

2025 Dually Employed Physician Benefits



U^{of}L Health

THE POWER OF U

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.
- Embedded Deductible** No single individual on a family plan will have to pay a deductible higher than the individual deductible amount.
- 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.

Powering U for Life: Hank Meets His Embedded Deductible.

Hank is a UofL Health employee who enrolled in the PPO plan with Anthem during annual open enrollment. Hank recently injured himself playing tennis and received inpatient ACL surgery at a UofL Health facility. He was concerned about how much he would have to pay out of pocket to reach his deductible since he also covers his spouse and children. Fortunately, on all of UofL Health's medical plan options, the deductible is embedded. This means that Hank paid the first \$250 of the cost of his surgery until he met the individual deductible. He then paid 10% of the remaining in-network costs up to the out-of-pocket maximum of \$3,000. After this point, insurance pays all of his remaining medical costs.

During that same calendar year, Hank's wife, Margaret, was admitted to UofL Hospital for a mastectomy. Like her husband, she paid the first \$250 to reach the individual deductible, then 10% of remaining in-network costs up to the out-of-pocket maximum of \$3,000. Now that two members of the family have met their individual deductibles, the family deductible of \$500 has been met. If any of Hank's other covered family members receive medical care where the deductible applies, they will immediately receive coinsurance and will not have to meet the deductible again.

Benefits Contacts

Need to get in touch with one of our benefits carriers? Their information is below. Remember, your **UofL Health Open Enrollment Center and AP Assist teams** can also answer your benefits questions. You can find their contact information on page 7-8.

Carrier	Website	Phone	Group
Medical • KBA • Anthem	kbasolution.com anthem.com	800-331-4757 833-332-0791	OHT0002 L08691
Pharmacy Management • UofL Health – Pharmacy Services		855-681-1600 502-562-3571	N/A N/A
Prescription Services • Ventegra	ventegra.com	877-867-0943	N/A
HSA / FSA • WEX Health	wexinc.com	833-225-5939	N/A
Basic Life and AD&D • Lincoln Financial	lfg.com	800-423-2765	N/A
Long-Term Disability • Lincoln Financial	lfg.com	800-423-2765	N/A
Medical Transportation Insurance • MASA	medairservices.com	800-643-9023	N/A
Employee Assistance Program • Wayne Corporation	waynecorp.com	502-451-8262	N/A
Retirement • Lincoln Financial	lfg.com	800-234-3500	N/A

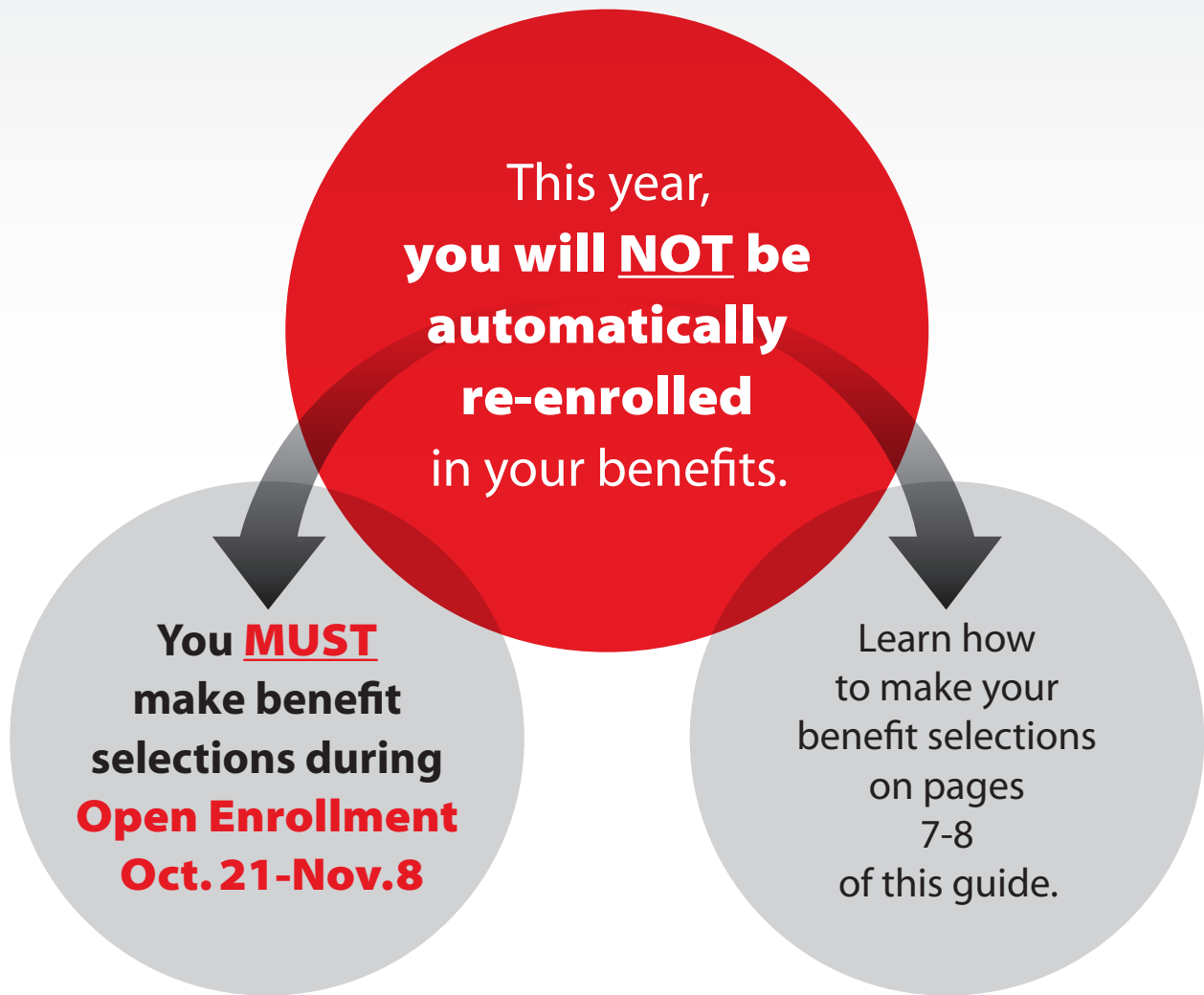
Need a New I.D. Card?
 Call your insurance carrier or visit their website.

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 **UofL Health Open Enrollment Center, 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 benefit team:
Benefits@UofLHealth.org

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Our mission:

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

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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.

UofL Health Open Enrollment Center & 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 **UofL Health Open Enrollment Center** and **AP Assist** – they're experts in all things benefits. **Here's how you can use each team during and after open enrollment.**

UofL Health Open Enrollment Center: 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 UofL Health Open Enrollment Center 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, HSA** and **MASA** 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**

UofL Health Open Enrollment Center

Open Oct. 21-Nov. 8

- **Business Hours:** 8 a.m.-8 p.m. EST
- **Schedule an appointment:**
UofL.AnnualEnrollment.net

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. 21-Nov. 8

The 2025 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 UofL Health Open Enrollment Center.

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

**UofL Health Open Enrollment Center
Open Oct. 21-Nov. 8**

- **Business Hours:** Monday-Friday
8 a.m.-8 p.m. EST
- **Schedule an appointment:**
Scan QR code



UofL.AnnualEnrollment.net

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. 21-Nov. 8.**
4. **Your benefits will go into effect Jan. 1, 2025.**

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, 2024, your benefits will begin Jan. 1, 2025.

Enrollment Deadlines and Effective Dates

Team Member Status	Enrollment Deadline	Effective Date of Coverage	Documentation Required
All currently active team members	Nov. 8, 2024 11:59 p.m. EST	Jan. 1, 2025	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

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

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, 2025, your benefits would begin Oct. 1, 2025.

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

- **Medical 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, 2025, your benefits would end Aug. 31, 2025.
- 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**
- HSA
- MASA

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.

* A domestic partner does not need to be of different sex to be covered.

** If you cover a spouse that is eligible for medical insurance through their own employer a spousal surcharge applies. See pages 16-18 for more details.

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
- HSA
- MASA

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

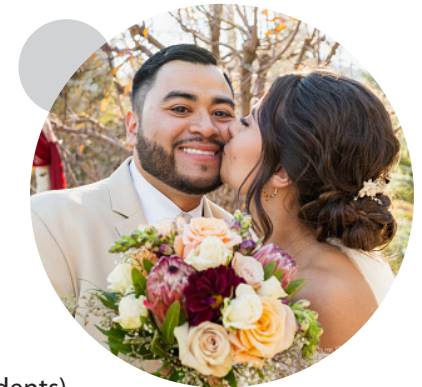
- Birth / adoption of child(ren)
- Death

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



These changes are effective on the 1st of the month following when HR is notified.



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 2025.

Medical Insurance Options

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

- **OnePlan (KBA) - UofL Health Network Only***
- **PPO Plan (Anthem)**
- **HDHP Plan (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:

- Team Member
- Team Member + Spouse/Domestic Partner
- Team Member + Child(ren)
- Family

**Coverage on the OnePlan includes tier 1 preferred partner providers (PPP)*



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** or **preferred partner providers**. See page 20 or visit UofLHealthOnePlan.com for a detailed list of all included 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.**
- There **is out of network coverage** on this plan.

Pharmacy Options

- On all plan options available, **members will pay less for their prescriptions at the UofL Health Onsite Pharmacy.** See page 23 for more information.

Power of Wellness Rates for Medical Insurance

When you participate in UofL Health's **Power of Wellness program**, you will have the opportunity to earn the **\$50 per month wellness credit in 2025.**

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 <i>(Individual / Family)</i>	\$250 / \$500	Not covered
Annual Out-of-Pocket Maximum <i>(Individual / Family)</i>	\$3,000 / \$6,000	Not covered
Coinsurance	10%	Not covered
Office Visit Copay <i>(Applies to Exam Only)</i> <i>Primary Care Physician</i> <i>Specialist Office Visit</i>	\$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 <i>(True Emergencies Only)</i> All Other Emergencies	\$350 copay 20% after deductible	\$350 copay 20% after deductible
Urgent Care <i>(Applies to UofL Health Urgent Care only)</i>	\$10 copay, then 10% after deductible	Not covered

Full-Time Team Member Monthly Rate	
Team Member	\$55.00
Team Member + Spouse	\$126.50
Team Member + Child(ren)	\$88.00
Family	\$165.00

NEW for 2025!

There is a \$100 per month spousal surcharge for those who cover a spouse who is eligible for medical insurance with their own employer, and a \$50 per month surcharge for tobacco users. Team members may participate and complete the UofL Health Tobacco Cessation Program as a reasonable alternative.

Medical Insurance: Core PPO Plan



Anthem: 833-332-0791 | Group # L08691

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

Full-Time Team Member Monthly Rate	
Team Member	\$180.00
Team Member + Spouse	\$420.00
Team Member + Child(ren)	\$384.00
Family	\$648.00

NEW for 2025!

There is a \$100 per month spousal surcharge for those who cover a spouse who is eligible for medical insurance with their own employer, and a \$50 per month surcharge for tobacco users. Team members may participate and complete the UofL Health Tobacco Cessation Program as a reasonable alternative.

Medical Insurance: HSA-Eligible High Deductible Plan



Anthem: 833-332-0791 | 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 <i>(Individual / Family)</i>	\$4,000 / \$8,000	\$4,000 / \$8,000
Annual Out-of-Pocket Maximum <i>(Individual / Family)</i>	\$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 Monthly Rate	
Team Member	\$121.00
Team Member + Spouse	\$264.00
Team Member + Child(ren)	\$187.00
Family	\$280.50

*Enrollees in the HDHP Plan will receive a contribution to their HSA account from UofL Health. You also have the option to contribute your own additional pre-tax funds. Please see page 32 to learn more about contribution maximums and how to access your HSA.

NEW for 2025!

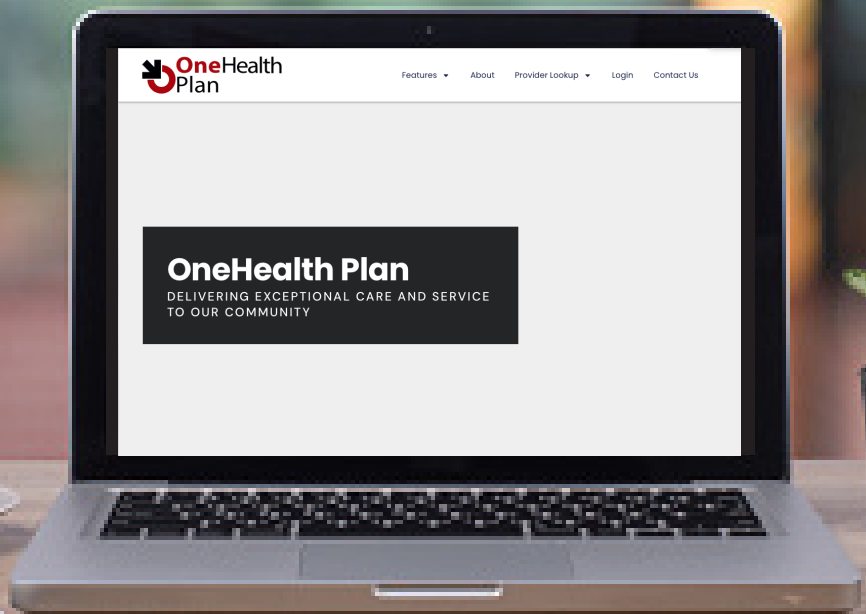
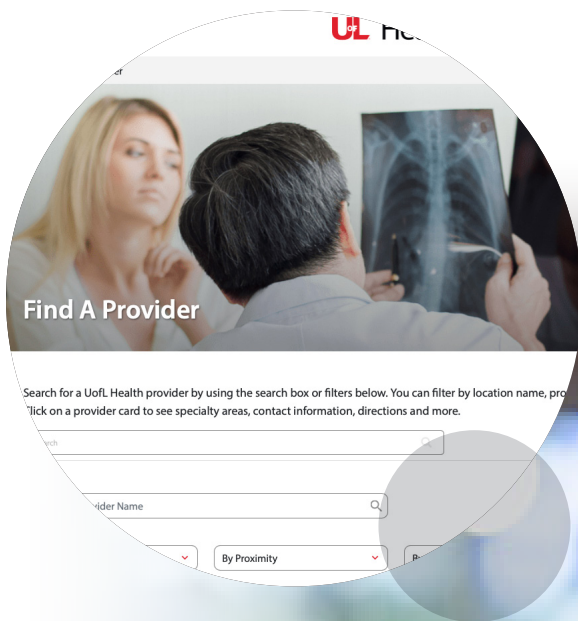
There is a \$100 per month spousal surcharge for those who cover a spouse who is eligible for medical insurance with their own employer, and a \$50 per month surcharge for tobacco users. Team members may participate and complete the UofL Health Tobacco Cessation Program as a reasonable alternative.

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 UofLHealthOnePlan.com
- Scroll down to **"Providers"** and select the **"Provider Search"***
- Select the correct link based on your location

**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.*



FAQs: UofL Health – OnePlan Employee Health Plan

What exactly is OnePlan?

OnePlan is a medical insurance plan offered by UofL Health to its employees and their dependents. The plan is administered by our insurance partner, Key Benefit Administrators (KBA).

Does it work just like regular health insurance?

Yes. It works the same way other insurances work. However, it is important to note that it does not have a Tier 2 network like other insurances. All services must be provided by a Tier 1 provider.

Who are Tier 1 providers?

All UofL Physicians providers and UofL Health facilities are Tier 1. In addition, there are many other Tier 1 partner providers. A full list of additional specialty providers is on the next page.

Do I have a copay?

Yes, there is a copay every time you see a provider, including UofL Physicians providers. It is a \$10 copay for a primary care visit or \$25 for a visit to a specialty provider.

Why did I receive a call or a letter from a company called American Health Data Institute (AHDi)?

AHDi is part of the KBA family of companies, and they work hand in hand when a member is diagnosed with a chronic condition- e.g. high blood pressure, high cholesterol, diabetes, etc. AHDi utilizes a team of well-trained nurses to offer guidance and assistance in helping you or a dependent navigate your condition. This is a great resource and a value-added, free benefit to users of this plan.

What if I require care or a service that UofL Health cannot provide?

You or your ordering provider can call the number on the back of your insurance card and initiate a network exception request. If it is determined that UofL Health cannot provide the service, then a network exception will be considered. If it is determined that there is a UofL Physicians provider or UofL Health department that can provide the requested service, then you will be directed to the appropriate department for care.

What if I have a dependent that lives more than 50 miles outside of Louisville or is away at college?

Great news – they are covered as well! The plan includes a robust wrap network called First Health. It provides Tier 1 coverage to those dependents. Go to www.FirstHealth.com to find a provider in their area. Please note, it must be a provider in the First Health network to be covered.

What if I or a dependent are traveling?

You and your dependents are covered while traveling. You will use the First Health network mentioned above to find a provider to care for you while traveling. Note: medical emergencies are always covered at the nearest emergency department.

Additional Local Tier I Providers Included in the OneHealth Plan

Allergy/ENT

Allergy & Asthma and ENT Providers
Family Allergy & Asthma
Advanced Allergy & Asthma
Advanced ENT & Allergy
Gregory Abbas, M.D.

Behavioral Health

Acadia Counseling, LLC
Andrea Cochran, LPCC
Bridge Counseling and Wellness
Brock Family Therapy Center
Essential Embrace Healing
Hopebridge
Life's Journey Counseling
LifeStance Health
Louisville Center for Eating Disorders
Meridian Behavioral Health
NOCD
Partners in Mental Health Services
Pediatric Psychological Associates
Positive Solutions Behavior Group, LLC
Renew Counseling
Robin Conway, LCSW
Shelby Counseling
Smoketown Family Wellness Center
Stephens Behavioral Counseling
Sullivan Psychiatric Group
The Growing Tree

Breast Prosthetics

MiLady's, LLC

Dermatology

Associates in Dermatology

Dialysis

University Kidney Center –
American Renal Associates
University of Louisville Dialysis Center

NOTE: Procedures, labs, major medical imaging and rehab that is ordered from a Tier 1 partner must be performed at a UofL Health facility.

DME/CPAP/Oxygen

AeroCare (Adapt Medical)
AeroCare Home Medical
(Adapt Medical)
AeroCare Home Medical Equipment
(Adapt Medical)
AeroCare Home Medical Supply
(Adapt Medical)
AeroFlow Healthcare (Adapt Medical)
Gould's Discount Medical
We Care Medical (Adapt Medical)
We Care Medical Somerset
(Adapt Medical)

Foot & Ankle/Podiatry

Advanced Foot & Ankle, PLC

General Surgery

Kentuckiana Surgical Specialists
Kevin O'Koon

Home Health

Rotech of Central Kentucky, Richmond
Rotech of Corbin, Frankfort, Hazard,
Lexington, Pikeville, Somerset
Rotech of Crestview Hills
Rotech of Western Kentucky

Home Infusion

KabaFusion

Hospice

Hosparus Health
Pallitus
Pallitus Health Partners

Imaging

VIP Imaging

Pediatrics

All Children Pediatrics
Brownsboro Park Pediatrics
Burlington Health Care
East Louisville Pediatrics Crestwood
East Louisville Pediatrics Westport
Growing Healthy Children
John Blair, M.D.
Kaplan Barron Pediatrics, PLLC
Kelsea Creason, PA-C'
(All Children Pediatrics)
Leo Schwendau, M.D.
(All Children Pediatrics)
Megan Krease, D.O.
(All Children Pediatrics)
Mt. Washington Pediatrics
Norton Children's Hospital –
its providers and pediatric urgent
care locations
Oldham County Pediatrics
One Peds
Pediatrics of Bullitt County, PLLC
Taylor House, APRN
(All Children Pediatrics)

Rehab

UofL Health – Frazier Rehabilitation
Hospital – Brownsboro

Rheumatology

Rheumatology Associates

Urology

First Urology



For additional information or questions about UofL Health – OnePlan for employees and their dependents, please contact Benefits@UofLHealth.org.

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

**Depending on how your screening is coded, it may be covered as diagnostic instead of preventive. Talk to your provider for more details.*

Pharmacy Benefits

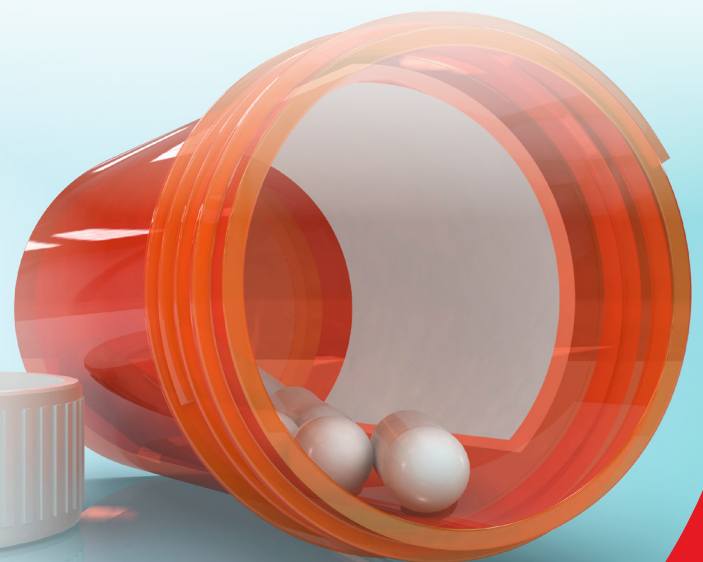
Ventegra manages your pharmacy benefits through UofL Health. Our goal, in conjunction with UofL Health – Pharmacy Services, is to ensure you have high-quality, affordable prescription drugs. Team members will receive lower cost share when filling with UofL Health pharmacies.



Amounts illustrated below are what you pay						
Plan Name	ONEPLAN (KBA)		PPO PLAN (Anthem)		HDHP PLAN (Anthem)	
Prescription Drug	UofL Health Pharmacy	Network Pharmacy	UofL Health Pharmacy	Network Pharmacy	UofL 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 UofL Health – Pharmacy Services		All Specialty Rx Managed through UofL Health – Pharmacy Services		All Specialty Rx Managed through UofL 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)	

Please note that Rx copays do not feed towards the deductible but do apply toward the out of pocket.

! **NEW Effective Jan. 1, 2025**
 UofL Health will no longer cover GLP-1 medications prescribed for weight loss.



Pharmacy Services

Convenient and costs-effective services and employee-only benefits

UofL Health – Pharmacy Services provides a comprehensive range of convenient and cost-effective 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 a 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 copays, 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.

 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 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, 2025.

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, Ventegra sends letters to members if they will be impacted by any upcoming formulary changes.

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 - Specialty Services at **502-681-1600**. 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

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 regardless of insurance status.

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. Each year you complete the gatekeeper activities are earn the 100 points, your wellness credit will rollover into the following year. You will continue to receive your credit by reaching the Wellness Champion level each year.

Power of Wellness	Points	Reward
Wellness Champion	100 Points	\$50 Monthly /\$600 Annual wellness credit

How do I enroll?
 Visit UofLHealth.Medikeeper.com or email Support@icws-wellness.com

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 <ul style="list-style-type: none"> • Must complete all 4 for 40 points 		40
Medication Management Program <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> <li style="width: 33%;">• Colonoscopy <li style="width: 33%;">• PSA or prostate <li style="width: 33%;">• Preventive vaccinations <li style="width: 33%;">• Mammogram <li style="width: 33%;">• Vision exam <li style="width: 33%;">• Dermatology <li style="width: 33%;">• Well woman/pap <li style="width: 33%;">• Dental visit 		5 pts each, 25 pts max
Biometric Results - improve your numbers		5 pts per value, 35 pts max

*Required by Dec. 31 to rollover your wellness credit.

Employee Tobacco Cessation Program

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

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.
- Considered a reasonable accommodation for tobacco surcharge

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 26.)

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**

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 Tom, one of the clinical pharmacists at the **Jackson Street Outpatient Center**.
- 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

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quit today

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?	\$4,300 single / \$8,550 family	\$3,300	\$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.

> Health Savings Account

Why should I choose a health savings account (HSA)?

An HSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses or use as a retirement savings tool. This plan offers tax savings that a 401(k) and IRA don't, making it a powerful option for diversifying your retirement portfolio.



It's yours

Think of your HSA as a personal savings account. Any unspent money in your HSA remains yours, allowing you to grow your balance over time. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.



Flexibility

Save for a rainy day. Invest for your future retirement. Or spend your funds on qualified expenses, penalty free.



Easy to use

Swipe your benefits debit card at the point of purchase. There is no requirement to verify any of your purchases. We recommend keeping any receipts in case of an IRS audit.



Smart savings

The HSA's unique, triple-tax savings means the money you contribute, earnings from investments and withdrawals for eligible expenses are all tax-free, making it a savvy savings and retirement tool.



Investment options

You can invest your HSA funds in an interest-bearing account or our standard mutual fund lineup. Savvy investors may opt for a Health Savings Brokerage Account powered by Charles Schwab, giving you access to more than 8,500 mutual funds, stocks and bonds.

Can I enroll?

You must be enrolled in a high-deductible health plan (HDHP) in order to enroll in the HSA. You're not eligible for an HSA if:

- You're claimed as a dependent on someone else's taxes.
- You're covered by another plan that conflicts with the HDHP, such as Medicare, a medical flexible spending account (FSA) or select health reimbursement arrangements (HRAs).
- You or your spouse are contributing to a medical FSA.

What does it cover?

There are thousands of eligible items. The list includes but is not limited to:

- Copays, coinsurance, insurance premiums
- Doctor visits and surgeries
- Over-the-counter medications (first aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Vision expenses, such as frames, contacts, prescription sunglasses, etc.

View our searchable list of eligible expenses at

www.wexinc.com/insights/benefits-toolkit/eligible-expenses/



**My HSA
Planner**



**Why should
I get a HSA
(video)**

Basic Life and AD&D Insurance



Lincoln Financial: 800-423-2765

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, 2025, your life insurance coverage will begin July 1, 2025.
- Coverage is provided through **Lincoln Financial**.

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
All Other UofL Health Team Members	1X annual salary to a maximum of \$300,000	\$300,000	<ul style="list-style-type: none">• Additional 10% reduction at age 80• Benefits will terminate upon retirement

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: 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.
- **Benefits begin on the 91st day of your disabling injury or illness**. This is known as the elimination period.
- Coverage is provided by **Lincoln Financial**.
- 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 disability
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

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 Monthly Rate	\$14.00	\$39.00



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 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 **Retirement@UofLHealth.org** or **800-234-3500**.

Free Retirement Plan Consulting

If you have questions about retirement planning, Lincoln Financial'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 **lincolnfinancial.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
- Atherosclerosis
- Atrial fibrillation
- Chronic obstructive pulmonary disease (COPD)
- Chronic venous thrombotic disease
- COPD with pulmonary hypertension/cor pulmonale
- Chronic kidney disease
- Congestive heart failure
- Coronary artery disease
- Depression
- Diabetes
- Epilepsy
- Human immunodeficiency virus infection (HIV)
- Hyperlipidemia
- Hypertension
- Hyperthyroidism
- Hypothyroidism
- Metabolic syndrome
- Multiple sclerosis
- Parkinson's disease
- Peripheral vascular disease
- Pre-diabetes
- Polymyalgia rheumatica
- Pulmonary Hypertension (Unrelated to COPD)
- Regional enteritis (Inflammatory bowel disease)
- Rheumatoid arthritis
- Sleep apnea
- Ulcerative colitis (Inflammatory bowel 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 health care 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, 2024. **Contact your State for more information on eligibility –**

ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program: <http://dhcs.ca.gov/hipp>

Phone: 1-916-445-8322 Fax: 1-916-440-5676

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+ Website: <https://www.colorado.gov/pacific/hcpf/child-healthplan-plus>

CHP+ Customer Service: 1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>

HIBI Customer Service: 1-855-692-6422

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp>

Phone: 678-564-1162 press 1

GA CHIPRA Website: <https://medicaid.georgia.gov/programs/thirdpartyliability/childrens-health-insuranceprogramreauthorizationact-2009-chipra>

Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program

All other Medicaid Website: <https://www.in.gov/medicaid/>

<http://www.in.gov/fssa/dfr/>

Phone: 1-877-438-4479

Family and Social Services Administration

Phone: 1-800-403-0864

Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: Iowa Medicaid | Health & Human Services

Medicaid Phone: 1-800-338-8366

Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services

Hawki Phone: 1-800-257-8563

HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services

(iowa.gov)

HIPP Phone: 1-888-346-956

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

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: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.Medicaid.la.gov or www.lahipp.gov

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage:

<https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740 TTY: Maine relay 711

Compliance Notices

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspreassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

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
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

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

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premiumprogram>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

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: <https://www.hhs.nd.gov/healthcare>
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>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.pa.gov/en/services/dhs/applyfor-medicaid-health-insurance-premium-paymentprogram-hipp.html>
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA - Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS - Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT– Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health
Access Phone: 1-800-250-8427

VIRGINIA– Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premiumpayment-hippprograms>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhr.wv.gov/bms/>
<https://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

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

To see if any other states have added a premium assistance program since July 31, 2024 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

Notice of HIPAA Special Enrollment Rights

You have the right to request special enrollment (outside of the plan's annual enrollment period) for yourself and your eligible dependents (including your spouse) under certain circumstances, as described below.

If you decline enrollment for yourself or for an eligible dependent while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment **within 30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment **within 30 days** after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or coverage under a state children's health insurance program, or when you and/or your dependents become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan. However, you must request enrollment **within 60 days** after your or your dependents' coverage ends under Medicaid or a state children's health insurance program or **within 60 days** after the determination of eligibility for assistance.

If you would like more information on your special enrollment rights or need to request enrollment, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to health care benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Any benefits payable will be subject to the same deductibles, coinsurance and other provisions applicable to other surgical and medical benefits provided under the plan. Please see your Summary of Benefits and Coverage (SBC) or other plan materials for your medical and surgical deductible and coinsurance information.

If you would like more information on WHCRA benefits, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance 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 the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Note, more generous lengths of stay may apply under certain state laws, when applicable. In such cases, please refer to plan documents for a description of these richer guidelines.

If you would like more information on the NMHPA, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Compliance Notices

Notice of Patient Protections and Selection of Providers

Designation of a Primary Care Provider (PCP) - If the health plan in which you are enrolled (or enrolling) requires the designation of a primary care provider (or “PCP”), you have the right to designate any PCP who participates in the plan’s provider network and who is available to accept you or your family members. For children, you may designate a participating pediatrician as the PCP. For information on how to select a PCP, and for a list of the participating primary care providers, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Direct Access to Obstetrics and/or Gynecological Specialists - If the health plan in which you are enrolled (or enrolling) requires referrals to see specialists, you do not need prior authorization to obtain access to obstetrical and/or gynecological care from a health care professional in the plan’s network who specializes in obstetrics or gynecology. Please note, however, the health care professional, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Notice of Availability of Plan’s Notice of Privacy Practices (NPP)

Certain employer-sponsored health plans are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of your health information that the plan creates, requests, or is created on the plan’s behalf, called Protected Health Information (“PHI”) and to provide you, as a participant, covered dependent, or qualified beneficiary, with notice of the plan’s legal duties and privacy practices concerning Protected Health Information. The privacy policies are described in more detail in the plan’s Notice of Privacy Practices (NPP). The NPP describes how medical information about you may be used and/or disclosed and how you can get access to this information. If you would like a copy of the Notice of Privacy Practices, please contact Human Resources and/or the Plan Administrator, see page see the Notices Title page for contact information. 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.

Continuation of Coverage under COBRA

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Employers who employ 20 or more employees are subject to the continuation provisions of COBRA.

COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end because of certain “qualifying events”, such as termination of employment (for reasons other than gross misconduct), reduction in hours, divorce, legal separation, death, or a child ceasing to meet the definition of dependent under the group health plan coverage. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if group health plan coverage is lost because of a COBRA qualifying event. Upon termination, or other COBRA qualifying event, all qualified beneficiaries will receive COBRA election information.

In addition, you may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual health plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

After your initial enrollment in our group health plan(s), you, and any other members of your family who you also enroll in coverage, will receive a COBRA Initial (or General) Notice that will explain your COBRA rights and responsibilities. Please read it carefully.

For more information about your rights and obligations, you should review the plan’s Summary Plan Description or contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Compliance Notices

Coverage While on FMLA Leave

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

If you take Family and Medical Leave Act (FMLA) leave, we will continue to maintain your coverage to the extent required by the FMLA (that is, we will continue to pay our share of the premiums to the extent that you opt to continue coverage). If your coverage ceases during the FMLA leave (for example, because you opted not to continue coverage or due to nonpayment of your share of the health insurance premiums), you may resume your coverage upon return from FMLA leave on the same terms as before the leave was taken, or as otherwise required by the FMLA. Under special rules that apply if an employee does not return to work at the end of an FMLA leave, you may be entitled to elect COBRA even if you were not covered under the plan during the leave. Contact Human Resources and/or the Plan Administrator for more information about your rights and responsibilities under the FMLA, see the Notices Title page for contact information.

Continuation of Coverage under USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

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 your spouse) for up to 24 months while in the military. Even if you don't 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 (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.

For more information about your rights under USERRA, contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

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, we ask 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.

Wellness Plan Alternative Standard

We are committed to helping you achieve your best health. If it is unreasonably difficult for you to achieve the standard(s) for the reward(s) under our wellness program, or if it is medically inadvisable for you to attempt to achieve the standard(s), you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and/or the Plan Administrator, so that we can work with you (and, if you wish, with your doctor) to find an alternative standard. See the Notices Title page for contact information.

Compliance Notices

Voluntary Wellness Plan Notice

The company's wellness program is voluntary and available to all employees on the health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act (HIPAA), as applicable, among others.

Various health assessments and screenings are available and voluntary as a part of the wellness program. You are not required to complete these or other medical examinations. However, employees who choose to participate are eligible for rewards. The health testing and assessment options that are either a part of or encouraged by the wellness program include an annual physical and biometric screening, health risk assessment, and health coaching.

The information from the health testing can help you understand your current health and potential risks and determine appropriate lifestyle goals.

You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. We may use aggregate information to design a program based on identified health risks in the workplace. Your physician and the vendors who administer and provide screenings will not disclose any of your personal information either publicly or to the employer, except as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. In addition, all health information obtained through the wellness program will be maintained separately from your personnel records, stored electronically and encrypted, and not be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You will not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor will you be subjected to retaliation if you choose not to participate.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving a reward. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. We may be provided with an aggregate report (summary of results with no identifying information) or a list of names of participants for programs where participation is tracked for the purposes of distributing rewards.

If you have questions or concerns regarding this program, or about protections against discrimination and retaliation contact Human Resources and/or the Plan Administrator, see the Notices Title page for contact information.

Compliance Notices

Marketplace (Exchange) Notice PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace (the “Exchange”) and health coverage offered through your employment.

What is the Health Insurance Marketplace (Exchange)?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does My Employer’s Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium and a reduction in plan cost-sharing if your employer a) does not offer coverage to you at all or b) does not offer coverage that meets certain standards. Specifically, if your cost for SELF-ONLY coverage on a plan offered to you by your employer is more than 9.5%¹ of your annual household income for the year, OR if the coverage your employer provides does not meet the “Minimum Value (MV) Standard” set by the Affordable Care Act, you may be eligible for a tax credit.²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When can I enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts each Nov. 1 and continues through at least Dec. 15. Certain events may also trigger a midyear Special Enrollment Period, such as when getting married, having a baby, or adopting a child, or losing eligibility for other health coverage, including Medicaid and CHIP. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

How can I get more information?

For more information about your coverage offered by your employer, please check your coverage materials or contact Human Resources and/or the Plan Administrator, see Notices Title page for contact information. The Marketplace or a licensed insurance broker can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** to find more information.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop>

² An employer-sponsored health plan meets the “Minimum Value (MV) Standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs and meets other requirements.

Compliance Notices

Marketplace (Exchange) Notice PART B: General Information

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name University Medical Center, Inc. UofL Health		4. Employer Identification Number 61-1293786	
5. Employer address 530 South Jackson Street		6. Employer phone number 502-589-8646	
7. City Louisville	8. State Kentucky	9. Zip Code 40202	
10. Who can we contact about employee health coverage at this job? Chrissy Rogers			
11. Phone number (if different from above) 502-588-0426		12. Email address Christina.rogers@uoflhealth.org	

Here is some basic information about health coverage we offer:

As your employer, we offer a health plan to:

Full-time team members working 36+ hours per week and Part-time team members working 20-35 hours per week

With respect to dependents:

Your legal spouse, domestic partner, natural children, stepchildren, legally adopted children, and any other children you or your spouse/domestic partner are legally responsible for up to age 26 are covered under this plan.

If checked, this coverage meets the minimum value standard and the cost of this coverage is intended to be affordable for most or all full-time employees under one of the §4980H Affordability Safe Harbors.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. You may need to get information from your employer, about their coverage, in order to find out if you qualify for a tax credit to lower your monthly premiums.

Notes
