or 5% off promotional price	N/A
Lasik or PRK from U.S. Laser Network	Receive 40% off eyeglasses and 15% off conventional contact lenses once your funded benefit has been used	N/A
Additional Pairs Benefit		N/A

Team Member Bi-Weekly Rate	
Team Member	\$3.06
Team Member + Spouse	\$5.74
Team Member + Child(ren)	\$5.93
Family	\$8.80



Power of Wellness Program

The **Power of Wellness** is in your hands. UofL Health's new wellness program will allow you to take a more active role in your health.

Whatever your goals, UofL Health Power of Wellness can help you achieve them for a happier, healthier life. Here's what you need to know.

Who's eligible?

All UofL Health team members are eligible to participate in Power of Wellness.

How does it work?

UofL Health's Power of Wellness is powered by Medikeeper. It has 4 parts:

1. Health assessment
2. Company and personal challenges
3. Rewards
4. Coaching



Whenever you complete a challenge or activity, you earn points. Team members that earn 100 points are our Wellness Champions and will receive the Power of Wellness credit on their payroll. You can use your wellness credit for anything you would like! It can help offset your medical premium cost, pay for a gym membership, cover the cost of wellness apps, workout gear, or anything that helps support your health and wellness. Once you earn the wellness credit, it will rollover year after year, as long as you reach Wellness Champion level by the end of each year.

Power of Wellness	Points	Reward
Wellness Champion	100 Points	\$50 Monthly wellness credit

How do I enroll?

Visit UofLHealth.Medikeeper.com to register after January 1, 2024.

See charts below for some of the ways to earn Power of Wellness points:

Gatekeeper Activities - required to earn premium discount (30 possible)	Points
Annual Physical & Biometric Screening - submit results via fax or email	25
Age Gauge - Health Risk Assessment	15
Health Coaching - complete 1 ICWS health coaching sessions	10

Resilience - 95 total points possible	Points
Health Coaching - complete 4 sessions with ICWS Health Coach • Must complete all 4 for 40 points	40
Medication Management Program • Complete the onsite program administered by UofL Health - Pharmacy Services • Diabetes and other chronic conditions are eligible for the Health Management Program	25
Preventive Visits - submit up to 5 during the year (5 points each) • Colonoscopy • PSA or prostate • Preventive vaccinations • Mammogram • Vision exam • Dermatology/Skin Cancer screen • Well woman/pap • Dental visit	5 pts each, 25 pts max
Biometric Results - improve your numbers	5 pts per value, 35 pts max

Employee Tobacco Cessation Program

If you're trying to quit using tobacco, our **Employee Tobacco Cessation** program can help you kick the habit. From providing **personalized care and support** to **free medications**, you'll find what you need to live life tobacco-free.

Who can participate?

- Any UofL Health team member or dependent age 18 or older who:
 - wants to quit using tobacco,
 - is not pregnant and,
 - is covered under the UofL Health health and prescription benefit plans.

What's included?

- Coaching and education from trained UofL Health outpatient pharmacists
- Individual or group support sessions
- Communication with your health care provider(s) on your progress

What are the benefits?

- Personalized care and support to help you quit
- Written and fulfilled prescriptions for tobacco cessation at UofL Health outpatient pharmacy locations. No doctor's visit needed.
- Free medication for UofL Health health plan participants
- UofL Health Wellness Program incentives (Learn more about our Wellness Program on page 29.)

How do I enroll?

Contact one of our clinical pharmacists:

- **Walk-in Appointments:** Visit the Jackson Street Outpatient Center at 550 S. Jackson Street, Louisville, KY 40202
- **Scheduled Appointments:** Call 502-562-3571 to schedule an appointment

Have Questions?

Contact the **UofL Health — Outpatient Pharmacy** at 502-562-3571

**Get your
prescriptions
filled for free.
No doctor's
visit needed.**

Powering U for Life: Mark Kicks the Habit

Mark had smoked for 10 years. He tried to quit dozens of times, and nothing seemed to stick. His wife had just announced that she was pregnant, and Mark was determined that he would quit before the baby was born. Here's how the Employee Tobacco Cessation program helped him do just that.

- Mark scheduled an appointment with one of the clinical pharmacists at the **Jackson Street Outpatient Center**, Tom.
- At his appointment, **he told Tom about his history of smoking**, including all the ways he had tried to quit in the past.
- Tom understood. He asked Mark thoughtful questions, and **together they made a plan**.
- Mark found it really helpful to talk to someone about his struggles, so Tom connected him with a **support group**. He also prescribed Mark **medication that he could get filled for free** at the Jackson Street Outpatient Center.
- Over the next several months, Mark made every effort to quit. It wasn't easy, but **with the support of his new friends and his medication, he finally kicked the habit**.
- When Mark met his little girl for the first time, **he didn't smell like cigarettes – he smelled like Dad**.

UofL Health | Pharmacy

UofL Health – Jackson Street Outpatient Center
550 S. Jackson Street, Louisville, KY 40202
UofLHealth.org

Health Savings Accounts / Flexible Spending Accounts



WEX Health: 833-225-5939

Health savings accounts are a smart way to save for eligible health care expenses for yourself and your dependent(s). **UofL Health offers three different types of health savings accounts through WEX Health:**

Health Savings Account (HSA)

Flexible Spending Account (FSA)

Dependent Care Flexible Spending Account (DC-FSA)

How do I enroll in an HSA, FSA, and/or DC-FSA?

During open enrollment, you must elect or re-elect your accounts with the amount you would like to contribute for the year. You will not be automatically re-enrolled in your accounts from last year.

What are some examples of eligible expenses?

Please visit <http://www.irs.gov> (Publications 502 and 503) for additional information on IRS eligible expenses.

How do I manage my HSA, FSA and/or DC-FSA?

1. Set up your account by going to <https://benefitslogin.wexhealth.com/Login.aspx>.
2. From the login screen, click the "Create your new username and password" link and complete the required user identification fields.
3. Answer the security questions and click the "Submit" button.
4. **Set up your username and password. You are now ready to start using your benefits!**

	Health Savings Account (HSA)	Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (DC-FSA)
Definition	A team member and employer-funded account used to pay for qualified health care expenses with pretax dollars	A team member-funded account used to pay for qualified health care expenses with pretax dollars	A team member-funded account used to pay for qualified child and adult day care expenses with pretax dollars
Who is eligible?	Team members enrolled in a high deductible medical plan	Benefit-eligible team members not enrolled in a high deductible health plan (HDHP)	Benefit-eligible team members
Who is covered?	Subscribers to the plan and their eligible dependent(s)	Subscribers to the plan and their eligible dependent(s)	Qualified dependent(s) to the subscriber
What is the annual contribution limit?	\$4,150 single / \$8,300 family	\$3,200	\$5,000
When are my funds available?	As contributed Funds are accrued per pay period	First day of coverage Funds are front-loaded	As contributed Funds are accrued per pay period
Can I change my election mid-year?	Yes. Per IRS guidelines, you can change your elections once a month. This is done by contacting HR.	No	No
Can I have more than one type of spending account?	Yes You can have an HSA and a DC-FSA.	Yes You can have an FSA and a DC-FSA	Yes You can have a DC-FSA and an HSA or FSA.
Do unused funds carry over to the next year?	Yes	No	No
Can I take the account funds with me if I change jobs, change health plans or retire?	Yes However, you will no longer receive employer contributions	No This benefit will end the date of your departure from UofL Health	No This benefit will end the date of your departure from UofL Health
Can I use the account for retirement income?	Yes	No	No
Is the account tax-advantaged?	Yes All funds are deducted from your paycheck at the pretax amount	Yes All funds are deducted from your paycheck at the pretax amount	Yes All funds are deducted from your paycheck at the pretax amount
Does the account earn interest?	Not technically	No	No

Health Savings Account (HSA)

Terms & Conditions FAQ



Q: How do I accept the terms and conditions for my HSA?

- A:**
- After enrolling in an HSA through your employer, log in to your WEX Health online account or mobile app.
 - Once logged in, you'll be prompted to read and agree to several different agreements. Once you've read and agreed to each, click "Submit" to complete submission of the terms and conditions.
 - Your HSA funds will not be available until these agreements are agreed to and submitted.

Q: What happens after I accept the electronic agreements?

- A:** Once you accept the agreements, your HSA enrollment will be complete.
- You can use your account if your identity has been verified as required by the USA PATRIOT Act.
 - The debit card will become active within 24 hours.
 - As soon as the agreements are accepted, you can file distribution requests using the online account, the mobile app or a form.

Q: What is the USA PATRIOT Act and how does it affect my HSA?

- A:** Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an HSA. This means that when you open an HSA with WEX Health, we'll ask for your name, street address, date of birth and other information that allows us to identify you.
- This process takes approximately five to seven business days, during which time your account will be blocked.
 - Once this process is completed and your identity has been verified, access to your HSA will be unblocked and made available to you.
 - If your identity is not verified (e.g. if you moved recently and your new address is not on file with the appropriate government agency), you may be asked to provide proof of your identity by providing a copy of your utility bill to verify your address or a copy of your Social Security card if the number does not match the verifying source's records.

Q: What happens if I do not complete the needed identity verification for the USA PATRIOT Act?

- A:** The HSA will be closed and any funds will be returned to your employer.

Q: What happens if I am enrolled in an HSA but have not signed the HSA agreements?

- A:** You will receive a reminder from WEX Health informing you that your account is still on hold.
- You will not have access to your HSA funds until the HSA agreements are signed.
 - You will still have access to Limited Medical FSA, Dependent Care FSA, Commuter and HRA funds (if applicable).

Q: What happens if I do not accept the HSA agreements?

- A:** Funds will be returned to you if you refuse to sign the HSA agreements, as long as you complete an HSA Distribution Request/ Account Closure Form.

Q: Can I complete and sign the HSA agreements through the mobile app?

- A:** Yes (if you have the app version 5.1 or later).

Q: I'm having trouble accepting the terms and conditions. What should I do?

- A:** You must scroll and/or read through the terms and conditions prior to selecting "Read and Accept."
- If you click "Read and Accept" and still cannot see the box to check "Accept the Terms," it may be because your view is zoomed in.
 - With your computer settings, bring the zoom to 100%. This should allow you to see and select "Accept the Terms."
 - Use a computer that does not have internet-setting restrictions.

Basic Life and AD&D Insurance



Lincoln Financial Group: 800-487-1485

No one wants to imagine the worst, but the proper plan can help give you peace of mind. Basic life and accidental death & dismemberment (AD&D) insurance **can help financially protect you and your family in the event of your death**. All team members are eligible for this benefit while they work for UofL Health. Here are the details.

- **All benefits eligible team members are automatically enrolled** in Basic Life and AD&D insurance, which is an employer paid benefit. This means there is no cost to team members for this plan.
- **Coverage begins on the first day of the month after your hire date.** For example, if you were hired on June 12, 2024, your life insurance coverage will begin July 1, 2024.
- Coverage is provided through **Lincoln Financial Group**.

UofL Health Team Member Classification	Benefit Amount	Maximum Issue	Benefit Reduction Schedule
Physicians and Executives	2X annual salary to a maximum of \$750,000	\$750,000	<ul style="list-style-type: none">• 50% reduction at age 70• Additional 20% reduction at age 75• Additional 10% reduction at age 80• Benefits will terminate upon retirement
All Other UofL Health Team Members	1X annual salary to a maximum of \$300,000	\$300,000	

Basic Life, AD&D and Taxes

IRS rules allow an employer to provide up to **\$50,000 of life insurance to a team member tax-free**. Any amount over \$50,000 is subject to taxation. These taxes will appear on your pay stub as "imputed income."

Long-Term Disability Insurance



Lincoln Financial Group: 800-487-1485

If you ever become disabled from a non-work-related injury or illness, UofL Health's long-term disability insurance **can provide you with a source of income every month**, decreasing your stress and giving you a sense of security. Here are the details.

- **All benefits eligible team members are automatically enrolled** in Long-term Disability, which is an employer paid benefit. This means there is no cost to team members for this plan.
- **Coverage begins on the first day of the month following 90 days of employment.** For example, if you were hired on March 3, 2024, your coverage will start July 1, 2024.
- Coverage is provided by **Lincoln Financial Group**.
- You are **not eligible** to receive your long-term disability benefit if you are receiving **workers' compensation benefits**.

Long-Term Disability Benefit Details	
Date benefits begin	91st day after qualifying event
Maximum duration of benefits	Until you're no longer deemed disabled or until you reach Normal Social Security Retirement Age or until you qualify for social security benefits
Benefit amount	60% of your monthly base salary, up to \$10,000 or \$15,000 per month, depending on your job classification

PRE-EXISTING CONDITION EXCLUSION

This Policy will not cover any Total or Partial Disability:

1. which is caused or contributed to by, or results from a Pre-Existing Condition; and
2. which begins in the first 12 months after the Insured Employee's Effective Date

Voluntary Life and AD&D Insurance



Lincoln Financial Group: 800-487-1485

In addition to UofL Health's basic life and AD&D insurance, we also offer **voluntary** life and AD&D insurance. This benefit gives you the chance to **secure more coverage than what UofL Health offers in our basic package**. Here are the details.

Who is eligible?

- UofL Health **benefit eligible team members**
- Your **spouse/domestic partner and/or any dependent child(ren)**
- **You must elect voluntary coverage for yourself in order to elect any amount for your spouse/domestic partner and/or any dependent child(ren).**

How does coverage work?

Your AD&D coverage is equal to your voluntary life and AD&D coverage amount. However, the total benefit payable is determined by the severity of your loss. Anything elected above guaranteed issue amounts or after the initial enrollment period requires the completion of an EOI (Evidence of Insurability).

Team Member Benefit	Guaranteed Issue	Benefit Reduction Schedule
<ul style="list-style-type: none"> • Available in \$10,000 increments • Maximum \$750,000, or 5x team member's annual salary (rounded up to the next \$10,000) 	Whichever is less: <ul style="list-style-type: none"> • \$500,000 or • 300% of team member's salary during initial enrollment 	<ul style="list-style-type: none"> • 50% reduction at 70 • Additional 20% reduction at 75 • Additional 10% reduction at 80 • Benefit terminates upon retirement
Spouse Benefit	Guaranteed Issue	Benefit Reduction Schedule
<ul style="list-style-type: none"> • Available in \$10,000 increments • May not exceed 50% of UofL Health team member's life insurance benefit • Maximum \$200,000 	\$50,000 during initial enrollment	<ul style="list-style-type: none"> • 35% reduction when UofL Health team member turns 65 • Benefit terminates when UofL Health team member turns 70 or retires — whichever occurs first
Dependent Child(ren) Benefit	Guaranteed Issue	Benefit Reduction Schedule
<ul style="list-style-type: none"> • Available in \$2,000 increments • Maximum of \$20,000 • <i>Benefit is \$250 for children 14 days – 6 months old</i> 	\$20,000	Benefit available until dependent turns 26 if they remain unmarried and/or are a full-time student

Life Insurance Monthly Rates Per \$1,000	
Team Member Age	Rate
<25	\$0.032
25-29	\$0.035
30-34	\$0.042
35-39	\$0.049
40-44	\$0.072
45-49	\$0.111
50-54	\$0.170
55-59	\$0.295
60-64	\$0.419
65-69	\$0.628
70-74	\$0.947
75-79	\$0.998
80-99	\$0.998
Child(ren)	\$2.10/\$10,000
Benefit reduces 35% at age 65	

AD&D Insurance Monthly Rates Per \$1,000	
Type of Coverage	Rate
Team Member Only	\$0.022
Team Member + Family	\$0.040



During Open Enrollment, you can increase your or your spouse's voluntary life insurance by two \$10,000 increments with no EOI for a total of an additional \$20,000 per plan. If you select more than \$20,000 additional for you or your spouse during Open Enrollment, you will be required to complete an EOI with Lincoln Financial and receive approval before that amount will take effect.

Insurance Conversion and/or Portability Insurance

Many of the benefits sponsored or made available by UofL Health can be converted or ported to an individual policy if you ever separate from UofL Health.* These include:

- Basic life insurance and AD&D • Supplemental life insurance and AD&D • Dependent life insurance

*Please Note: Converting or porting benefits is subject to the procedures of your new insurance carrier. Failure to respond within the time period set forth by the insurance carrier will result in the loss of your conversion and/or portability privileges. Benefit reductions apply at age 70 and above.

Short-Term Disability Insurance

Lincoln Financial Group: 800-487-1485



If you are involved in an accident or suffer an illness that results in a covered disability, **UofL Health's short-term disability benefit can help give you financial security and peace-of-mind.** You can use your benefit to cover your expenses while you're away from work. Here are the details.

- **Short term disability insurance is auto-selected during enrollment. Eligible employees will need to confirm or decline the coverage during benefit enrollment**
- **Coverage begins on the eighth day after your injury or illness.** This is known as the **elimination period.**
- Coverage is provided by **Lincoln Financial Group.**



Short-Term Disability Benefit	
Maximum benefit duration	13 Weeks
Maximum benefit amount	60% of annual base salary to a maximum weekly benefit amount of \$2,500
Salary Range	Employee Rate
Less than \$35,000	\$10 per pay period
More than \$35,000	\$15 per pay period

Pre-existing Conditions

Pre-existing conditions are a restriction of this policy. Lincoln Financial Group will not pay claims that result from:

- Any sickness or injury for which you've received medical treatment, advice or consultation, care or services, including diagnostic measures or had drugs prescribed or taken in the **three months prior to the day you become disabled under this policy.**

Lincoln Financial Group will look back in your medical history to see if you've undergone treatment for anything in the previous three months. If you have, then Lincoln Financial Group **will not pay benefits** for the first 12 months of coverage. Disabilities that occur during the first 12 months of coverage due to a pre-existing condition during the three months prior to coverage are excluded.

Medical Transportation Insurance

MASA: 800-643-9023

Life's emergencies can come with a hefty price tag. An emergency ride in an ambulance can cost you between \$2,000 and \$5,000. If you're travelling by air, that cost can rise to more than \$40,000. Many assume that their health insurance will cover most of these costs, but that's not often true.

UofL Health offers medical transportation insurance through MASA Medical Transport Solutions. This benefit provides coverage for unexpected circumstances and emergencies for you and your eligible dependent(s). Here are the details.

	Emergent Plus Plan	Platinum Plan
Emergency Air Medical Transport	✓ (U.S. Only)	✓
Emergency Ground Ambulance Transport	✓ (U.S. Only)	✓
Repatriation	✓	✓
Non-Emergency Air Transport		✓
Organ Retrieval		✓
Minor Child / Grandchild Return		✓
Organ Recipient Transport		✓
Non-Injury Transport		✓
Pet Return		✓
Vehicle Return		✓
Return Transportation		✓
Escort Transportation		✓
Mortal Remains Transport		✓
Worldwide Coverage		✓

	Emergent Plus Plan	Platinum Plan
Team Member Rate	\$7.00	\$19.50

When legal situations arise in your life, UofL Health's **legal insurance can connect you with an attorney who can help**. Here are the details.

- **UofL Health team members and their qualified family members** (including parents and in-laws) are eligible for coverage.
- Coverage is provided by **MetLife**.
- The cost for the benefit is **\$10.93 per pay period**.

Attorneys can help you and your family navigate a wide range of matters — from civil damage defense claims to real estate, wills and estate planning. We've provided a summary in the table below.

Money Matters	<ul style="list-style-type: none"> • Debt collection defense • Identity theft defense • Identity management services 	<ul style="list-style-type: none"> • Personal bankruptcy • Promissory notes • Negotiations with creditors 	<ul style="list-style-type: none"> • Tax audit representation • Tax collection defense • Triple bureau credit monitoring
Home & Real Estate	<ul style="list-style-type: none"> • Boundary & title disputes • Deeds • Eviction defense • Foreclosure 	<ul style="list-style-type: none"> • Home equity loans • Mortgages • Property tax assessments • Refinancing a home 	<ul style="list-style-type: none"> • Sale or purchase of home • Security deposit assistance • Tenant negotiations • Zoning applications
Estate Planning	<ul style="list-style-type: none"> • Codicils • Complex wills • Healthcare proxies 	<ul style="list-style-type: none"> • Living wills • Powers of attorney (healthcare, financial, childcare, immigration) 	<ul style="list-style-type: none"> • Probate • Revocable & irrevocable trusts • Simple wills
Family & Personal	<ul style="list-style-type: none"> • Adoption • Affidavits • Conservatorship • Divorce • Custody (8 hours) • Enforcement or modification of support orders • Guardianship • Immigration assistance 	<ul style="list-style-type: none"> • Reproductive assistance law (20 hours) • Juvenile court defense, including criminal matters • Name change • Personal property issues • Garnishment defense • Demand letters 	<ul style="list-style-type: none"> • Protection from domestic violence • Prenuptial agreement • Review of <i>any</i> personal legal document • School hearings • Parental responsibility matters • Social security disability
Civil Lawsuits	<ul style="list-style-type: none"> • Administrative hearings • Civil litigation defense • Insurance claims 	<ul style="list-style-type: none"> • Disputes over consumer goods and services • Incompetency defense 	<ul style="list-style-type: none"> • Pet liabilities • Small claims assistance
Elder-Care Issues	<ul style="list-style-type: none"> • Consultation & document review for deeds and leases 	<ul style="list-style-type: none"> • Medicaid • Medicare • Notes 	<ul style="list-style-type: none"> • Nursing home agreements • Power of attorney • Wills
Vehicle & Driving	<ul style="list-style-type: none"> • Defense of traffic tickets • Driving privileges restoration • License suspension due to DUI 	<ul style="list-style-type: none"> • Expungement • Repossession 	<ul style="list-style-type: none"> • Habeas corpus • Misdemeanor defense

Benefits of MetLife

- Larger attorney network
- Digital estate planning
- Unlimited divorce
- Expanded coverage for reproductive assistance, surrogacy agreements, gender identity change and major traffic offenses and license suspension

Caregiving Support

As a MetLife Legal Plans member, you and your family are provided a **two-hour engagement** with a highly trained care team. They can help you navigate any caregiving challenge you may face — today or in the future.

Have Other Questions?

To learn more about your coverages and see our attorney network, create an account at **legalplans.com** or call **800-821-6400**.

Monday – Friday | 8 a.m. – 8 p.m. (ET).

Furry family members can bring so much joy into your life. But unexpected vet bills can put you in a bind. **UofL Health offers pet insurance to our team members through MetLife.** This benefit can be customized based on your needs, so you can give your pet the best care possible. Here are the details.

Eligibility

- No dog or cat breeds are excluded
- No upper age limits
- No initial exam or previous vet records required
- No per-incident or lifetime limits apply

Features

- **Choose from a range** of annual limits, deductibles and coinsurance levels
- Coverage ranges from **\$500 – unlimited**
- Optional **preventive care** coverage available
- **Family plans available** for multiple pets
- **Automatic annual limit increases**
- **Incentives** for healthy pets
- **Discounts** for healthcare workers

Coverage

With MetLife's pet insurance, your coverage amount will automatically increase every year. Use your benefit to pay for things like:

- Unexpected vet bills
- Virtual vet concierge services
- Grief counseling
- Loss and theft

Pricing

Each pet's premium will be unique based on the species, breed, age and ZIP code, as well as the coverage amount you select.

How to Enroll

To get a quote or enroll, visit **[metlife.com/getpetquote](https://www.metlife.com/getpetquote)** or call **1-800-GETMET8**.

Monday – Friday
8 a.m. – 8 p.m. (ET).

Once the policy is effective, accident coverage begins at midnight. Illness coverage begins after 14 days.



Voluntary Worksite Benefits

Atlantic American: 866-458-7502



In addition to all the regular benefits UofL Health offers our team members, we're proud to partner with Atlantic American to offer you extra voluntary benefits. Here are the details.

Who is eligible for voluntary benefits?

- UofL Health benefits-eligible team members
- Your spouse/domestic partner and any dependent child(ren)

What are the perks of electing voluntary benefits?

- Voluntary benefits can provide extra coverage outside of your regular benefits
- Premiums can be deducted from your paycheck
- You can take your coverage with you if you leave or retire
- You can take advantage of special offers that aren't available anywhere else



What types of voluntary benefits are offered?

Atlantic American offers four different types of voluntary benefits, including:

Whole Life Insurance

- Premium is guaranteed not to increase
- Coverage can be kept at the same rate and benefit amount if you leave UofL Health

Critical Illness Insurance

- Covers unforeseen emergencies like heart attacks, strokes, kidney failure, a major organ transplant or cancer
- Receive a lump sum upon diagnosis for covered conditions
- Benefit is paid in addition to medical and disability plans
- Includes a \$100 annual health screening benefit

Hospital Indemnity

- Helps pay for deductibles and other out-of-pocket expenses associated with a hospital stay
- Benefit is paid regardless of any other voluntary benefits you may have
- Receive an additional benefit for using a UofL Health facility

Accident Insurance

- Provides coverage for off-the-job accidents
- Benefit pays specific amounts based on the accident, from emergency room visits to cuts, burns, fractures and more
- Includes an annual \$100 health screening benefit

How can I enroll?

- **During Open Enrollment:** Contact the AP Enroll team at 502-874-4914
- **Outside of Open Enrollment*:** Contact the AP Assist team at 833-664-7195 or APAssist@AssuredPartners.com

**If you choose not to elect voluntary benefits during open enrollment but you wish to do so at another time, you may need to answer additional medical questions or provide evidence of insurability.*

Paid Time Off (PTO)

Vacation

Every life needs a balance between work and play. For every hour you work at UofL Health, you earn a certain amount of vacation hours as a benefits eligible team member. The rate at which you earn these hours is based on your years of service and your position and is prorated based on team member FTE. **The table below outlines the details.**

Vacation Hours					
Position	Completed years of service	Hours earned per year	Hours earned per eligible hour worked	Maximum hours earned per pay period	Change to Maximum accrual possible is 150%
Non-Exempt	0 - 5	96	.046	3.69	144
	6 - 10	136	.065	5.23	204
	11 - 20	160	.077	6.15	240
	21+	184	.088	7.08	276
Exempt	0 - 5	144	.069	5.54	216
	6 - 15	168	.0808	6.46	252
	16+	192	.0920	7.38	288
Directors/APCs	0 - 10	168	.0808	6.46	252
	11+	192	.0920	7.38	288

Reminder: Team members who are production-based or who have PTO included in their employment contract will not participate in the above plan.

Vacation Buy Back

If you don't use your vacation hours, you can **"sell back"** those hours at 80% of your base pay rate. You can do this **twice per year**. However, you **must leave 80 hours** of PTO in your bank.

Personal Holidays

In addition to your vacation hours, you also receive hours to celebrate personal holidays. These are perfect for any time you need to be away from work, including when you're sick. You will receive **32 personal holiday hours** prorated based on your FTE on Jan. 1 each year.

If you don't use these hours by 11:59 p.m. on Dec. 31 each year, you lose them.

Personal holiday hours are pro-rated based on how long you've worked for UofL Health.

- If you were hired **before July 1**, you receive **32 hours**.
- If you were hired **after July 1**, you receive **16 hours**.

Powering U for Life: Jared's Vacation Calculation

Jared is a **non-exempt** employee who has worked for UofL Health for **four years**. This year, he wants to take a vacation to Canada for his family reunion. **He currently has 120 hours in his PTO bank**. His vacation will use **40** of those hours, leaving him with **80** vacation hours. Here are his options for those remaining 80 hours:

- He can **use his hours to take some more time off**. He might need some time to himself after visiting with all his relatives.
- He can **save those hours** and roll them into next year. If he does, he needs to keep an eye on his PTO bank — **he can't have more than 144 hours in his bank** at any time.
- He **can't "sell back" any of his hours**, as this would leave him with less than 80 hours in his PTO bank.

UofL Health Holidays

We recognize 6 company holidays per year:

- Memorial Day
- July 4th
- Labor Day
- Thanksgiving
- Christmas Day
- New Year's Day

Does your clinic close on a holiday that's not listed above?

If so, you must use one of your **personal holidays** or **vacation time** for that day.

Unpaid Time Off

You **cannot take unpaid time away** from work if you have **vacation** or **personal hours available**. The only exception to this will be in the case of low census cancellation (for more information, see the Low Census Cancellation policies).

Bereavement

Loss is a part of life, and we're here to support you through those difficult times. If you're eligible for benefits, you're also eligible for **bereavement time off with pay**.

Bereavement time off is pro-rated based on your FTE.

How much bereavement leave do I receive?

Bereavement Type	Bereavement Days
Immediate family member	3 days
Other family members	1 day

Powering U for Life: Kiera's Birthday Celebration

Kiera is hosting a huge party with her family and friends to celebrate her **birthday**. She can use some of her **personal holiday hours** to take the day off for the party. This way, she **won't have to tap into her vacation hours**. (She's saving those for a family trip to Florida.)



Parental Leave

There are few moments in life as special as welcoming someone new into your family. UofL Health provides **up to four weeks of paid parental leave** following the **birth** or **adoption** of a child, for benefits eligible team members. During your leave, you'll be paid **60%** of your base salary.

- You **can** take paid parental leave any time during the 12 months following a birth or adoption.
- You **cannot** receive more than four weeks of paid parental leave in a rolling 12-month period, even if multiple births or adoptions occur within that period.
- You **must** use all of your paid parental leave within 12 months after the birth or adoption.
- You **must** use all of your paid parental leave at once. You **cannot** break up your paid parental leave.



What's a rolling 12-month period?

Instead of a fixed year, like January – December, a rolling 12-month period **starts on any month and ends 12 months later**. For example: March 1, 2024–March 1, 2025.



Fully Funded Tuition at UofL for You and Your Family

When you or a member of your family is ready to take one of life's big steps, UofL Health is here to support you along the way. We offer **fully funded tuition to the University of Louisville** for all UofL Health benefits eligible team members and your immediate family members. It's our way of saying, "Go for it! We believe in you."

Who is eligible for fully funded tuition at UofL?

- **All benefits eligible UofL Health team members**
- **Dependents** of all UofL Health team members
- **Spouses** and **domestic partners** of UofL Health team members

Do those who are eligible need to meet any specific criteria?

Yes. Criteria vary for UofL Health team members versus spouses, domestic partners or dependents. Here are the details.

• **UofL Health Team Members**

- You must commit to working for UofL Health within your scope of practice or qualifications based on the following criteria:
 - **Each semester**, you must **commit to one year** of continuous work at UofL Health, barring a typical fitness for duty or other physical or mental exception or inability to work. **This is known as your work requirement.**
 - **Each semester**, you must complete a new request form.

Do students have to be enrolled full time at UofL?

No. UofL Health will pay the tuition of full and part-time students.

Which college courses will UofL Health pay for?

UofL Health will pay for **all undergraduate programs at the University of Louisville.**

Will UofL Health pay for student activities?

Yes. UofL Health will pay for student activity fees.

Will UofL Health cover out-of-state costs?

No. UofL Health will pay the rate of an in-state resident student upon enrollment each semester. UofL Health will not cover out-of-state tuition costs or any other fees or costs associated with attending UofL, except those listed above.

Who qualifies as a dependent?

Dependents are family members who rely on you for support.

They include:

- Children
- Stepchildren
- Adopted children

How to Apply:

- **Fill out a fully funded tuition request form.** This can be found on the Employee Benefits page on the UofL Health intranet. Log in with your DS credentials at **UofLHealthnow.org**.
- **Email** your completed application to **Benefits@UofLHealth.org**.

Tuition Reimbursement

If you're a benefits eligible UofL Health team member who's continuing your education, **UofL Health will also reimburse your tuition costs.** Here are the details.

Tuition Reimbursement		
	Pursuing a degree that <i>will</i> lead to a professional license in the medical field	Pursuing a degree that <i>will not</i> lead to a professional license in the medical field
Full-time team members	Receive up to \$4,000 per calendar year	Receive up to \$3,000 per calendar year
Part-time team members	Receive a pro-rated amount , according to authorized hours for the position at the time of course completion	Receive a pro-rated amount , according to authorized hours for the position at the time of course completion



For more information on items like pro-rated amounts and more, please reach out to your HR site team or **Benefits@UofLHealth.org**.



Employee Assistance Program (EAP)

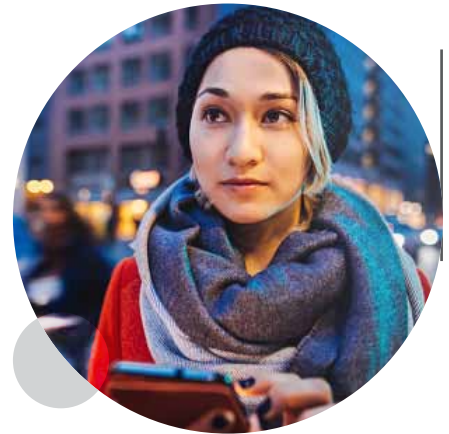
Life is full of challenges, big and small. Through our Employee Assistance Program, **we can help you navigate them all — from personal struggles to work-related stress.** Everything you share is confidential, and the program is completely free. Because you deserve an employer who has your back, for life.

All UofL Health team members and their families are eligible to receive **six free counseling sessions.**

When should I use the EAP?

The EAP can help you navigate all kinds of issues, including:

- Emotional difficulties like anxiety or depression
- Stress, whether it's personal or work-related
- Struggles with alcohol / drugs
- Financial and legal problems
- Relationship issues
- Marital distress



How can I get in touch with an EAP counselor?

- EAP counselors **are available by phone** between **8 a.m. - 5 p.m. EST**
- You can contact an EAP counselor by calling **502-451-8262** or **800-441-EAP**
- After-hours emergencies are handled personally by EAP professional counselors

How do I know my information is kept confidential?

UofL Health, along with every EAP counselor, respects your right to confidentiality. To the extent permitted by law, EAP counselors will never share any information about your involvement with the EAP program.

Powering U for Life: Beth's Private Struggle

Beth is talented and dedicated, but social situations at work make her feel anxious. She dreads team meetings and presentations. In one week, she's supposed to present the results of her study to the rest of the team. Here are some steps she took to get support through the EAP.

- Beth **called an EAP counselor.** She was nervous, but the counselor, Nicole, was kind. She was also a great listener.
- Beth **shared her struggles** with Nicole. The more she shared, the easier it became to talk about her feelings.
- **Nicole gave Beth a few quick tips for navigating the week ahead, and together they made a plan** to check in a few times over the coming months.
- On the day of her presentation, **Beth practiced a few of the techniques Nicole taught her.** She was still a bit nervous, but she got through the presentation without losing her place or her train of thought.
- Afterwards, several teammates came up to her to tell her she did a great job. **She felt more confident than she had in years.**

Retirement Plan Options



At UofL Health, we want to help you plan for life after work. **We offer different retirement plan options based on your Company** — one for UofL Health (including hospitals, outlying facilities and central administration groups) and one for UofL Physicians. Here are the details.

UofL Health: 401K Plan with Lincoln Financial

- Eligible team members will be **automatically enrolled into a 401K pre-tax account at a 4% contribution rate upon hire.**
- If you **do not wish to enroll** in the plan **or want to elect a different amount**, you must do so by contacting Lincoln Financial by phone or online.
- After **one year** of employment and working **1,000 hours**, UofL Health will match 100% of the first 1% you contribute, then 50% of the next 5% you contribute. You should contribute at least 6% to receive the full Safe Harbor match of 3.5% from your employer.
 - All contributions to the 401K are vested immediately.
- Eligible team members may also receive a yearly employer contribution of up to 2.5%, as long as they work a minimum of **1,000 hours** during the plan year and are employed on the last day of the plan year.

UofL Physicians: Profit-Sharing Plan with Lincoln Financial

- Eligible team members will be automatically enrolled at a **5% contribution rate upon hire.**
- If you **do not wish to enroll** in the plan **or want to elect a different amount**, you must do so by contacting Lincoln Financial by phone or online.
- All eligible team members will receive a **5% employer contribution.**
 - In order to be eligible for the contribution, you must:
 - Complete at least **one year** of employment and **1,000 hours** of service.
- All contributions to the Profit-Sharing Plan are **vested immediately.**

Questions?

For more details about these plans, eligibility and more, please reach out to **Benefits@UofLHealth.org.**

Free Retirement Plan Consulting

If you have questions about retirement planning, Lincoln Financial Group's retirement consultant can help. Any eligible employee can take advantage of his expertise — here are the details.

How can a retirement consultant help me?

A retirement consultant can answer your questions and help you make informed decisions. During your meeting with a consultant, you can:

- Enroll in a retirement plan
- Review your account
- Make sure your saving habits support your retirement goals
- Discuss plan contributions
- Get answers to any other questions you may have

Meet Your Retirement Consultant



John Hill
Senior Retirement Consultant

How can I schedule a meeting with my retirement consultant?
Meetings with John Hill are first come, first served. You can schedule a meeting by visiting **lincolffinancial.com/uoflhealth** or calling **502-641-4829.**

Additional Medical Carrier Resources

UofL Health OnePlan: Online Platform & Mobile App

If you are enrolled in the UofL Health OnePlan, the KBA-EZ Health Guide app puts your benefits information at your fingertips. You can access the app online or on your mobile device. Here's how.

Download the KBA-EZ Health Guide Mobile App

The **free** KBA-EZ Health Guide is available on Android and iPhone devices.

1. Download the app from your device's app store.
2. Complete the registration process. You will need your:
 - a. Group number
 - b. Social security number
 - c. Date of birth
 - d. Last name
3. Create a **username and password** and enter your **email address**.
4. **Read** the agreement, click "**I Agree**" and then click "**Register**."

Access the E-Z Benefits Platform Online

The KBA-EZ Health Guide is also available online through the E-Z Benefits Platform. Here's how you can get access.

1. Visit www.kbasolution.com
2. Answer the registration questions in the **New Members** section on the **right-hand side** of the screen. You will need your:
 - a. Group number
 - b. Social security number
 - c. Date of birth
 - d. Last name
3. Create a **username and password** and enter your **email address**.
4. **Read** the agreement, click "**I Agree**" and then click "**Register**."

Once you're registered, you'll be redirected to the KBA-EZ Health Guide home page. Your menu items and options will be customized for your benefits plan.

Questions?

KBA Customer Service

- **Business Hours:**
8 a.m. – 7 p.m. EST
- **Phone:** 800-331-4757



American Health Data Institute: Chronic Disease Management Program

UofL Health team members and their loved ones have access to the American Health Data Institute (AHDl) Chronic Disease Management Program. **Here are the details.**

Who is eligible for the program?

- **UofL Health team members, their spouse/domestic partner and dependent(s)** who have been diagnosed with one of **27 chronic conditions** covered by the program

What conditions are covered?

Below is a full list of chronic conditions covered by the program.

- | | | |
|--|--|---|
| • Asthma | • Diabetes | • Pre-diabetes |
| • Atrial fibrillation | • Epilepsy | • Polymyalgia rheumatica |
| • Chronic obstructive pulmonary disease (COPD) | • Human immunodeficiency virus infection (HIV) | • Pulmonary Hypertension (Unrelated to COPD) |
| • Chronic venous thrombotic disease | • Hyperlipidemia | • Regional enteritis (Inflammatory bowel disease) |
| • COPD with pulmonary hypertension/cor pulmonale | • Hypertension | • Rheumatoid arthritis |
| • Chronic kidney disease | • Hyperthyroidism | • Sleep apnea |
| • Congestive heart failure | • Metabolic syndrome | • Ulcerative colitis (Inflammatory bowel disease) |
| • Coronary artery disease | • Multiple sclerosis | |
| • Depression | • Parkinson's disease | |
| | • Peripheral arterial disease | |


How does the program work?

- If you have been diagnosed with one of the chronic conditions covered by the program, you will receive an **introductory letter from ADMI**, inviting you to partner with a Healthcare NavigatorSM Nurse Coach.
- A Healthcare Navigator Nurse will reach out to you to **schedule a call**.
- During your call, you'll discuss your healthcare needs and **create a personalized service plan**.

What are the benefits of the program?

Healthcare Navigator Nurse Coaches can help you:

- Identify warning signs for serious illness
- Enhance your self-care practices
- Make healthy lifestyle decisions
- Access helpful resources about your condition

 **For more information, call AHDl at 800-352-5071 or email CDM@ahi.com.**



Compliance Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

- **If you or your children are eligible for Medicaid or CHIP** and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.
- **If you or your children aren't eligible for Medicaid or CHIP**, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.
- **If you or your dependents are already enrolled in Medicaid or CHIP** and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.
- **If you or your dependents are NOT currently enrolled in Medicaid or CHIP**, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.
- **If you or your dependents are eligible for premium assistance under Medicaid or CHIP**, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility.

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 1-916-445-8322
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado

Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
<https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Ctr:
1-800-221-3943/ State Relay 711 CHP+
<https://www.colorado.gov/pacific/hcpf/childhealth-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI)
<https://www.colorado.gov/pacific/hcpf/healthinsurancebuy-program>
HIBI Customer Service: 1-855-692-6422

FLORIDA – Medicaid

Website: <https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/healthinsurance-premiumpayment-program-hipp>
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <http://www.in.gov/Medicaid/>
Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/Medicaid-ato-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance
Premium Payment Program (KI-HIPP)
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPI_PROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/52>

Compliance Notices

LOUISIANA – Medicaid

Website: www.Medicaid.la.gov or www.ldh.la.gov/la hipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <http://www.maine.gov/dhhs/ofi/applicationsforms>
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applicationsforms>
Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/infodetails/masshealth-premiumassistance-Pa>
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-weserve/seniors/health-care/health-careprograms/programs-and-services/otherinsurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.html>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/providers/pages/medical/hippprogram.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <http://www.coverva.org/hipp>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-andeligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid
www.cms.hhs.gov
1.877.267.2323, Menu Option 4, Ext.61565

Compliance Notices

Health Insurance Portability and Accountability Act (HIPAA)

For purposes of the health benefits offered under the Plan, the Plan uses and discloses health information about you and any covered dependents only as needed to administer the Plan. To protect the privacy of health information, access to your health information is limited to such purposes.

The health plan options offered under the Plan will comply with the applicable health information privacy requirements of federal Regulations issued by the Department of Health and Human Services. The Plan's privacy policies are described in more detail in the Plan's Notice of Health Information Privacy Practices or Privacy Notice.

Plan participants in the Company-sponsored health and welfare benefit plan are reminded that the Company's Notice of Privacy Practices may be obtained by submitting a written request to the Human Resources Department. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

Newborns' and Mothers' Health Protection Act

Group health plans and health issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Notice Regarding Special Enrollment

If you are waiving enrollment in the Medical plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Medical plan, provided that you request enrollment within 30 days after your other coverage ends.

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 provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Special Enrollment Rights CHIPRA – Children's Health Insurance Plan

You and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- You or your dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminated because you ceased to be eligible.
- You become eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

Genetic Nondiscrimination

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, the Company asks Employees not to provide any genetic information when providing or responding to a request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Compliance Notices

Qualified Medical Child Support Order

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an “alternate recipient’s” right to receive benefits for which a participant or beneficiary is eligible under a group health plan.

An “alternate recipient” is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant.

Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified.

In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

Notice of Required Coverage Following Mastectomies

In compliance with the Women’s Health and Cancer Rights Act of 1998, the plan provides the following benefits to all participants who elect breast reconstruction in connection with a mastectomy, to the extent that the benefits otherwise meet the requirements for coverage under the plan:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Coverage for prostheses and physical complications of all stages of the mastectomy, including lymphedemas.

The benefits shall be provided in a manner determined in consultation with the attending physician and the patient. Plan terms such as deductibles or coinsurance apply to these benefits.

Women’s Preventive Health Benefits

- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breast-feeding support, supplies and counseling
- Generic formulary contraceptives are covered without member cost-share (for example, no copayment). Certain religious organizations or religious employers may be exempt from offering contraceptive services.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military.

Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer’s health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

Mental Health Parity and Addiction Equity Act of 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits.

Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

Compliance Notices

COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work.

Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information. Qualifying events for employees include voluntary/involuntary termination of employment, and the reduction in the number of hours of employment.

Qualifying events for spouses or dependent children include those events above, plus, the covered employee becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules.

If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it to the Plan Administrator with the appropriate premium due. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, Federal law stipulates that your coverage will be canceled after a 30-day grace period. If you have any questions about COBRA or the Plan, please contact the Plan Administrator.

Please note, if the terms of the Plan and any response you receive from the Plan Administrator's representatives conflict, the Plan document will control.

Health Insurance Marketplace

The Patient Protection Affordability Care Act ("PPACA") was signed into law on March 23, 2010. Under PPACA, individuals are required to have creditable health insurance coverage or pay a penalty to the Internal Revenue Service. This is known as the Individual Mandate. For more information on the details of PPACA please visit www.dol.gov/ebsa/healthreform.

Currently, as a result of the 2017 Tax Cuts and Jobs Act, as of 2019, the Federal Penalty for individuals that do not have (or maintain) health insurance coverage for themselves, their spouse and children was reduced to \$0. However, several states have implemented an ACA-like individual mandate penalty. If you are considering not having health coverage, please contact your tax advisor about any potential penalties/fines in your state.

PPACA created a new way to buy health insurance which is called the Health Insurance Marketplace ("Marketplace"), also known as Exchanges. These Marketplaces are established by each individual state, the federal government or as a partnership between the state and the federal government. Through the Marketplaces, individuals can compare and purchase coverage (with a possible premium subsidy for those qualifying as low income); subsidies are made available as a federal tax credit through the Marketplace for individuals that are not eligible for coverage through their employer.

- If you are enrolled in the Company's medical plan, then PPACA may have little effect on you. The Company's medical plan meet or exceed the minimum coverage requirements set by PPACA.
- If you are eligible for our plan, you will not be eligible for federal tax credits. You still have the option to visit the Marketplace to see the coverage options available.
- If you purchase a health plan through the Marketplace instead of purchasing health coverage offered by the Company, your payments for coverage will be made on an after-tax basis. (See <https://www.healthcare.gov/have-job-basedcoverage/>)
- If you are not eligible to enroll in the Company's medical plan, you may have a few options to purchase medical coverage. These options, if applicable, may include but are not limited to: your spouse's medical plan, your parent's medical insurance plan (if you are under age 26), or from several insurance companies offered through the Marketplace.
- If you shop for coverage through the Marketplace, you may be eligible for a federal tax credit and/or subsidy if you qualify as low income. (See also: www.healthcare.gov.)

How Can I Get More Information?

For more information about purchasing medical coverage through the Marketplace please visit www.healthcare.gov or call 1-800-318-2596.

Glossary

- Copay** A fixed amount that the covered individual pays for a covered health care service.
- Coinsurance** The percentage of health care expenses that the covered individual pays for after their deductible is met.
- Deductible** The amount of money the covered individual may need to pay before their insurance company pays.
- DC-FSA** Dependent Child Flexible Spending Account. A team member-funded account used to pay for qualified child and adult day care expenses with pretax dollars.
- Exempt team member** Someone who does not receive overtime pay or qualify for minimum wage.
- FSA** Flexible Spending Account. A team member-funded account used to pay for qualified health care expenses with pretax dollars.
- HSA** Health Savings Account. A team member and employer-funded account used to pay for qualified health care expenses with pretax dollars.
- Non-exempt team member** Someone who is entitled to federal minimum wage and overtime pay.
- PPO** Preferred Provider Organization. A type of medical insurance plan that provides coverage for a network of health care providers.
- Prorate** To divide something in a proportional way based on time.



[illegible]

