

Nicklaus
Children's
Hospital

2024
BENEFITS
GUIDE



Nicklaus Children's
Health System

Your benefits. Your future.

2024

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Your NCHS Benefits

Now is the time to focus on you.

Your physical, emotional, and financial health are important, especially during challenging times. NCHS cares about you and your family's overall wellbeing. That's why we offer a comprehensive benefits package that can help provide you with the stability and security to be prepared for the unexpected.

Benefits are an integral part of your total compensation at NCHS. Be sure that you get the maximum value from your benefit plans.



Learn About Your Benefits, Choose Wisely & Enroll

We understand how important it is to have resources to help make the best decisions for you and your family. Thoroughly review your options presented in this benefits guide and other plan materials, compare plans, and choose what works best for you.

It is also important that you think about your needs for the near future. The choices you make during your enrollment stay in effect throughout the plan year unless you experience a qualifying life event (see pg 4).

Once you have made your decisions, log on to the Online Enrollment Program through **NCHSnet** and follow the instructions to complete your enrollment.

You MUST complete the enrollment process, even if you plan to waive benefits.

The Importance of Enrollment ▶

Vision

To create a healthy future for every child.

Mission

To inspire hope and promote lifelong health by providing the best care to every child.

Values (iCreate)

Collaboration, responsibility, empowerment, advocacy, transformation, empathy

Who We Cover

Employees:

Employees who regularly work at least 20 hours per week are eligible for coverage under the Nicklaus Children's Health System's group benefits plan. Coverage for certain benefits may depend on the rules of the individual plans.

Dependents:

Under the NCHS plans that offer dependent coverage, including our Medical, Dental and Vision plans, you may cover the following eligible dependents:

- Your legal spouse
- Your unmarried or married* dependent children up to age 26.**
Dependent children may include biological children, children you have legally adopted, children placed with you for adoption or foster care, children for whom you have a legal guardianship, step-children, or children covered by a qualified medical child support order (QMCSO).

**The spouse of your dependent child is not eligible for coverage under the NCHS group benefit plan.*

***Dependents in this case would be eligible for coverage until their 26th birthday. Coverage remains in effect until the end of the month in which the dependent's 26th birthday falls.*

Required Proof of Eligibility

All employees who enroll a new dependent must provide proof of their dependent's eligibility. This proof may include a marriage license, birth certificate, or your most recent income tax return. For details, please contact TM&E Benefits at **786-624-2461** (option 9).

Spousal Surcharge

NCHS understands how important benefits are to our employees, so we strive to maintain a competitive program while still keeping up with the rising costs of health care. If your spouse has access to medical coverage through their own employer and you choose to cover him/her in the NCHS medical plan, you will be charged an additional **\$50.00 per pay period**. If you are electing medical coverage for your spouse, you must certify during the enrollment process whether or not they have access to other group coverage.

When You and Your Spouse are Employed at NCHS

If you and your spouse are both employees of NCHS, only one of you can enroll eligible dependents in NCHS benefit plans. If you are covered under your spouse's NCHS medical plan, you are NOT eligible for the Cash Back Option provided to employees who waive benefits. See page 4 for more details on the Cash Back Option.



How To Enroll

Log into the PeopleSoft Online Enrollment and follow the prompts to complete your enrollment. Even if you plan to waive benefits it is mandated that you complete the enrollment process.



From your home computer:

- Go to www.nicklauschildrens.org and click on **Employee and Physician Login** at the bottom of the page.
- Enter your Network **Username** and **Password**.
- You will need **Citrix Access Gateway** to connect to our portal remotely.
If you are logging in for the first time, you will need to contact the IT Helpdesk at 786-624-4357 to gain access to the online portal.
- Click **APPS**; then **Citrix IE** and the **NCHSnet Employee Portal** will open.
- Select **PeopleSoft Self Service** and re-enter your Network **Username** and **Password**.
- Select **Employee Self Service** homepage, click on **Benefits Details** tile, then **Benefits Enrollment** tile.



From your NCHS network computer:

- Go to the **NCHSnet Employee Portal**.
- Select **PeopleSoft Self Service** and re-enter your Network **Username** and **Password**.
- Select **Employee Self Service** homepage, click on **Benefits Details** tile, then **Benefits Enrollment** tile.

Things to Consider as You Enroll:

- ✓ **The Cash Back Option:** If you decline medical coverage as a new employee, you will be eligible for the Cash Back Option. You will receive \$30 per pay period. The Cash Back Option will be \$40 per pay period if you are no longer a new employee and you participate in the Healthy Lifestyles Incentive Program every year.
- ✓ **Your Address on File:** Be sure to check that we have the proper address listed for you. The address we have on file is what we use when sending important mailings.
- ✓ **Your Dependent Details:** Make sure you have your dependents' birth dates and Social Security numbers recorded correctly in the system.
- ✓ **Your Life Insurance Beneficiary Information:** NCHS provides every employee life insurance coverage at no cost. Life insurance is 2 times salary not to exceed \$100,000. As you enroll, please designate a beneficiary(ies) and allocate a benefit percentage to each on the enrollment page.



Qualifying Life Events

The elections you make when you first become eligible for coverage stay in effect through December 31 of the plan year.

The only other time you can change your coverage during the year is when you experience a qualifying life event. Some examples of qualifying life events include marriage, divorce, legal separation, birth or adoption of a dependent, losing or gaining other group health coverage, or death of a spouse or dependent. See Internal Revenue Service Section 125 and the Health Insurance Portability and Accountability Act (HIPAA) for more information.

If you experience a qualifying life event, and want to change your benefits, you must register the change with TM&E Benefits within 31 days of the life event (60 days for newborns for medical plan only).

Call **786-624-2461** (option 9) to discuss your change so you can be sure you complete all required steps.

Medical Insurance

Health care needs are different for everyone. Our medical plan offers multiple options so you can choose the coverage level best-suited to your needs and budget.

We offer three medical plans through UnitedHealthcare (UHC) that offer comprehensive health care benefits: The Choice Health Reimbursement Account (HRA) Plan, the Choice Health Maintenance Organization (HMO) Plan, and the Choice Plus Point of Service (POS) Plan.

Each plan gives you access to high quality medical providers. The difference is that each plan carries different premium and out-of-pocket costs. Review the highlights below and see more on the next page.

What's the Right Plan for You?

Balance your premium cost with what you expect to spend for medical services. If you're healthy and don't expect to have many doctor visits, you can reduce your upfront cost by choosing a lower premium plan. If you require a lot of care and need to limit out-of-pocket expenses, a higher premium plan might make sense.

Plan Highlights

CHOICE HRA PLAN	CHOICE HMO PLAN	CHOICE POS PLAN
<ul style="list-style-type: none"> → In-network coverage only → Lowest premium, highest deductible → NCHS contributes to an HRA to help you cover the high deductible (contribution amount is based on Virgin Pulse participation) <p>The Choice HRA Plan provides an employer-funded account to help offset medical expenses throughout the year.</p> <p>The HRA funds are accessed via a UHC debit card. You do not need to select a PCP and can see any provider within the network. You must stay in the specified network of doctors, hospitals, and laboratories in order to receive coverage.</p>	<ul style="list-style-type: none"> → In-network coverage only → Lower premium than the POS Plan and higher premium than the HRA Plan <p>Typically with an HMO, you choose a Primary Care Physician (PCP) who coordinates all your medical care. With the Choice HMO Plan, you do not need to select a PCP and can see any provider within the network. However, you must stay in the specified network of doctors, hospitals and laboratories in order to receive coverage.</p>	<ul style="list-style-type: none"> → In- and out-of-network coverage → Highest premiums, and highest out-of-pocket maximum to accommodate network flexibility <p>The POS Plan allows you the flexibility to choose a provider who either does or does not participate in the network. Benefit levels are higher and out-of-pocket costs are lower when you stay within the UHC Choice Plus network.</p> <p>Out-of-network providers may bill you for amounts exceeding the plan's payment schedule. You may also have to file a claim form for out-of-network care.</p>



Did You Know?

Medical debt currently affects **1 in 4** individuals.

Make sure you choose the correct health plan.

National Patient Advocate Foundation 2021

Your 2024 Medical Plan Summary

Here is a quick side-by-side comparison of your medical plan options. For more detailed descriptions, please read the summary plan descriptions or the summaries of benefits and coverage. Learn more at www.myuhc.com or by calling **866-633-2446**.

	CHOICE HRA	CHOICE HMO	CHOICE PLUS POS	
	In-Network	In-Network	In-Network	Out-of-Network
Calendar Year Deductible (Individual/Family)	\$1,000/\$2,000*	\$700/\$1,400*	\$300/\$600	\$600/\$1,200
Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000**	\$3,000/\$6,000**	\$3,500/\$7,000**	\$7,000/\$14,000**
Company HRA Contribution (Individual/Family)	Up to \$1,000/\$2,000***	N/A	N/A	N/A
Preventive Care (See pg. 11)	\$0 copay	\$0 copay	\$0 copay	Not covered
NCHS Pediatric Care Center (Doctor/PCC visit)	\$5 copay	\$5 copay	\$5 copay	N/A
Virtual Visit (No deductible applies to virtual visits)	\$10 copay	\$10 copay	\$10 copay	N/A
Primary Care Physician Visit	\$25 copay	\$30 copay	\$20 copay	40% coinsurance
Specialist Visit	\$40 copay	\$50 copay	\$35 copay	40% coinsurance
Hospital Inpatient				
Nicklaus Children's Hospital	\$0 copay	\$0 copay	\$0 copay	N/A
All other facilities	\$150 per day x 5 days (max. of \$750 per admission)	\$150 per day x 5 days (max. of \$750 per admission)	20% coinsurance	40% coinsurance
Emergency Room				
Nicklaus Children's Hospital	\$100 copay [†]	\$100 copay [†]	\$100 copay [†]	N/A
All other facilities	\$200 copay [†]	\$200 copay [†]	\$200 copay [†]	\$200 copay [†]
Urgent Care				
Nicklaus Children's Hospital or MD Now	\$35 copay	\$35 copay	\$35 copay	N/A
All other facilities	\$100 copay	\$100 copay	\$100 copay	40% coinsurance
Diagnostics				
High-End (MRA, MRI, PET, CT, and Sleep Studies)	\$200 copay	\$200 copay	20% coinsurance	40% coinsurance
Low-End (X-ray, Ultrasound)	\$50 copay	\$50 copay	20% coinsurance	40% coinsurance
Rehabilitation Services Visit (PT, OT, speech therapy, etc. Max. of 60 visits combined per cal. year)	\$25 copay	\$25 copay	20% coinsurance	40% coinsurance
Applied Behavioral Analysis	\$25 copay	\$25 copay	20% coinsurance	Not covered
Durable Medical Equipment	\$35 copay	\$35 copay	20% coinsurance	40% coinsurance

*Deductible must be satisfied before the copay applies.

**Out-of-Pocket Maximum includes deductible, coinsurance (POS Plan), and all medical and prescription drug copays.

*** HRA contribution is based on credits earned through the Virgin Pulse program.

[†] The emergency room copay is waived if admitted as an inpatient stay.

This is only a summary and not intended as a complete description of covered services. Please read the full description of the coverage in the plan's certificate of coverage, summary plan description, or plan document, all of which will prevail should there be any conflict with this information.



Fertility Benefits with Progyny

Progyny is a leading fertility and family building benefit. Their mission is to make any member's dream of parenthood come true through a healthy, timely, and supported fertility and family building journey.

Your Progyny benefit includes comprehensive treatment coverage leveraging the latest technologies, and unlimited personalized support and guidance from a dedicated Patient Care Advocate (PCA). Through each phase of the family building journey, employees have convenient access to a network of top fertility specialists, reproductive urologists, and in-network labs.

To make your fertility benefit easier to use, Progyny bundles all the individual services, tests, and treatments into the Progyny Smart Cycle. Each treatment or service is valued as a portion of a Smart Cycle and expressed as a fraction, so you always know your benefit balance. The Smart Cycle is designed for comprehensive, customizable coverage and ensures you won't run out of coverage mid-cycle.

The first step is to call Progyny to activate your benefit. Call direct at **1-866-960-3950**. Please refer to the FAQs below for more details.

What services does Progyny provide?

The Progyny benefit includes a Smart Cycle design, concierge member support, access to a premier network of fertility specialists, and an integrated pharmacy solution.

What is a Smart Cycle?

The Smart Cycle is Progyny's unique benefit currency. All of the individual services, tests and medications needed for a particular type of treatment are bundled together and assigned a Smart Cycle value. Progyny members can work with their doctor to choose the most effective treatment for them without worrying about running out of coverage mid-treatment.

How many Smart Cycles are covered?

The benefit includes one Smart Cycle per eligible member per lifetime. If a successful pregnancy is not achieved during the initial Smart Cycle, an additional Smart Cycle is covered.

Does Progyny have a preferred network of fertility specialists?

Yes, members utilize providers from the nation's largest network of high-quality fertility specialists. Today, the network includes 950 providers in 650 locations across the US.

Does Progyny offer concierge member support?

Yes. The path to parenthood can be challenging and Progyny believes that everyone should have the support they need to navigate their unique journey. Each member has access to a dedicated Progyny Patient Care Advocate (PCA). PCAs are registered nurses and other fertility specialists trained to provide highly personalized service across each fertility and family building journey.

Prescription Plan

Prescription coverage is included in your UnitedHealthcare (UHC) medical plan. You have the option to pay for your medications through retail or mail order programs. The retail program allows you to purchase up to a 30-day supply at participating pharmacies. If you or a covered dependent take maintenance drugs (ex. blood pressure medication), you can save money by ordering a 3-month supply through the mail order program.

Important notes: If you choose a brand name medication when a generic version is available, you must pay the brand copay *plus* the difference in cost between the generic and brand name.

Your medical plan deductible does not apply to the prescription drug benefit.

Your prescription plan details are as follows:

	RETAIL	MAIL ORDER	SPECIALTY DRUG
	1-month supply of prescription	3-month supply of prescription	1-month supply of prescription
Tier 1	\$10	\$25	\$10
Tier 2	\$30	\$75	\$30
Tier 3	\$50	\$125	\$50

Specialty Prescription Drug Program

For those living with a rare or complex condition, UHC's Specialty Pharmacy Program provides the resources and personalized condition-specific support you need to help you better manage your condition. After receiving a prescription for a specialty medication, or to transfer your medications from a retail pharmacy, call Prescription Solutions by Optum/BrioRx Specialty Pharmacy at **888-739-5820**. If you are not sure if your medication qualifies as a specialty drug please contact Optum/BrioRx.

Carrum Health Surgery Benefit

With prices soaring on everything from gas to groceries, you have enough to worry about these days. The good news is, paying for surgery doesn't have to be one of those worries.

Carrum Health is a unique benefit that provides access to some of the country's top surgeons and covers most, if not all, surgery costs. This means you can rest easy knowing you'll receive exceptional surgical care without large out-of-pocket expenses.

Carrum covers over 100 procedures including hip, knee, shoulder, spine, and many more.

To be eligible for Carrum Health, you'll need to be enrolled in one of the UHC medical plans.

Register for Carrum to message a care specialist anytime, or call **888-855-7806**, Mon. - Fri. 9 a.m. - 8 p.m. ET. Visit www.carrum.me/Nicklaus.



Controlling Health Care Costs

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:



Use network providers. You will receive a higher level of benefits if you use providers who participate in the network.



Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.



Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.



Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.

If we become more aware consumers, we can each do our part to lower the cost of health care!

Medical Plan Rates

Bi-Weekly medical plan rates for employees hired after 8/28/23 are based on salary range as follows:

	< \$40K	\$40K - \$60K	\$60K - \$100K	\$100K - \$150K	> \$150K
UHC HRA Plan					
Employee Only	\$48.00	\$61.50	\$66.61	\$69.93	\$73.00
Employee + Child(ren)	\$98.39	\$125.81	\$136.17	\$142.88	\$149.09
Employee + Spouse	\$114.52	\$146.40	\$158.43	\$166.23	\$173.44
Family	\$175.07	\$223.69	\$242.02	\$253.90	\$264.88
UHC HMO Plan					
Employee Only	\$53.34	\$75.99	\$82.31	\$86.41	\$90.20
Employee + Child(ren)	\$109.32	\$155.45	\$168.25	\$176.54	\$184.22
Employee + Spouse	\$127.24	\$180.89	\$195.76	\$205.40	\$214.31
Family	\$194.53	\$276.40	\$299.05	\$313.73	\$327.29
UHC POS Plan					
Employee Only	\$130.89	\$186.07	\$201.36	\$206.19	\$216.23
Employee + Child(ren)	\$268.93	\$382.00	\$413.25	\$423.13	\$443.63
Employee + Spouse	\$295.80	\$420.15	\$454.51	\$465.37	\$487.91
Family	\$454.13	\$644.89	\$697.55	\$714.20	\$748.75

What's Your Best Fit?

Here's a look at how one family found the plan that is the best fit for them.



SUTTON FAMILY

Typical family with some risk

Ages: Cyrus, 48; Emily, 44; Devin, 6; and Bettina, 12

Lifestyle: Devin and Bettina both play soccer; Bettina is an avid skateboarder

Medical Status: Cyrus has high blood pressure and high cholesterol; Emily is a breast cancer survivor

Financial Risk Factors: Heart and cardiovascular disease; injury risk from sport activities (skateboarding is a very high risk activity)

BEST FIT: A plan with lower out-of-pocket costs makes sense because of Cyrus's risk factors and the chances of injury for the kids. Cyrus can also reduce the financial risk with Critical Illness and Accident Coverage.



Not feeling well? Where should you go for care?



Place of Service	PCP Office	NCHS Convenient Care Clinic	Virtual Visit uhc.com/virtualvisits	Retail Clinic	Urgent Care	Emergency Room
Type of Care Provided*	Routine checkups, immunizations, preventive services, managing your general health	Minor injuries, fever, cold and flu, common infections, skin conditions	Fever, cold and flu, common infections, minor skin conditions, pink eye	Minor injuries, fever, cold and flu, common infections	Sprains, strains, minor broken bones, minor infections, minor burns	Life threatening or very serious conditions that require immediate medical attention. Ex. Heavy bleeding, chest pain
Estimated Member Responsibility	NCHS PCC: \$5 copay after ded. All other PCPs: HRA: \$25 copay after ded. HMO: \$30 copay after ded.	\$10 copay Ded. does not apply	\$10 copay Ded. does not apply	HRA: \$25 copay after ded. HMO: \$30 copay after ded.	NCHS and MD Now: \$35 copay after ded. All other facilities: \$100 copay after ded.	NCHS: \$100 copay after ded. All other facilities: \$200 copay after ded.

*List is not all-inclusive. See the Summary Plan Document or Benefit Summary for your chosen health care plan. You can also call UnitedHealthcare at 1-866-633-2446 for more details, or visit www.myuhc.com for a list of network providers.

Convenient Care Clinic

Your Employee Health Clinic offers you an array of quality services to meet your health and wellness needs for a minimal copay. With easy access to certified nurse practitioners, the clinic offers less wait time than a regular doctor's office and the convenience of its on-site location. Some of the services that will be provided include treatment for: minor injuries, minor illnesses, fever, cold, flu, sinus infections, and skin conditions. Services are available at Employee Health Main Campus or Corporate HQ 4th floor (**786-624-2636**).



UHC Virtual Visits

Virtual Visits are available through UHC! When you're sick and need care, a Virtual Visit is a convenient way to see and talk to a doctor via mobile device or computer - 24/7, no appointment needed. Your cost for a Virtual Visit is a \$10.00 copay and the deductible does not apply.

To get started, visit www.myuhc.com.

Please note: These are visits with a UHC Virtual Visit provider, not your PCP.

UHC Care Management Programs

Through UnitedHealthcare (UHC), NCHS offers several programs to help employees manage complex or chronic conditions.

UHC may use data and analytics to identify at-risk employees and opportunities for better health across multiple conditions.

Diabetes Health Plan

- Program that waives copays for certain diabetes-related office visits, medications, and supplies for eligible individuals living with diabetes and pre-diabetes.

Healthy Pregnancy Program

- Special prenatal program that helps you during pregnancy.
- To enroll, notify UHC's customer service department during the first trimester (or no later than one month prior to birth).

Cancer Support Program

- Program that will help arrange access to network providers participating in the Cancer Resource Services Program for the provision of oncology services.
- You may be referred to by UnitedHealthcare, or you may self-refer by calling **866-936-6002** prior to obtaining services.

For questions, contact the UnitedHealthcare Customer Service Department.

Preventive Benefit Services: \$0 Copay

Nicklaus Children's Health System is committed to the wellness of our employees and their families.

Preventive services (covered with no cost to medical plan members) are those described in the United States Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the CDC, and HRSA Guidelines, including the American Academy of Pediatrics Bright Futures periodicity guidelines.

In addition to these mandated services, UnitedHealthcare also provides screening using CT Colonography, PSA, and Screening Mammography without age limits.

Examples of Covered Services Include:

- Yearly preventive medicine visits (wellness visits)
- All standard immunizations recommended by the ACIP
- Screening for colorectal cancer, elevated cholesterol and lipids
- Screening for high blood pressure, diabetes and depression
- Screening mammography, cervical cancer including Pap Smears, certain sexually transmitted diseases, and evaluation for genetic testing for BRCA

For a full list of the preventive health services, review your plan documents and visit www.uspreventiveservicestaskforce.org.





Dental Plan

Your dental health is an important part of your overall wellness. You may choose from two dental insurance plans through Delta Dental. To find a dentist in the Delta Dental network, visit www.deltadentalins.com or call **800-422-4234**.

The DHMO Plan requires you to select a primary dentist within Delta Dental’s specified provider network. Your primary dentist will coordinate all your treatment needs. You must stay within the specified network to receive coverage. For each visit to the dentist, you will be charged a flat copay for covered services. Examples are listed below. A full list of services can be found the in summary plan document.

The PPO Plans allow you to use an in-network or out-of-network provider when you need care. You do not have to select a primary dentist, nor do you need referrals to see specialists. However, when you visit a dentist who participates in the Delta Dental PPO network, you can lower your out-of-pocket expenses. When you use an out-of-network provider, you may have to pay the difference between what the plan pays and what the dentist actually charges.

	DELTA DENTAL DHMO	DELTA DENTAL PPO		DELTA DENTAL ENHANCED PPO	
	In-Network Copay Examples	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum	N/A	\$2,000	\$1,500	\$3,000	\$1,500
Calendar Year Deductible (Individual/Family)	N/A	\$50*/\$150*		\$50/\$150	
Preventive & Diagnostic Services Exams, Cleanings, X-rays, Dental Sealants	Exams, cleanings, X-rays: \$0 Office visit: \$5	\$0 (0% of PPO fee schedule)	10% of PPO fee schedule	\$0 (0% of PPO fee schedule)	10% of PPO fee schedule
Basic Services Fillings, Simple Extractions, Simple Restorations, Repairs, Endodontics, Periodontics	Extraction: \$5 Periodontal scaling & root planning (per quadrant): \$55	10% of PPO fee schedule	30% of PPO fee schedule	10% of PPO fee schedule	30% of PPO fee schedule
Major Restorative Services Crowns, Prosthodontic Services	Porcelain crown fused to high noble metal: \$380 Complete upper or lower denture: \$335	40% of PPO fee schedule	60% of PPO fee schedule	40% of PPO fee schedule	60% of PPO fee schedule
Child & Adult Orthodontia	Evaluation: \$25 Comprehensive child treatment: \$1,900 Comprehensive adult treatment: \$2,100	50% of PPO fee schedule \$1,500 lifetime maximum		50% of PPO fee schedule \$2,000 lifetime maximum	

BI-WEEKLY CONTRIBUTIONS	DELTA DENTAL DHMO	DELTA DENTAL PPO	ENHANCED DENTAL PLAN
Employee	\$5.07	\$16.62	\$17.65
Employee + Spouse	\$9.85	\$29.91	\$31.80
Employee + Child(ren)	\$9.42	\$33.77	\$36.84
Family	\$11.64	\$50.34	\$54.63

**Deductible does not apply to diagnostic, preventive, and orthodontic services. This chart includes a brief outline of the plans. Please refer to the summary plan documents for complete details.*

Vision Plan

NCHS offers vision coverage through EyeMed. Benefits include eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction. You'll save the most money if you pick an eye doctor from EyeMed's large network. If you visit a PLUS Provider, you can save even more. To find an in-network provider, go to www.eyemed.com or call **866-939-3633**.

	ESSENTIAL PLAN		ENHANCED PLAN	
	In-Network Member Cost	Out-of-Network Member Reimbursement	In-Network Member Cost	Out-of-Network Member Reimbursement
Eye Examination Copay (every 12 months)	\$0 copay	Up to \$35	\$0 copay	Up to \$35
Lenses (every 12 months)				
Single Vision	\$10 copay	Up to \$25	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55	\$10 copay	Up to \$55
Standard Progressive	\$75 copay	Up to \$40	\$10 copay	Up to \$55
Frames (every 24 months for Essential, every 12 months for Enhanced)	\$0 copay; \$100 allowance 20% off balance \$150 allowance for PLUS Providers	Up to \$50	\$0 copay; \$160 allowance 20% off balance \$210 allowance for PLUS Providers	Up to \$80
Contact Lenses (every 12 months)				
Conventional	\$0 copay; \$120 allowance 15% off balance	Up to \$96	\$0 copay; \$160 allowance 15% off balance	Up to \$128
Disposable	\$0 copay; \$120 allowance	Up to \$96	\$0 copay; \$160 allowance	Up to \$128
Medically Necessary	\$0 copay	Up to \$200	\$0 copay	Up to \$210
Laser Vision Correction (Lasik or PRK)	Under either plan, in-network: 15% off retail or 5% off promo price; call 1-877-552-7376. No out-of-network coverage.			
BI-WEEKLY CONTRIBUTIONS	ESSENTIAL PLAN		ENHANCED PLAN	
Employee	\$2.65		\$7.02	
Family	\$7.43		\$19.71	

This chart includes a brief outline of the plans. Please refer to the summary plan documents for complete details.



3 Tips for a Lifetime of Healthy Vision

- 1. Schedule yearly eye exams.** Visiting your eye doctor regularly helps you see your best, protect your sight, and even detect serious health conditions such as diabetes.
- 2. Protect your eyes against UV rays.** No matter what the season, it is important to wear sunglasses. When selecting and purchasing sunglasses, be sure to confirm they offer 100% UVA/UVB protection.
- 3. Give your eyes a break from digital devices.** Digital screens emit a specific type of blue and violet light which can negatively impact eye health and cause digital eye strain.

Disability Insurance

Your ability to bring home a paycheck is your most valuable asset. We help you protect it.

If an injury or illness kept you out of work and prevented you from earning a paycheck, how would you cover your bills and other household expenses? Disability Insurance provides income protection, paying a portion of your salary that you can use to offset out-of-pocket expenses and make up for lost wages.

Short-Term Disability Insurance

Short-Term Disability (STD) Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time.

NCHS provides basic STD coverage at no cost to you and enrollment is automatic. Benefits begin on the 8th day after an accident or illness. You will receive 50% of your earnings (to a maximum of \$1,600/week) for up to 12 weeks. Buy-up options are available to increase your STD pay amount by an additional 10% or 20% up to the same plan limit.

Typically disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are 80% or less than of your pre-disability earnings.

Long-Term Disability Insurance

Long-Term Disability (LTD) Insurance helps protect your finances when your disability continues beyond the period covered by the Short-Term Disability plan. This benefit is also fully paid for by the company and enrollment is automatic. Benefits begin after 90 days or the end of the Short Term Disability benefits period, whichever is greater.

LTD Class 1 Coverage:

For all directors and physicians of Nicklaus Children's Health System in active employment and working at least 40 hours bi-weekly.

The benefit is equal to 60% of your monthly earnings to a maximum of \$20,000 per month.

LTD Class 2 Coverage:

For all other employees of Nicklaus Children's Health System in active employment working at least 40 hours bi-weekly.

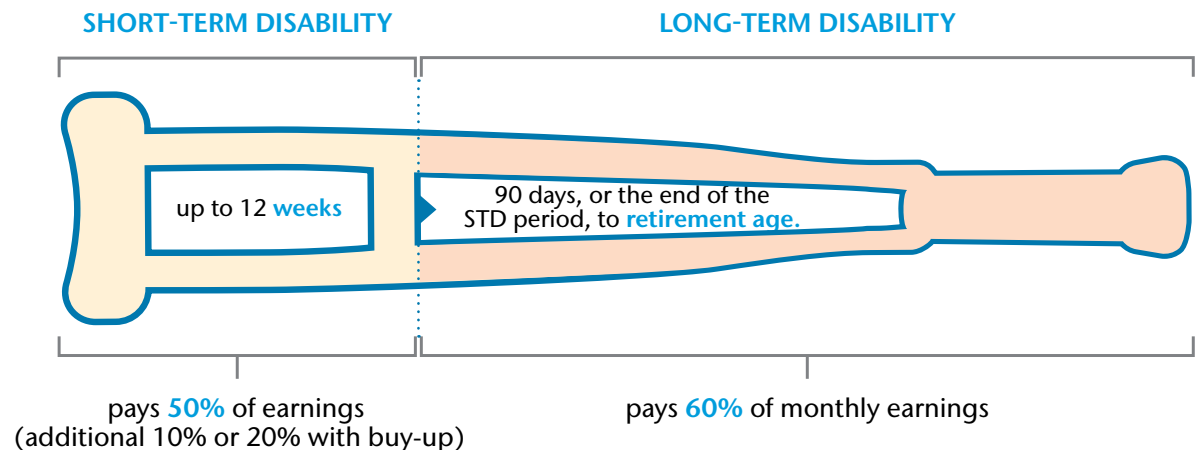
The benefit is equal to 60% of your monthly earnings to a maximum of \$10,000 per month.



Did You Know?

It's estimated that **1 in 4** 20-year-olds will experience a disability for 90 days or more before they reach age 67.

Social Security Administration, Disability Insurance, Facts 2021



Life and Accidental Death & Dismemberment Insurance

NCHS provides Group Life Insurance and offers additional options to give you the ability to assemble a complete Life Insurance portfolio.

Group Life Insurance

NCHS provides Group Life Insurance coverage at no cost to you and enrollment is automatic.

BENEFIT AMOUNT	The benefit is equal to two times your annual earnings, rounded to the next higher \$1,000, to a maximum of \$100,000.
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Supplemental Life and AD&D Insurance

You may also choose to purchase Supplemental Life Insurance and Accidental Death and Dismemberment (AD&D) Insurance in addition to the company-paid benefit. You pay the total cost of these benefits through convenient payroll deductions.

Supplemental Life Insurance Options

EMPLOYEE ONLY	You choose from one, two, or three times your annual earnings, rounded to the next higher \$1,000, to a maximum of \$750,000 (combined basic and supplemental). Non-Medical Maximum: You can elect a combined benefit amount of up to \$500,000 without having to provide evidence of good health.
SPOUSE AND/OR CHILDREN	You choose from two options. Option 1 - Spouse: \$10,000, Child(ren): Live birth to six months - \$100; six months to age 26 - \$5,000 Option 2 - Spouse: \$25,000, Child(ren): Live birth to six months - \$100; six months to age 26 - \$10,000

If you elect coverage over the non-medical maximum or elect dependent life insurance, you must complete an Evidence of Insurability (EOI) form that will be mailed to your home by The Hartford.

Accidental Death & Dismemberment Insurance Options

EMPLOYEE ONLY	You can choose one of the following benefit amounts: \$50,000, \$100,000, \$200,000, or \$300,000.
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Permanent Life Insurance

Permanent Life Insurance completes your family’s protection, providing a cost-effective benefit for final expenses such as funeral costs, credit card debt, and medical bills. As long as premiums are paid, this policy will not expire, and premiums will not change due to your age.

The policy also includes an accelerated death benefit for chronic conditions rider. If you become chronically ill, you can receive a monthly benefit (4% of the death benefit), or 20% of the death benefit as a one-time lump sum to defer home health care and/or assisted living costs.

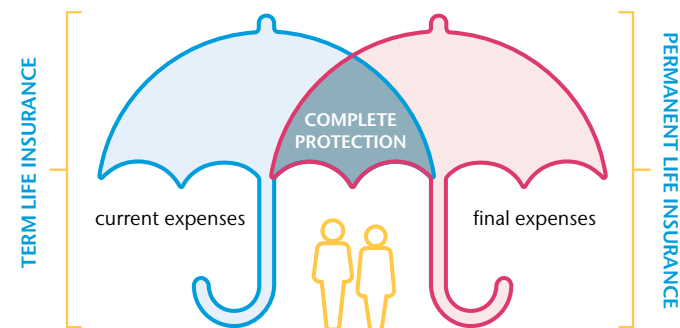
Benefit Options

Employee: \$20,000, \$40,000, \$60,000 or \$80,000

Plan Features

- ✔ **Guaranteed Acceptance:** No physical exams are required to apply for coverage.
- ➔ **Portable Coverage:** You can take your policy with you if you leave the company or retire.

The premium cost for this benefit is determined by your age and the amount of coverage you elect. Locking in a lower premium now will help you save money in the future.







Supplemental Medical Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Supplemental medical benefits can help cover this out-of-pocket financial exposure for a reasonable cost.

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the full benefit even if you have other insurance. NCHS offers Critical Illness Insurance, Accident Insurance, and Hospital Indemnity Insurance.*

Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children.
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.

Critical Illness Insurance

You can help protect yourself from the unexpected costs of a serious illness.

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack (myocardial infarction), stroke, cancer, or end stage renal failure.

Critical Illness Insurance pays a full lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The plan covers a wide variety of injuries and accident-related expenses. The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery.

Hospital Indemnity Insurance

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays benefits directly to you if you are confined in a hospital for a covered illness or injury. Benefits are paid even if you have other coverage.

You receive a benefit as soon as you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit.



Health Screening Benefit

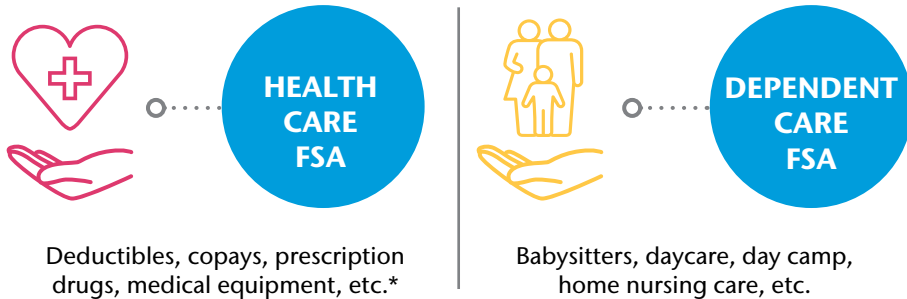
The plans provide a \$50 benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as pap smears, fasting blood glucose test, colonoscopy, mammogram, and more.

**The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefits.*

Flexible Spending Accounts (FSAs)

Reduce your income taxes while putting aside money for health and dependent care needs.

Flexible Spending Accounts allow you to put aside money for important expenses and help you reduce your income taxes at the same time. NCHS offers two types of accounts through WageWorks – a Health Care FSA and a Dependent Care FSA.



**If you are enrolled in a medical plan that offers an HSA, you are not eligible for the Health Care FSA.*



How Flexible Spending Accounts Work

1. During your enrollment, you decide how much to set aside for FSA expenses. Your full contribution amount for the Health Care FSA will be available for use on your benefit effective date.
2. Your contributions are then deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year for use on qualified expenses.
3. You can use your FSA debit card to pay for eligible expenses at the point of sale, or you can pay out-of-pocket and submit a claim form for reimbursement. For the Health Care FSA, you have a 90-day grace period following or termination from the plan to submit claims. For the Dependent Care FSA, this period is 59 days after the plan year.

USE IT OR LOSE IT!

Be sure to calculate your FSA contributions carefully. The funds won't roll over from year-to-year, and you will have to actively re-enroll on a yearly basis. You are not automatically re-enrolled.

ANNUAL CONTRIBUTION LIMITS	MINIMUM	MAXIMUM
Health Care or Limited Purpose Flexible Spending Accounts	\$260	\$3,050
Dependent Care Flexible Spending Account (for children up to age 13)	\$260	\$5,000 (\$2,500 if married and filing separate tax returns)

Please note that these accounts are separate. You cannot use money from the Health Care FSA to cover expenses eligible under the Dependent Care FSA or vice versa.

SuccessSharing - Annual Employee Incentive Program

SuccessSharing is our employee incentive program designed to reward employees for their individual contributions to Nicklaus Children's collective results as measured by organizational performance metrics aligned to our strategic plan and established priorities. Once organizational triggers are met, there are additional metrics that determine the incentive payout amount.

It is the philosophy of Nicklaus Children's Health System that all employees who perform well and contribute to the organization's collective successes should share in the health system's positive results which is why this employee incentive plan rewards employees when NCHS reaches its key performance metrics. **"When the Organization Wins, We All Win."**

Service Award and Bonus

Special congratulations and recognition to our employees who have dedicated years of service at NCHS. Effective 1/1/2022, you will be eligible to receive this bonus during your milestone anniversary year. This bonus applies to employees celebrating a milestone after 1/1/2022. The bonus builds by \$500 every five years of service, from \$500 at year 5, up to \$5,000 at year 50.

Retirement

Everyone has plans for the future – travel, new hobbies, spending time with family and friends. No matter what your plans for retirement are, most agree that you'll need substantial assets to maintain your current lifestyle when you stop working. A great way to start funding your dreams is to enroll in your Nicklaus Children's Health System Retirement Plan. Start saving today!

Our NCHS retirement plan, administered through Empower Financial, consists of a 403(b) Plan, that includes matching and an elective deferral. Access or modify your account at www.empowermyretirement.com or call **866-467-7756**.

Other benefits include:

- Qualifying for an employer contribution and an employer match
- Reducing your current taxable income by making your own contributions on a pre-tax basis
- Growing your account over time by contributing regularly on a tax-deferred basis
- Investing in a wide variety of investment options offered through the Retirement Plan, and more!

PLAN HIGHLIGHTS

Eligibility & Vesting for NCHS Match

- Eligibility: 1 year of service (12 months) with 1,000 worked hours.
- Vesting: Determined by your years of ("vesting service"). Participants are 100% vested upon completion of 3 or more years in which you complete 1,000 or more worked hours per calendar year.*

403(b) and Roth 403(b) Employer Matching

- NCHS will match pre-tax 403(b) contributions for every dollar you contribute up to 3% (IRS limits apply and contribution percentage is subject to change).
- The Roth 403(b) post-tax plan allows for additional savings with employer match up to 3% if not used with 403(b) pre-tax plan.
- Qualified Roth distributions are federal income tax-free, provided the Roth account has been open for at least five tax years (beginning January 1 of the first year you make a contribution to a Roth account), and the participant has reached age 59 ½, has died, or has become disabled.
- You will receive the employer match contribution bi-weekly after meeting eligibility. If benefits are front loaded, employer match stops once bi-weekly employee contributions reach the IRS maximum.

Annual Discretionary Contribution

- Eligible employees are automatically enrolled in the NCHS's Retirement Plan after having met the eligibility requirement (1 year of service with 1,000 or more hours of service during the plan year). Under this plan, NCHS contributes up to 3% of your eligible annual earnings (IRS limit apply) to your retirement plan account annually on a discretionary basis upon meeting the eligibility period. This discretionary employer contribution amount (0-3%) is determined annually. To be fully vested and therefore eligible for distribution of your retirement account balance, you must have completed three or more years of service (Note: a year of service is equal to a calendar year in which you complete 1,000 hours or more within the year).

Auto Enroll, Auto Escalation 403(b) Elective Deferrals & Contribution Accelerator

- All new hires will be auto-enrolled at 3%.
- At the beginning of each plan year, employees currently not participating in the plan will be auto enrolled at 3%, and employees contributing less than 3% will be automatically increased to 3%.
- Every April of each plan year, all plan participants will be enrolled in the Contribution Accelerator where the elective deferral will be increased by 1% annually, up to a maximum of 10%.
- Employees can opt out at any time.

Access to Funds

- Loans Provisions: You may borrow up to 50% of your vested balance with a minimum loan of \$1,000 and a maximum loan of \$50,000.
- Employer Match Distribution Options: The employee must be fully vested to be eligible for a distribution of the account balance upon termination.
- Elective Deferrals: Upon termination from employment the employee can leave funds in the account, take a full or partial distribution, roll over funds, or purchase an annuity.

*Three year vesting schedule is effective January 1st, 2007, and applies only to contributions made on or after that date. Earlier company contributions will remain under the five-year vesting schedule. Important Notice: After the employee meets the initial eligibility they don't have to work 1,000 hours each year in order to get the match but they have to be vested to take it with them. Employees can opt out of automatic enrollment contributions generally 15-days before the contributions begin.



Total Wellbeing at NCHS

Living a healthy lifestyle is key to improving and maintaining good health. NCHS is taking steps to encourage you to make healthy living a priority with these wellness resources.

Healthy Lifestyles Powered by Virgin Pulse

This Nicklaus Children's Wellness program helps you live better and achieve your health goals with an engaging experience that delivers powerful resources right to your fingertips, helping you make everyday changes to your wellbeing along with financial incentives. Employees and medically enrolled spouses are encouraged to register for the Wellness platform with Virgin Pulse by visiting www.join.virginpulse.com/Nicklaus. For additional information, visit the Wellness intranet portal page.

Current Year Activities (for Rewards the Following Year)

If you were hired on or before August 28 and completed your annual Biometric Screening and Health Check assessment survey by September 30, you are qualified to receive a premium discount on your annual employee contributions (or a bi-weekly cash credit of \$40 for those opting out of medical plan coverage). Those with medically enrolled spouses who also participate in the above two activities receive the lowest premium available for their salary band and coverage selected.

Healthy Lifestyles is an annual program, with quarterly activities within the Virgin Pulse Wellness platform and incentive requirements that must be completed by September 30 each year:

- Employees and spouses can earn a premium discount (or a bi-weekly cash credit of \$40 for those opting out of medical plan coverage) by completing both the Biometric screening and Health Check Assessment survey by the September 30 deadline.
- HRA medical plan deductible reimbursement dollars will be provided based on Healthy Lifestyles participation. Employees can reduce the \$1,000 annual deductible to zero by participating in quarterly activities starting January 1 through September 30.
- Annual deductible credits up to \$1,000 will be achieved by earning quarterly points/levels in the Virgin Pulse platform

(up to \$250 each quarter in quarters 1-3), and an additional \$250 for participating in the Biometric Screening and completing the Health Check Assessment survey by September 30. For those on a family plan, the deductible credit amount earned by the employee will be doubled (final amount up to \$2,000).

QUARTERLY	POINTS	HRA EMPLOYEE SEGMENT	HMO EMPLOYEE SEGMENT
Level 1	1,000	1 Entry; \$25	1 Entry
Level 2	5,000	1 Entry; \$50	1 Entry
Level 3	10,000	1 Entry; \$75	1 Entry
Level 4	15,000	1 Entry; \$100	1 Entry

- For those on the HMO plan, quarterly points/levels achieved equate to quarterly wellness sweepstakes raffle entries. (See chart above).

Reasonable Alternatives

This wellness program is committed to helping you achieve your best health. Rewards for participating in the program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you may qualify for an opportunity to earn the same reward by different means. Contact the Wellness Center at **786-624-2431**.

Employee Wellness Center

The Employee Wellness Center offers you the opportunity to improve your health and wellness with daily access to cardiovascular and strength training equipment for only \$7.50 per paycheck. The membership is available to employees, spouses, and dependents over age 18, and grants access at Main Hospital and CHQ. Mini-centers are located at Palmetto Bay, Miami Lakes, and Doral.

The Wellness Center also provides affordable personal training packages and group exercise classes, including free live and recorded virtual workouts. Email wellness@nicklaushealth.org or call **786-624-2431** for more information.

Work-Life Services

Magellan's Work-Life Services gives you access to specialists who can evaluate your needs and match you with service providers anywhere in the country. Work-Life specialists can provide expert guidance, information and personalized referrals to service providers in many areas.

Work-Life can help with many topics, including:

- Child Care & Parenting
- Adult Care & Aging
- Education
- Daily Living

You can also visit the LifeCare Resource Center for resources that offer insights and strategies about key life events and day-to-day challenges. To learn more, visit member.magellanhealthcare.com.

Employee Assistance Program (EAP)

NCHS offers a free Employee Assistance Program (EAP) through Magellan. The EAP provides a confidential and easily-accessible professional counseling service to our employees whose personal problems are affecting their ability to function effectively at work or home. You and your family are eligible.

Your EAP program helps you access a wide range of personal resources in our community and nationwide including:

- Work stress
- Coping with change
- Anger management
- Family/parenting issues
- Anxiety or depression
- Alcohol or drug dependencies
- Grief or bereavement
- Marital or relationship problems

To access the EAP, 24/7, call **800-327-5496** or visit member.magellanhealthcare.com.

Weekly Farmers' Market

NCHS' weekly Farmers' Market takes place at the main hospital every Wednesday.

Back-up Care

Children get sick. Caregivers don't show. Weather closes schools. Life happens. You can keep working—even when your care arrangements break down. Magellan's Back-up Care program can help you with care arrangements 24/7, including:

- Care for children, adults, pets and yourself for when you are ill or recovering from surgery
- Support for planned and emergency care needs
- Access to credentialed providers for a \$10 copay
- Access to over 2,100 brand-name child care centers
- Access to more than 900 in-home care agencies

Call **800-327-5496** or visit member.magellanhealthcare.com.

One Pass™ Select

One Pass™ Select has a wide variety of activities to challenge you. From strength training and swimming, to yoga and spin classes, you can try new things and push yourself physically and mentally. Participating gyms include Anytime Fitness, LA Fitness, Orangetheory Fitness, Pure Barre and many more.

And that's not all. Get access to digital fitness apps and home grocery delivery to make it even more convenient to become a better you.

Call **877-515-9364** or visit myuhc.com > Health & Wellness > My Health & Wellness.

SoFi

SoFi offers services for employees to access information and resources for financial planning, college savings and refinancing educational loans.

Call **833-277-7634**, visit sofi.com/nicklaus, click "I have a code" and use the code "miami" to get access to the portal and discounts or email your-benefits@sofi.com.

Paid Time Off (PTO)

This program combines vacation, holiday, and sick time in one plan. Employees who are eligible for benefits accrue Paid Time Off (PTO) on a pro-rated basis. For full details about the PTO program and Types of Leave, visit www.nicklaus-corporate.policystat.com.

- **Accrual:** The amount of PTO hours you receive is based on your years of service and hours worked (to a maximum of 40 hours per week). Part-time employees' accruals are pro-rated. The max carry over from year to year is 300 hours.
- **Annual PTO Cash Out:** You can choose to cash out up to 120 hours of PTO (paid at the hourly rate at time of cash out), as long as 40 hours remain in your PTO account. This benefit must be elected during Open Enrollment with two annual cash out options in May and November of the following year. The total combined amount of hours for both cash outs is 120 hours. The minimum amount of hours that can be cashed out is 10 hours.
- **Annual Day of Service - Community:** Each full-time employee will receive up to eight paid hours of community time off to be used for community volunteer events. Part-time employees will receive four paid hours. Hours will not roll over nor accrue.

Years of Service	Maximum PTO Hours Accrued Per Pay Period	
	Hourly Employees	Salaried Employees
0 - 1	7.38	8.92
1 - 2	7.69	9.23
2 - 3	8.00	9.54
3 - 4	8.30	9.85
4 - 5	8.62	10.15
5 - 6	8.92	10.46
6 - 7	9.23	10.46
7 - 8	9.54	10.46
8 - 9	9.85	10.46
9 - 10	10.15	10.46
10+	10.46	10.46

Based on years of service and 80 eligible paid hours — Up to a maximum of 40 hours per week (part-time employees' accruals are pro-rated).

Types of Leave Administered by The Hartford (888-877-9199) Available for all NCHS Employees

Family Medical Leave (FMLA): A maximum of 12 weeks (unpaid) leave is available for all employees employed for at least 12 months, with 1,250 hours in the 12 month period prior to the date of the leave, in accordance with the FMLA guidelines.

Domestic Violence Leave: 30 days (unpaid) maximum to obtain legal assistance, counseling or supportive services, to take care of other arrangements because of domestic or repeated violence.

Military Leave: Up to ten (10) paid working days each calendar year for military leave.

Personal Leave: 10 days (unpaid) maximum for personal reasons; subject to department director approval.

Paid Parental Leave of Absence: To provide eligible employees time and financial support during the important period immediately following the birth or adoption of a child, and to promote balancing work and family matters. Eligible employees receive four (4) weeks of paid parental leave (2 weeks for physicians) during the first twelve (12) weeks following the birth, placement for adoption or fostering of a child.

Education Assistance Program

The Education Assistance Program offers education reimbursement to eligible employees as set forth to cover certain costs associated with health care professional degree programs, leadership programs, technical courses and certificate training programs. Education Assistance is available to all Nicklaus Children's employees who have been employed at least twelve (12) months, who are in a benefit status, are in good performance standing, and are not on progressive disciplinary action. Limits of tuition benefits are dependent on whether the employee is part-time or full-time.

Employees interested in learning more about the Education Assistance Program may contact Learning & Development Services by sending an email to tuition@nicklaushealth.org.

Advanced Life Support Certifications:

Nicklaus Children's is aligned with the American Heart Association (AHA) and has a dedicated AHA training center that offers CPR and PALS free of charge for employees. In addition, NRP and ACLS certifications are available free of charge to employees. These courses are offered quarterly throughout the year. For more information regarding the Advanced Life Support courses offered, you may send an email to mylearningspace@nicklaushealth.org or calling extension 8535.

OTHER BENEFITS

Florida PrePaid College Plan

NCHS offers you payroll deductions for the Florida Prepaid College Plan. The plan covers the registration fees (tuition, financial aid, building, Capital Improvement Trust Fund fees), local fees (activity and service, athletic and health fees), and tuition differential fee at Florida's state universities. The plan can also cover the registration fees (tuition, Capital Improvement, and financial aid fees) and local fees (student activity and service and technology fees) at Florida Colleges (formerly known as community colleges).

There are four different Florida Prepaid College Plan options you can choose from:

- 4-Year Florida University Plan: Covers 120 university undergraduate credit hours.
- 2 + 2 Florida Plan: Covers 60 lower division Florida College credit hours and 60 university undergraduate credit hours.
- 4-Year Florida College Plan: Covers 60 lower division Florida College credit hours and 60 upper division Florida College credit hours.
- 2-Year Florida College Plan: Covers 60 lower division Florida College credit hours.

For details, please contact TM&E Benefits at **786-624-2461** (option 9), or you can contact Florida PrePaid directly at **800-552-GRAD** (4789).

Dade County Federal Credit Union

NCHS offers you a FREE credit union membership to assist you with your financial needs. Whether it is daily money management, borrowing, or investment, you have the assurance of receiving the services from a reliable financial institution. Since 1939, Dade County Federal has been dedicated to providing its members solutions to their financial needs.

Dade County Federal Credit Union offers you:

- Savings and checking accounts
- FREE online bill pay and mobile banking
- Low auto loans and leasing programs
- 2% reduction on personal loans (restrictions apply)
- Residential and relocation loans
- Refinancing
- Commercial lending for physician practices
- Investment & financial planning and much more!

Visit the branch located in the Main Campus, or contact the Branch Manager at **786-845-3151**.



Group Legal Insurance Plan

The Preferred Legal Plan (PLP) offers comprehensive legal assistance, advice and discounted representation on all types of legal services for an affordable premium of \$4.60 per pay period. Coverage includes a spouse, dependents, and anyone living in the household. Plan services are unlimited and available 24/7. Members have access to a statewide network. The plan can help with topics, including:

- Document review
- Divorce
- Child Support
- Domestic Violence
- Real Estate Matters
- Car Accidents
- Traffic Tickets
- Personal Injury
- Immigration
- Wills/Powers of attorney/living wills

Employment-related subjects are not covered. For more information visit www.preferredlegal.com or call **888-577-3476**.

Identity Theft Protection

Through ID Watchdog, we offer comprehensive Identity Theft Protection that monitors multiple gateways into your identity and credit, and alerts you of fraudulent activity.

Some of their services include: Credit monitoring, credit report & score, monthly credit score tracker, high-risk transaction monitoring, national provider ID alerts, rapid credit alerts, credit freeze, public records & NCOA monitoring, cyber monitoring and much, much more. For more information call **800-373-1226** or visit www.idwatchdog.com.

LifeMart

NCHS is happy to offer you access to LifeMart, a one-stop-shop for exclusive discounts at many of your favorite national and local brands! LifeMart is completely free and makes everyday life a little more affordable. Enjoy access to thousands of discounts on real life needs like groceries, clothing, cell phones, child care, and senior care.

To register, create an account at www.lifecare.com/lifemart.

Adoption Assistance

NCHS offers financial assistance for the legal adoption of a child up to the age of 18 as follows: \$5,000 limit (\$7,000 limit with special needs), up to a total of two adoptions per lifetime.

You can qualify for this benefit after one year of continuous employment in a benefits-eligible position. You must stay with the organization for an additional year after receiving the adoption benefit.

Your request for adoption assistance, along with proof, must be submitted within 90 calendar days after the court's final approval. For more information, please contact TM&E Benefits at **786-624-2461** (option 9).

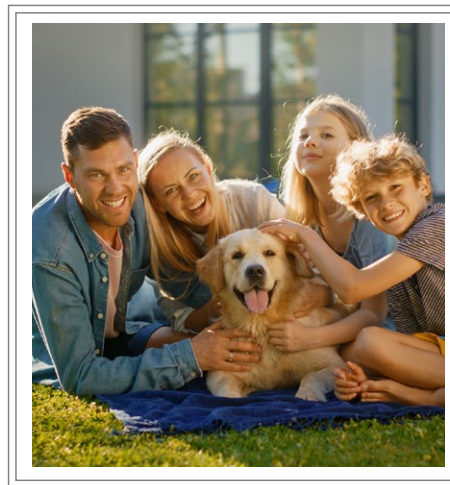
Pet Insurance

Interested in Pet Insurance? Discounts are available from Wishbone Pet Health Insurance. Visit www.wishboneinsurance.com/nicklauschildren to enroll and pay premiums directly to Wishbone.

Veterinary Discount Plan

Coverage for every member of the family. NCHS offers a Veterinary Discount Program through Pet Assure that can save you money on all your pet care needs. The full membership includes:

- **Veterinary Care:** Savings of 25% at thousands of participating veterinary practices. All in-house medical services are discounted, including office visits, surgical procedures, X-rays, and exams.
No exclusions! All pets are eligible regardless of type, breed, age, health condition, or pre-existing conditions.
- **Pet Care:** Discounts of 5-35% at thousands of participating merchants and providers. Enjoy savings on everyday basics, such as boarding, food, grooming, medications and pet sitting.
- **24/7 Pet Recovery Service:** Members receive a special Pet Assure Locator Service ID tag for their pets. The PALS system has helped reunite thousands of lost pets with their families.



For more information, please contact Pet Assure at **888-789-7387**.

Contact Information

BENEFIT/VENDOR	CONTACT	PHONE NUMBER	WEBSITE
Medical	UnitedHealthcare	(866) 633-2446	www.myuhc.com
Fertility Benefits	Progyny	(866) 960-3950	www.progyny.com
Delta Care USA	Delta Dental	(800) 422-4234	www.deltadentalins.com
Dental PPO	Delta Dental	(800) 521-2651	www.deltadentalins.com
Vision	EyeMed	(866) 939-3633	www.eyemed.com
Disability	The Hartford	(888) 877-9199	www.thehartford.com/mybenefits
Group Life & AD&D	The Hartford	(888) 563-1124	www.thehartford.com
Permanent Life Insurance	Transamerica	(888) 763-7474	www.transamerica.com
Supplemental Medical Benefits	The Hartford	(866) 547-4205	www.thehartford.com
Flexible Spending Accounts (FSAs)	WageWorks	(877) 924-3967	www.wageworks.com
Retirement Plan	Empower Financial	(866) 467-7756	www.empowermyretirement.com
Work-Life Services, EAP Backup Care	Magellan	(800) 327-5496 or (800) 523-5668	member.magellanhealthcare.com
Dade County Federal Credit Union	Dade County Federal Credit Union	(786) 845-3151	www.dcfcu.org
Legal Insurance Plan	Preferred Legal	(888) 577-3476	www.preferredlegal.com
Identity Theft Protection	ID Watchdog	(866) 513-1518	www.idwatchdog.com
Discount Program	LifeMart	(800) 327-5496	www.lifecare.com/lifemart
Veterinary Discount Plan	Pet Assure	(888) 789-7387	www.petassure.com
Pet Insurance	Wishbone	(800) 887-5708	www.wishboneinsurance.com/nicklauschildren
COBRA	WageWorks	(888) 678-4881	www.wageworks.com
Fitness Memberships	OnePass	(877) 515-9364	www.myuhc.com
Financial Resources	SoFi	(833) 277-7634	www.sofi.com/nicklaus (code: miami)

NCHS INTERNAL RESOURCES

NCHS Employee Benefits	(786) 624-2461 or extension 2461 option 9
NCHS Employee Health Clinic	(786) 624-2636 or extension 2636
NCHS Employee Wellness Center	(786) 624-2431 or extension 2431
NCHS Learning & Development	(305) 663-8535 or extension 8535
NCHS Talent Management	(305) 662-8295 or extension 8295

Important Notices

ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. Nicklaus Children's Health System (NCHS) reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

REMINDER OF AVAILABILITY OF PRIVACY NOTICE

This is to remind plan participants and beneficiaries of the Nicklaus Children's Health System (NCHS) Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and disclosed protected health information (PHI). You can obtain a copy of the NCHS Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Nicklaus Children's Health System, Talent Management & Effectiveness Benefits Department
3100 S.W. 62nd Ave, Miami, FL 33155

If you have any questions, please contact the NCHS TM&E Office at 786-624-2461.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain 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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:
Choice HMO: \$400 ind./\$800 fam.
Choice HRA: \$1,000/\$2,000
Choice Plus POS: \$300/\$600, 20% coinsurance.

If you would like information on WHCRA benefits, call your plan administrator at 786-624-2461.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT DISCLOSURE

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted and you will continue to pay the same amount as if you were not absent. If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Beatriz Lievano-Caballero at 786-427-7226 for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service connected illnesses or injuries, as applicable.

MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Your Options

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Nicklaus Children's Health System about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with

the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Nicklaus Children's Health System has determined that the prescription drug coverage offered by the Medical Plan through UHC is, on average, for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Nicklaus Children's Health System coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Nicklaus Children's Health System's coverage, be aware that you and your dependents may not be able to get this coverage back until Nicklaus Children's Health System's annual enrollment, which has an effective date of January 1st.

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Nicklaus Children's Health System and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your

monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Nicklaus Children's Health System changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare Prescription Drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage visit www.medicare.gov.

Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.

Call 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at: www.socialsecurity.gov or call: 1-800-772-1213 (TTY: 1-800-325-0778)

Date: 10/1/2023

Name of Entity/Sender: Nicklaus Children's Health System

Contact: Talent Management & Effectiveness Benefits Department

Address: 3100 S.W. 62nd Ave, Miami, FL 33155

Phone Number: 786-624-2446

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



YOUR ERISA RIGHTS

As a participant in the Nicklaus Children's Health System benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.

Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration;
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated summary plan description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

Continued Group Health Plan Coverage

You are entitled to:

- Continued health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description governing the plan on the rules governing your COBRA continuation coverage rights.
- Reduce or eliminate exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have credible coverage from another plan. You should be provided a certificate of credible coverage, free of charge, from your group health plan or health insurance issuer when:
 - You lose coverage under the plan;
 - You become entitled to elect COBRA continuation coverage;
 - You request it up to 24 months after losing coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans.

The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules. Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court.
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or
- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees. This should occur if the court finds your claim frivolous.

Assistance with Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website:

<https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>

Or you may write to the:
Division of Technical Assistance and Inquiries

Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee and Employer Hotline of the Employee Benefits Security Administration at: 1-866-444-3272. You may also visit the EBSA's web site on the Internet at: <https://www.dol.gov/agencies/ebsa>.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage.

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). 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.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. 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 coverage under

the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.



You must provide this notice to: Nicklaus Children's Health System Human Resources or COBRA Administrator.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. Any qualified beneficiary who does not elect COBRA within the 60-day election period specified in the election notice will lose his or her right to elect COBRA.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours

of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

The disability extension is available only if you notify the Plan Administrator in writing of the Social Security Administration's determination of disability within 60 days after the latest of the date of the Social Security Administration's disability determination; the date of the covered employee's termination of employment or reduction in hours; and the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination or reduction in hours. You must also provide this notice within 18 months after the covered employee's termination or reduction in hours in order to be entitled to this extension. You must provide the notice by contacting HealthEquity.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent

children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Other Coverage Options

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be

discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage. If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at <https://www.dol.gov/agencies/ebsa>. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

For further information regarding the plan and COBRA continuation, please contact:
Nicklaus Children's Health System TM&E Department
3100 SW 62 Avenue, Miami, FL 33155
786-624-2461

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, 2023. 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: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

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

CALIFORNIA – Medicaid

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

Phone: 916-445-8322

Fax: 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 Center:
1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpcf/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: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/>
[flmedicaidprecovery.com/hipp/index.html](https://www.flmedicaidprecovery.com/hipp/index.html)

Phone: 1-877-357-3268

GEORGIA – Medicaid

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

Phone: 678-564-1162, Press 1

GA CHIPRA Website:

<https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra>

Phone: (678) 564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

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

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

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://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

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

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or

www.ldh.la.gov/lahipp

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

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840

TTY: (617) 886-8102

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/>

MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

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://www.dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premium-program>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:

<https://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <https://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://www.healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx>

Phone: 1-800-692-7462

CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <https://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct RItte 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: <http://gethipptexas.com/>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>

<https://www.coverva.org/en/hipp>

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://dhhr.wv.gov/bms/>

<http://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, 2023, 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 & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565





**Nicklaus Children's
Health System**

NOTE: This statement is intended to summarize the benefits you receive from Nicklaus Children's Health System. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.

