

EMPLOYEE
BOOKLET

2022 BENEFITS



Nicklaus Children's
Health System

Contents:

Mission, Vision and Values.....	1
Eligibility.....	2
How to Enroll.....	3
Enrollment.....	4
Making Changes and Paying for Your Benefits.....	5
Medical Plans.....	6
Prescription Drug Plan.....	9
Where to go for care.....	10
Preventive Benefit Services & Disease Management Programs.....	11
Dental Plans.....	12
Vision Plan.....	14
Flexible Spending Accounts.....	16
Group Life, Supplemental Coverages and AD&D Insurance.....	17
Disability Insurance.....	18
Paid Time Off.....	19
Retirement Savings Plan.....	20
Total Employee Wellness at NCHS.....	21
Employee Assistance Program (EAP) & other services.....	24
Tuition Reimbursement.....	25
Community Education.....	25
PerkSpot.....	26
Electronic W2s.....	26
Florida Pre-Paid College.....	26
Adoption Assistance.....	27
Group Legal Insurance Plan.....	27
ID Watchdog.....	27
Dade County Federal Credit Union.....	28
Veterinary Discount Plan.....	28
Voluntary Benefits/Hartford.....	29
Compliance Corner.....	30
Meet the Team.....	33
Contact Information.....	34

The information contained in this booklet is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be differences between the information in the booklet and the contract, the contract will govern.



Nicklaus Children's Health System

VISION:

To be where the children are.

MISSION:

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

VALUES:

Collaboration | Responsibility | Empowerment | Advocacy | Transformation | Empathy



Eligibility:

Who is Eligible?

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

Dependents

You also may cover the following eligible dependents under NCHS plans that offer dependent coverage, including our Medical, Dental and Vision plans. Eligible dependents are:

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

*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.

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

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 healthcare. If your spouse has access to medical coverage through their own employer and you choose to cover him/her in the NCHS medical plan, then 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 5 for more details on "Cash Back Option."

Proof of Eligibility Required

All employees who enroll a new dependent during Open Enrollment must provide proof of their dependent's eligibility. If you provided such proof during last year's Open Enrollment process, you do not need to provide proof again. 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.

Enrolling in Benefits

If you are a benefits eligible employee, you have the opportunity to enroll in the plans or make new elections each year during Open Enrollment. Please look for your Enrollment Newsletter and other communications for updates on your benefits, as well as enrollment instructions.

How to enroll using PeopleSoft:

Step 1: Log into PeopleSoft Online Enrollment

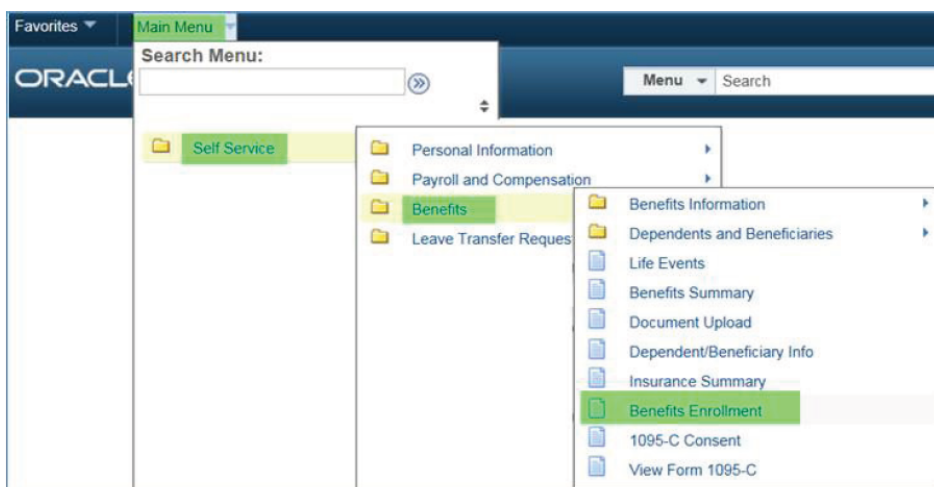
From your home computer:

- 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. *Note: 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**.

From your NCHS network computer:

Step 2: Complete your elections

- Click on "Main Menu" then "Self Service."
- Once in "Self Service," click on "Benefits" then "Benefits Enrollment" and follow the



Things to Consider as You Enroll:

- ⇒ Even if you plan to waive benefits it is mandated that you complete the enrollment process. You may be eligible for the Cash Back Option if you decline medical coverage and if you participated in the Healthy Lifestyles Program prior to Open Enrollment.
- ⇒ New Hires will be eligible for the Cash Back Option if you decline medical coverage.
- ⇒ You must make new Flexible Spending Account elections every year. Your prior year elections do not automatically carry forward to the current year.
- ⇒ 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.
- ⇒ Make sure you review the new voluntary products and the Short Term Disability (buy-up) option through The Hartford.
- ⇒ NCHS provides every employee life insurance coverage at no cost. However, it is imperative that you designate a beneficiary. As you enroll, please be sure to complete your online beneficiary information.
- ⇒ Make sure you have your dependent social security and correct date of birth in the system.

Enrollment – As Simple as 1, 2, 3:

1. Know Your Benefits

Benefits are an integral part of your total compensation at NCHS. That is why it's important that you get the maximum value from your benefit plans. Please take the time to review all your benefit options in order to make elections that fit your needs and keep pace with changes in your life. To learn all you can about the plans, review this booklet and other plan materials thoroughly. In addition, we encourage you to read your Total Rewards Statement which has information on your current benefit elections. Finally, look for your enrollment newsletter in the mail. It

2. Choose Wisely

The choices you make during Open Enrollment stay in effect throughout the plan year, unless you experience a qualifying status change (see more information on qualifying events below). It is important that you think about your needs and your dependents' needs for the coming year. Take into consideration any fixed expenses you have (e.g., regular prescription medications) as well as projected expenses. With different plans to choose from, you'll want to be sure to select the plans that best meet your needs.

3. Enroll

Once you have made your decisions, log on to the Open Enrollment Online Program through NCHSnet and follow the instructions to complete your enrollment. Remember, everyone must log on either





Making Changes to Your Benefits: When Can I Change My Benefit Choices?

Qualifying Life Events

The elections you make during the Open Enrollment period stay in effect for an entire year, from January 1 through December 31. The elections you make when you first become eligible for coverage also stay in effect through December 31. The only other time you can change your coverage during the year is when you have a qualifying life event [see Internal Revenue Service Section 125 and the Health Insurance Portability and Accountability Act (HIPAA)]. 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.

Changes to Your Benefits Based on Qualified Status Changes

- If you have a qualified change in status and want to change your benefits, you are required to register your qualifying status change with TM&E Benefits within 31 days of the life event (60 days for newborns for medical plan only).
- Review your employee information (name, address, phone number, marital status, beneficiary designation, and other personal information) to ensure that it is recorded correctly in the Online Enrollment Program.
- Please contact TM&E Benefits at 786-624-2461 option 9 to discuss your change so that you can be sure you complete all required steps.

Note: Some changes may require you to complete additional forms.

Paying for Your Benefits:

You and NCHS share the cost of your benefits. However, it is important to note that, for most of your benefits (medical, dental, vision, FSAs) your payments are made with pre-tax dollars. This means your contributions are deducted from your pay before taxes are determined. Because this lowers the amount of income on which you pay taxes, it enables you to pay less in current income taxes. NCHS makes this possible through its company-sponsored IRS Section 125 Pre-tax Savings Plan.

Medical Plan:

NCHS offers three plans - an HMO, HRA and POS through UnitedHealthcare (UHC). The following pages describe the differences between these plans.

UnitedHealthcare – Choice HMO (Health Maintenance Organization) Plan

Typically with an HMO, you choose a Primary Care Physician (PCP) who coordinates all your medical care. The advantage of the Choice HMO plan offered at NCHS is that 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. Participating providers offer a full range of healthcare services to members with no claim forms to file.

Plan Provisions	In-Network
Lifetime Maximum	Unlimited
Calendar Year Deductible	
Individual	\$400 (Deductible must be satisfied before the copay applies)
Family	\$800 (Deductible must be satisfied before the copay applies)
Out-of-Pocket Maximum	
Individual	\$3,000 (includes all medical and prescription drug copays, and deductibles)
Family	\$6,000 (includes all medical and prescription drug copays, and deductibles)
Physician Expenses	
NCHS Pediatric Care Center	\$5 copay (Doctor/PCC visit only)
Primary Care Physician	\$30 copay
Specialist	\$50 copay
Preventive Benefit Services (No Deductible)	\$0 copay (i.e. mammography & colonoscopy are covered at 100%)
Routine Vision Care	\$50 copay
Refractive Eye Exam	
Hospital Expenses	
Inpatient	\$0 copay at Nicklaus Children’s Hospital \$150 per day x 5 days (maximum of \$750 per admission) at all other facilities
Emergency Room	\$100 copay at Nicklaus Children’s Hospital / \$200 copay at all other facilities (waived if admitted as an inpatient stay)
Urgent Care	\$35 copay at Nicklaus Children’s Hospital / \$100 copay at all other facilities / \$35 copay at MD Now
Outpatient Surgery	
Copay	\$200 copay
Diagnostic, Lab & X-ray	
High End Diagnostics: MRA, MRI, PET, CT, and Sleep Studies	\$200 copay
Low End Diagnostics: X-ray, Ultrasound	\$50 copay
Rehabilitation Services	
Visit	\$25 copay
Maximum Number of Visits	60 visits combined for physical therapy, occupational therapy, speech therapy, pulmonary rehabilitation and cardiac rehabilitation per calendar year
Applied Behavioral Analysis (ABA)	\$25 copay
Durable Medical Equipment	
Copay	\$35 copay
Prescription Drugs	Please refer to page 10 for information regarding prescription drugs

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.

Benefits Eligible: Full-time & part-time employees (working at least 20 hours a week)- first of the month following date of hire
Customer Service: UnitedHealthcare | (866) 633-2446 | www.myuhc.com
Your Contributions: Pre-tax

UnitedHealthcare Choice HRA (Health Reimbursement Account) Plan:

UnitedHealthcare Choice HRA (Health Reimbursement Account) Plan offered at NCHS provides an employer funded account to help offset medical expenses throughout the year. 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.

Plan Provisions	HRA In-Network
Lifetime Maximum	Unlimited
Calendar Year Deductible	
Individual	\$1,000 (Deductible must be satisfied before the copay applies)
Family	\$2,000 (Deductible must be satisfied before the copay applies)
Out-of-Pocket Maximum	
Individual	\$3,000 (includes all medical and prescription drug copays, and deductibles)
Family	\$6,000 (includes all medical and prescription drug copays, and deductibles)
Health Reimbursement Account (HRA)	
Individual	\$800 (can only be used for eligible medical expenses)
Family	\$1,600 (can only be used for eligible medical expenses)
Physician Expenses	
NCHS Pediatric Care Center	\$5 copay (Doctor/PCC visit only)
Primary Care Physician	\$25 copay
Specialist	\$40 copay
Preventive Benefit Services (No Deductible)	\$0 copay (i.e. mammography & colonoscopy are covered at 100%)
Routine Vision Care	\$40 copay
Refractive Eye Exam	
Hospital Expenses	
Inpatient	\$0 copay at Nicklaus Children's Hospital \$150 per day x 5 days (maximum of \$750 per admission) at all other facilities
Emergency Room	\$100 copay at Nicklaus Children's Hospital / \$200 copay at all other facilities (waived if admitted as an inpatient stay)
Urgent Care	\$35 copay at Nicklaus Children's Hospital / \$100 copay at all other facilities / \$35 copay at MD Now
Outpatient Surgery	
Copay	\$200 copay
Diagnostic, Lab & X-ray	
High End Diagnostics: MRA, MRI, PET, CT, and Sleep Studies	\$200 copay
Low End Diagnostics: X-ray, Ultrasound	\$50 copay
Rehabilitation Services	
Visit	\$25 copay
Maximum Number of Visits	60 visits combined for physical therapy, occupational therapy, speech therapy, pulmonary rehabilitation and cardiac rehabilitation per calendar year
Applied Behavioral Analysis (ABA)	\$25 copay
Durable Medical Equipment	
Copay	\$35 copay
Prescription Drugs	Please refer to page 10 for information regarding prescription drugs

UnitedHealthcare Choice Plus POS (Point of Service) Plan:

This 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. Out-of-network providers may also bill you for amounts exceeding the plan's payment schedule.

In-Network	Out-of-Network
= Preset co-payments, for physician office visits = Higher % of your cost covered = Lower out-of-pocket costs = No claim forms to file	= No co-payments, coinsurance applies = Lower % of cost covered = You may have higher out-of-pocket costs = You may have to file claim forms

Plan Provisions	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Calendar Year Deductible		
Individual	\$300	\$600
Family	\$600	\$1,200
Out-of-Pocket Maximum		
Individual	\$3,500 (includes deductible, coinsurance, and all medical and prescription drug copays)	\$7,000 (includes deductible, coinsurance, and all medical and prescription drug copays)
Family	\$7,000 (includes deductible, coinsurance, and all medical and prescription drug copays)	\$14,000 (includes deductible, coinsurance, and all medical and prescription drug copays)
Physician Expenses		
NCHS Pediatric Care Center	\$5 copay (doctor/PCC visit only)	Not applicable
Primary Care Physician	\$20 copay	40% coinsurance
Specialist	\$35 copay	40% coinsurance
Preventive Benefit Services	\$0 copay (see page 10 for details)	Not covered
Routine Vision Care		
Refractive Eye Exam	\$35 copay	Not covered
Hospital Expenses		
Inpatient	\$0 copay at Nicklaus Children's Hospital and deductible waived 20% coinsurance at all other facilities	40% coinsurance
Emergency Room	\$100 copay at Nicklaus Children's Hospital \$200 copay at all other facilities (waived if admitted as an inpatient stay)	
Urgent Care	\$35 copay at Nicklaus Children's Hospital / \$100 copay at all other facilities / \$35 copay at MD Now	40% coinsurance
Outpatient Surgery		
Coinsurance	20% coinsurance	40% coinsurance
Diagnostic, Lab & X-ray		
High End Diagnostics: MRA, MRI, PET, CT, and Sleep Studies	20% coinsurance	40% coinsurance
Low End Diagnostics: X-ray, Ultrasound	20% coinsurance	40% coinsurance
Rehabilitation Services		
Visit	20% coinsurance	40% coinsurance
Maximum Number of Visits	60 visits combined for physical therapy, occupational therapy, speech therapy, pulmonary rehabilitation and cardiac rehabilitation per calendar year	60 visits combined for physical therapy, occupational therapy, speech therapy, pulmonary rehabilitation and cardiac rehabilitation per calendar year
Applied Behavioral Analysis (ABA)	20% coinsurance	Not covered
Durable Medical Equipment		
Coinsurance	20% coinsurance	40% coinsurance
Prescription Drugs	Please refer to page 10 for information regarding prescription drugs	

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Benefits Eligible: Full-time & part-time employees (working at least 20 hours a week)- first of the month following date of hire
Customer Service: UnitedHealthcare | (866) 633-2446 | www.myuhc.com
Your Contributions: Pre-tax

Prescription Drug Plan:

Prescription drug coverage is available through UnitedHealthcare (UHC). The UHC plan gives you control to pay for your medications either through retail or mail order programs, and it provides three levels of coverage. The retail program allows you to purchase up to a 30-day supply at participating pharmacies. If you or a dependent take maintenance drugs (e.g., blood pressure medication), using the mail order program can save you money.

Specialty Prescription Drug Program

When you're living with a rare or complex condition, appropriate use of specialty medications can be critical to maintaining or improving your health -- and your quality of life. 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 1-888-739-5820. If you are not sure if your medication qualifies as a specialty drug please contact Optum/BrioRx.

Retail 1-month supply of prescription	Mail Order 3-month supply of prescription	Specialty Drug 1- month supply of prescription
\$10 Tier 1	\$25 Tier 1	\$10 Tier 1
\$30 Tier 2	\$75 Tier 2	\$30 Tier 2
\$50 Tier 3	\$125 Tier 3	\$50 Tier 3
If generic is available, member must pay the brand copay plus the difference in cost between the generic and brand name.		

*The deductible does not apply to the prescription drug benefit.

Medical Plan Rates: (for Employees hired after 9/28/21)

	< \$35,000	\$35,000 - \$59,999	\$60,000 - \$99,999	\$100,000 - \$149,999	>\$150,000
Biweekly Contributions	2022 Paycheck Contributions - HMO Medical - UHC				
Employee Only	\$53.34	\$67.63	\$73.26	\$76.90	\$80.28
Employee + Child/ren	\$109.32	\$138.35	\$149.74	\$157.12	\$163.96
Employee + Spouse	\$127.24	\$160.99	\$174.23	\$182.81	\$190.73
Family	\$194.53	\$245.99	\$266.15	\$279.22	\$291.29
Biweekly Contributions	2022 Paycheck Contributions - HRA Medical - UHC				
Employee Only	\$48.00	\$57.97	\$62.79	\$65.92	\$68.81
Employee + Child/ren	\$98.39	\$118.59	\$128.35	\$134.68	\$140.53
Employee + Spouse	\$114.52	\$138.00	\$149.34	\$156.69	\$163.48
Family	\$175.07	\$210.85	\$228.13	\$239.33	\$249.68
Biweekly Contributions	2022 Paycheck Contributions - POS Medical - UHC				
Employee Only	\$130.89	\$165.60	\$179.21	\$183.51	\$192.44
Employee + Child/ren	\$268.93	\$339.98	\$367.80	\$376.58	\$394.83
Employee + Spouse	\$295.80	\$373.93	\$404.51	\$414.18	\$434.24
Family	\$454.13	\$573.95	\$620.82	\$635.64	\$666.38

Not feeling well? Where should you go for care?

Helping you choose the appropriate care setting

NCHS offers various care settings under our benefits program. There are several avenues for treatment, all with different cost impacts. Here is a summary of your options.

Place of Service	What type of care do they provide? Services listed are not all inclusive	Estimated Member Responsibility HMO Plan
PCP Office	Routine checkups Immunizations Preventive services Manage your general health	<u>NCHS PCC</u> \$5 copay after deductible <u>All other PCPs</u> \$30 copay after deductible
NCHS Convenient Care Clinic	Minor injuries Fever, cold and flu Common infections Skin conditions	\$10 copay Deductible does not apply
Retail Clinic	Minor injuries Fever, cold and flu Common infections	\$30 copay after deductible
Virtual Visit uhc.com/virtual visits	Fever, cold and flu Common infections Minor skin conditions Pink eye	\$10 copay Deductible does not apply
Urgent Care	Sprains Strains Minor broken bones (e.g: finger) Minor infections Minor burns	<u>NCHS and MD Now</u> \$35 copay after deductible <u>All other facilities</u> \$100 copay after deductible
Emergency Room The ER is for the treatment of life threatening or very serious conditions that require immediate medical attention.	Heavy bleeding Large open wounds Sudden change in vision Chest pain Sudden weakness or trouble talking Major burns Spinal injuries Severe head injury Difficulty breathing Major broken bones	<u>NCHS</u> \$100 copay after deductible <u>All other facilities</u> \$200 copay after deductible

For more details

See the Summary Plan Document or Benefit Summary corresponding to your chosen health care plan or call UnitedHealthcare at 1-866-633-2446.

To find a covered network provider

Visit www.myuhc.com or call 1-866-633-2446 for a list of network providers.

Preventive Benefit Services (is still at \$0 copay):

Nicklaus Children's Health System has a commitment to the wellness of our employees and their families. We believe helping people live healthier lives begins with preventive care. Preventive services covered with no cost share are those services 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, under the Preventive Benefit, UnitedHealthcare also provides screening using CT Colonography, PSA and Screening Mammography without age limits.

All members:

- Yearly preventive medicine visits (wellness visits)
- All standard immunizations recommended by the American Committee on Immunization Practices

All members at an appropriate age or risk status:

- Screening colorectal cancer, elevated cholesterol and lipids
- Screening for certain sexually transmitted diseases and HIV
- Screening and counseling at doctor's office for alcohol or substance abuse; tobacco use; obesity; diet and nutrition
- Screening for high blood pressure, diabetes and depression

Women's health:

- Screening mammography, cervical cancer including Pap Smears, certain sexually transmitted diseases and evaluation for genetic testing for BRCA
- Screening pregnant women for anemia, iron deficiency, bacteriuria, hepatitis B virus, Rh incompatibility
- Osteoporosis screening (age 60 or older)
- Counseling women at high risk of breast cancer for chemoprevention
- Breast pumps
- Certain contraceptive medication in PDL Tier 1 (additional contraceptives are covered in higher-cost tiers at the applicable plan cost-share)

Men's health:

- Screening for prostate cancer for men age 40 and older
- Screening for abdominal aortic aneurysm in men 65-75 years old

Children's health:

- Screening newborns for hearing, thyroid disease, phenylketonuria, sickle cell anemia
- Standard metabolic screening panel for inherited enzyme deficiency diseases
- Screening for major depressive disorders
- Screening for developmental/autism screening
- Screening for lead and tuberculosis



UnitedHealthcare Disease Management Programs:

Diabetes Health Plan

United Healthcare has a program available to help members living with diabetes and prediabetes improve their health. Individuals who are eligible and identified based on claims data will be auto-enrolled in the program that waives copays for certain diabetes related office visits, medications and supplies. In order to continue to be eligible for this program, you must remain in compliance with health actions such as diabetes-related doctor visits, blood sugar and cholesterol labs, cancer screenings and prescription drug utilization. As long as you stay in compliance with the defined health actions, eligibility for reduced out-of-pocket costs is maintained. Participants may view their health action scorecard and obtain additional information at dhp.healthmine.com

Healthy Pregnancy Program

UnitedHealthcare has special prenatal programs to help you during Pregnancy. They are completely voluntary and there is no extra cost for participating. To sign up, you should notify UnitedHealthcare's customer service department during the first trimester, but no later than one month prior to the anticipated childbirth. Visit www.cx.uhc.com/uhcpregnancy.

Cancer Support Program

NCHS realizes many of our employees and their families have been affected by cancer and wants to ensure that ample support is being provided during treatment. UnitedHealthcare has a program that will help arrange access to certain network providers participating in the Cancer Resource Services Program for the provision of oncology services. You may be referred to Cancer Resource Services by UnitedHealthcare, or you may self refer to Cancer Resource Services by calling 866-936-6002 prior to obtaining services.

Additional support is provided by UnitedHealthcare's dedicated Nurse Liaison. Please contact the Employee Health Clinic at 786-624-2636 for more information or your UHC Nurse Liaison **For other questions**, contact the UnitedHealthcare Customer Service Department.

Dental Surcharge:

NCHS offers you a choice between a Dental Health Maintenance Organization (DHMO) plan and a Dental Preferred Provider Organization (PPO) plan. Both plans are administered by Delta Dental.

Delta Dental – DHMO Plan

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 co-pay for covered services. See the chart that follows for details.



Plan Provisions	In-Network
Preventive Services	
Office Visit	\$5 copay
Oral Examinations	\$0 copay
Cleanings	\$0 copay
X-Rays	\$0 copay
Oral Surgery	
Extraction, Coronal Remnants-Deciduous tooth	\$5 copay
Removal of Impacted Tooth - Soft Tissue	\$60 copay
Removal of Impacted Tooth - Full Bony Impaction	\$110 copay
Periodontics	
Gingivectomy or Gingoplasty (per quadrant)	\$145 copay
Periodontal scaling & Root Planning (per quadrant)	\$55 copay
Endodontics	
Anterior Root Canal	\$110 copay
Molar Root Canal	\$350 copay
Prosthodontics	
Complete Upper or Lower Denture	\$335 copay
Crown and Bridge	
Porcelain Crown - Fused to High Noble Metal	\$380 copay
Orthodontics	
Evaluation	\$25 copay
Pre-treatment Records and Diagnostic Services	\$200 copay
Comprehensive Treatment - Child	\$1,900 copay
Comprehensive Treatment - Adult	\$2,100 copay

Dental Biweekly Contributions	DHMO
EE	\$5.07
EE+SP / EE+1	\$9.42
EE+ CH	\$9.85
Family	\$11.64

This is only a summary of your dental benefits. 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.

Benefits Eligible: Full-time & part-time employees (working at least 20 hours a week) - First of the month following date of hire
Customer Service: Delta Dental
1-800-422-4234 | www.deltadentalins.com
Your Contributions: Pre-tax

Delta Dental PPO:

The PPO dental plan allows 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. With an in-network dentist, you can only be charged up to the plan’s negotiated rate. 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.

Plan Provisions	In-Network	Out-of-Network
Calendar Year Maximum	\$2,000	\$1,500
Calendar Year Deductible*		
Individual	\$50	
Family	\$150	
Preventive and Diagnostic Benefits (cleaning, diagnostic services, x-rays, dental sealants, space maintainers, fluoride treatments)	100% of PPO fee schedule	90% of PPO fee schedule
Basic Benefits (simple extractions, fillings, simple restorations, repairs, endodontics, periodontics)	90% of PPO fee schedule	70% of PPO fee schedule
Major Benefits (crowns, prosthodontic services)	60% of PPO fee schedule	40% of PPO fee schedule
Child and Adult Orthodontia	50% of PPO fee schedule	
Lifetime Maximum	\$1,500	

*Deductible does not apply to diagnostic, preventive and orthodontic services.

Dental Biweekly Contributions	PPO
EE	\$16.45
EE+SP / EE+1	\$33.44
EE+ CH	\$29.61
Family	\$49.85

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Benefits Eligible: Full-time & part-time employees (working at least 20 hours a week)- First of the month following date of hire
Customer Service: Delta Dental
1-800-521-2651 | www.deltadentalins.com
Your Contributions: Pre-tax



Vision Plan:

Protecting your eyesight is very important. Routine eye exams are essential in order to detect any problems with your vision and to screen for serious health conditions such as glaucoma, cataracts, diabetes, etc.

NCHS offers a comprehensive vision plan through EyeMed Vision Care’s Select Network. As with your medical and dental plans, you can lower your costs by staying in the EyeMed “Select” Network. For specifics on what the plan covers and costs to you, please see the chart that follows.

Vision Care Services	ESSENTIAL	
	Member Cost	Out-of-Network Reimbursement
Exam with Dilatation as Necessary	\$0 Copay	Up to \$35
Exam Options Standard Contact Lens Fit and Follow-Up Premium Contact Lens Fit and Follow-Up	Up to \$40 10% off retail price	N/A N/A
		N/A
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Copay; \$100 Allowance, 20% off balance over \$100	Up to \$50
Standard Plastic Lenses Single Vision Bifocal Trifocal Standard Progressive Lens* Premium Progressive Lens*	\$10 Copay	Up to \$25
	\$10 Copay	Up to \$40
	\$10 Copay	Up to \$55
	\$75 Copay	Up to \$40
	\$75 Copay, 80% of charge less \$120 Allowance	Up to \$40
Lens Options UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized	\$15	N/A
	\$15	N/A
	\$15	N/A
	\$40	N/A
	\$40	N/A
	\$45	N/A
	20% off Retail Price	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses <i>Contact lens allowance includes materials only</i> Conventional Disposable Medically Necessary	\$0 Copay; \$120 Allowance, 15% off balance over \$120	Up to \$96
	\$0 Copay; \$120 Allowance, plus balance over \$120	Up to \$96
	\$0 Copay, Paid-in-Full	Up to \$200
Laser Vision Correction For Lasik Providers call 1-877-5LASER6 or visit eyemedlasik.com.	15% off Retail Price or 5% off promotional price	N/A
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Examination		Once every calendar year
Frame		Once every two calendar years
Lenses		Once every calendar year
OR		
Contact Lenses		Once every calendar year
Bi-weekly Rate		
Subscriber		\$2.65
Subscriber & Family		\$7.43

* Standard progressive lens covered - fund premium progressive as a standard

** Lasik and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-552-7376 for the nearest facility and to receive authorization for the discount.*

This is only a summary of your vision benefits. 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.

Benefits Eligible: Full-time & part-time employees (working at least 20 hours a week)- First of the month following date of hire
Customer Service: Eyemed Vision care
1-866-939-3633 | www.eyemed.com
Your Contributions: Pre-tax

EyeMed | Enhanced Plan

Vision Care Services	ENHANCED	
	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary	\$0 Copay	Up to \$35
Exam Options Standard Contact Lens Fit and Follow-Up Premium Contact Lens Fit and Follow-Up	\$0 Copay, Paid-in-full fit and two follow-up visits	Up to \$40
	\$0 Copay, 10% off retail prices, then apply \$40 Allowance	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Copay; \$160 Allowance, 20% off balance over \$160	Up to \$80
Standard Plastic Lenses Single Vision Bifocal Trifocal Standard Progressive Lens* Premium Progressive Lens*	\$10 Copay	Up to \$25
	\$10 Copay	Up to \$40
	\$10 Copay	Up to \$55
	\$10 Copay	Up to \$55
	\$10, 80% of charge less \$120 Allowance	Up to \$55
Lens Options UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized	\$0 Copay	Up to \$8
	\$0 Copay	Up to \$8
	\$0 Copay	Up to \$8
	\$0 Copay	Up to \$20
	\$0 Copay	Up to \$20
	\$0 Copay	Up to \$23
	20% off Retail Price	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses <i>Contact lens allowance includes materials only</i> Conventional Disposable Medically Necessary	\$0 Copay; \$160 Allowance, 15% off balance over \$160	Up to \$128
	\$0 Copay; \$160 Allowance, plus balance over \$160	Up to \$128
	\$0 Copay, Paid-in-Full	Up to \$210
Laser Vision Correction For Lasik Providers call 1-877-5LASER6 or visit eyemedlasik.com.	15% off Retail Price or 5% off promotional price	N/A
Additional Pairs Benefit	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency		
Examination		Once every calendar year
Frame		Once every calendar year
Lenses		Once every calendar year
OR		
Contact Lenses		Once every calendar year
Bi-weekly Rate		
Subscriber		Premium \$7.02
Subscriber & Family		\$19.71

* Standard progressive lens covered - fund premium progressive as a standard

** Lasik and PRK correction procedures are provided by the U.S. Laser Network, owned by LCA-Vision. Members must first call 1-877-552-7376 for the nearest facility and to receive authorization for the discount.*

This is only a summary of your vision benefits. 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.

Benefits Eligible: Full-time & part-time employees (working at least 20 hours a week)- First of the month following date of hire
Customer Service: Eyemed Vision care
1-866-939-3633 | www.eyemed.com
Your Contributions: Pre-tax



Flexible Spending Accounts:

Flexible Spending Accounts (FSAs) let you pay for out-of-pocket health care and dependent day care expenses on a tax-free basis. Money is set aside from your pay before federal income tax and Social Security (FICA) taxes are withheld. You save money because this lowers your taxable income, and you pay taxes on a smaller amount. Your contributions to the spending accounts are deducted from your paycheck in equal installments throughout the year. The NCHS FSA plan is administered by WageWorks.

Key Points about Your FSA:

- **Rules on Over-the-Counter (OTC) Medications.** You may no longer use the debit card to purchase OTC products that are considered to be “drugs and medicines.” In addition, to receive reimbursement for the purchase of OTC products considered “drugs and medicines” you must submit a written “prescription” from a physician for the product, along with your claim form and itemized receipt.
- **Use It or Lose It.** This plan requires that all monies set aside in your spending accounts be used during the plan year or you will forfeit the balance. Leftover balances in your account(s) cannot be carried forward and you cannot change your election during the year unless you experience a Qualified Life Event.
- **Plan Ahead.** Choose your contribution amount carefully. Take the time before you enroll to estimate your expenses for the plan year for each account.
- **Yearly Enrollment Required.** You must make new FSA elections every year. Your prior year elections do not automatically carry forward to the current year.
- **Account Transfers Not Permitted.** You Cannot Transfer Contributions Between FSAs - If you participate in both a Health Care and the Dependent Care FSA, the amount you contribute to one account cannot be transferred to or used toward expenses under the other account.

Type of Benefit	Benefit Description
Health Care Spending Account	
Maximum Contribution	\$2,750 Annual Maximum
Dependent Care Spending Account	
Maximum Contribution	\$5,000 Annual Maximum
Reimbursement	Processed claims paid daily
Grace Period	90 days following plan year to submit claims; 90 days following termination from plan to submit claims

An Example of How FSAs Help You Save:

- **Health Care FSA** - This FSA is for eligible health care expenses not paid by insurance, including co-payments, exams, deductibles, vision care and dental expenses.
- **Dependent Care FSA** - This FSA is for dependent care expenses you incur to care for your eligible dependents, including daycare, afterschool care or elder care.



This is only a summary of your benefits. For a list of eligible expenses, please contact TM&E Benefits at 786-624-2461 option 9. 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.

Benefits Eligible: Full-time & part-time employees (working at least 20 hours a week)- First of the month following date of hire

Customer Service: WageWorks
1-877-924-3967 | www.wageworks.com

Your Contributions: Pre-tax

Group Life, Supplemental Coverage and AD&D Plan:

NCHS provides group life insurance at no cost to you. You also have the option to purchase additional life for you and your eligible dependents and accidental death and dismemberment (AD&D) insurance for you through The Hartford.

Type of Benefit	Life Insurance
Eligibility	All benefits eligible full-time and part-time employees working at least 20 hours per week.
Benefit Amount	Employer Paid - 2 times your annual earnings rounded to the next higher \$1,000 to a maximum of \$100,000
Supplemental Coverage	Employee Only Employee paid - You choose from 1, 2, or 3 times your annual earnings rounded to the next higher \$1,000 to a maximum of \$750,000 (combined basic and supplemental) Non-Medical Maximum: \$500,000 (combined basic and supplemental) Employee and Spouse &/or Child(ren) Employee paid - You choose from two options: Option 1 -Spouse: \$10,000 Child(ren): Live birth to 6 months - \$100; 6 months to age 26 - \$5,000 Option 2 - Spouse: \$25,000 Child(ren): Live birth to 6 months - \$100; 6 months to age 26 - \$10,000 Employee Only Employee paid - You choose from these options for supplemental AD&D coverage: Option 1 - \$50,000 Option 2 - \$100,000 Option 3 - \$200,000 Option 4 - \$300,000
Waiver of Premium	If you become totally disabled before age 65, Life premiums may be waived after six months from the date you are no longer in active employment
Conversion/portability	If your employment terminates, you may be eligible for conversion / portability under this contract.

This is only a summary of your benefits. 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.

Benefits Eligible: Full-time & part-time employees (working at least 20 hours a week)- First of the month following date of hire
Customer Service: Hartford Group Benefits
1-888-563-1124

REMINDER | Supplemental Life Insurance:

If you are increasing your optional life insurance coverage by more than one times your annual salary or electing dependent life insurance, you must complete an Evidence of Insurability (EOI) form that will be mailed to your home by The Hartford.

Disability Plan:

NCHS provides short-term disability (STD) and long-term disability (LTD) at no cost to you. Disability insurance protects your income should you become disabled and are unable to work.

STD Plan Highlights

What is Short-Term Disability Insurance?	Short-Term Disability Insurance pays you a portion of your earnings if you cannot work because of a disabling illness or injury. Your employer currently provides – at no cost to you – Short-Term Disability Insurance. This highlight sheet is an overview of your Short-Term Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.
What is disability?	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.
Am I eligible?	You are eligible if you are a benefits eligible, active employee who works at least 40 hours bi-weekly on a regularly scheduled basis.
How much coverage would I have?	Your employer provides Short-Term Disability Insurance that pays you a benefit of 50% of your earnings, to a maximum of \$1,600 per week. Earnings are defined as in The Hartford’s contract with your employer.
STD– Buy– up	With the buy-up option, you may increase your short-term disability pay amount by an additional 10% up to the same plan limit.
How long do I have to wait before I can receive my benefit?	You will be eligible to collect your Short-Term Disability insurance benefit starting on the 8th day after your accident or sickness. Your benefit could continue for an additional 12 weeks.
When is it effective?	Coverage goes into effect subject to the terms and conditions of the policy. You must be Actively at Work with your employer on the day your coverage takes effect.
If I’m disabled, can the amount of my benefit be reduced?	Yes. As described in the following section, your Short-Term benefit may be reduced by other income you receive. Your Short-Term benefit will not be reduced by any Sick Hour/PTO Benefits that you may receive.

LTD Plan Highlights

	Class 1 Coverage	Class 2 Coverage
Benefits Eligible Employees	All directors and physicians of Nicklaus Children’s Health System in active employment and working at least 40 hours bi-weekly.	All other employees of Nicklaus Children’s Health System in active employment working at least 40 hours bi-weekly.
Elimination Period	90-days or the end of the STD benefit period, whichever is greater.	
Benefit Plan	60% of monthly earnings to a maximum of \$20,000 / month	60% of monthly earnings to a maximum of \$10,000 / month
Minimum Monthly Benefit	\$100 or 10% of your gross monthly benefit, whichever is greater.	
Survivor Benefit	After disability has continued for 180 days, upon your death, Hartford will pay a survivor an amount equal to 3 times your last monthly benefit.	
Conversion Option	If your employment terminates with Nicklaus Children’s Health System, you may be eligible to convert your policy. Maximum conversion amount is 60% to \$5,000.	

This is only a summary of your benefits. Please read the full description in the plan’s certificate coverage, SPD, or plan document, all of which will prevail should there be a conflict.

Benefits Eligible: Full-time & part-time employees (working at least 20 hours a week)- First of the month following date of hire

Paid Time Off:

This program combines vacation, holiday and sick time in one plan. Employees who are eligible for benefits accrue Paid Time Off on a pro-rated basis.

Plan Highlights

Plan Provisions	Paid Time Off (PTO)	
Accrual Rates - Based on Years of Service	Hourly	Salaried
0-1	24 days / year	29 days / year
2	25 days / year	30 days / year
3	26 days / year	31 days / year
4	27 days / year	32 days / year
5	28 days / year	33 days / year
6	29 days / year	34 days / year
7	30 days / year	34 days / year
8	31 days / year	34 days / year
9	32 days / year	34 days / year
10	33 days / year	34 days / year
10+	34 days / year	34 days / year
Accrual Formula	Based on Years of Service and Worked Hours — Up to a Maximum of 40 hours per week (Part-time employees' accruals are pro-rated)	
Carry-over: Maximum number of hours you can carry over from year to year	300 Hours	
Maximum reset: Starting January 1, 2011 & every January 1st thereafter	PTO account balance greater than 300 hours — your account will reset to 300 hours	
Annual PTO Cash Out	Up to 120 hours (paid at the hourly rate at time of cash out); provided 40 hours remain in the PTO account. This benefit must be elected during open enrollment with two annual cash out options in May and in 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.	
Types of Leaves Administered by the Hartford	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	

This is only a summary of your benefits. Please read the full description of the coverage in the company policies and procedures, all of which will prevail should there be any conflict with this information.

Benefits Eligible: Full-time & part-time employees (working at least 20 hours a week)- First of the month following date of hire

Questions:

TM&E Benefits | 786-624-2461 option 9
Hartford Benefits Group | 1-888-877-9199

Retirement Savings Plan:

Everyone has plans for the future - travel, new hobbies, spending time with family and friends. Whatever your plans for retirement are, retirement is a serious responsibility that cannot begin too soon. Most agree that no matter when you stop working, you'll need substantial assets to maintain your current lifestyle and it's going to take money to make that happen. The time to start funding your future dreams is now and a great way to do that is to enroll in your Nicklaus Children's Health System Retirement Plan and start saving today!

Our NCHS retirement plan, administered through Empower Financial, consists of a 403 (b) Plan, that includes a matching and an elective deferral. 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 much more!

Plan Highlights
Eligibility & Vesting for NCHS Match
<ul style="list-style-type: none">• 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) Employer Matching
<ul style="list-style-type: none">• NCHS will match contribution for every dollar you contribute up to 3% (IRS limits apply).• You will receive the employer match contribution biweekly after meeting eligibility.
Roth 403(b) Employer Matching
<ul style="list-style-type: none">• Post-tax plan allowing 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, which begins 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 biweekly after meeting eligibility.
Auto Enroll, Auto Escalation 403 (b) Elective Deferrals & Contribution Accelerator
<ul style="list-style-type: none">• 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.
Accessing or Modifying your account
Online at www.retirement.empower.com or you may call 1-800-458-6333.
Access to Funds
<ul style="list-style-type: none">• 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-<ol style="list-style-type: none">1. Leave funds in the account,2. Take a full or partial distribution,3. Roll over funds, or4. 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. This is only a summary of your benefits. Complete details are set forth in the individual plan documents and summary plan descriptions. If there are any discrepancies between this guide and the official plan documents, the plan documents will govern.

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 Employee Wellness at NCHS:



Employee Wellness Center | The Employee Wellness Center offers employees the opportunity to improve their health and wellness by providing them with daily access to cardiovascular and strength training equipment for a minimal payment of \$7.50 per paycheck. The Wellness Center also provides affordable personal training packages and group exercise classes including free live and recorded virtual workouts. Membership grants access at Main Hospital and CHQ. Outpatient locations available. Phone: 786-624-2431 or email at wellness@nicklaushealth.org.

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: minor injuries, minor illnesses, fever, cold, flu, sinus infections, skin conditions and much more. Phone: 786-624-2636 Corporate HQ Wellness Center location and Health Clinic is located on the 4th floor.

UnitedHealthcare Nurse Liaison | Our on-site nurse liaison, Jessenia Nunez, is available to discuss any lifestyle behaviors you want to address including prevention education and disease management support for conditions like diabetes and high blood pressure. Jessenia can be reached at 305-527-5440 or jessenia_nunez@uhc.com.

Weekly Farmers' Market | NCHS' weekly Farmers' Market takes place at the main hospital every Wednesday. Due to COVID-19 it has been postponed until further notice.

Ergonomic Program | Employee Health is dedicated to improving employee's well-being by preventing the occurrence of musculoskeletal disorders. Employees may request an assessment of their work station allowing opportunities to identify and correct ergonomic risk factors. For more information contact Employee Health Office at 786-624-2636.

NEW Les Mills on Demand is a robust virtual platform. One subscription allows access to up to 5 devices for only \$65 annually. Content ranges across 13 categories including strength training, cardio and conditioning, marital arts, dance, barre, yoga, mindfulness, and youth activities. Get the whole family involved! For more information contact 786-624-2431 or wellness@nicklaushealth.org.

Employee Wellness

On-site Wellness Center

- Membership available to employees, their spouses/dependents over the age of 18, volunteers, contractors, and medical education students
- Comprehensive cardiovascular, strength, and functional equipment
- Free Body Composition Analysis



Off-site locations

- Mini centers at Palmetto Bay, Miami Lakes, & Doral
- Large facility at Corporate Headquarters



Employee Wellness Services

- Personal and Buddy Training
- Free Virtual Workouts and Lunch & Learns



Nicklaus Children's
Health System



Other Programming

- Healthy Lifestyles Incentive Program
- Free Diabetes Prevention Program



201803HC_8051



Nicklaus Children's
Health System

Healthy Lifestyles Incentive Program:

All benefits-eligible employees and their NCHS insured spouses are invited every September prior to Open Enrollment to participate in the Healthy Lifestyles Incentive Program. This program focuses on giving you the opportunity to take control of your own health and wellness by providing you with health evaluations that create personal health goals.

Benefits-eligible employees and NCHS insured spouses who participate in the program will earn an annual health insurance premium reduction. The program is completely confidential.

Health evaluations will not only deliver a detailed report of health variables, it will include a new, unique set of lab tests known as the exclusive TOP (Test Optimize Perform) test panel. TOP, developed by Nicklaus Children's Hospital very own Dr. Steven Melnick, identifies potential risks in nutritional areas as well as highlights common preventable health risks. Testing is done on-site at all NCHS locations.

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.



Join now to start earning rewards.

Visit join.virginpulse.com/nicklaus, download in the app store using the QR code, or access under Applications on the Portal home page.



**New in 2022,
Healthy Lifestyles
is powered by**



Complete your biometric screening and online health check to secure your 2023 premium discount.

Earn points through a variety of activities during the year for entries into the year-end Wellness Sweepstakes with \$10,000 in prizes.

Employee Assistance Program (EAP):

NCHS offers an Employee Assistance Program (EAP) through Magellan, which 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 for this free service. Your EAP program provides access to resources to help you learn about and locate a wide range of personal resources in our community and nationwide including:

<ul style="list-style-type: none">• Work stress• Coping with change• Anger management	<ul style="list-style-type: none">• Family/parenting issues• Anxiety or depression• Alcohol or drug dependencies	<ul style="list-style-type: none">• Marital or relationship problems• Grief or bereavement
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Back-up Care:

Children get sick. Caregivers don’t show. Weather closes schools. Life happens. Now you can keep working—even when your care arrangements break down. Magellan can help you with care arrangements anywhere, at any time, including:

- Care for children and adults (including mildly ill)
- Self-care for when you are ill or recovering from illness or surgery
- Support for planned and emergency care needs
- Access to credentialed providers for a \$10 co-pay
- Over 2,100 brand-name child care centers, most with National Association for the Education of Young Children (NAEYC) accreditation
- More than 900 in-home care agencies representing thousands of caregivers
- Reimbursement if you prefer to use other licensed providers to provide care
- 24/7 access via telephone and web

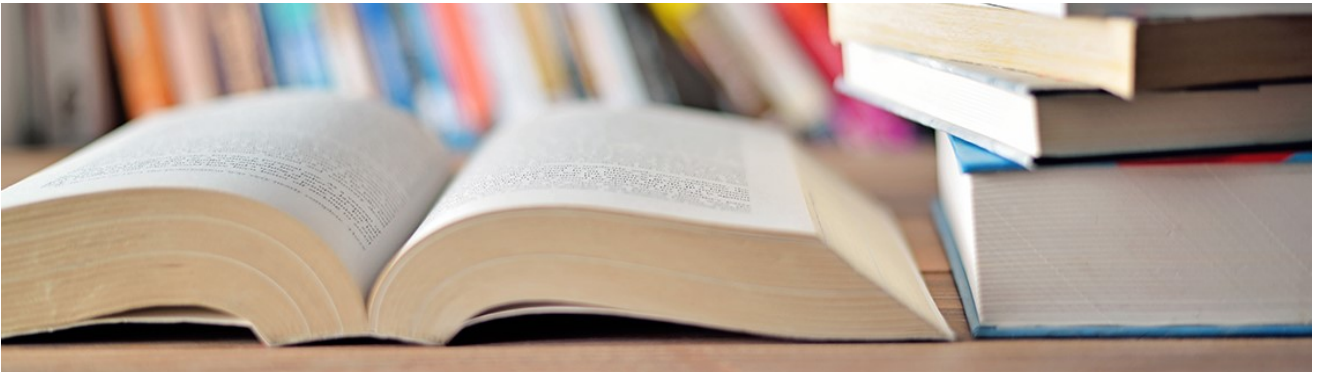
Work-Life Services:

Magellan’s Work-Life Services gives you access to specialists who can evaluate your needs and use a database with over 1.5 million resources to match you with service providers anywhere in the country. Work-Life specialists provide expert guidance, information and personalized referrals to service providers in many areas. Some of the most popular topics include:

- Child Care & Parenting: child care & school options, summer care, special needs, managing work and family, parenting infants to teens.
- Adult Care & Aging: care options & living arrangements, senior services, respite care, grief & bereavement.
- Education: financial aid, scholarships, colleges, continuing education, tutoring, extracurricular activities.
- Daily Living: home improvement, pet care, consumer information, emergency preparedness.

UHC | Virtual Visits:

Virtual Visits are now 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 uhc.com/virtual-visits.



Tuition Reimbursement:

The Tuition Reimbursement program is designed specifically for health care professional degree programs, leadership programs, technical courses and certificate training programs which improve the knowledge and skills of employees and promote their professional and career development. Educational assistance is available to all NCHS employees who have been employed at least **twelve** months, who are in a benefit status and not on progressive discipline.

Part-time employees will receive one half of the full-time benefit limits.

An application processing fee will be deducted from allotted annual tuition monies for each application submitted. The tuition eligibility requirements, reimbursement form and procedure are available on the Learning and Development page of the NCHSnet (NCHS Employee Portal).

Community Education:

The Learning and Development Services Department offers a class to the community and our employees. The course is free to our employees. The offered class is:

⇒ CPR Classes

For more information regarding Tuition Assistance or Community Education, please contact the Learning and Development Services Department at extension: 8535 or by mail at mylearningspace@nicklaushealth.org

PerkSpot:

NCHS is happy to offer you PerkSpot, a one-stop-shop for exclusive discounts at many of your favorite national and local merchants! PerkSpot is completely free, and optimized for use on any device: desktops, tablets, and phones. Enjoy access to thousands of discounts in dozens of categories, updated daily. To register, create an account at perkspot.com. You can even discover discounts in your neighborhood with PerkSpot's Streamlined Local Map.

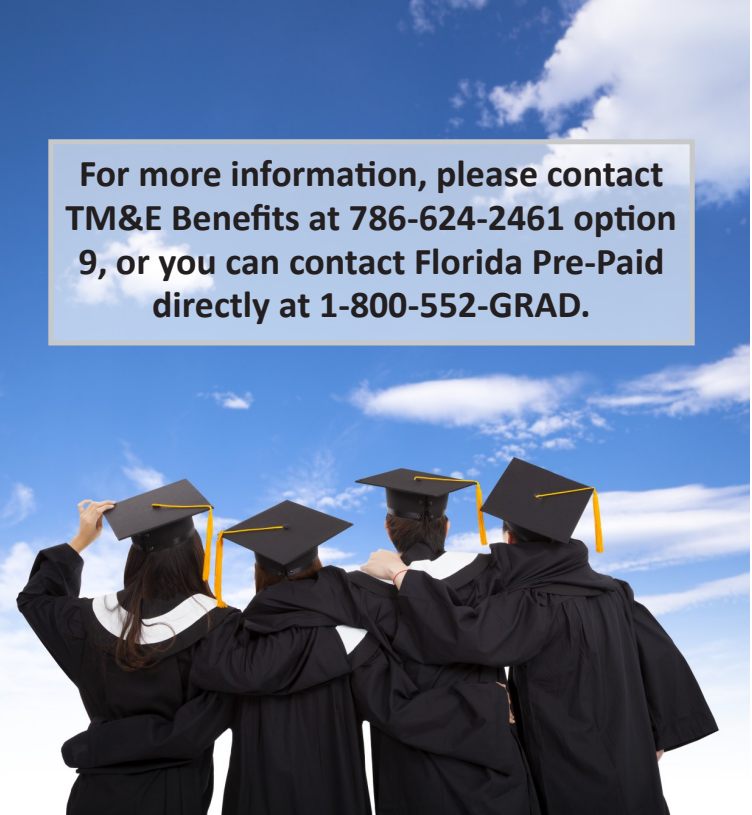
Don't see the retailer or product you want? You can always request a merchant through your PerkSpot account, and our negotiating experts will work to get it for you. Be sure to opt into their weekly emails to keep an eye out for new featured discounts!

Electronic W-2 and 1095 Forms:

As an NCHS employee, you have the option of receiving your W-2 and 1095 forms electronically, the safe and secure way! Electronic W-2s are estimated to be published and available by **January 31st**, in Employee-Self-Service. By authorizing the web delivery, you can print them immediately! No need to wait for its arrival in the mail. Lost or stolen W-2 and 1095 forms are a common source for identify theft, but with electronic delivery an employee's personal information is more secured. The W-2 and 1095 forms are always available for re-prints, including prior years. To enroll, go to Employee Self Service in People Soft, and click on the link for Electronic W-2 and 1095 to make your selection. The deadline is **December 31st**.

Florida Pre-Paid College:

We are excited to be able to offer you payroll deductions for the Florida Prepaid College Plan. The Florida Prepaid College Plan covers the registration fees (the 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 and the registration fees (the tuition, Capital Improvement and financial aid fees) and local fees (the student activity and service and technology fees) at Florida Colleges (formerly known as community colleges).



**For more information, please contact
TM&E Benefits at 786-624-2461 option
9, or you can contact Florida Pre-Paid
directly at 1-800-552-GRAD.**

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.

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, along with proof, for adoption assistance 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.



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 . Employment-related subjects are not covered.

Types of covered legal issues include:

<ul style="list-style-type: none">• divorce• child support, custody and visitation• traffic tickets/suspended licenses• credit repair• personal injury• domestic violence	<ul style="list-style-type: none">• loan modifications/foreclosures• bankruptcy• wills/powers of attorney/living wills• identity theft services• buying or selling a home• criminal defense• car accidents	<ul style="list-style-type: none">• Probate• immigration• IRS issues• garnishments• landlord-tenant disputes• civil litigation/small claims• and many more...
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Member benefits include:

- FREE unlimited legal advice via phone consultation
- FREE review of legal documents (real estate contracts, lease agreements, court papers, etc.)
- FREE letters and phone calls on your behalf to third parties to resolve miscellaneous disputes
- FREE Identity Theft protection and restoration
- FREE loan modification assistance and foreclosure defense
- FREE Wills for Member and spouse (powers of attorney and living wills also available)
- FREE legal forms available through Form Library (i.e. bills of sale, court forms, promissory notes, contracts, affidavits, etc.)
- Up to 70 percent reduced legal fees for panel attorney representation
- All pre-existing issues are covered.
- Unlimited, immediate use of membership.

ID Watchdog: NEW PLAN

NCHS is proud to offer you, ID Watchdog - a program to safeguard your identity. Some of their services include: credit monitoring, credit report & score, monthly credit score tracker, payday loan monitoring, enhanced non-credit loan monitoring, 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 visit www.idwatchdog.com or call (800) 373-1226.

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 all 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.



Veterinary Discount Plan - Pet Assure:

NCHS offers a Veterinary Discount Program that can save you money on all your pet care needs. Through this program, you can save on veterinary services, pet supplies, and pet services. 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, examinations, injections and dental care. There are 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. You'll enjoy these significant savings on a host of everyday basics, such as: boarding, food and treats, grooming, medications and pet sitting.
- ⇒ 24/7 Pet Recovery Service: Pet Assure 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.

The Hartford Voluntary Products:

The Hartford Voluntary products will be available to all Nicklaus Children's Health System employees during this year's annual enrollment. An enrollment benefits counselor will explain these voluntary products in greater detail during your one-to-one personal benefits consultation.

These benefits can enhance your core benefits portfolio and can be customized to fit your individual needs. Also:

- Coverages are available for you and your family.
- You will enjoy the convenience of premium payment through payroll deduction.
- You will have the ability to take the coverages with you if you change jobs or retire.

During this year's enrollment you will have the chance to apply for the following products:

Accident Insurance helps offset the unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a covered accident.

Critical Illness Insurance pays a lump sum benefit upon diagnosis of a covered critical illness such as heart attack (myocardial infarction), end stage renal failure, stroke or cancer.

Hospital Confinement Indemnity Insurance pays a cash benefit for a hospital confinement for a covered illness or injury.

Compliance Corner:

Important Notice from Nicklaus Children’s Health System About Your Prescription Drug Coverage and Medicare

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 and 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 UnitedHealthcare Plan 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 to 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. The following are the plan provisions under the Nicklaus Children’s Health System prescription drug program:

Prescription Drugs	In-Network
Retail	
Tier 1	\$10
Tier 2	\$30
Tier 3	\$50
Mail Order	
Tier 1	\$25
Tier 2	\$75
Tier 3	\$125
Specialty Drugs through Specialty Pharmacy	
Tier 1	\$10
Tier 2	\$30
Tier 3	\$50

Compliance Corner:

If you do decide to join a Medicare drug plan and drop your current Nicklaus Children's Health System coverage, be aware that you and your dependents will 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 nineteen 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 (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help 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 them at 1-800-772-1213 (TTY 1-800-325-0778).

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).

Date: October 1st, 2021

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

Contact--Position/Office: Talent Management & Effectiveness Benefits Department

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

Phone Number: 786-624-2446

Compliance Corner:

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).

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

FLORIDA - Medicaid
Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268

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

U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/agencies/ebsa 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, Menu Option 4, Ext. 61565
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Additional Compliance Notices:

Nicklaus Children’s Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

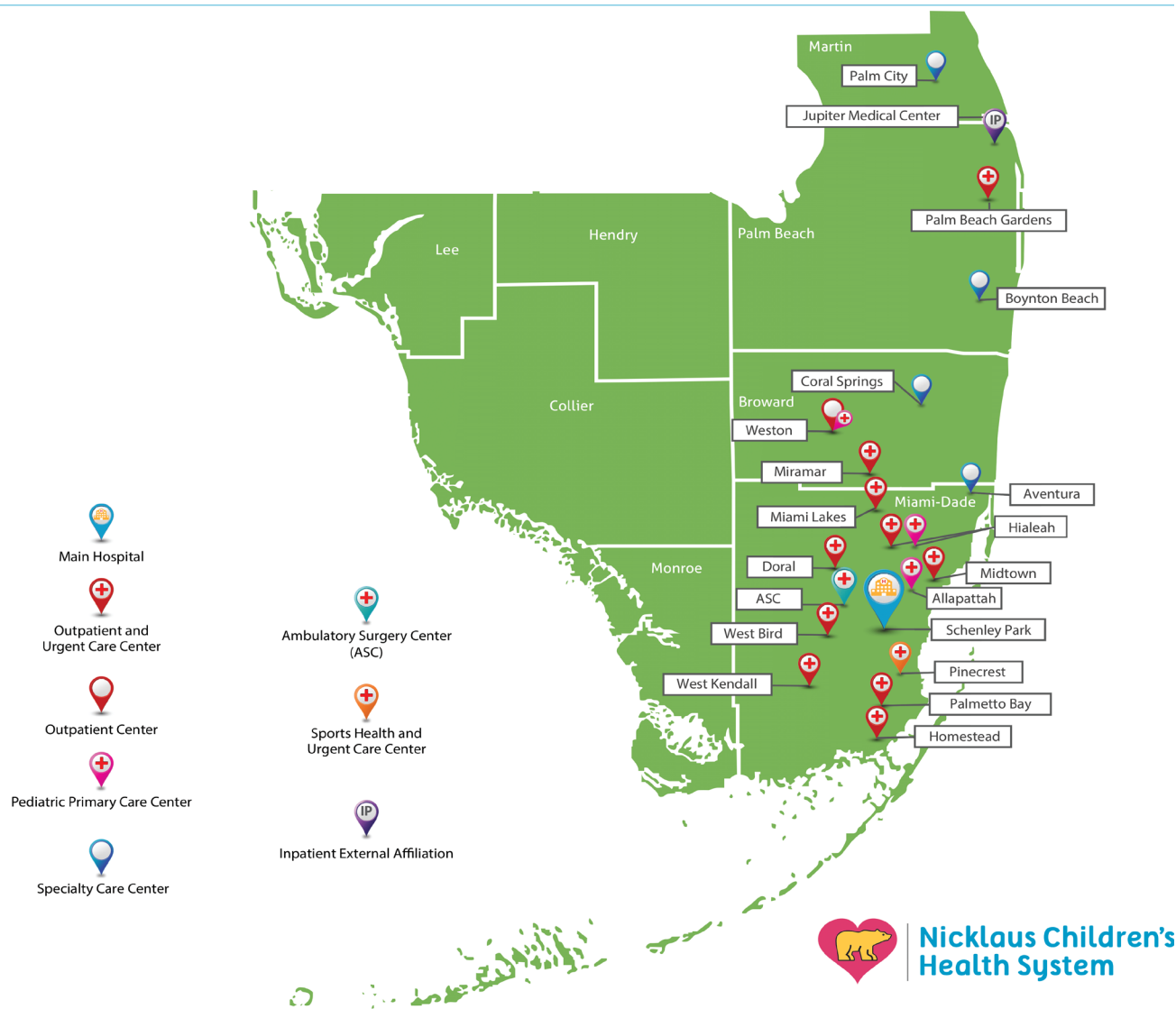
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-786-624-3505.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-786-624-3505.

Additional documents regarding the new health reform and other related resources, such as Notice of Health Plan’s Privacy Practices (HIPAA), can be found in the Benefits Page of the NCHSnet under Benefits Resources. For more information, please contact TM&E Benefits at 786-624-2461 option 9.

Vendor/NCHS Contact Information

Vendor/NCHS Contact	Toll-Free Number	Website
Medical/UnitedHealthcare	(866) 633-2446	www.myuhc.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
FSA/WageWorks	(877) 924-3967	www.wageworks.com
Life & AD&D/The Hartford	(888) 563-1124	www.thehartford.com
Disability/The Hartford	(888) 877-9199	www.thehartfordatwork.com
Retirement Plan/Empower	(877) 778-2100	www.empower.com/online/retirement
Group Legal/Preferred Legal	(888) 577-3476	www.preferredlegal.com
PerkSpot	(866) 606-6057	www.perkspot.com
Veterinary Discount/Pet Assure	(888) 789-7387	www.petassure.com
EAP/Magellan, Work-Life, Backup Care	(800) 327-5496 or (800) 523-5668	www.magellanassist.com
ID Watchdog	(866) 513-1518	www.idwatchdog.com
Dade County Federal Credit Union	(786) 845-3151	www.dcfcu.org
Voluntary Benefits/The Hartford	(866) 547-4205	www.thehartford.com
Wage Works (COBRA)	(888) 678-4881	www.wageworks.com
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	



TALENT MANAGEMENT
TME
AND EFFECTIVENESS
Nicklaushealth.org
305.662.8295