



2022

Associate Benefits Guide

Introduction to 2022 Benefit Enrollment

Table of contents

2022 Benefits at a Glance.....	3
2022 Associate Cost Summary.....	5
Eligibility and Choices.....	8
Medical Plans.....	9
Telemedicine.....	15
Dental Plan.....	17
Vision Plan.....	19
Health Savings Account (HSA).....	20
Flexible Spending Accounts (FSA).....	21
Basic Life/AD&D and Disability Insurance.....	22
Voluntary Life and AD&D insurance.....	23
Employee Assistance Program.....	24
401(K) Plan.....	25
Critical illness Insurance.....	26
Accident Insurance.....	28
Hospital Insurance.....	29
Universal Life Insurance.....	30
Pet Insurance.....	31
Legal Plans.....	32
Identity Theft Protection.....	33
Vision To Learn.....	34
Hays Advocate Program.....	35
PerkSpot Discount Program.....	35
Additional Information for All Associates.....	36
Important Contact Information.....	42

Welcome!

At Versant Health, we feel that the investment we make to provide our associates with a comprehensive benefits package represents some of the most important dollars we spend. We care about our associates, and that's why our programs must be meaningful and provide value and protection for you and your family.

Retention and satisfaction are paramount to us, and we believe that it is important that the Company provide eligible associates with a core benefits package that will take care of your health and well-being, and that offers protection should events impact your ability to live and work. As health care costs in our country rise, it is important for you to utilize those health care dollars to the best of your ability.

Please take this opportunity to review all of your plan options in detail. By taking the time to examine all of your choices, you'll be able to make sure that your benefits meet your needs throughout the year.

This document summarizes the benefit plans offered to eligible associates of Versant Health. Every effort has been made to ensure that the information is clear and accurate. However, you should refer to the contracts or official Plan Documents, also referred to as Subscriber Certificates or Summary Plan Descriptions (SPDs) for more detailed information about the benefits. In the event of any conflict between the information in this document and the contracts or official SPDs, the contracts will govern. Versant Health reserves the right to change or discontinue these benefits, in whole or in part, at any time. You will be notified if a program is changed or discontinued. This document does not constitute an employment agreement between you and Versant Health.

2022 Benefits at a Glance

Health insurance: CareFirst

- Blue Cross Blue Shield PPO Standard Plan
- Blue Cross Blue Shield PPO Enhanced Plan
- Blue Cross Blue Shield CDHP Plan with HSA
- Versant Health contributes to funding the HSA if the associate participates in the Consumer Driven Health Plan (CDHP)
- Telemedicine services available through Teladoc with no copay
- Access to Sharecare Wellness Portal

Prescription drug insurance: CVS Caremark, RxBenefits

- Prescription drugs will be administered by CVS Caremark
- RxBenefits is Versant Health's new Rx consultant

Dental insurance: MetLife Dental

- Employee-only coverage under the Standard Plan premium is paid 100% by Versant Health
- Large nationwide network of dentists
- Choice of Standard or Enhanced Plan
- Preventative services covered at 100% in-network
- Maximum annual benefit is \$1,000/person (Standard) and \$2,750/person (Enhanced)

Basic term life/AD&D insurance: MetLife

- Premium paid 100% by Versant Health
- 1X annual base salary to maximum of \$350,000
- Accidental Death and Dismemberment 1X annual base salary to maximum of \$350,000

Short-term disability: MetLife

- Premium paid 100% by Versant Health
- Benefit is 60% of weekly base salary to maximum of \$3,000/week

Long-term disability: MetLife

- Premium paid 100% by Versant Health
- Benefit is 60% of monthly base salary to maximum of \$20,000/month

Voluntary term life/AD&D insurance: MetLife

- Coverage available for associate, spouse, and dependent children

Employee Assistance Program (EAP): MetLife

- Confidential counseling and work-life resources available 24 hours a day. Services include five face-to-face sessions with a licensed counselor per year

Vision insurance: Superior Vision

- Premium paid 100% by Versant Health
- Benefit available for associate and dependents

Health Savings Account (HSA): Optum

- Available to those enrolled in the Consumer Driven Health Plan (CDHP)
- Pre-tax payroll deductions set aside for reimbursement of medical expenses not covered by insurance
- Partially funded by Versant Health: \$500 for associate only/\$1,000 for associate + dependents
- \$3,650 individual/\$7,300 family annual IRS maximum contribution
- Debit card or direct deposit reimbursement available

Medical Flexible Spending Account (MFSA): Optum

- Pre-tax payroll deductions set aside for reimbursement of medical, dental, or vision expenses
- \$2,750 annual maximum*
*Value will change once 2022 figures are published.
- Debit card or direct deposit reimbursement available
- Carry over \$500 to the next plan year*
*Value will change once 2022 figures are published.

Limited purpose Flexible Spending Account: Optum

- Pre-tax payroll deductions set aside for reimbursement of vision or dental expenses
- \$2,750 annual maximum*
*Value will change once 2022 figures are published.
- Debit card or direct deposit reimbursement available
- Carry over \$500 to next plan year*
*Value will change once 2022 figures are published.

Dependent Care Flexible Spending Account: Optum

- Pre-tax payroll deductions set aside for reimbursement of dependent care expenses
- \$5,000 annual maximum
- Debit card or direct deposit reimbursement available

Personal lifestyle / protection benefits: MetLife

- Upwise: Financial wellness app
- Retirewise: complimentary financial wellness program
- Transition Solutions: portability and conversion assistance

2022 Benefits at a Glance (Cont.)

401(k): Fidelity

- Associates can begin contributing after completing three months of service
- Versant Health will make safe harbor matching contributions equal to 100% of your first 3% and 50% on an additional 2%
- Contributions are withheld on a pre-tax basis

Accident insurance: MetLife

- This plan will reward enrollees with a lump sum payment to help with the cost of an accident that results in an injury and requires medical care
- The plan also provides an accidental death benefit
- Premiums paid 100% by associate via payroll deduction on post-tax basis

Critical illness insurance: MetLife

- Associates and spouses are eligible for a benefit of up to \$30,000 and \$15,000 for dependent child(ren)
- A percentage of the benefit is paid should you become sick with a critical illness such as cancer, heart attack, stroke, paralysis or major organ failure
- Premiums paid 100% by associate via payroll deduction on a post-tax basis

Hospital indemnity insurance: MetLife

- Pays a per-day benefit should you be admitted to the hospital
- The Hospital Admission benefit is \$1,000 with additional amount paid per day based on inpatient confinement or intensive care confinement
- A \$50 wellness screening benefit is available
- Premiums paid 100% by associate via payroll deduction on a post-tax basis

Universal life with long-term care rider: Transamerica

- Universal Life Plan accumulates cash value over time and pays a benefit upon death
- Accelerated death benefit for terminal condition or if long-term care is required due to inability to perform activities of daily life (ADL)
- Premiums paid 100% by associate via payroll deduction on a post-tax basis



Legal assistance: MetLife

- Legal consultation and advice
- Legal document preparation including wills and review
- Speeding ticket assistance
- 24/7 emergency legal access
- Premiums paid 100% by associate via payroll deduction on a post-tax basis

Pet insurance: MetLife

- Use any veterinarian worldwide—including specialists and emergency providers
- No lifetime limits
- Premiums paid 100% by associate via direct bill

Identity theft protection: IDShield

- Identity consultation and advice
- Dedicated licensed private investigators
- Identity, credit and financial account monitoring
- Premiums paid 100% by associate via direct bill

Hays Advocate

- Confidential, dedicated resource available to assist with benefit, claims or billing concerns
- Toll-free number: (877) 936-3797

2022 Benefits: Associate Cost Summary

CareFirst medical plans

2022 associate bi-weekly cost

Tier	PPO Standard	PPO Enhanced	CDHP
Associate only	\$47.60	\$75.42	\$68.86
Associate + spouse	\$125.61	\$190.18	\$173.79
Associate + child(ren)	\$96.86	\$193.46	\$177.07
Family	\$171.01	\$321.34	\$291.83

* Telemedicine is included with the election of medical coverage at no additional cost to the associate.

MetLife dental plans

2022 associate bi-weekly cost

Tier	Dental Standard	Dental Enhanced
Associate only	\$0	\$12.51
Associate + spouse	\$14.18	\$28.77
Associate + child(ren)	\$9.83	\$23.77
Family	\$22.91	\$38.97

Company-paid benefits

Company-paid benefits	Carrier	Cost
Vision insurance	Superior Vision	Paid 100% by Versant Health
Basic life and AD&D	MetLife	Paid 100% by Versant Health
Short-term disability	MetLife	Paid 100% by Versant Health
Long-term disability	MetLife	Paid 100% by Versant Health

2022 Benefits: Associate Cost Summary (Cont.)

Additional benefits	Carrier	Cost		
Voluntary term life insurance	MetLife	Employee or spouse rate per \$1,000 of coverage		
		<25	\$0.076	
		25–29	\$0.076	
		30–34	\$0.076	
		35–39	\$0.098	
		40–44	\$0.140	
		45–49	\$0.207	
		50–54	\$0.312	
		55–59	\$0.527	
		60–64	\$0.585	
		65–69	\$0.979	
		70–74	\$1.725	
75+	\$6.485			
Child life	\$1.23 per family			
Accident insurance	MetLife	High plan	Low plan	
	Associate only	\$3.06 bi-weekly cost	\$1.86 bi-weekly cost	
	Associate + spouse	\$6.13 bi-weekly cost	\$3.72 bi-weekly cost	
	Associate + child(ren)	\$7.35 bi-weekly cost	\$4.47 bi-weekly cost	
	Family	\$8.71 bi-weekly cost	\$5.30 bi-weekly cost	
Hospital indemnity insurance	MetLife			
	Associate only		\$7.23 bi-weekly cost	
	Associate + spouse		\$14.35 bi-weekly cost	
	Associate + child(ren)		\$11.28 bi-weekly cost	
	Family		\$18.41 bi-weekly cost	
Critical Illness (CI)	MetLife			
		Bi-weekly premium per \$15,000 of coverage (non-tobacco)		
	Employee	Employee + Spouse	Employee + Child(ren)	Family
25-year-old	\$2.22	\$3.60	\$3.05	\$4.43
35-year-old	\$3.53	\$5.54	\$4.36	\$6.37
45-year-old	\$6.85	\$10.52	\$7.68	\$11.35
55-year-old	\$12.81	\$19.80	\$13.64	\$20.63
65-year-old	\$22.71	\$35.10	\$23.54	\$35.93
		Bi-weekly premium per \$30,000 of coverage (non-tobacco)		
	Employee	Employee + Spouse	Employee + Child(ren)	Family
25-year-old	\$4.43	\$7.20	\$6.09	\$8.86
35-year-old	\$7.06	\$11.08	\$8.72	\$12.74
45-year-old	\$13.71	\$21.05	\$15.37	\$22.71
55-year-old	\$25.62	\$39.60	\$27.28	\$41.26
65-year-old	\$45.42	\$70.20	\$47.08	\$71.86

2022 Benefits: Associate Cost Summary (Cont.)

Additional benefits	Carrier	Cost
Universal life insurance	Transamerica	Cost determined by age and amount of coverage
Legal plan	Metlife	
	Associate only	\$9.69 bi-weekly cost
Pet insurance	Metlife	Cost determined by pet and plan selected
Identity theft	Legal Shield	
	Associate only	\$4.13 bi-weekly cost
	Family	\$7.82 bi-weekly cost



Eligibility and Choices

Who is eligible?

Versant Health provides benefits to all regular full-time associates scheduled to work a minimum of 30 hours per week and their eligible dependents. Medical, dental, vision, life/AD&D and disability benefits for new hires are effective the 1st of the month following 30 days of hire.

Eligible dependents are your spouse, domestic partner (with completion of a domestic partner affidavit), dependent children up to age 26 for medical and dental, and disabled children up to any age.

Enrolling for benefits

Your Versant Health benefits program has been designed to help meet the ongoing needs of you and your family. You have the opportunity to enroll in your benefit options when you are first eligible and during the annual open enrollment period. During open enrollment you can enroll, change benefit plans or add/drop eligible dependents.

The elections you make will remain in effect from January 1, 2022 through December 31, 2022, unless you have a qualified family status change.

Such qualified family status changes include birth, death, marriage, divorce, adoption, ineligibility of a formerly eligible dependent, or changes to coverage available to you or your spouse.

If you do not enroll

If you are eligible for benefits and do not enroll, you cannot enroll until the next Open Enrollment period (for benefits effective January 1st of the next year) unless you experience one of the qualified family status changes mentioned on this page.



Medical Plans



Versant Health continues to provide our associates with a comprehensive Medical Program administered by CareFirst Blue Cross Blue Shield. You have a choice of three medical plan options:

- Versant Health PPO Standard Plan (Preferred Provider Organization)
- Versant Health PPO Enhanced Plan (Preferred Provider Organization)
- Versant Health CDHP (Consumer Driven Health Plan) with Health Savings Account

All three plans cover Preventive Care at 100% and are not subject to the deductible. You do not need to designate a PCP if you are enrolled in any of these plans. If you choose to go out-of-network, you will be responsible for higher out-of-pocket costs.

Consumer Driven Health Plans (CDHPs)

The Consumer Driven Health Plan (CDHP) is a "Health Savings Account" compatible plan. Once you have met your annual deductible, the plan provides 90% coverage in-network for hospital benefits and 100% coverage for many other services. In addition, participation in this plan allows you to establish a Health Savings Account (HSA) where you can contribute pre-tax dollars towards health expenses today and in the future.

CareFirst Select Network and BlueCard PPO Network

If you reside and work in the New York, Maryland, Washington DC, or Northern Virginia area, you will be utilizing the CareFirst Select Network. CareFirst has negotiated better terms with the providers in these areas, which will result in lower costs for members through your coinsurance. When you search providers in these areas, Select Network options will appear. When you are outside of these areas, you will use the CareFirst Bluecard PPO Network; these providers will appear on your provider search as well.



Outlined below is a high-level benefit summary of the Versant Health **Standard PPO**, the **Enhanced PPO**, and the **Consumer Driver Health Plan (CDHP)**.



Medical plan options

Benefits design	PPO Standard		PPO Enhanced		CDHP	
	In network	Out of network	In network	Out of network	In network	Out of network
Annual deductible (Single / Family)	\$1,500 Single / \$3,000 Family	\$3,000 Single / \$6,000 Family	\$750 Single / \$1,500 Family	\$1,000 Single / \$2,000 Family	\$1,500 Single / \$3,000 Family	
Embedded/ non-embedded deductible	Embedded		Embedded		Non-embedded*	
HSA funding	-	-	-	-	\$500 Single / \$1,000 Family	
Medical out-of-pocket maximum (Single / Family)	\$8,700 / \$17,400	\$17,400 / \$34,800	\$8,700 / \$17,400	\$17,400 / \$34,800	\$7,050 / \$14,100	
Copay (Primary Care / Specialist)	\$35 copay	50% coinsurance after deductible	\$25 copay	40% coinsurance after deductible	100% coverage after deductible	20% coinsurance after deductible
Preventive care	100% coverage	50% coinsurance after deductible	100% coverage	40% coinsurance after deductible	100% coverage	20% coinsurance after deductible
Inpatient care	30% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible
Outpatient care: day surgery • Office visit setting • Outpatient facility • Ambulatory service center	30% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	10% coinsurance after deductible	20% coinsurance after deductible
Lab tests • Office visit setting • Outpatient facility • Independent lab	30% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	100% coverage after deductible	20% coinsurance after deductible
X-rays • Office visit setting • Outpatient facility	30% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	100% coverage after deductible	20% coinsurance after deductible
Advanced Imaging (MRI/CT/PET Scan)	30% coinsurance after deductible	50% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	100% coverage after deductible	20% coinsurance after deductible
Chiropractic care	\$35 copay	50% coinsurance after deductible	\$25 copay	40% coinsurance after deductible	100% coverage after deductible	20% coinsurance after deductible
Emergency room	30% coinsurance after deductible		\$150 Copay		100% coverage after deductible	
RxBenefits: retail supply (Generic / preferred / non-preferred specialty)	\$15 / \$60 / \$120 / 30% coinsurance to \$500 max		\$10 / \$30 / \$50 / 30% coinsurance to \$300 max		Deductible then \$10 / \$25 / \$45 / 30% coinsurance to \$300 max	
RxBenefits: mail-order supply (Generic / preferred / non-preferred specialty)	\$30 / \$120 / \$200 / 30% coinsurance to \$1,000 max		\$20 / \$60 / \$100 / 30% coinsurance to \$600 max		Deductible then \$20 / \$50 / \$90 / 30% coinsurance to \$600 max	
RxBenefits out-of-pocket maximum	None		None		None	

Tobacco use surcharge

Reducing the use of tobacco and tobacco-related products is something that can prevent illness. Billions of dollars are spent annually across the US on tobacco-related health care costs.

Versant Health understands that it is difficult to quit using tobacco products. We also know that quitting will be the best thing you can do for your health. In an effort to promote good health, there is a tobacco use surcharge if you or your covered spouse/ domestic partner use tobacco products or have used tobacco products within the last six months and choose not to participate in a tobacco cessation program.

Tobacco products include all nicotine, tobacco-derived or containing products, and plant-based products including, but not limited to, cigarettes, electronic cigarettes, cigars and cigarillos, hookah-smoked products, and oral tobacco (spit and spitless, smokeless, chew, snuff).

Covered associates that use tobacco products pay an additional \$40 bi-weekly for health plan coverage. If your spouse/domestic partner is also enrolled in the health plan and uses tobacco products, an additional \$40 will be deducted on a bi-weekly basis for a total of \$80 bi-weekly, if both the associate and spouse/domestic partner use tobacco products.

You and your spouse will be required to sign an attestation form and return to Human Resources prior to your effective start date. To be considered tobacco-free, you must not have used tobacco or other smoking products within the past 6 months leading up to your effective date and will need to complete a health and wellness form in Dayforce.

The surcharge will **not** apply to any tobacco user who timely submits the Affidavit with his or her Plan enrollment materials and attests that he or she (and his or her spouse/ domestic partner) are actively participating in a tobacco cessation program or intends to enroll in a tobacco cessation program within 30 days of submitting the Affidavit. For these purposes, a tobacco cessation program is any reasonable plan utilized to actively pursue ceasing the use of tobacco products and includes prescription medication, classes, over-the-counter medications, coaching, etc. Versant Health may request proof of participation in a program and reserves the right to determine if a program is reasonably designed to lead to cessation of tobacco use.



Which Plan Is Right For You?

To help you determine the right plan for you and your family, we are providing a few examples. See what these sample associates' estimated costs are compared among the available plan options. Each example assumes that the associate received care from in-network providers.

Example 1: Jessica Age 27 / Single / Healthy / Associate only coverage

Jessica is in good health and believes her good health will continue during 2022. In 2021, she visited her doctor for her yearly physical and had one sinus infection for which she received a prescription.

Here is what each of the health plan options would look like for Jessica if she has a similar health experience in 2022:



Health care services	Health care service cost (in network)	PPO Standard	PPO Enhanced	Consumer Driven Health Plan (CDHP)
Annual contributions		\$47.60 x 26 = \$1,237.60	\$75.42 x 26 = \$1,960.96	\$68.86 x 26 = \$1,790.36
Annual deductible		\$1,500	\$750	\$1,500
Out of pocket maximum		\$8,700	\$8,700	\$7,050
Versant Health HSA funding				\$500
Annual physical	\$290	\$0	\$0	\$0
One primary care doctor visit for sinus infection	\$128	\$35	\$25	\$128 (deductible not yet met)
One generic prescription for sinus infection	\$29	\$15	\$10	\$29 (deductible not yet met)
Year-end medical and Rx cost	\$447	\$50	\$35	\$157
Total year end costs (including contributions)		\$1,287.60	\$1,995.96	\$ 1,947.36
ER HSA funding				\$157
Remaining HSA balance				\$343
Net year end costs				\$1,1447.36

Example 2: Abhishek

Age 42 / Married with one child / chronic family health issues / Family coverage

During 2021, Abhishek struggled with cardiac disease and visited his primary care doctor and a specialist multiple times requiring diagnostic testing on several visits. Abhishek had an outpatient hospital procedure to open a blocked artery. Lynn, his spouse, is managing an intestinal disorder and has had numerous doctor visits and two outpatient diagnostic procedures.

Here is what each of the health plan options would look like for Abhishek should he and his family have a similar experience in 2022:



Health care services	Health care service cost (in network)	PPO Standard	PPO Enhanced	Consumer Driven Health Plan (CDHP)
Annual contributions		\$171.01 x 26 = \$4,446.26	\$321.34 x 26 = \$8,354.84	\$291.83 x 26 = \$7,587.58
Annual deductible		\$3,000 family, \$1,500 per individual in family	\$1,500 family, \$750 per individual in family	\$3,000
Out of pocket maximum		\$14,000 family, \$8,700 per individual in family	\$14,000 family, \$8,700 per individual in family	\$14,100
Versant Health HSA funding		\$0	\$0	\$1,000
Three annual physicals (one for each family member)	\$870	\$0	\$0	\$0
Eight primary care doctor visits (3 for Abhishek, 5 for spouse)	\$1,024	\$280 (\$105 for Abhishek)	\$200 (\$75 for Abhishek)	\$1,024 (deductible not met)
One primary care doctor visit for child	\$127	\$35	\$25	\$127 (deductible not met)
Six specialist doctor visits (3 for Abhishek, 3 for spouse)	\$1,617	\$210 (\$105 for Abhishek)	\$150 (\$75 for Abhishek)	\$1,617 (deductible not met)
Four sets of diagnostic screenings/tests (multiple family members)	\$924	\$924 (deductible not met) (\$462 for Abhishek)	\$924 (deductible not met) (\$462 for Abhishek)	\$232 (deductible met)
24 generic (12 for Abhishek, 12 for spouse) and three preferred (for spouse) brand prescriptions	\$954	\$540 (\$180 for Abhishek)	\$330 (\$120 for Abhishek)	\$315
Outpatient surgical procedure (for Abhishek)	\$63,600	\$1,038 deductible, \$6,010 coinsurance to individual OOPM	\$38 deductible, \$7,130 coinsurance to individual OOPM	\$6,360
Year-end medical and Rx cost	\$69,116	\$9,037	\$8,797	\$9,675
Total year end costs (including contributions)		\$13,483.26	\$17,151.84	\$17,262.58
ER HSA funding				\$1,000
Remaining HSA balance				\$0
Net year end costs				\$16,262.58

Example 3: Nancy

Age 57 / Married with no covered dependents / severe adult health issues / Associate only coverage

Nancy is healthy but required outpatient arthroscopic knee surgery.

Here is what each of the health plan options would look like for Nancy should she have knee surgery in 2022:



Health care services	Health care service cost (in network)	PPO Standard	PPO Enhanced	Consumer Driven Health Plan (CDHP)
Annual contributions		\$47.60 x 26 = \$1,237.60	\$75.42 x 26 = \$1,960.92	\$68.86 x 26 = \$1,790.36
Annual deductible		\$1,500	\$750	\$1,500
Out of pocket maximum		\$8,700	\$8,700	\$7,050
Versant Health HSA funding		\$0	\$0	\$500
Annual physical	\$290	\$0	\$0	\$0
Outpatient hospitalization	\$12,500	\$4,800 (deductible met)	\$2,900 (deductible met)	\$2,600 (deductible met)
3 specialist visits	\$809	\$105	\$75	\$0
1 primary care visit	\$128	\$35	\$25	\$0
12 generic prescriptions	\$348	\$180	\$120	\$120
Year-end medical and Rx cost	\$14,075	\$5,120	\$3,120	\$2,720
Total year end costs (including contributions)		\$6,357.60	\$5,080.92	\$4,510.36
ER HSA funding				\$500
Remaining HSA balance				\$0
Net year end costs				\$4,010.36

Telemedicine (Teladoc)



Versant Health has partnered with Teladoc to provide associates a telemedicine benefit with no copay. Teladoc provides 24/7, on-demand access to licensed healthcare professionals via phone, video, email and mobile app for non-emergency, routine and preventative medical consultations.

Prescriptions may be requested, if appropriate, for pickup at a pharmacy of your choice. Teladoc provides a fast, convenient consultation on a variety of issues like cold and flu symptoms.

So many reasons to use Teladoc!

Teladoc gives you 24/7/365 access to a doctor through the convenience of phone or video consults. It's an affordable option for quality medical care.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone or online video



Prompt treatment: average call back in 16 min.



A network of doctors that can treat children of any age



Secure, personal and portable electronic health record (EHR)



No limit on consults, so take your time

When can I use Teladoc?

- When you need care now
- If your doctor is unavailable
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Skin problems
- Respiratory infection
- Sinus problems
- And more!

Share with your PCP

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Talk to a doctor anytime for free!

- [Teladoc.com](https://www.teladoc.com)
- [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)
- 800-TELADOC ((800) 835-2362)
- [Teladoc.com/mobile](https://www.teladoc.com/mobile)

Telemedicine (Teladoc), Cont.



Get started with Teladoc

It's quick and easy to set up your account through the Teladoc app. Simply download the Teladoc app and follow the four easy steps below.

1. Confirm benefits

Provide some information about yourself to confirm your eligibility.

2. Benefit confirmation

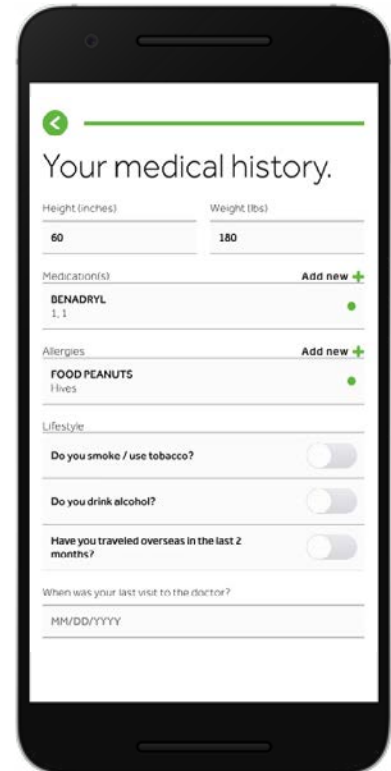
We'll confirm that we found your benefits and you'll continue creating your account.

3. Create account

Please provide your contact information and preferred language.

4. Complete account

Create a username, password, and pick security questions to ensure your account is secure.



If you'd prefer to set up your account online. Simply visit the Teladoc website, select "Set up account," and then follow the instructions below.

1. Confirm benefits

Provide some information about yourself to confirm your eligibility.

2. Benefit confirmation

We'll confirm that we found your benefits. Click 'Continue' and finish creating your account. Do **not** select 'Look me up using my health or insurance provider'.

3. Create account

Enter your contact information, username, password, and security questions.

To add dependents to your Teladoc account:

Step 1: Log in to your account at teladoc.com or access your account using the mobile app.

Step 2: Navigate to the 'My Family' tab and select 'Dependents'

Step 3: Once on the dependents page, select the 'Add New Dependents' link

Step 4: Complete the required fields labeled with an asterisk.

Dental Plan



Maintaining good oral health by getting regular dental checkups may prevent you from having major health-related issues and expenses later. Versant Health offers two comprehensive dental plans through MetLife.

Benefits	Standard		Enhanced	
	In-network	Out-of-network	In-network	Out-of-network
Type I: Preventive and diagnostic services	Covered at 100%	Covered at 100%*	Covered at 100%	Covered at 100%*
Calendar year deductible (waived for Type I Services)	\$50 Individual / \$150 Family		\$50 Individual / \$150 Family	
Type II: Basic services (periodontics, extractions, endodontics/ root canals)	Covered at 70%	Covered at 70%*	Covered at 85%	Covered at 75%*
Type III: Major services (crowns, dentures, bridges, inlays, on-lays)	Covered at 50%	Covered at 50%*	Covered at 65%	Covered at 55%*
Calendar year maximum	\$1,000		\$2,750	
Orthodontia benefit (up to age 19)	Not covered		Covered at 50% in or outside network; Lifetime Maximum Benefit \$1,500	

*If associates select an out-of-network provider, they can be balance billed for the services.

Keep a smile on your face and more money in your pocket with our dental plan.

Having a dental plan that covers exams, X-rays, fillings and more can help you save money and live healthier.¹ Get the care you need with a dental plan featuring MetLife's Preferred Dentist Program.

- There are thousands of general dentists and specialists to choose from nationwide, so you are sure to find one who meets your needs.
- Flexibility to visit any dentist you want, in or out-of-network. Your out-of-pocket costs will usually be lower when you visit an in-network dentist.
- Negotiated fees that are typically 30-45% less than the average fees charged by dentists in your area for the same or similar covered services²



Find a Dental Provider

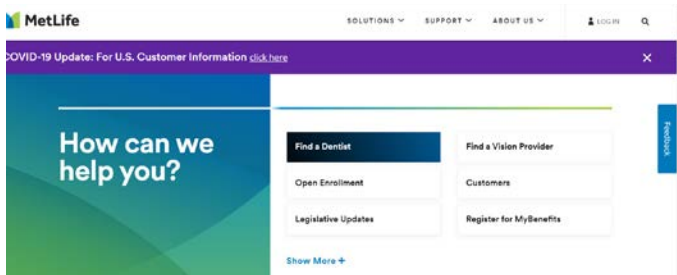
With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoke and phone numbers of participating dentists by searching our online **Find a Dentist** directory.

Step 1

Go to [metlife.com](https://www.metlife.com).

Step 2

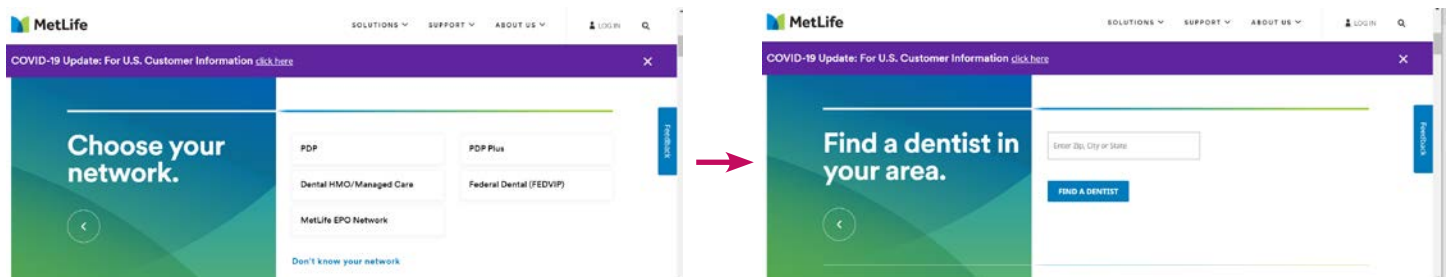
Select "Find a Dentist" next to "How can we help you?"



Step 3

"Choose your network"

Select your plan from the list. The plan name is located in your **Schedule of Benefits**. Next, enter your ZIP, City, or State and select the "Find a Dentist" button.



MetLife offers a variety of online tools for you to make the most of your coverage:

The Oral Health Library³ at [oralfitnesslibrary.com](https://www.oralfitnesslibrary.com) contains articles and tools that can help you learn more about the importance of oral health and its connection to overall health.

Interactive Dental Risk Assessment tools to help you determine your risk for periodontal disease or tooth decay to then discuss the results with your dentist during your next appointment.

Here's what else you can do online

- Find or select a dentist
- View claims and claim address
- Manage your health care spending

MetLife Mobile— find what you need, wherever, whenever

Go to [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or download the MetLife Mobile App⁴ on the iTunes[®] App Store and Google Play. You can find a dentist, view your claims, access your ID card, and more.

Vision Plan Benefits



Versant Health vision benefits are provided by Superior Vision through the Superior National Network.

Website: superiorvision.com

Tel.: (800) 507-3800

Copays		Services/frequency	
Exam	\$0	Exam	1 per calendar year
Materials¹	\$0	Frame	1 per calendar year
Contact lens fitting (standard and specialty)	\$0	Contact lens fitting	1 per calendar year
		Lenses	1 pair per calendar year
		Contact lenses	1 allowance per calendar year

Benefits through Superior National Network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full	Up to \$48 retail
Exam (optometrist)	Covered in full	Up to \$42 retail
Frame benefits		
Frame allowance	\$175 retail allowance	Up to \$88 retail
VDT eyeglasses / additional pair² (active associates only)	See description ²	Not covered
Contact lens fitting (standard³)	Covered in full	Up to \$30 retail
Contact lens fitting (specialty³)	\$50 retail allowance	Up to \$30 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to \$36 retail
Bifocal	Covered in full	Up to \$52 retail
Trifocal	Covered in full	Up to \$69 retail
Standard progressive	Covered in full	Up to \$52 retail
Premium, ultra or ultimate progressive	See description ⁴	Up to \$52 retail
Lenticular	Covered in full	Up to \$96 retail
Tints, solid, or gradient	Covered in full	Not covered
Factory scratch coat	Covered in full	Not covered
Polycarbonate (children / adults)	Covered in full	Not covered
Ultraviolet coat	Covered in full	Not covered
Standard anti-reflective coat	Covered in full	Not covered
Premium, ultra or ultimate anti-reflective coat	See description ⁵	Not covered
Photochromic	Covered in full	Not covered
Contact lenses⁶	\$150 retail allowance	Up to \$100 retail
Medically necessary contact lenses	Covered in full	Up to \$210 retail

Copays apply to in-network benefits; copays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² VDT eyeglasses / additional pair (active associates only) are covered up to a \$175 retail frame allowance only when received from Prime Eye Care or Visionworks. In order to be eligible for the VDT eyewear, one of the following differences from the first pair must apply: Prescription must have at least a ½ diopter difference, Seg height must have a 5.0mm difference, Spectacle lens type change. (e.g. single vision to bifocal).

³ Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

⁴ Premium and ultra progressive lenses are covered in full when received from Prime Eye Care or Visionworks only, ultimate progressive lenses are not available from these providers. Most of the other in-network providers participate in Superior Vision discounts and for these providers the applicable member out-of-pocket amounts for premium, ultra and ultimate progressive lenses are outlined under Superior Vision discount features/information.

⁵ Premium and ultra anti-reflective coating is covered in full when received from Prime Eye Care or Visionworks only, ultimate anti-reflective coating is not available from these providers. Most of the other in-network providers participate in Superior Vision discounts and for these providers the applicable member out-of-pocket amounts for premium, ultra and ultimate anti-reflective coating are outlined under Superior Vision discount features/information.

⁶ Contact lenses are in lieu of eyeglass lenses and frames benefit

Health Savings Account (HSA)



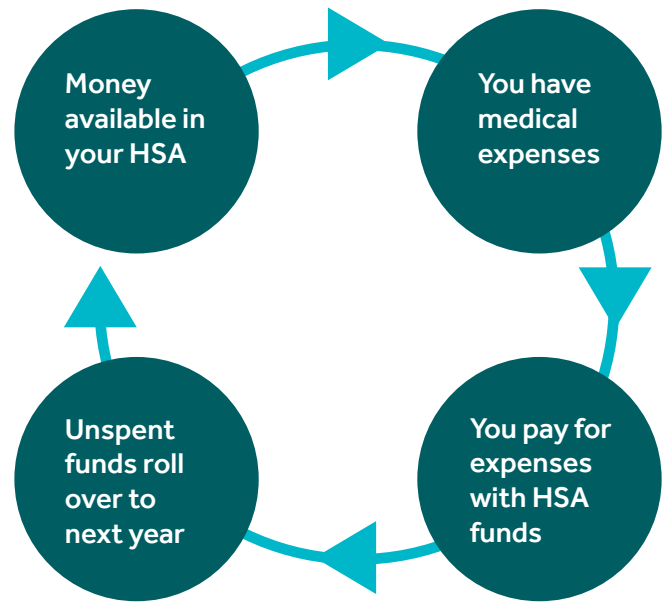
Versant Health's HSA is administered by Optum and is available to participants who are enrolled in the CareFirst Consumer Driven Health Plan (CDHP). The HSA allows you to set aside money on a pre-tax basis for current and future eligible healthcare expenses, thus reducing your taxable income. A debit card is available to access the funds in the account or you may elect either live check or direct deposit reimbursement of submitted and approved receipts. This money is yours to keep and can be rolled over from one year to the next.

For 2022, the maximum contribution for associate has increased to \$3,650, and the family contribution has increased to \$7,300. Associates over age 55 are eligible for an additional \$1,000 catch-up contribution.

How does an HSA work?

Your HSA works a lot like a savings account that you use to pay for qualified health care expenses. You can use the HSA to pay for medical expenses, such as:

- Qualified medical, dental and vision services, deductible expenses, co-payments, co-insurance
- Qualified medical, dental and vision services that are not covered by traditional health plans, such as laser eye surgery.
- However, if you use the HSA funds for non-qualified services, you will be responsible for taxes and a penalty.



Tier	Enrolled as of January 1st (1x deposit)	Newly enrolled as of April 1st (1x deposit)	Newly enrolled as of July 1st (1x deposit)	Newly enrolled as of October 1st (1x deposit)
Associate only	\$500	\$375	\$250	\$125
Associate + spouse	\$1,000	\$750	\$500	\$250
Associate + child(ren)	\$1,000	\$750	\$500	\$250
Family	\$1,000	\$750	\$500	\$250

Versant Health 2022 HSA Funding

Versant Health will fund your HSA once this year according to the above schedule. All enrollees as of January 1st will receive one deposit at the beginning of the plan year. See examples below for new hires.

Example 1: An associate enrolled in associate only coverage as of April 1st would receive a 1x employer contribution in the amount of \$375.

Example 2: An associate enrolled in associate + spouse coverage as of July 1st would receive a 1x employer contribution in the amount of \$500.

Flexible Spending Accounts (FSAs)



Versant Health offers you Health Care and Dependent Care Flexible Spending Accounts (FSAs) through Optum which allow you to set aside pre-tax dollars to pay for a wide variety of health and/or dependent care expenses that are not covered through your other benefit plans. The annual amount you elect to contribute to each account will be divided into equal amounts and deducted from your paycheck before federal and, in most cases, state and local income taxes are withdrawn.

Due to IRS rules, if you would like to participate in the Health Care and/or Dependent Care FSA plan, you must enroll every year.

Health Care FSA

Health care expenses for yourself and your dependents are eligible for reimbursement from your Health Care FSA. Due to the Affordable Care Act, the maximum annual contribution into a Health Care FSA is \$2,750.* We also offer a convenient prepaid Health Care FSA debit card which simplifies the reimbursement process by allowing you to use the FSA debit card instead of cash to pay for eligible health care expenses.

Dependent Care FSA

Expenses for dependent care services for children under age 13, a disabled spouse or incapacitated parent are eligible for reimbursement from your Dependent Care FSA as long as you incur them while you and your spouse work or attend school full-time. The maximum annual contribution is \$5,000 (\$2,500 if you are married and filing a separate income tax return) per IRS regulations.

Rules and regulations

Plan your annual FSA contribution amounts carefully; the election you make when you enroll will remain in effect for the entire plan year (January 1st to December 31st) unless you have a qualifying status change.

Additionally, the IRS imposes some rules and restrictions on the way you can use FSAs:

- You must incur eligible expenses during the plan year. This means that you have until December 31st to spend funds in your account that you elect now for the January–December plan year.
- \$500* rollover: You may roll over up to \$500 of unused funds to the next plan year. Any funds remaining in the plan in excess of the \$500 rollover at the end of the year will be forfeited and you will not be able to use those funds going forward.
- You cannot transfer money from one account to another; money in your Health Care FSA cannot be used for Dependent Care expenses and vice versa.
- You can only make changes to your contribution amounts with a qualified status change.
- FSA participants can login at optumbank.com to use the handy expense estimator tool.
- To view a complete list of eligible/ineligible health care expenses, visit www.irs.gov/publications/p502/index.html

*****IMPORTANT: If you enroll in the Health Savings Account (HSA), you only have the option of enrolling in the Limited FSA. The Limited FSA is much like a full FSA; however, you cannot use the Limited FSA for medical expenses. You would ONLY use the Limited FSA for dental and vision expenses.**

* Value will change once 2022 values are published.

Basic Life and AD&D Insurance



Versant Health provides you with a Basic Life and AD&D Insurance benefit through MetLife. This Basic Life and AD&D benefit coverage is 100% company paid and you are automatically enrolled in this plan; no election is necessary. Please review your beneficiary designations and be sure to update designations and allocations during open enrollment.

Coverage	Benefit amounts	Benefit maximum
Basic Life	1x annual salary	\$350,000
Basic AD&D	1x annual salary	\$350,000

When you reach age 70, your benefit will reduce to 65% of the principal sum, and to 50% at age 75; please see the Summary Plan Description for complete details. If you were to leave employment, this plan is able to be ported or converted through MetLife at the conversion or ported rates. You have 31 days from the last day of coverage to port or convert this plan.

Please see a Human Resources representative or the Benefits department for the appropriate forms.

Disability Insurance



Versant Health also provides you with 100% company paid short-term and long-term disability benefits, both through MetLife. Our disability plans work together to help protect you and your family in the event you become disabled due to an accident, injury or illness and cannot work.

Coverage	Elimination period	Benefit	Duration
Short-term disability	Benefits begin on the 8th day of consecutive total disability or illness	60% of total weekly earnings up to a maximum weekly benefit of \$3,000	12 weeks
Long-term disability	After 90 days or the end of your short-term disability maximum benefit period, whichever is later	60% of total monthly earnings up to a maximum monthly benefit of \$20,000	Up to age 70



Voluntary Life and AD&D Insurance



Versant Health offers Voluntary Life and AD&D paid for in-full by our associates through payroll deductions. These benefits are designed to provide a low-cost option to increase the amount of life coverage for you and your family beyond the company-paid basic offering.

During the 2022 open enrollment period:

- Increase your Voluntary Life and AD&D election by \$5,000 increments up to \$1,000,000, but not to exceed 7x your annual earnings
- Amounts in excess of \$100,000 up to \$1,000,000 are subject to medical underwriting approval
- You can also increase Life and AD&D for your spouse in increments of \$5,000 up to \$250,000
- Amounts in excess of \$50,000 are subject to medical underwriting approval.
- Associates who wish to enroll for the first time but are not new hires will be subject to evidence of insurability (medical underwriting)

New hires may elect new coverage:

- In \$5,000 increments up to \$1,000,000, but not to exceed 7x your annual earnings for yourself
- May also elect new coverage in \$5,000 increments up to \$250,000 for your spouse
- Guarantee issue amounts are \$100,000 for associate and \$50,000 for spouse

Coverage	Voluntary Life and AD&D Benefit	Guarantee issue amount
Associate	Increments of \$5,000 up to a maximum of the lesser of 7x salary or \$1,000,000	\$100,000
Spouse	Increments of \$5,000 up to \$250,000, not to exceed 100% of associate amount	\$50,000
Child(ren)	Birth – age 26: Flat \$10,000*	\$10,000

* Regardless of number of children



Employee Assistance Program (EAP)

Access to counselling and consultation— free and confidential

Versant Health offers a free and confidential Employee Assistance Program (EAP) through MetLife. You and your family, including spouse and dependents, can access this program at any time, as long as you are covered under the Basic Life and Disability insurance provided by Versant Health.

Life Assistance Program

From everyday issues like job pressures, relationships and retirement planning to highly impactful issues like grief, loss, or a disability, LifeWorks is your resource for professional support.

- You have five video or phone sessions with a licensed clinician available to you and your household members. Call MetLife to request a session
- Free 30-minute legal consultation with a licensed practicing attorney
- Free 30-minute financial consultation with a certified financial expert
- An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools

Health

Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking

Family

Going through a divorce, caring for the elderly family member, returning to work after having a baby

Work

Job relocation, building relationships with co-workers and managers, navigating through reorganization

Money

Financial issues are one of the leading causes of stress in America. That is why MetLife offers a variety of tools and resources to help you manage your finances.

- Upwise, a financial wellness app that helps employees feel good and make meaningful progress with their finances, offered at no cost to you
- Resources on money management

Legal Services

Issues relating to civil, personal and family law, financial matters, real estate and estate planning

Identity Theft Recovery

ID theft prevention tips and help from a financial counselor if you are victimized

Transition Solutions

Educate transitioning employees about their life insurance options, including lower cost alternatives, exclusively designed for MetLife members

Retirewise

A comprehensive financial and retirement education resource that can help support and complement your benefit offerings and also help employees make smarter decisions

Covenient and confidential help when you want it, how you want it

You can call (888) 319-7819 to speak with a counselor or schedule an appointment, 24/7/365. When you call, just select "Employee Assistance Program" when prompted. Or you can log on to <https://metlifeeap.lifeworks.com/life/employee-assistance>, username **metlifeeap** and password **eap**

Help Is Always at Your Fingertips

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search "LifeWorks" on iTunes App Store or Google Play. Log in with the username **metlifeeap** and password **eap**.

Versant Health's 401(k) Plan



Invest some of what you earn today for what you plan to accomplish tomorrow. Take a look and see what a difference enrolling in your workplace savings plan could make in helping you achieve your goals.

Eligibility: You are eligible to participate in the Plan if you are at least 18 years old and are an associate of Versant Health or one of its affiliated companies. You can begin contributing at the beginning of any month once you have completed three (3) months of service.

Company match: Versant Health will make Safe Harbor matching contributions to your account based on your contributions. The amount will equal 100% of the first 3% you contribute to the Plan and 50% on two additional percent. To be eligible for matching contributions you are required to make employee deferral contributions.

Tax savings: Once you make an election to defer some of your salary into the plan, your pre-tax contributions are deducted from your pay before income taxes are taken out. This means that you can actually lower the amount of current income taxes you pay each period. It could mean more money in your take-home pay versus saving money in a taxable account. Also, you pay no taxes on any earnings until you withdraw them from your account, generally at retirement, enabling you to keep more of your money working for you now.

Convenience: Your contributions are automatically deducted regularly from your paycheck.

Portability: You can roll over eligible savings from a previous employer into this Plan. You can also take your plan vested account balance with you if you leave the company.

Investment flexibility: You have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio.

Contribution and benefit limits for 2022

- 401(k) deferrals have increased to \$20,500
- Catch-up contributions for those 50 and over have increased to \$7,000
- Definition of a "highly compensated employee" for 2022 has increased to \$135,000

How to enroll

Step 1: Enroll online. Go to **401k.com** and click on "Register Now" when logging in for the first time. Follow the instructions to Enroll Today! Call the Retirement Benefits Line if you need assistance at **(800) 294-4015**.

Step 2: Decide how much to invest and enter your contribution per pay period.

Step 3: Select how you want to invest your contributions among the investment options available in the plan. Investment performance and fund descriptions are available online or over the phone. If you are interested in additional information about investing, go to the NetBenefits® Library to learn more.

Remember to complete the Designation of Beneficiary Form. For more information about your plan, go to **401k.com**.

Critical Illness Insurance



Critical Illness insurance helps protect associates and their families from financial loss by providing a lump-sum cash benefit payable directly to the associate upon diagnosis of a covered condition. Effective January 1, 2022, you can learn more by visiting [metlife.com/insurance/accident-health/](https://www.metlife.com/insurance/accident-health/) or by calling **(800) 438-6388** Monday – Friday, 8:00 a.m. – 8:00 p.m. EST.

- Benefit amounts range from \$15,000 to \$30,000 in \$15,000 increments for associates. Spouse and dependent child amounts range from \$7,500 to \$15,000.
- Some benefits will pay again should the critical illness reoccur after a 12-month period between occurrences.
- Any condition existing 12 months prior to obtaining the policy is not covered for the first 12 months of the policy.
- Premiums paid 100% by associate via payroll deduction on a post-tax basis.

The schedule below shows the percentage of the benefit amount payable per critical illness:

Guaranteed issue	Benefit	
Benefit amount associate	\$30,000	
Benefit amount spouse	50% of the employee's initial benefit	
Benefit amount child	50% of the employee's initial benefit	
Core conditions	Initial benefit	Recurrence benefit
Heart attack	100%	100%
Stroke	100%	100%
Major organ transplant	100%	100%
Kidney failure	100%	100%
Occupational hepatitis/HIV	100%	N/A
Coronary artery bypass surgery	50%	50%
Skin cancer	5%	N/A
Cancer conditions		
Invasive cancer	100%	100%
Non-invasive cancer	25%	100% of initial benefit amount
Carcinoma in situ	5%	5%
Additional conditions		
Complete blindness	100%	N/A
Loss of speech	100%	N/A
Complete loss of hearing	100%	N/A
Benign brain tumor	100%	100% of initial benefit amount
Paralysis	100%	N/A
Coma	100%	N/A
Systemic Lupus Erythematosus	100%	N/A
Advanced ALS or Lou Gehrig's disease	100%	N/A
Alzheimer's	25%	N/A
Parkinson's	100%	N/A

Childhood conditions		
Down syndrome	100%	N/A
Cerebral palsy	100%	N/A
Cystic fibrosis	100%	N/A
Cleft lip/palate	100%	N/A
Sickle cell anemia	100%	N/A
Spina bifida	100%	N/A



Accident Insurance



Accident insurance provides protection to help with the cost of an accident that results in an injury that requires medical care. Injured associates and their dependents may use the cash benefits however they want. Typically it is used to satisfy deductibles, pay out-of-pocket medical expenses, or to pay household bills. Effective January 1, 2022, you can learn more by visiting [metlife.com/insurance/accident-health/](https://www.metlife.com/insurance/accident-health/) or by calling **(800) 438-6388** Monday – Friday, 8:00 a.m. – 8:00 p.m. EST.

- Associate-only coverage or coverage for spouses and dependent children is available.
- Premiums paid 100% by associate via payroll deduction on a post-tax basis.

Options include the MetLife Standard Plan or the MetLife Enhanced plan. Below are some but not all of the benefits included in each plan. The amounts listed represent the cash payout per incident:

Benefit details	MetLife Low	MetLife High
Associate	\$15,000	\$25,000
Accidental death benefit		
Spouse	\$15,000	\$25,000
Child	\$7,500	\$12,500
AD&D: loss of sight, hand, foot	Up to \$7,500	Up to \$15,000
Emergency room	\$100	\$150
Urgent care/Physician's office	\$100	\$150
X-ray: medical testing	\$50	\$100
Major diagnostic exam (CT scan, MRI, EEG)	\$100	\$200
Blood/plasma/platelets	\$100	\$200
Ambulance ground/air	Ground: \$300 / Air: \$1,000	Ground: \$400 / Air: \$2,000
Hospital admission	\$1,500	\$2,000
Hospital confinement	\$300/day up to 15 days	\$400/day up to 15 days
ICU/critical care admission	\$2,500	\$3,000
ICU/critical care confinement	\$300/day up to 15 days	\$150/day up to 15 days
Inpatient rehabilitation facility	\$50/day up to 15 days	\$100/day up to 15 days
Dislocation	Schedule up to \$3,000	Schedule up to \$6,000
Fractures: non-surgical & surgical	Schedule up to \$3,000	Schedule up to \$6,000
Lacerations	Schedule up to \$250	Schedule up to \$500
Surgical repair	Schedule up to \$650	Schedule up to \$1,250
Eye injury	\$100 (removal of object) / \$125 (surgery)	\$100 (removal of object) / \$250 (surgery)
Emergency dental work extraction/crown	Extraction: \$30 / Crown: \$100	Extraction: \$65 / Crown: \$200
2nd degree burns	Schedule up to \$1,000	Schedule up to \$2,000
3rd degree burns	Schedule up to \$10,000	Schedule up to \$20,000
Skin grafts	50% of burn benefit	50% of burn benefit
Coma	\$5,000	\$10,000
Concussion	\$250	\$250
Modification benefit	\$500	\$750
Medical appliance	\$400	\$500
Prosthesis one/two or more	up to \$500	up to \$1,000
Lodging	\$50/day	\$100/day
Wellness benefit (per insured per calendar year)	\$50	\$50

Hospital Insurance



Hospital indemnity insurance helps associates with out-of-pocket medical costs incurred with a hospital stay. Associates with hospital stays of 10 consecutive days or more receive additional extended hospitalization benefits. Effective January 1, 2022, you can learn more by visiting [metlife.com/insurance/accident-health/](https://www.metlife.com/insurance/accident-health/) or by calling **(800) 438-6388** Monday – Friday, 8:00 a.m. – 8:00 p.m. EST.

Below are some highlights of the plan:

- Covered hospital stays including: pregnancy, accident, sickness, mental and nervous conditions, and substance abuse covered.
- First day hospital benefits are paid when an associate is confined for a minimum of 20 continuous hours.
- Stacked benefits, first day, hospital confinement, and ICU benefits are all paid on the same day.
- No pre-existing condition restrictions.
- Hospital indemnity provides a \$50 wellness screening benefit.
- Premiums paid 100% by associate via payroll deduction on a post-tax basis

The amounts listed represent the cash pay-out per incident, these payouts can stack or add together:

Hospital benefits	MetLife
Additional benefits	Includes \$50 wellness screening
Hospital admission	\$1,000/calendar year
Hospital confinement	\$100/day up to 30 days per calendar year
ICU/critical care admission	N/A
ICU/critical care confinement	\$100/day up to 15 days (pays in addition to hospital benefit)
Rehabilitation confinement	N/A

Hospital insurance example

John was in a serious accident. He had to stay in the hospital's intensive care unit for 3 days and then spent 9 days in a regular room.

Covered benefit	Per-day benefit	Eligible days	Benefit amount
Hospital admission	\$1,000	Day 1	\$1,000
Hospital confinement	\$100	Days 1–12	\$1,200
ICU confinement	\$100	Days 1–3	\$300
Extended hospitalization	\$100	Days 1–12	\$1,200
Total benefit paid			\$3,700

Universal Life Insurance



We understand that your health can impact your wealth and vice versa. Our TransElite universal life insurance not only offers a death benefit, but also has riders that include an accelerated death benefit that will pay part of your benefit in the event of a chronic injury, illness, or need for care. Plus, it is fully portable. Effective January 1, 2022 you can learn more by visiting [transamerica.com](https://www.transamerica.com) or by calling **(888) 763-7474** Monday – Friday, 8 a.m. – 7 p.m. EST.

It's not easy to think about such serious circumstances, but it's important to make sure your family is financially protected. Consider universal life insurance through Transamerica, which offers:

- The universal life insurance benefit offers the following: guaranteed issue, no physical exams or blood tests*, and locked-in age rates.
- Accelerated death benefit for living benefit rider—Accelerates a portion of the life insurance death benefit if the insured person is diagnosed with a covered chronic illness and in the best medical judgment is unable to perform daily activities for a period of at least 90 days without human assistance that is expected to be permanent; or has a severe cognitive impairment that is expected to be permanent and requires supervision to protect the insured's health and safety.
- Accelerated death benefit for terminal condition rider—Accelerates a portion of the life insurance death benefit if the insured person is first diagnosed with a terminal condition which, in the best medical judgment will result in death within 12 months.
- Child term insurance rider—Allows an insured associate or spouse (but not both) to insure all eligible children, age 15 days and no older than age 25, for the selected amount of term insurance. Insurance on each child terminates on that child's 26th birthday or when the parent's insurance ends, whichever is earlier. Upon the termination, the child has 31 days in which to convert to an individual contract for up to 5 times the amount of insurance under this rider or \$50,000. All children in the family will be insured for the same insurance amount.



* Acceptance based on answers to questions on the application for insurance

Versant Health cares about all of our associates' dependents — even the four-legged ones!

As part of your voluntary benefits, associates can access Pet Insurance offered by MetLife for your cat or dog. If your pet becomes sick or hurt, you may not have enough saved to cover the expense. Taking your pet to the veterinarian can be very costly. Veterinary Pet Insurance (VPI) from MetLife makes it easier to be prepared for wellness care to significant medical incidents. VPI is the smart way to protect your pet's health. By having an insurance policy in effect which covers your pet, you are able to minimize some of the medical costs associated with these visits and treatments. Effective January 1, 2022, you can learn more by calling **(800) 438-6388** Monday – Friday, 8:00 a.m. – 8:00 p.m. EST.

Why do I need pet insurance?

- Now more than ever, pets are playing a significant role in our lives, and it is important to keep them safe and healthy.
- The average annual cost for a routine visit is \$212 for a dog and \$160 for a cat; and the average annual cost for a surgical vet visit is \$426 for a dog and \$214 for a cat.

Coverage includes:*

- Accidental injury
- Medications
- Hip dysplasia
- Chronic conditions
- Illnesses
- Ultrasounds
- Hereditary conditions
- Alternative therapies
- Exam fees
- Hospital stays
- Congenital conditions
- Surgeries
- X-rays and diagnostic tests
- Holistic care
- And much more!

* Please note: Pre-existing conditions may not be covered, so enroll your pets today to make sure they're protected.

You can visit any licensed vet or emergency clinic in the United States

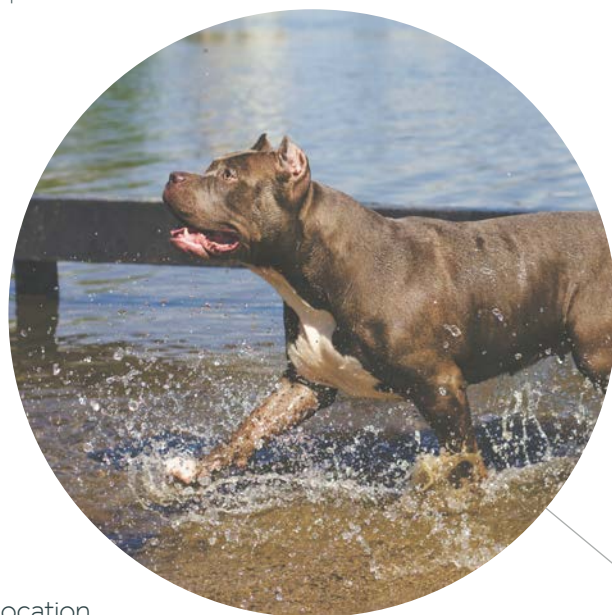
- You and your veterinarian of choice can determine the best treatment plan and medical course of action for your pet
- Once you've received and paid your bill, send it to MetLife and they will process your claim for reimbursement

Flexible plan designs are available

- Coverage is flexible and customizable so that you can choose the plan that works for you
- Levels of coverage from \$1,000–unlimited
- \$0–\$2,500 deductible options
- Reimbursement percentages from 65%–100%

How much will it cost?

- Each pet's premium will be unique based on the age, breed, geographic location and gender, as well as the coverage amount you select
- Contact MetLife at **(800) 438-6388** for a quote or to enroll
- MetLife will provide direct billing for this benefit



Legal experts on your side, whenever you need them

You, your spouse and dependents need legal assistance for some of the most frequently needed personal legal matters with no waiting periods, no deductibles and no claim forms, when using an in-network attorney. You can choose an attorney from the MetLife network of prequalified attorneys or use an attorney outside of our network and be reimbursed some of the cost. The premiums are paid by associates via payroll deduction on a post-tax basis.

To learn more, visit info.legalplans.com and enter access code 9904355 or call **(800) 821-6400** Monday – Friday, 8:00am – 8:00 pm EST.

Money matters	<ul style="list-style-type: none"> Debt collection defense Identity theft defense Negotiations with creditors 	<ul style="list-style-type: none"> Personal bankruptcy Promissory notes 	<ul style="list-style-type: none"> Tax audit representation Tax collection defense
Home and real estate	<ul style="list-style-type: none"> Boundary and title disputes Deeds Eviction defense Foreclosure 	<ul style="list-style-type: none"> Home equity loans Mortgages Property tax assessments Refinancing of home 	<ul style="list-style-type: none"> Sale or purchase of a home Security deposit assistance Tenant negotiations Zoning applications
Estate planning	<ul style="list-style-type: none"> Codicils Complex wills Healthcare proxies Living wills 	<ul style="list-style-type: none"> Powers of attorney (healthcare, financial, childcare, immigration) 	<ul style="list-style-type: none"> Revocable and irrevocable trusts Simple wills
Family and personal	<ul style="list-style-type: none"> Adoption Affadavits Conservatorship Demand letters Garnishment defense Guardianship Immigration assistance 	<ul style="list-style-type: none"> Juvenile court defense, including criminal matters Name change Parental responsibility matters Personal property protection Prenuptial agreement 	<ul style="list-style-type: none"> Protection from domestic violence Review of any personal legal document School hearings
Civil lawsuits	<ul style="list-style-type: none"> Administrative hearings Civil litigation defense 	<ul style="list-style-type: none"> Disputes over consumer goods and services Incompetency defense 	<ul style="list-style-type: none"> Pet liabilities Small claims assistance
Elder care issues	<ul style="list-style-type: none"> Consultation and document review for your parents: <ul style="list-style-type: none"> – Deeds – Leases 	<ul style="list-style-type: none"> Medicaid Medicare Notes Nursing home agreements 	<ul style="list-style-type: none"> Powers of attorney Prescription plans Wills
Vehicle and driving	<ul style="list-style-type: none"> Defense of traffic tickets* 	<ul style="list-style-type: none"> Driving privileges restoration 	<ul style="list-style-type: none"> Repossession

* Please note the service does not cover legal assistance for a DUI.

Protect your identity and privacy while giving yourself peace of mind

IDShield provides affordable identity theft, and privacy protection for you and your family.

IDShield 360 degree protection

- IDShield monitors your identity, credit, financial accounts, social media accounts, and provides online privacy reputation management services.
- If a threat is detected to your identity or credit you will receive a Real-Time Alert.
- If your identity is stolen IDShield provides you direct access to a dedicated Licensed Private Investigator, who will restore your identity to its pre-theft status guaranteed.
- IDShield will provide direct billing for this benefit.
- Effective January 1, 2022, you can learn more by visiting benefits.legalshield.com/versant or by calling **(888) 807-0407** Monday – Friday, 7:00 a.m. – 7:00 p.m. EST.

IDShield provides coverage for today's identity and privacy protection needs at an affordable rate.

The plan includes:

Monitored information	<ul style="list-style-type: none"> • Mother's maiden name • Investment account • Numbers • Social Security number • Medical ID number 	<ul style="list-style-type: none"> • Passport number • Driver's license • Usernames/ passwords • National provider identifier number 	<ul style="list-style-type: none"> • Bank account numbers • Credit/debit/retail cards • And more!
	<ul style="list-style-type: none"> • High-risk application monitoring • Public record monitoring • Sex offender monitoring • Financial account monitoring • Social media monitoring • Court and criminal record monitoring 	<ul style="list-style-type: none"> • Credit monitoring* • Telecom monitoring • Child monitoring (family plan only) • Internet and dark web monitoring • Online chat rooms and social feeds monitoring 	<ul style="list-style-type: none"> • Payday loan monitoring • Local, state, and federal database monitoring • Reputation score • Reputation management • And more!
Monitoring and detection	<ul style="list-style-type: none"> • Hard credit inquiry alerts • Identity theft alerts 	<ul style="list-style-type: none"> • Social media alerts • Sex offender alerts 	<ul style="list-style-type: none"> • Financial account alerts
	<ul style="list-style-type: none"> • Medical data reports • Assistance in analyzing and interpreting credit reports • Lost/stolen wallet assistance 	<ul style="list-style-type: none"> • Consultation on common trends and scams • Identity theft • Consultation • Online privacy management 	<ul style="list-style-type: none"> • Data breach identity theft and financial account safeguards • Cyberbullying protection
Real-time alerts	<ul style="list-style-type: none"> • Full service restoration by licensed private investigators 	<ul style="list-style-type: none"> • \$1 million identity fraud protection plan • 3B credit report pre- and post-restoration 	<ul style="list-style-type: none"> • Pre-existing identity theft restoration • Unlimited service guarantee
Unlimited consultation	<ul style="list-style-type: none"> • 24/7 emergency access • Auto-monitoring • Mobile app 	<ul style="list-style-type: none"> • Direct access to licensed private investigators 	<ul style="list-style-type: none"> • Monthly credit score tracker • Live member support
Comprehensive identity restoration			
General			

*1 bureau credit monitoring (TransUnion)

Vision To Learn — Focus on the Future



As an associate of Versant Health, you are invited to contribute via payroll deduction to Vision To Learn.

Versant Health works with Vision To Learn, a not-for-profit vision organization founded to ensure that every child in America has the glasses they need to succeed in school and in life. Vision To Learn serves children in low income communities in 325 cities across the United States.

About one in five children needs glasses to see the board, read a book, or participate in class. Unfortunately, in low-income communities across the country, 95% of kids who need glasses do not have them—that's more than 2,000,000 children who need help to see. What chance does each of these children have to succeed in school, let alone break free from poverty?

The goal of Vision To Learn is to make sure each and every one of the 2 million kids who lack the glasses they need are provided with them, free of charge. Through its mobile clinics, Vision To Learn brings eye exams and glasses directly to children at schools in low-income communities. Please join Versant Health in making Vision To Learn's goal a reality.

A contribution of any amount will positively impact a child's life.

- For \$25, a child will be provided with a pair of glasses.
- For \$100, a child will be provided with an eye exam and glasses.

To learn more about the organization and its mission, please visit Vision To Learn at visiontolearn.org.



Hays Advocate

While you are always welcome to contact Human Resources when you have a benefit or claims question, another option is to contact the Hays Benefit Advocate. The Hays Advocate serves as your private, confidential and dedicated benefits resource. This service is provided to you free of charge. It is available for anyone covered by one or more of Versant Health's benefits, including spouses and dependents.

The Hays Advocate is not just a 1-800 number into a call center but instant access to the same benefits expert anytime you have an issue or question about our benefits or with any claim or billing issues.

Important

If you have a question regarding a specific medical claim and how it was processed, you may be required by Federal Law (HIPPA) to sign a release form that allows the Hays Advocate to talk to your doctors and/or benefit providers on your behalf.

For any claim-related concerns or issues with any of the benefit programs, including medical, prescription drug, dental, vision, disability, and life insurance benefits, please contact:

Toll free number: (877) 936-3797

Email: advocate1@hayscompanies.com

Fax: (617) 723-5155

Hours: Monday – Friday, 9 a.m. – 5 p.m. EST

Be sure to have your full information available, including any pertinent insurance information.

PerkSpot Discount Program

Versant Health is pleased to provide PerkSpot, a discount program available to all Versant Health associates free-of-charge. Sponsored by Hays, PerkSpot brings you a one-stop shopping venue for hundreds of online discounts. Use PerkSpot to find discounts and deals from many of the best known name brands:

How to participate

To participate in this program, you must first register with PerkSpot. To register, follow these instructions:

1. Go to hays.perkspot.com
2. Click "Sign up" to register
3. You will then receive a confirmation email with a link to validate your registration. Click the link to log in. Once you log in, you will have access to hundreds of online discounts, in-store coupons, and deals.



Apparel



Auto buying



Automotive



Beauty and fragrance



Books, movies and music



Business perks



Cell phones



Education



Electronics



Financial wellness



Flowers and gifts



Food



Health and wellness



Hobbies and creative arts



Home and garden



Home services



Insurance and protection



Jewelry and watches



Movie tickets



Office and business



Outdoors and recreation



Pets



Real estate and moving



Tickets and attractions



Toys, kids and babies



Travel

Additional Info For All Associates

Federal regulations require Versant Health Holdco, Inc. to provide benefit eligible associates with the following notices.

Summary of Benefits and Coverage (SBC)

Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:

- Four-page overview of plan benefits, cost sharing and limitations
- Required set of examples of how the plan works
- Phone number and internet address for obtaining copies of plan documents
- A Standard glossary of medical and insurance terms must also be available

The SBC will be updated each plan renewal to reflect applicable plan changes.

Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as "protected health information" (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan's HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan's Notice of Privacy Practices that describes the Plan's policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact the Office of Human Resources or the medical plan directly.

Women's Health and Cancer Rights Act

Versant Health Holdco, Inc.'s medical plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

Notice of prescription drug creditable coverage

Versant Health Holdco, Inc. provides a "Notice of

Prescription Drug Creditable Coverage" to all Medicare-eligible participants on an annual basis. This notice states that under the Superior Vision Services, Inc. medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare Prescription Drug Coverage. If you or an enrolled dependent becomes eligible for Medicare, you will receive this notice for your records. A copy is also available upon request from the Office of Human Resources.

COBRA

COBRA continuation coverage is a temporary extension of coverage under the group health plan. 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.

Special enrollment notice

If an eligible associate or dependent chooses not to enroll for coverage under Versant Health's medical or dental insurance plans on his or her initial eligibility date, federal law may allow the eligible associate and/or his or her eligible dependents to enroll when:

1. The associate and/or his or her eligible dependents have a loss of other coverage (see "Loss of Other Coverage" below for more information)
2. The associate gains a new eligible dependent (see "New Dependents" below for more information)

Loss of other coverage

An eligible associate may choose to not enroll himself or herself or an eligible dependent for coverage in the medical and dental plans on the initial eligibility date because he or she, or the eligible dependent has other group health plan coverage. In this case, the associate and the eligible dependents may enroll in Versant Health's medical or dental insurance plans if the associate or the eligible dependent at a later date loses that other group health plan coverage because:

1. The associate or the eligible dependent ceases to be eligible for the other group health plan, or the employer sponsoring the other group health plan ceases to make employer contributions for the other group health plan coverage
2. The associate or the eligible dependent exhausts COBRA coverage under the other group health plan

New dependents

If an eligible associate gains a new spouse or other new eligible dependent due to marriage, adoption, placement for adoption or birth, the associate and the new dependents may enroll for coverage under Versant Health's medical or dental insurance plans. If the new dependent is gained by birth, adoption or placement for adoption, enrollment will be retroactive to the date of birth, the date of adoption or the date of placement for adoption provided that the enrollment time requirements described below are met.

Special enrollment time requirement

To exercise your special enrollment rights, you must notify Versant Health no later than 31 days after the date on which the loss of other coverage occurs or the date which the subscriber gains a new dependent, whichever is applicable. If you do not request enrollment within 31 days you will have to wait until the next Open Enrollment period to enroll.

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 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 **(877) KIDS NOW** or 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 askebsa.dol.gov or call **(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, 2020. Contact your State for more information on eligibility.

Alabama: Medicaid

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

Phone: (855) 692-5447

Alaska: Medicaid

The AK Health Insurance Premium Payment Program

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

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

California

Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx

Phone: (916) 440-5676

Colorado: Health First Colorado (Colorado's Medicaid Program) and Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center: (800) 221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

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

Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: (855) 692-6442

Florida: Medicaid

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

Phone: (877) 357-3268

Georgia: Medicaid

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

Phone: (678) 564-1162 ext 2131

Indiana: Medicaid

Healthy Indiana Plan for low-income adults 19–64

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

Phone: (877) 438-4479

All other Medicaid

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

Phone (800) 457-4584

Iowa: Medicaid and CHIP (Hawki)

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

Medicaid phone: (800) 338-8366

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

Hawki phone: (800) 257-8563

Kansas: Medicaid

Website: <http://www.kdheks.gov/hcf/default.htm>

Phone: (800) 792-4884

Kentucky: Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)

Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: (855) 459-6328

Email: KIHIPPP.PROGRAM@ky.gov

KCHIP website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: (877) 524-4718

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

Louisiana: Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp

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

Maine: Medicaid

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

Phone: (800) 442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

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

Massachusetts: Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth>

Phone: (800) 862-4840

Minnesota: Medicaid

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

Phone: (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: (800) 694-3084

Nebraska: Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

Nevada: Medicaid

Medicaid website: <http://dhcftp.nv.gov>

Medicaid phone: (800) 992-0900

New Hampshire: Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: (603) 271-5218

Toll free number for the HIPP program: (800) 852-3345, ext 5218

New Jersey: Medicaid and CHIP

Medicaid website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid phone: (609) 631-2392

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

CHIP phone: (800) 701-0710

New York: Medicaid

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

Phone: (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: (844) 854-4825

Oklahoma: Medicaid and CHIP

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

Phone: (888) 365-3742

Oregon: Medicaid

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

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

Phone: (800) 699-9075

Pennsylvania: Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

Phone: (800) 692-7462

Rhode Island: Medicaid and CHIP

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

Phone: (855) 697-4347, or (401) 462-0311 (Direct Rlte Share Line)

South Carolina: Medicaid

Website: <https://www.scdhhs.gov>

Phone: (888) 549-0820

South Dakota: Medicaid

Website: <http://dss.sd.gov>

Phone: (888) 828-0059

Texas: Medicaid

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

Phone: (800) 440-0493

Utah: Medicaid and CHIP

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

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

Phone: (877) 543-7669

Vermont: Medicaid

Website: <http://www.greenmountaincare.org/>

Phone: (800) 250-8427

Virginia: Medicaid and CHIP

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

Medicaid phone: (800) 432-5924

CHIP phone: (855) 242-8282

Washington: Medicaid

Website: <https://www.hca.wa.gov/>

Phone: (800) 562-3022



West Virginia: Medicaid

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

Toll-free phone: (855) MyWVHIPP (855) 699-8447

Wisconsin: Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: (800) 362-3002

Wyoming: Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: (800) 251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration

Website: dol.gov/agencies/ebsa

Tel.: (866) 444-EBSA (3272)

U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services

Website: cms.hhs.gov

Tel.: (877) 267-2323, Menu Option 4, Ext. 61565

Important Contact Information

Benefits provider	Benefit plan	Member services number	Website / email address
CareFirst member services	Medical insurance	(833) 229-9498	carefirst.com
RxBenefits	Prescription insurance	(800) 334-8134	customercare@rxbenefits.com
MetLife	Dental insurance	(800) 438-6388	metlife.com/insurance/dental-insurance/
MetLife	Life insurance	(800) 438-6388	metlife.com/business-and-brokers/employee-benefits/life-insurance/
MetLife	Disability insurance	(800) 438-6388	metlife.com/insurance/disability-insurance/
MetLife	Employee Assistance Program	(800) 538-3543	metlifeeap.lifeworks.com/life/employee-assistance
Fidelity Investments	401(k) plan	(800) 294-4015	401k.com
Hays Advocate	Benefit resource advocate	(877) 936-3797	Advocate1@hayscompanies.com
LegalShield	Identity theft insurance	(888) 807-0407	benefits.legalshield.com/versant
MetLife Legal	Legal insurance	(800) 821-6400	info.legalplans.com
MetLife Pet	Pet insurance	(800) 438-6388	
Optum			
Health Savings Accounts	Health Savings Account	HSA: (866) 234-8913	optumbank.com
Flexible Spending Accounts	Flexible Spending Account	FSA: (800) 243-5543	
MetLife	Supplemental insurance	(800) 438-6388	metlife.com/insurance/accident-health/
Superior Vision	Vision insurance	(800) 507-3800	superiorvision.com
Teladoc	Telemedicine	(800) 835-2362	teladoc.com
Transamerica	Universal life insurance	(888) 763-7474	transamerica.com

Human Resources contact	Office number	Email address
Benefits		For general benefits questions, contact benefits@versanthealth.com



NOTICE OF EMPLOYEE RIGHTS UNDER THE CONNECTICUT FAMILY AND MEDICAL LEAVE ACT (CTFMLA) & CONNECTICUT PAID LEAVE ACT (CTPL)

CONNECTICUT DEPARTMENT OF LABOR AND CONNECTICUT PAID LEAVE AUTHORITY

LEAVE ENTITLEMENT AND ELIGIBILITY:

The CTFMLA provides eligible employees, after 3 consecutive months on the job, up to 12 weeks of unpaid, job-protected leave during a 12-month period for qualifying family or medical leave reasons. Employees are entitled to return to their same job at the end of leave. The CTPL provides income replacement benefits to eligible employees who are unable to work for the same leave reasons. These leave options may run at the same time.

Qualifying reasons for leave include:

- The birth of a child and care within the first year after birth;
- The placement of a child with employee for adoption or foster care and care for child within the first year after placement;
- To care for a family member with a serious health condition. Family includes spouse (the person to whom one is legally married), sibling, son or daughter, grandparent, grandchild or parent, or an individual related to the employee by blood or affinity;
- Because of the employee's own serious health condition;
- To serve as an organ or bone marrow donor;
- To address qualifying exigencies arising from a spouse, son, daughter or parent's active duty service in the armed forces; or
- To care or a spouse, son, daughter, parent or next of kin with a serious injury or illness incurred on active duty in the armed forces.

It also allows eligible employees to receive two extra weeks of leave (up to a total of 14 weeks) in connection with an incapacity that occurs during pregnancy. CTFMLA further allows eligible employees to take up to 26 weeks of leave in a single 12-month period to care for a covered servicemember with a serious injury or illness.

1 (5/31/22)

Employees may also take up to 12 days of leave to deal with the effects of family violence separate from leave time available under state or federal law. While this is not protected under CTFMLA, it is protected under the Connecticut Family Violence Leave Act and an employee can apply for CTPL in connection with these absences.

Leave does not have to be taken all at once. Employees may take leave intermittently (in separate blocks of time) or to reduce their work schedule.

CTFMLA leave is unpaid. However, an employer may require, or an employee may request to use their accrued, paid time off. An employee may choose to preserve up to 2 weeks of their accrued, paid time off. This accrued, paid time off is in addition to the income-replacement benefits available to employees under CTPL.

APPLYING FOR INCOME-REPLACEMENT BENEFITS UNDER CTPL

Wage replacement benefits under the CTPL may also be available for CTFMLA absences. More information about Connecticut's Paid Leave program and instructions for how to apply are available at <https://ctpaidleave.org/>.

Some employers have received approval from the CT Paid Leave Authority to provide CTPL benefits to their employees through an approved private plan instead of through the state's CTPL program. Employers that have approved private plans are required to notify their employees how to file claims for benefits through their private plan and who the employees can contact for answers to questions about their plan. CTPL benefits are available for up to 12 weeks in a 12-month period, with an additional two weeks available to an employee for incapacity or medical treatment during pregnancy. Benefits are limited to 12 days for leave to deal with the effects of family violence.

EMPLOYER NOTIFICATION FOR CTFMLA LEAVE

Employees should provide at least 30-days advance notice to their employer of the need to take CTFMLA leave if they can. If they are unable to because they do not know they need leave, the employee must provide notice as soon as they can. An employer may require a medical certification to support a request for leave.

WHAT IS PROHIBITED?

The CTFMLA prohibits employers from:

- Interfering with or denying any rights provided by the CTFMLA or CTPL. Examples include, but are not limited to, improperly refusing to grant CTFMLA leave or discouraging employees from using CTFMLA leave or applying for CTPL benefits.
- Disciplining, terminating, discriminating against, or retaliating against any individual for taking CTFMLA leave or applying for CTPL benefits, for opposing or complaining about any unlawful practice, or being involved in any proceeding related to the CTFMLA.

If you believe that your CTFMLA rights have been violated, you can either file a complaint directly in Superior Court or with the Connecticut Department of Labor.

2 (5/31/22)

To file a CTFMLA complaint with the Connecticut Department of Labor, complete and submit the appropriate CTFMLA complaint form found on the Department's website found at [THE CONNECTICUT FAMILY & MEDICAL LEAVE ACT and CT PAID LEAVE APPEALS](#).

More information about the CTFMLA is available at [THE CONNECTICUT FAMILY & MEDICAL LEAVE ACT and CT PAID LEAVE APPEALS](#) and CTPL at <https://ctpaidleave.org/>.

3 (5/31/22)



bringing you  **DavisVision**®  **SuperiorVision**®

intranet.versanthealth.com