nuehealth

SPONSORED BY BLUE CROSS AND BLUE SHIELD OF KANSAS CITY

For employees of Meridian Surgical Partners

MyHealthToolkitKC.com

Benefits Annual Enrollment 2023 has arrived.

As a valued teammate, you help shape and impact the quality of life for people throughout our company and our communities.

As a team member you play an important role in our mission to lead healthcare transformation. Our company's high-quality, comprehensive benefits are among the rewards you receive in return. These benefits are an important part of your total compensation, and our benefits program provides choice and value to meet the needs of our diverse workforce.

Choosing benefits can be overwhelming. We have equipped you with a 2023 Benefits Guide that includes tools and information to help you make the right choices for you and your family. The guide offers a comprehensive overview of your health and welfare benefits and options, including details about eligibility, enrollment, and the plans available to you and your covered dependents.

We would like to call your attention to important updates and reminders for 2023.

- **HealthJoy** – We will no longer offer HealthJoy but will continue the same concierge services through BlueCross BlueShield MyHealth Toolkit.
- **MyHealth Toolkit** – This is a concierge tool that allows members to take full advantage of their BCBS benefits. By logging on to MyHealth Toolkit (www.MyHealthToolkitKC.com), members can access Teladoc, print their BCBS ID card, find providers, check the status of claims, receive cost estimates on specific services, get access to resources related to various types of care, BCBS member perks, and so much more.
- **Teladoc** – Members have access to board-certified physicians through the convenience of phone or video consults 24/7/365. Teladoc providers can treat many common medical conditions and write prescriptions according to the guidelines in your state. Log on to My Health Toolkit to register for Teladoc and start utilizing services starting January 1st. Until then, please continue to use HealthJoy for virtual providers for the remainder of 2022.
- **Domestic Partners** – Domestic Partners became eligible to participate in our benefits in 2022 with the same access as spouses. As a reminder when adding a domestic partner, teammates must provide a notarized 'Domestic Partner Certification', which is provided within the electronic UKG enrollment tool as well as on the UKG website under the benefits section of 'Myself/My Company'.
- **SpouseSaver HRA** – This plan offers an incentive to spouses who opt-out of our medical plan by enrolling in their company's medical insurance plan. To participate in the SpouseSaver program, spouses of participants in the medical plan must have participated in one of our medical plans or in the SpouseSaver HRA during the preceding plan year. This requirement does not apply to new hires, newly eligible teammates, or those experiencing a qualifying life event, such as marriage. Re-enrolling in this program must be done on an annual basis.
- **Virta Disease Health Coaching** – Do not forget about our physician-led disease management and coaching program for participants of the medical plan who are at risk for pre-diabetes, diabetes, and obesity. This is at no cost to the teammate or eligible dependent.

Your well-being is about more than just physical health. It includes your emotional, financial, and social wellness too. No matter where you are on your health and wellness journey, we are here to support you.

Your Benefits Team

In this guide

Summary of Benefits and Coverage

The Health section of this guide provides an overview of your medical plan options. You can find detailed information about each plan, including a breakdown of costs, in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. The SBCs are available on UKG Menu under Myself / My Company / Company Info.

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2023 Open Enrollment November 7th - 18th

New teammates must complete their benefit enrollment within 31 days of their eligibility date.

Open Enrollment is your chance to make changes for the plan year starting 1-1-23. If you do not complete your enrollment before 12 Midnight CST on the last day of open enrollment, your benefits will carry forward for the new plan year.*

BenManage Benefit Counselors are available
Monday-Friday 8am - 5pm
(314) 442-0058

Important Reminders

*FSA, DCA, HSA & Spouse HRA contributions won't carry forward, you must re-enroll in the flexible spending plans.

Our partners at BenManage are available to help you get logged into and explain the benefits found on UKG.

If you have any questions, call 314-442-0058.

Review your benefits by scanning this QR code or go to:
https://nuehealthmfcbenefits.com

BenManage

enroll

Carefully consider your benefit options and your anticipated needs. Follow the instructions to enroll yourself and any eligible dependents in health and insurance benefits for 2023.

How to enroll

Your benefits enrollment will be completed using UKG. You can find detailed instructions on how to complete your enrollment on the UKG Home Page under General Job Aids.

Once you finalize your enrollment choices, you can still make changes to those elections, provided you do so before the close of the enrollment period. To make changes, just follow the same steps outlined in the instructions.

Please be certain to print out your enrollment confirmation for your personal records.

Special notices

Please note that there are important notices for your review that are listed on UKG under Myself / My Company / Company Info.

Please refer to these if you have questions regarding any of these situations.

- HIPAA Special Enrollment Notice
- Women's Health and Cancer Rights Act Notice (WHCRA)
- Newborns and Mothers' Health Protection Act Notice (NMHPA)
- CHIP/Medicaid Notice
- HIPAA Privacy Notice
- Exchange Notice
- Wellness Program Notices

Contacts

Benefit Plan	Provider	Phone Number	Website
Benefit Enrollment Counselors	BenManage	314.442.0063	https://NueHealthMFCbenefits.com
Medical	Blue Cross and Blue Shield	888.495.9340	www.MyHealthToolkitKC.com
Prescription (OptumRx)			
Medical Precertification			
Teladoc			
Spending Accounts (HSA, FSA, HRA)	NueSynergy	855.890.7239	https://nuesynergy.wealthcareportal.com/Authentication/Handshake
Dental	MetLife	800.942.0854	www.metlife.com/?mybenefits
Vision	MetLife	855.638.3931	www.metlife.com/?mybenefits
Wellness program	Vitality	877.224.7117	www.PowerofVitality.com
Long Term Care	Trustmark	833.996.3280	https://schedapple.com/appointment/12104
Employee assistance program (EAP)	LifeWorks (through MetLife)	888.319.7819	metlifeeap.lifeworks.com; Username: metlifeeap, Password: eap)
Life and Disability insurance	New York Life (CIGNA)	800.732.1603	www.myNYLGBS.com
Voluntary benefits	MetLife	800.438.6388	www.metlife.com/?mybenefits
Virta – Diabetes Management Program	Virta	844.847.8216	https://apply.virtahealth.com/bi/get-started
401(k) savings plan	American Funds	800.421.6019	www.AmericanFunds.com

MAKE THE MOST OF YOUR BENEFITS

Health issues are in the news more than ever. It's a good thing you have access to top-quality care from the largest provider network in the nation!

Please use this guide to make the most of your benefits. We appreciate having you as a member and will do all we can to serve you.

For your health,
Blue Cross and Blue Shield of Kansas City

These topics are included in this guide:

- Using your member ID card
- Finding doctors and cost details on our website
- Discounts on health products and services
- Connecting in ways that work for you — including texts, phone calls, emails, web inquiries and our app
- Tips on the benefits available with your health plan — including telehealth, if applicable

Symbols in this guide:

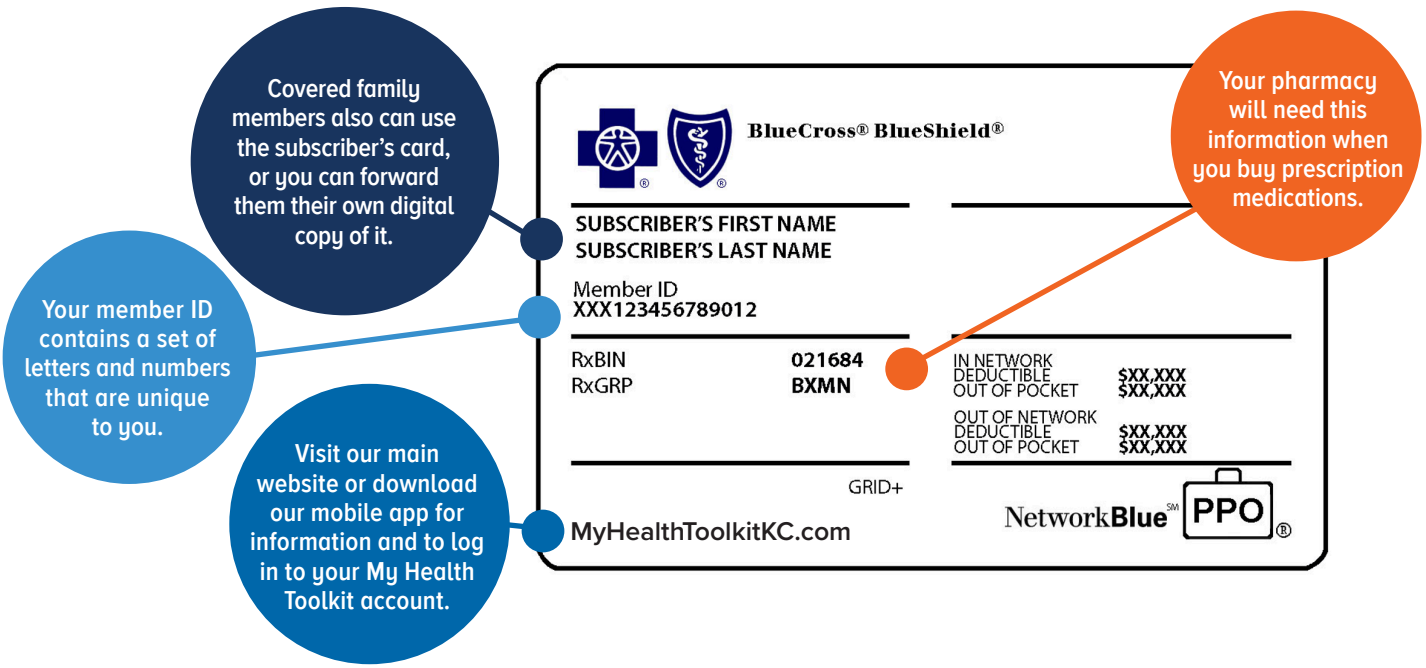
Log in to your **My Health Toolkit®** account.

Call the number on the back of your membership ID card to speak to a **customer service advocate**.

Kansas City

WE'VE GOT YOU COVERED WITH YOUR MEMBERSHIP CARD

Your Blue KC membership card contains important information that helps providers and pharmacists apply your benefits correctly. Keep it with you at all times or download a digital ID card to keep on your smartphone. A health care provider usually will ask to see your insurance card at the beginning of your visit.



Convenient option: your digital ID

It's all about convenience! Your digital ID card has the same information as the card you receive in the mail, but you can:

- View the digital ID on a smartphone, tablet or computer.
- Email the card to a spouse, child, doctor's office or pharmacy.
- Print the card from a smartphone, tablet or computer and use the printout just like a plastic card.

Accessing your digital ID

- From a computer or mobile device, log in to My Health Toolkit.
- Follow the prompts to select/view your insurance ID card.

QUALITY CARE ... ANYTIME AND ANYWHERE WITH TELADOC®

Why wait for the care you need now? Teladoc gives you 24/7/365 access to a board-certified physician through the convenience of phone or video consults. Teladoc is an independent company that provides telehealth consultation services on behalf of your health plan.

The care you need

Teladoc doctors can treat many of the most common medical conditions, including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Urinary tract infections
- Respiratory infections
- Sinus problems
- Behavioral health and dermatology services may also be covered.

They can also write prescriptions, according to the regulatory guidelines of your state.

When you need it

Teladoc has a national network of doctors ready to answer your call. With an average call-back time of only eight minutes, you can forget about spending hours in the waiting room. Now, you can quickly and easily consult an experienced doctor from the comfort of your home.

It's easy to get started

Register for Teladoc now — don't wait till you are sick! Call **866-789-8155**, or start by logging in to **My Health Toolkit**.

1. Under the **Resources** tab, select **Teladoc**. This will take you to the Teladoc site.
2. Your insurance information will appear so you can easily complete your registration.

Want to know more? Please visit your health plan's My Health Toolkit website to learn more about using Teladoc.

health

Quality health coverage is one of the most valuable benefits you can enjoy. Our benefits program offers plans to help keep you and yourfamily healthy and also provides important protection in the event of illness or injury.

Medical

You have a choice of medical plans with a range of coverage levels and costs. This gives you the flexibility to choose what's best for your needs and budget.

You and the company share the cost of your medical benefits. The company pays a generous portion of the total cost and you pay the remainder. The amount you pay is deducted from your paycheck on a before-tax basis. Your specific cost is determined by the plan you choose and the coverage level you select.

Key features

All medical plan options offer:

- Comprehensive, affordable coverage for a wide range of healthcare services.
- Flexibility to see any provider you want, although you'll save money when you stay in-network.
- 100% covered in-network preventive care.
- Prescription drug coverage.
- Financial protection through annual out-of-pocket maximums that limit the amount you'll pay each year.

1 **Preventive care covered at 100%**	You pay nothing for in network preventive care.
2 **Deductible**	You pay your medical expenses up to the annual deductible amount. Use your FSA or HSA to plan ahead for these costs and save money by paying with tax-free dollars.
3 **Coinsurance**	After meeting your deductible, the plan starts to pay coinsurance. You'll only pay a percentage of each bill.
4 **Out-of-pocket Maximum**	You're protected by an annual limit on costs. The plan starts to pay 100% if you reach this amount during the year.

Preventive care benefits

Good preventive care can help you stay healthy and detect any "silent" problems early, when they're most likely to be treatable. Most in-network preventive services are covered in full, so there's no excuse to skip them.

Have a routine physical exam each year. You'll build a relationship with your doctor and can reduce your risk for many serious conditions.

Get regular dental cleanings. Numerous studies show a link between regular dental cleanings and disease prevention, including lower risks of heart disease, diabetes, and stroke.

See your eye doctor at least once every two years. If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams.

Don't have a primary care physician (PCP)? You should. Here'swhy.

Better health. Getting the right health screenings each year can reduce your risk for many serious conditions. And remember, preventive care doesn't cost you anything.

A healthier wallet. A PCP can help you avoid costly trips to the emergency room. Your doctor will also help you decide when you really need to see a specialist and can help coordinate care.

Peace of mind. Advice from someone you trust - it means a lot when you're healthy, but it's even more important when you're sick.

Compare medical plans

The chart below provides a comparison of key coverage features of our 2023 medical plan options with Blue Cross and Blue Shield of South Carolina. Please refer to the applicable Summary of Benefits and Coverage (SBC) for additional plan details.

	Buy-Up Plan PPO		**Base Plan** HDHP/HSA* (See below)		**Buy-Down Plan** HDHP/HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual	$1,000	$2,000	$2,000	$4,000	$3,000	$6,000
Family	$3,000	$6,000	$4,000	$8,000	$6,000	$12,000
Out-of-pocket maximum						
Individual	$6,500	$19,500	$6,500	$13,000	$6,500	$13,000
Family	$12,000	$36,000	$12,000	$24,000	$12,000	$24,000
Medical coverage						
PCP office visits	Ded. + 20%	Ded. + 40%	Ded. + 20%	Ded. + 50%	Ded. + 20%	Ded. + 50%
Specialist office visits	Ded. + 20%	Ded. + 40%	Ded. + 20%	Ded. + 50%	Ded. + 20%	Ded. + 50%
Preventive care	Covered at 100%	Ded. + 40%	Covered at 100%	Not covered	Covered at 100%	Not covered
Outpatient surgery	Ded. + 20%	Ded. + 40%	Ded. + 20%	Ded. + 50%	Ded. + 20%	Ded. + 50%
Inpatient hospital	Ded. + 20%	Ded. + 40%	Ded. + 20%	Ded. + 50%	Ded. + 20%	Ded. + 50%
Urgent care	Ded. + 20%	Ded. + 40%	Ded. + 20%	Ded. + 50%	Ded. + 20%	Ded. + 50%
Emergency room	$200 copay + Ded. + 20%		Ded. + 20%		Ded. + 20%	
Rx (retail)						
Generic	$15 copay	50%	Ded. + 20%	Ded. + 20%	Ded. + 20%	Ded. + 20%
Preferred brand	50%	50%	Ded. + 20%	Ded. + 20%	Ded. + 20%	Ded. + 20%
Non-preferred brand	50%	50%	Ded. + 20%	Ded. + 20%	Ded. + 20%	Ded. + 20%
Specialty	50%	Not covered	Ded. + 20%	Not covered	Ded. + 20%	Not covered

* BASE PLAN DEDUCTIBLES

- Employee Only Deductible = $2,000 INDIVIDUAL deductible met before insurance carrier pays for non-preventative expenses.
- Employee + Dependent Deductible = $4,000 COMBINED FAMILY deductible before insurance carrier pays for non-preventative expenses.

Money-Saving Tips

To stretch your healthcare dollars, remember to:

- **See in-network providers** – They've agreed to the plan's negotiated rates. Log in to www.MyHealthToolkitKC.com to search for in-network providers near you.
- **Use the mail-order pharmacy** – It will save you time and money when refilling long-term prescriptions.

closer look at the HDHP

HEALTH

The Base and Buy-Down high deductible health plans (HDHP) cost you less from your paycheck, so you keep more of your money. These plans reward you for taking an active role as a healthcare consumer and making smart decisions about your healthcare spending. As a result, you could pay less for your annual medical costs.

HDHP advantages

1. Lower paycheck costs

Your per-paycheck costs are lower compared to the Buy-Up plan, giving you the opportunity to contribute the cost savings to a tax-free Health Savings Account (HSA). You pay foryour initial medical costs until you meet your annual deductible, and then you pay a percentage of any further costs until you reach the annual out-of-pocket maximum.

2. Tax-advantaged savings account

To help you pay your deductible and other out-of-pocket costs, a HDHP lets you open a Health Savings Account (HSA) and make before-tax contributions directly from your paycheck.

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible healthcare expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the company or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible healthcare expenses.

Look for additional information regarding the HSA later in this guide.

Note: You won't pay federal taxes on HSA contributions; however, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.

3. 100% covered in-network preventive care

As with all of our health plans, preventive care is fully covered under the HDHPs. You pay nothing as long as you receive care from in-network providers. Preventive care includes annual physicals,wellness exams, immunizations, flu shots, and cancer screenings, etc.

4. Extensive provider network

The Base and Buy-Down HDHPs use the Blue Cross and Blue Shield large network of doctors and other healthcare providers.

Money-Saving Tips

If you enroll in a HDHP, put the money you save through lower paycheck deductions into your tax-free HSA so you'll have money available when you need to pay out-of-pocket costs.

NueSynergy SPOUSE/DOMESTIC PARTNER SAVER HRA
AN INCENTIVE PLAN TO HELP COVER SPOUSAL EXPENSES

Your employer has chosen to offer the Spouse/Domestic Partner (SP/DP) Saver Health Reimbursement Arrangement (HRA), an innovative company incentive that can pay up to 100%of your dependent's out-of-pocket expenses such as deductibles, copays, and coinsurance.

When you enroll in our group health insurance plan, you have the opportunity to add your spouse/domestic partner and dependents to your coverage. However, if your spouse/ domestic partner enrolls in health insurance through their employer or through another organization (i.e., an alternate group plan), you may take advantage of SpouseSaver HRA.

SpouseSaver HRA is a great choice that could have a huge impact on your family's bottom line. This means you can save on your spouse/partner's premiums, plus our company will make contributions to your SpouseSaverHRA to cover 100% of your spouse/domestic partner's in-network, out- of-pocket expenses from his/her medical plan. In turn, we have fewer claims costs and an overall reduction in premiums.

What do I need to do when I enroll?

The SpouseSaver HRA is only available if your spouse/domestic partner has access to a group health plan through an employer or another organization.

- Your spouse enrolls in his/her company's group healthinsurance (instead of through your plan) and provides proof of qualifying health insurance.
- You elect Employee Only or Employee + Child when enrolling in one of our group health plans, taking advantage of the benefits and coverage it offers.
- You elect SpouseSaver HRA during the enrollment process.
- SpouseSaver HRA employer contribution is added to your plan to help cover up to 100% of your spouse/domestic partner's in-network, out-of-pocket expenses.
- An HRA smart debit card is provided to cover the HRA expenses.

Who can participate?

The SpouseSaver Health Reimbursement Account is an account set-up by and 100% funded by the our company's Self-insured Medical Plan. HRA Funds can be used to pay for eligible medical expenses which will reduce the amount you pay out-of-pocket.

- You must be enrolled in one of the company's Medical Plans as Employee Only or Employee & Child(ren).
- Your spouse/domestic partner must enroll in alternate group health insurance (instead of the our medical plan). You must provide our Benefits team with proof of your spouse/domestic partner's enrollment and a plan summary of their health insurance for 2022.
- If you elect for your dependent(s) to move to your spouse/domestic partner's group health plan, proof of qualifying health insurance must be provided as well.
- In order to participate in the SpouseSaver program, spouses of participants in the company's medical plan must have participated in one of the our medical plans or in the SpouseSaver HRA during the preceding plan year. This requirement does not apply to new hires, newly eligible teammates, or those experiencing a qualifying life event, such as marriage. Re-enrolling in this program must be done on an annual basis.

Health Plan Enrollees:
We are pleased to continue offering SurgerySavings, a surgical savings program administered by ValueHealth for medical Plan members, as one of your benefits. This program is available to you as an added benefit. IMPORTANT NOTE: only employees and dependents enrolled in one of the ValueHealth medical plans are eligible.

What is SurgerySavings

SurgerySavings is a program that lowers the cost of surgery. Program research has identified surgeries that generally can be shifted safely from a hospital setting to an ambulatory surgery center save money for the health plan **and** its participating plan members. SurgerySavings pays a cash incentive to enrolled plan members when their qualified procedure is performed at any in-network independent ambulatory surgery center (ASC).

How it Works

If you or a family member are considering surgery or if you have been told you need surgery, you should take advantage of SurgerySavings. It can put power back into your hands by providing you with information to make smart healthcare choices for surgery and decrease your out-of-pocket cost.

Getting Your Share of the Savings

Costs vary by surgical procedure and the savings vary too. The incentives are aligned accordingly.

SurgerySavings will pay $200, $400 or $600 for ambulatory surgery center procedures. These SurgerySavings incentives are paid via direct deposit to the employee's bank account. (As a reminder, these payments to you are taxable).

SurgerySavings Member Engagement Communications

ValueHealth is working to more effectively to communicate and share information about the benefits plans.

To support these efforts, we are launching 'member-preferred' methods of communication in order to provide better access and opportunities for you to engage with the SurgerySavings Program and Portal. The goal is to boost your understanding about the program and benefits. Look out for messages from ValueHealth Benefits in your email inbox or SMS text.

If You Need Surgery

If you or an enrolled family member need a surgical procedure, go to the SurgerySavings Portal to browse program-covered procedures and find in-network surgeons and/or facilities participating in the SurgerySavings program. Next, there'll be a meeting with the surgeon, and a decision made together whether a surgical procedure is needed and whether the procedure can safely be performed at an ASC.

If you already have a surgeon in mind, that's great! Before scheduling, speak with your physician about whether you and your surgical procedure can be done at an ASC.

After the procedure, return to the SurgerySavings Portal to fill out a brief claim form and SurgerySavings will process your reward.

Get started now, register and create an account at **www.surgerysavings.com** and then learn more about how SurgerySavings can work for you.

Register with SurgerySavings now and receive 100 Vitality Bonus Points!

If you have questions, please call us 833-858-4584 and speak live with a member experience representative or ask us at info@surgerysavings.com.

Remember, your personal health information is CONFIDENTIAL and is not shared with your employer.

virta

Yes. You *can* lose weight and reverse type 2 diabetes and prediabetes.

In only one year, Virta patients see an average of[1]:

63% medication reduction | **1.3pt** HbA1c reduction | **12%** weight loss

No matter the season or time of year, if you are part of an eligible plan,* you can enroll in Virta. Virta is a research-backed treatment that can help you reverse your type 2 diabetes and prediabetes and lose weight. Take back control of your health.

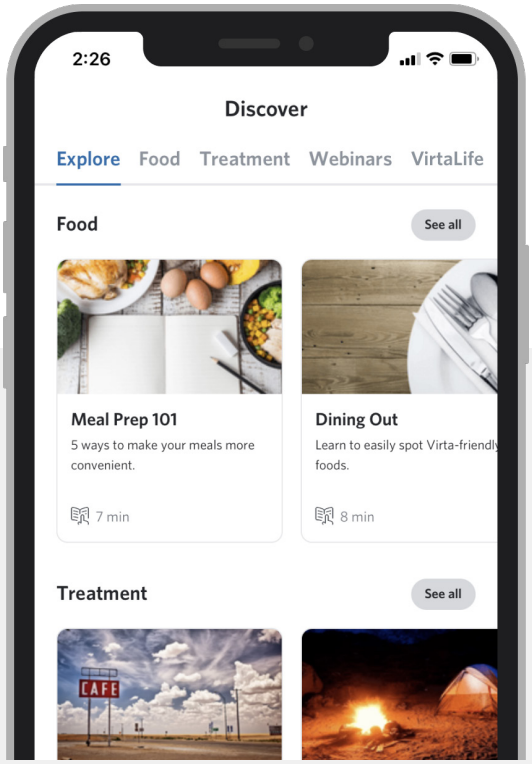
The Virta difference

Unlike other diabetes (or weight loss) treatments/management programs, Virta goes beyond just treating the symptoms of the disease. On Virta, you learn how to change how you eat so that your body burns fat for energy, instead of sugar/carbohydrates. This can help you naturally lower your blood sugar and reduce the need for diabetes medication. It also can help you lose weight and live a healthier life.

Your company is fully covering the cost of Virta for all benefits-enrolled employees and dependents with type 2 diabetes, prediabetes, and those with a BMI of 30 or above[1].

*Virta is available to employees, spouses and adult dependents between the ages of 18 and 79 who are enrolled in the company health plan. Some exclusions may apply. Scan the code below to verify eligibility.

1 Note that those on high-deductible health plans (HDHPs) may need to pay a small fee to participate in Virta.



info.virtahealth.com/join

Text "ENROLL" to 57005 to receive periodic alerts about better health through Virta.

Msg&data may apply. Text HELP for help, STOP to quit. Privacy Policy: www.virtahealth.com/privacypolicy

1 Hallberg SJ, McKenzie AL, Williams P, et al. Effectiveness and Safety of a Novel Care Model for the Management of Type 2 Diabetes at One Year: An Open Label, Non-Randomized, Controlled Study. Diabetes Ther. 2018.

dental & vision benefits

HEALTH

Dental plan

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health.

	MetLife PDP Network
Annual deductible (employee only/family)	$50/$150
Calendar-year maximum	$1,500 per person
Preventive/diagnostic services	100%
Basic services	80%
Major services	50%
Orthodontia	50% $1,000 lifetime max

Benefits shown are for in-network providers and are based on negotiated fees. The MetLife network is comprehensive, but keep in mind if you go to an out-of-network provider, you may pay more for your services.

To make the most of your dental coverage, seek treatment from a MetLife provider. To find in-network providers, please visit https://mybenefits.metlife.com and click on the "PDP Plus" network option.

Vision plan

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents.

	MetLife Vision
Exam (once per calendar year)	$10 copay
Lenses (once per calendar year) • Single, Lined Bifocal, Lined Trifocal or Lenticular	Covered in full after $25 copay
Lens options • Ultraviolet coating, polycarbonate, standard progressive	Covered in full after $25 copay (Additional lens options available at a discount)
Frames (once every other calendar year)	Up to $160
Contact lenses (instead of glasses)	Elective: up to $160 Necessary: covered in full

PLEASE NOTE: MetLife does not provide dental or vision cards. When you, or a covered dependent, visit your dental and/or vision provider, the provider will need the employee's SSN to verify coverage.

Money-Saving Tip

Remember, you can use your HSA or FSA for qualified out-of-pocket dental and vision expenses.

Health Savings Account (HSA)

If you enroll in the Base or Buy-Down HDHP, you are eligible to open an HSA. An HSA is a tax-free savings account you can use to pay for eligible health expenses anytime, even in retirement.

How does an HSA work?

- **Build tax-free savings for health care.** You can make before-tax deductions from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical, prescription, dental, and vision expenses. The total amount that can be contributed to your HSA each year is limited by the IRS. The following limits for 2023 include any company contributions you may receive from participation in the Wellness Program:
  - Up to $3,850 for employee-only coverage.
  - Up to $7,750 if you cover dependents.
  - Add $1,000 to these limits if you're age 55 or older.
- **Receive company contributions.** If your facility participates in the wellness plan, you may be eligible to receive HSA contributions.
- **Use it like a bank account.** Pay for eligible medical, prescription, dental, and vision expenses for yourself and your family by swiping your HSA debit card or submit a claim to reimburse yourself for payments you've already made.

  Keep in mind that you may only access money that is in your HSA when making a purchase or withdrawal. There's no need to turn in receipts but keepthem for your records.
- **Keep your money.** Unlike an FSA, the money in your HSA is always yours to keep and is rolled over from year to year. You can take your unused balance with you when you retire or leave ValueHealth.
- **Earn interest and invest for the future.** Once your interest- bearing HSA reaches a minimum balance, you can start an investment account, which offers a variety of no-load mutual funds similar to 401(k) investments. You can learn more about this option by contacting NueSynergy's customer service at 855.890.7239.
- **Never pay taxes.** Contributions are made on a before-tax basis, and your withdrawals will never be taxed when used for eligible expenses. Any interest or earnings on your HSA balance build tax-free, too. *

- *Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified healthcare expenses (for a list of eligible expenses, see IRS Publication 502, available at **www.irs.gov**). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 20% penalty tax if you withdraw the money for ineligible expenses before age 65. After age 65, withdrawals for ineligible expenses are only subject to ordinary income tax. Please review your state regulations as you may have to pay state taxes depending on your residency.*

HSA eligibility

- Must be enrolled in a high deductible health plan, like one of our HDHP plans.
- Cannot be covered by any other medical plan that is not a HDHP. This includes a spouse/domestic partner's medical coverage unless it's a HDHP.
- Cannot be enrolled in a traditional healthcare FSA in 2023.
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid, or Tricare.
- Cannot be claimed as a dependent on another person's tax return.
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months.

flexible spending accounts (FSAs)

HEALTH

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible healthcare and dependent care expenses.

Our benefits package offers the following FSAs:

Healthcare FSA

- Pay for eligible healthcare expenses, such as plan deductibles, copays, and coinsurance.
- Contribute up to $3,050.

Dependent Care FSA

- Pay for eligible dependent care expenses, such as day care for a child so you and/or your spouse/domestic partner can work, look for work, or attend school full time. Elder care may be eligible for reimbursement as well.
- Contribute up to $5,000* in 2023, or $2,500* if you are married and filing separate tax returns.

Estimate Carefully

Keep in mind, FSAs are "use-it-or-lose-it" accounts. It is important that you use your funds by March 15, 2024, and file your claims by March 31, 2024, or your funds will be forfeited.

Managing your FSA(s)

When you enroll in an FSA, you will receive a debit card, which you can use to pay for eligible expenses. Depending on the transaction, you may need to submitreceipts or other documentation to NueSynergy.

HSA vs. Healthcare FSA: What's the difference?

	HSA	FSA
Available if you enroll in a…	**Base or Buy-Down**	**Any Medical Plan***
Eligible for company contributions	Yes	No
Change your contribution amount anytime	Yes	No
Access your entire annual contribution amount from the beginning of the plan year	No	Yes
Access only funds that have been deposited	Yes	No
"Use it or lose it" at year-end	No	Yes
Money is always yours to keep	Yes	No

Note: If you enroll in the Base or Buy-Down HDHP **and have an HSA, you are not eligible to open a Healthcare FSA.*

What's an eligible expense?

- **Healthcare FSA –** Plan deductibles, copays, coinsurance, and other healthcare expenses for you and your family. To learn more, see IRS Publication 502 at **www.irs.gov**.
- **Dependent Care FSA –** Child daycare, babysitters, elder care, and related expenses. To learn more, see IRS Publication 503 at **www.irs.gov**.

For employees who continue to have HRA funds in their NueSynergy account:

Your HRA funds are still available to you; however, if you participate in the Health Savings Account, you will only be able to use the HRA for limited purpose such as dental and vision expenses. You will not be able to use HRA dollars for medical plan expenses. Please remember that you have 90 days after the end of the calendar year to request reimbursements for the previous year medical expenses.

WHERE SHOULD YOU GO WHEN YOU NEED CARE?

Your primary care physician should be your first call for routine medical care. But what if your doctor's office is closed? Or it may be an emergency?

Here are tips to help you choose the right type of care for various situations:

Doctor's Office

Your primary care physician, or regular doctor, is the best option for routine medical care like:

- Annual checkups, physicals
- Health screenings, immunizations
- Prescription refills

And unexpected health issues, if they can wait a day, like:

- Sprained muscles
- Minor cuts and bruises
- Cold and flu symptoms, including fever, coughing, sore throat and mild nausea
- Sinus or respiratory infections
- Urinary tract infections
- Seasonal allergies
- Pinkeye
- Migraines
- Rashes, insect bites, sunburn, other skin irritations

Urgent Care Center

If you can't wait for an appointment with your regular doctor, an urgent care center may be your best option for unexpected health issues like:

- Minor fractures and sprains, especially if an X-ray is required
- Minor cuts and animal bites, especially if stitches may be required
- Cold and flu symptoms, including fever, coughing, sore throat and mild nausea
- Sinus or respiratory infections
- Urinary tract infections
- Seasonal allergies
- Pinkeye
- Migraines
- Rashes, insect bites, sunburn and other skin irritations

Emergency Room

Go to the ER or call 911 for potentially life-threatening conditions like:

- Heavy, uncontrolled bleeding
- Signs of a heart attack, like chest pain that lasts more than two minutes
- Signs of stroke, such as numbness, sudden loss of speech or vision
- Loss of consciousness or sudden dizziness
- Major injuries such as broken bones or head trauma
- Coughing up or vomiting blood
- Severe allergic reactions

EXPLANATION OF BENEFITS

Savvy health care consumers check their EOBs!

Keep track of your medical and dental services by checking each Explanation of Benefits, or EOB. You also can choose whether to receive your EOBs by text, email or regular mail.

What is an EOB?

Whenever you use your health insurance, we send you an Explanation of Benefits. It shows you:

- How much the doctor charged.
- How much your health plan paid.
- The amount applied toward your deductible.
- How much you may still owe.

Why look at your EOB?

When you eat out, you at least glance at the bill before paying, right? Double-checking your medical expenses is even more important. You can:

- Compare your doctor and hospital bills with the EOB to make sure you're being billed — and paying — the correct amount.
- Share your EOB with your provider if you notice any differences.

PRESCRIPTION DRUG PROGRAM

Your prescription drug plan gives you and your doctor many choices. Understanding your choices can help you make the most of your benefits and save money.

Where To Find Details

On our website, you'll find lists of covered and excluded drugs, along with lists related to our various drug management programs.

Select **Prescription Drugs** from the menu at the top of the page, and then choose the option with the information you're looking for.

Prescription Drug Coverage

With almost 70,000 network pharmacies to choose from, it's easy to find one near you. When you use a network pharmacy, you'll have no claim forms to file and no waiting for reimbursement. Prescription drugs under your integrated medical or pharmacy benefit may be subject to deductible and coinsurance. At network pharmacies, the pharmacist will use a computer to check your eligibility for benefits and to provide the amount you will pay for prescriptions. If you don't present your member ID card or don't use a network pharmacy, you'll have to file a claim and you may not be reimbursed for the full amount you paid. Please see the benefits summary listed in this booklet to determine the amounts you pay for your prescriptions.

Specialty Drugs

Specialty drugs treat conditions such as cancer, hepatitis, multiple sclerosis or rheumatoid arthritis, just to name a few. They often require special administration, dosing and monitoring. You may pay more for specialty drugs than non-specialty drugs for each 30-day supply. Your plan requires you to have specialty drug prescriptions filled at our preferred specialty pharmacy, Optum Specialty Pharmacy. The Optum Specialty Pharmacy is a specialty pharmacy service provided by OptumRx, an independent company that provides pharmacy benefit management services on behalf of your health plan.

Mail (Standard/Voluntary)

Mail service is convenient and can save you money on prescriptions you take regularly. You'll receive up to a 90-day supply of your prescription drugs at one time with free standard shipping. To download the mail service form, visit your health plan's website. Select **Forms** from the menu bar, then click **Claims Forms**. Select **Mail Service Order Form**.

Quantity Management

For drugs in this program, your plan will cover only a set amount within a set time frame. Your doctor can request an override to allow a larger amount, if he or she determines it's necessary for you.

Prior Authorization

Prior authorization is a quality and safety program that promotes the proper use of certain medications. If your doctor prescribes a medication that is included in our Prior Authorization program, you must get approval before your plan will cover it.

Step Therapy

Step therapy requires you to try an alternative, cost-effective medication before trying (or "stepping up to") the more expensive name-brand medication. Many people find the alternative medications work just as well for them. If you have not tried the less-expensive medication and you and your doctor want to skip that step, your doctor must request an exception before your plan will cover the more expensive drug.

Excluded Drug List

From time to time, our committee of doctors and pharmacists may decide to no longer cover some drugs when other safe, effective, less costly alternatives are available. To view the latest excluded drug list for your health plan, go to your health plan's My Health Toolkit website. Select **Prescription Drugs** from the top menu and then **Drug Lists**.

LOWEST NET COST FORMULARY

Your prescription benefit is based on a list of covered drugs called the Lowest Net Cost Formulary. We want to make sure you understand the role of the formulary so you and your doctor can make the best choices for you. Here are answers to the most frequently asked questions.

What is a formulary?

A formulary is a list of medications covered under your prescription benefit. Drugs on the formulary are chosen for their safety, cost and effectiveness by an independent panel of physicians and pharmacists. Since there may be more than one drug available for your medical condition, we encourage you to use generic or preferred brand-name drugs on the formulary whenever possible to help manage your prescription costs.

Where can I find the formulary?

Go to your health plan's My Health Toolkit website. Select **Prescription Drugs** from the top menu and then **Drug Lists**.

How do I find a pharmacy?

Log in to **My Health Toolkit** and select the **Benefits** tab. Select the **Pharmacy Benefits** link, and then select **View Your Pharmacy Benefits**.

How can I save money?

To save money, ask your doctor to prescribe a generic or preferred brand-name drug if one is right for you. Generic drugs must meet the same U.S. Food and Drug Administration quality standards as brand-name drugs. When you use a generic drug, you get the same quality as the brand-name drug at a lower cost.

Note: When a generic becomes available, the brand-name drug usually moves to the nonpreferred drug tier.

What if my drug is not listed on the formulary document?

The formulary contains most commonly prescribed drugs. If your drug is not listed, it may be that:

1. Your drug is available over the counter. For many conditions, an over-the-counter medication may be the most appropriate treatment. Talk to your doctor about over-the-counter alternatives. They may be a good choice for you and may cost you less.
2. Your drug is excluded from coverage. Ask your doctor if a covered alternative may be right for you.

If your drug is not on the formulary and you have more questions, use the searchable tool through **My Health Toolkit**. You can also call the customer service number on the back of your membership card.

PRIOR AUTHORIZATION FOR SPECIALTY MEDICAL BENEFIT DRUGS

Your health plan requires prior authorization (PA) for most specialty drugs covered under your medical benefit. This applies to specialty drugs administered and dispensed by a medical professional.

What are specialty drugs?

Specialty drugs treat conditions such as cancer, hepatitis, multiple sclerosis or rheumatoid arthritis, just to name a few. They often require special administration, dosing and monitoring.

How are specialty drugs covered under my medical benefit?

Most specialty drugs covered under the medical benefit require prior authorization through the medical prior authorization system.

How do I get prior authorization under the medical benefit?

Your doctor can request prior authorization by calling **877-440-0089**.

Site of care

Prior authorization for some specialty drugs may only be granted for administration in certain locations (sites of care), such as an infusion center or in your home.

Self-administered drug block

Most specialty drugs that are typically self-administered are “blocked” from coverage under the medical benefit and are covered only under your pharmacy benefit. See the **Prescription Drug Program** section of this guide for more information on specialty drug coverage under the pharmacy benefit.

voluntary benefits

FINANCIAL WELFARE

Accident insurance

MetLife's accident insurance supplements your primary medical plan and disability programs by providing cash benefits directly to you in cases of accidental injuries. You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent.

Critical illness insurance

When a serious illness strikes, such as a heart attack, stroke, or cancer, MetLife's critical illness insurance can provide a lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services, and day care. Benefits are paid directly to you, unless assigned to someone else.

Hospital indemnity insurance

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs. MetLife's hospital indemnity plan provides supplemental payments directly to you for expenses that your medical plan doesn't cover for hospital stays.

Auto & homeowner's insurance

You can receive exclusive employee-only rates on your home and auto insurance coverage. Through the program with Farmers, you can apply to insure your auto, home, and other property against loss, and yourself against personal liability.

This program gives you access to special group discounts, and you benefit from these program features:

- 24-hour claim reporting
- Extended customer service hours, including weekdays, evenings, and Saturdays
- Coverage you take with you should you retire or leave the company

Learn More

Visit UKG Menu under Myself / My Company / Company Info for more information about your accident, critical illness, hospital indemnity, and legal insurance options.

Legal plan through MetLife Legal

The legal services plan through MetLife offers participants and their eligible dependents access to legal advice and services from a nationwide network of attorneys with coverage for many personal legal issues. Services include telephone advice and office consultations on an unlimited number of legal matters, in addition to full representation for covered matters.

Note: You don't pay an hourly rate if you use a network attorney.

Key features

- **No deductibles,** claim forms, or copays
- **No usage limits** – full service on an unlimited number of some of the most common personal legal matters
- **Access to experienced,** credentialed network attorneys in person or by telephone
- **Access to services in all 50 states**, most U.S. territories, and worldwide
- **Convenience** of payroll deduction

Your cost per month is only $18.00, and it covers you, your spouse/domestic partner and dependents. Parents are also eligible for this plan, as a separate plan, available at the group rate. They are responsible for their own enrollment and premium payments. Employees without access to a legal plan can easily spend an average of $338 an hour for legal counsel.

Sample covered benefits		
Money matters • Identify theft • Negotiating with creditors • Tax audit representation	**Family and personal** • Adoption • Prenuptial agreement • Personal property issues	**Vehicle and driving** • Defense of traffic tickets • License suspensions • Repossession
Home and real estate • Sale, purchase, or refinancing of a primary or vacation home • Property tax assessment • Foreclosure	**Civil lawsuits** • Civil litigation defense • Small claims assistance • Pet liabilities	**Estate planning documents** • Simple or complex wills • Living wills • Revocable or irrevocable trusts
Elder care issues • Medicare • Nursing home agreements • Power of attorney	**Learn More** For more information, call 1-800-821-6400 or go to info.legalplans.com	

financial welfare

Our company offers programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental insurance coverage.

Basic life and AD&D insurance

You automatically receive basic life and accidental death and dismemberment (AD&D) insurance so that you can protect those you love from the unexpected. There is no cost to you for this coverage. See your company provided Life/AD&D benefit in UKG during enrollment.

*** AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.*

Employee paid

Full-time and part-time employees may also purchase supplemental life insurance for yourself, your spouse/domestic partner, and/or your dependent children.

- **Employee supplemental life –** $10,000 increments up to $300,000
    - Guarantee Issue: $100,000
- **Spouse supplemental life** – $5,000 increments up to $50,000
    - Guarantee Issue: $25,000
- **Child supplemental life –** $5,000
    - Guarantee Issue: full amount

PLEASE NOTE: Coverage amounts that require Evidence of Insurability will not be effective unless approved by the insurance carrier.

The rates for the supplemental life insurance are based on the amount you elect and your age. While you complete your enrollment the amount of coverage will be calculated for you based on the coverage you elect.

Disability insurance

The loss of income due to illness or disability can cause serious financial hardship for your family. Our disability insurance programs work together to replace a portion of your income when you're unable to work and is available to full-time employees. The disability benefits you receive allow you to continue paying your bills and meeting your financial obligations during this difficult time.

Short-term disability benefits are available to you, and pays up to 60% of your weekly salary to a maximum of $1,500 per week after a fourteen-day waiting period.

Long-term disability (LTD) is provided by your employer at no cost to you, and pays 60% of your monthly salary to a maximum payment of $10,000 per month. LTD benefits are payable after a 180-day waiting period.

401(k)

Meridian Surgical Partners offers employees a 401(k) plan managed by American Funds. Meridian offers both a traditional 401(k) with contributions being pre-tax, as well as a Roth 401(k) with contributions being post-tax. Employees may contribute to one or both plans. Meridian will match $0.25 on the dollar up to the first 6% of your deferral. If you would like further information on how you can contribute to one of the 401(k) accounts, please contact your administrator or Human Resources.

Have You Named a Beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up-to-date. Visit UKG to add or change a beneficiary.

Available for employees and spouses age 18-64

Trustmark Universal Life Insurance with Long-Term Care Benefit

Two important coverages in one to help protect you for life.

Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income. **Universal LifeEvents can help**.

Universal LifeEvents provides a **higher death benefit during your working years**, when your needs and responsibilities are the greatest. (See reverse for more on how Universal LifeEvents works.) You can choose a plan and benefit amount that provides the **right protection for you**.

Universal LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.

valueHealth EMPLOYEES

GO TO:
https://schedapple.com/appointment/12104
to schedule your counselor assisted appointment to learn about this valuable new benefit and enroll.

CALL:
833-996-3280 if you need help scheduling an appointment.

OPEN ENROLLMENT DATES ARE:

November 7 - November 18, 2022

Note: your rate is "locked in" at your age at purchase!
Once you have a policy, your rate will never increase due to age.

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal LifeEvents includes a **long-term care (LTC)** benefit that can help pay for these services at any age. This benefit **remains at the same** level throughout your life, so the full amount is always available when you most need it.

Here's how it works:

4% You can **collect 4% of your Universal LifeEvents death benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x **PLUS:** if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

3x **PLUS:** you can collect your LTC benefit for an **extra 25 months**, as much as **tripling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.

Universal LifeEvents is **flexible permanent** life insurance designed to last a lifetime.

The younger you are when you enroll, the **more benefit** you receive for the same premium.

No medical exams or blood work – just answer a few simple questions.

See reverse side for more information on Universal LifeEvents insurance from Trustmark Insurance Company.

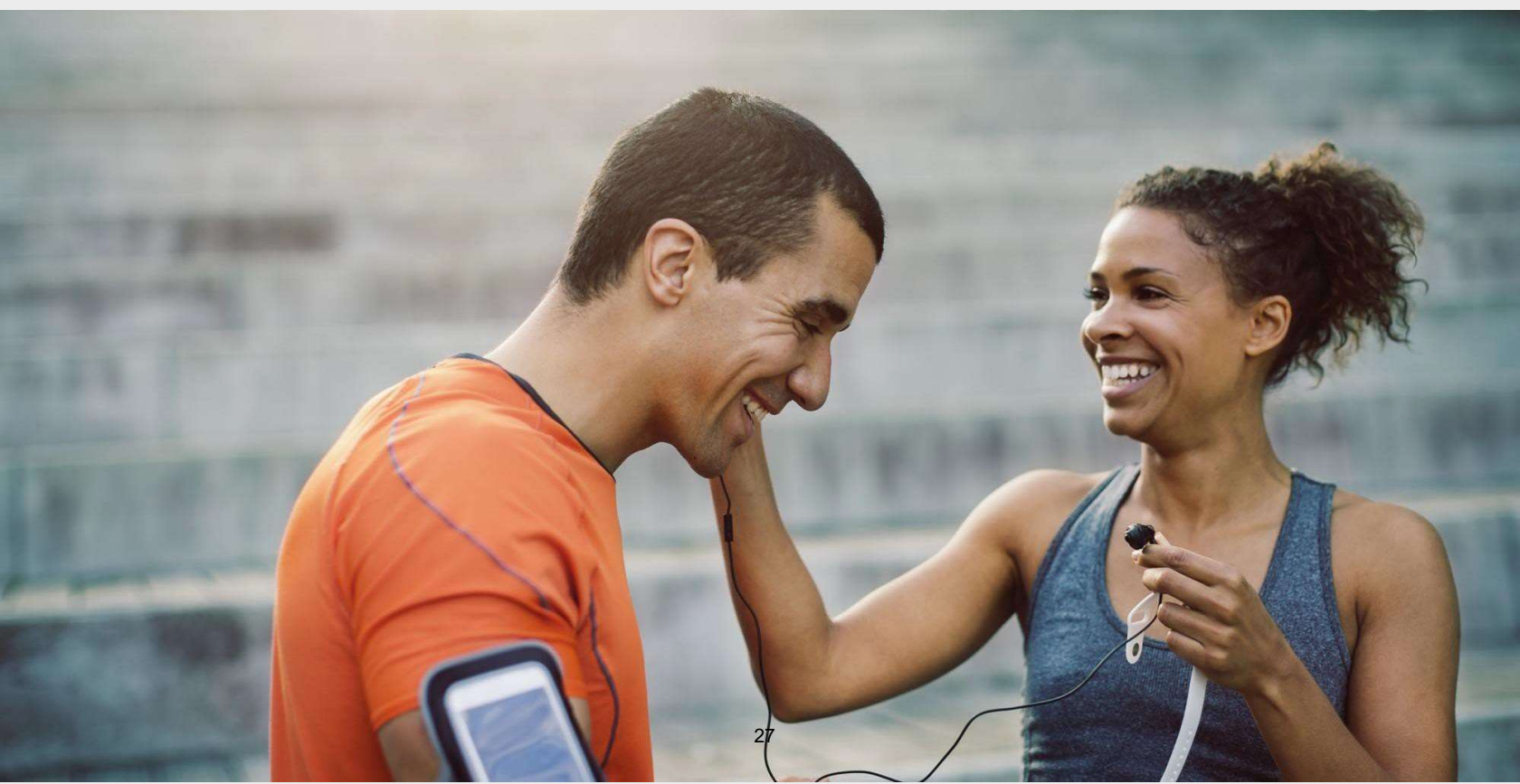
focus on wellness

Our wellness program is designed to help you maintain or move toward a healthy lifestyle. You have access to tools and resources you can use to learn more about your personal health and monitor your progress toward your health goals.

Vitality

Partner with Vitality to work toward becoming a more educated, healthy, and proactive consumer of health care. You will also have opportunities to earn Vitality bucks to use toward gift cards and incentives that focus on overall well-being.

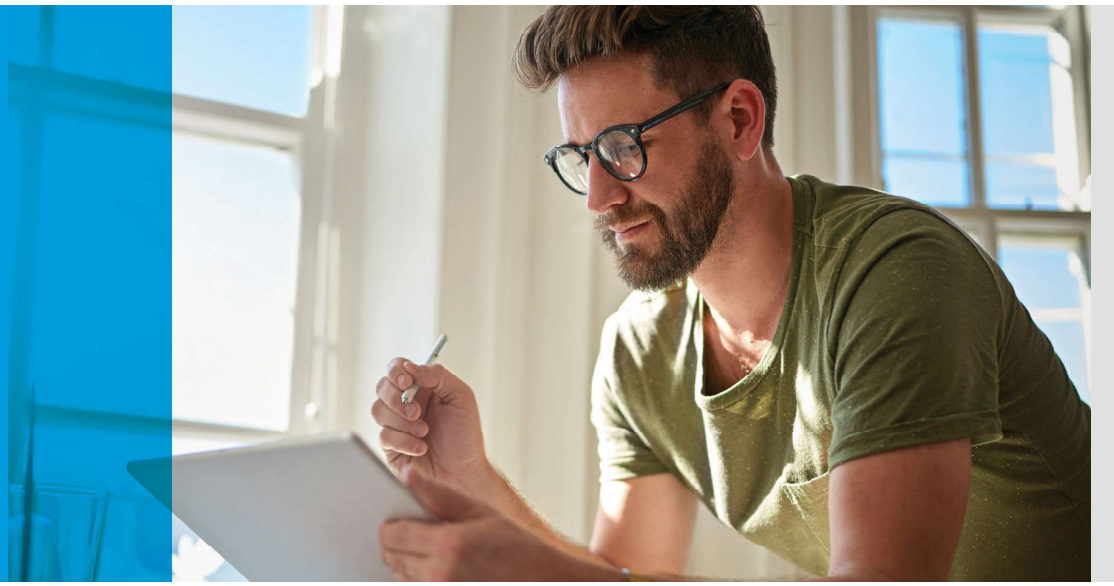
Any employee and his or her spouse/domestic partner enrolled in one of our medical plans can participate in the wellness activities. If your facility chooses to incentivize participation in the wellness program and you are enrolled in one of our qualified high deductible medical plans, your earned incentives will be deposited into your HSA which can help you meet your maximum allowed annual contribution more quickly. If you do not participate in an HSA but participate in wellness activities as an eligible plan member, your incentives will be paid to you via payroll, less applicable taxes.



Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



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 user name: **metlifeeap** and password: **eap**

Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **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
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

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

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to metlifeeap.lifeworks.com, user name: metlifeeap and password: eap

MetLife

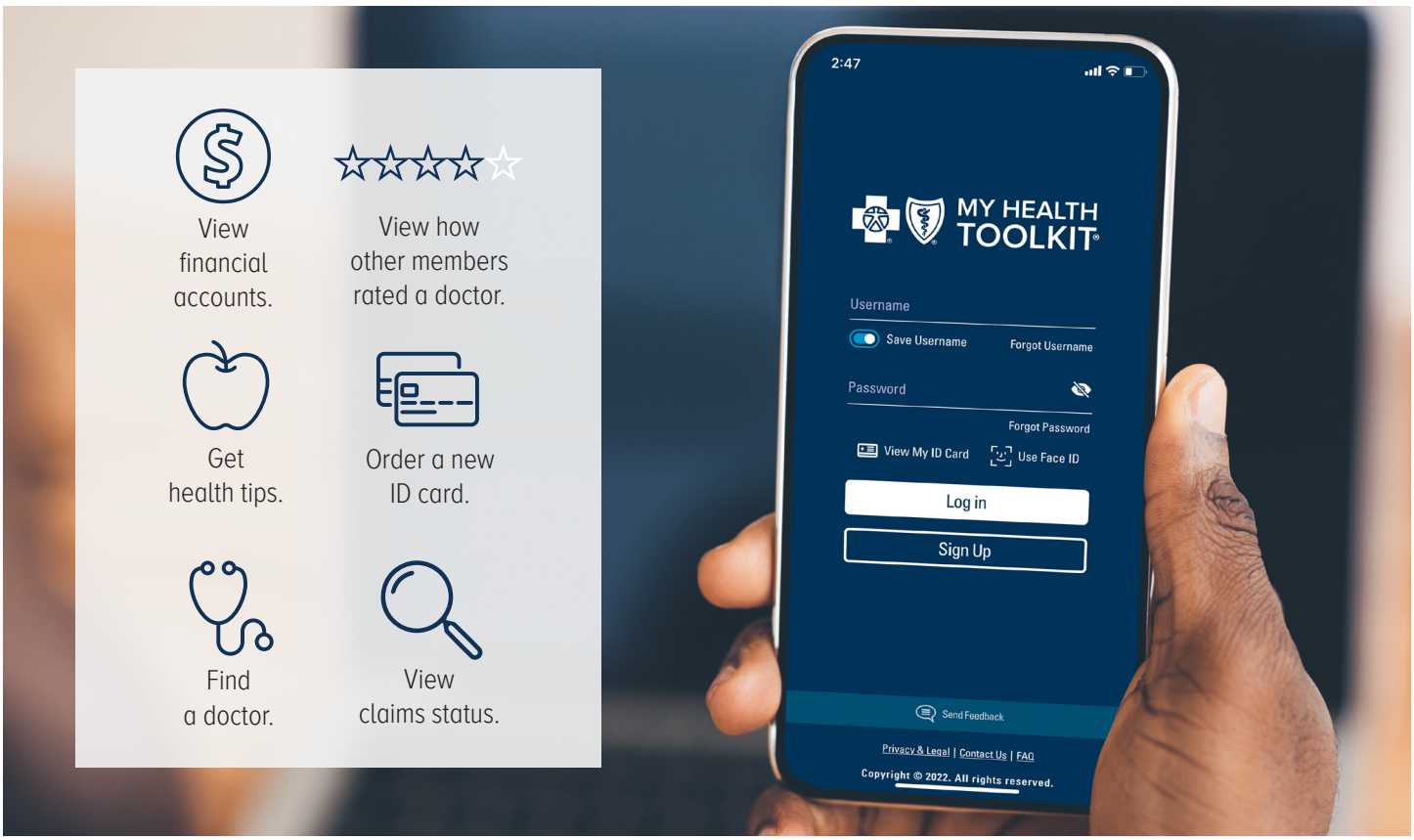
Navigating life together

TRY THIS SHORTCUT

Get easy access to your benefits information by downloading the My Health Toolkit® mobile app today! It's free on the App Store or Google Play.

Download on the App Store | GET IT ON Google Play

Register quickly through the app using your member ID number. Or just log in if you're already a My Health Toolkit user.



Your account homepage will link you to all of the helpful resources included with your health benefits plan.

Now you have anywhere, anytime access to your benefits information, including claims, discounts and how you prefer to be contacted.

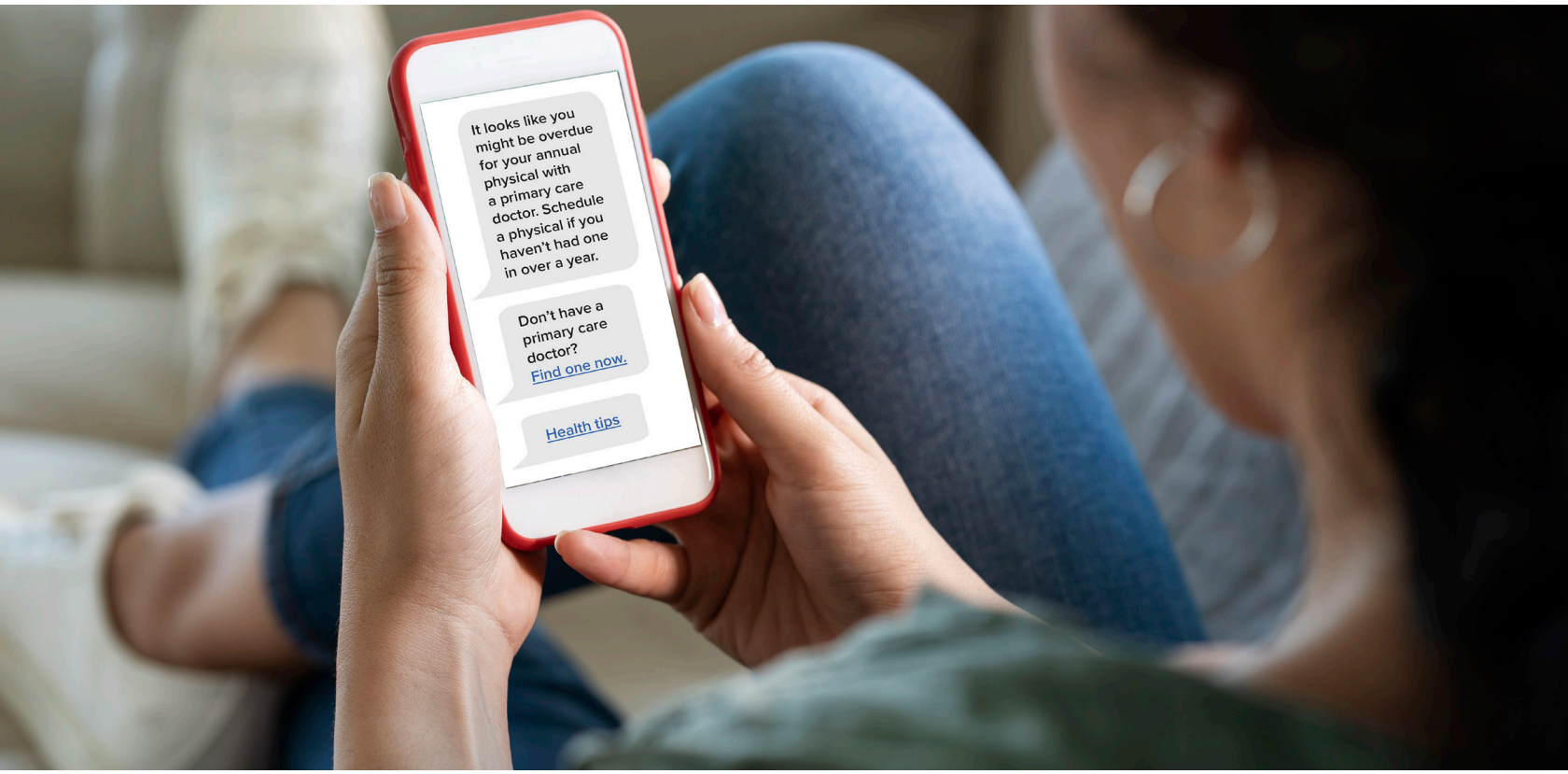
Rather get My Health Toolkit from a desktop or laptop computer?

Go to **www.MyHealthToolkitKC.com** and then:

- Select **Create An Account** within the **Member Login** section.
- Enter your **member ID** (from your ID card).
- Follow the instructions to **create your profile**.

TELL US THE BEST WAY TO REACH YOU

Occasional communications from your health plan help you stay on top of your health, save money and make the most of your benefits. Just let us know which contact option is most convenient. We'll send a brief message when it's time for your annual checkup, for example, or there's an update on a prior authorization request.



Personalized member messages — by text, mail, app notification or email — help us keep in touch by providing useful information and tips. These could include wellness reminders or news on benefit changes.

You have great benefits; make sure you use them! Please take a minute to update your contact preferences in My Health Toolkit. Just let us know which channels and contacts you prefer. Check out the easy opt-in tips below.

Log in to My Health Toolkit, and under My Profile, select My Contact Preferences. Update your contact information and tell us the best way to reach you.

You also can opt in to receive text messages by calling 844-206-0624.

SHOPPING FOR CARE

Find the best health care options just like you check out your choices in cars, hotels or restaurants.

"Know before you go." It's a smart idea before you make any important decision, including finding a new doctor or choosing a location for surgery.

Your health plan makes these decisions easier with Shopping for Care. Find it at your health plan's **My Health Toolkit®** website.

- Find health care providers and services within our vast provider network.
- Check out cost information to make sure you're getting the care you need at the best possible price.*
- See reviews from other patients who have rated a provider you're considering.
- Identify the highest-quality providers in your area, with Total Care and Blue Distinction® Specialty Care designations.
- View a detailed map to help you get where you need to go.

After you've registered with My Health Toolkit®:

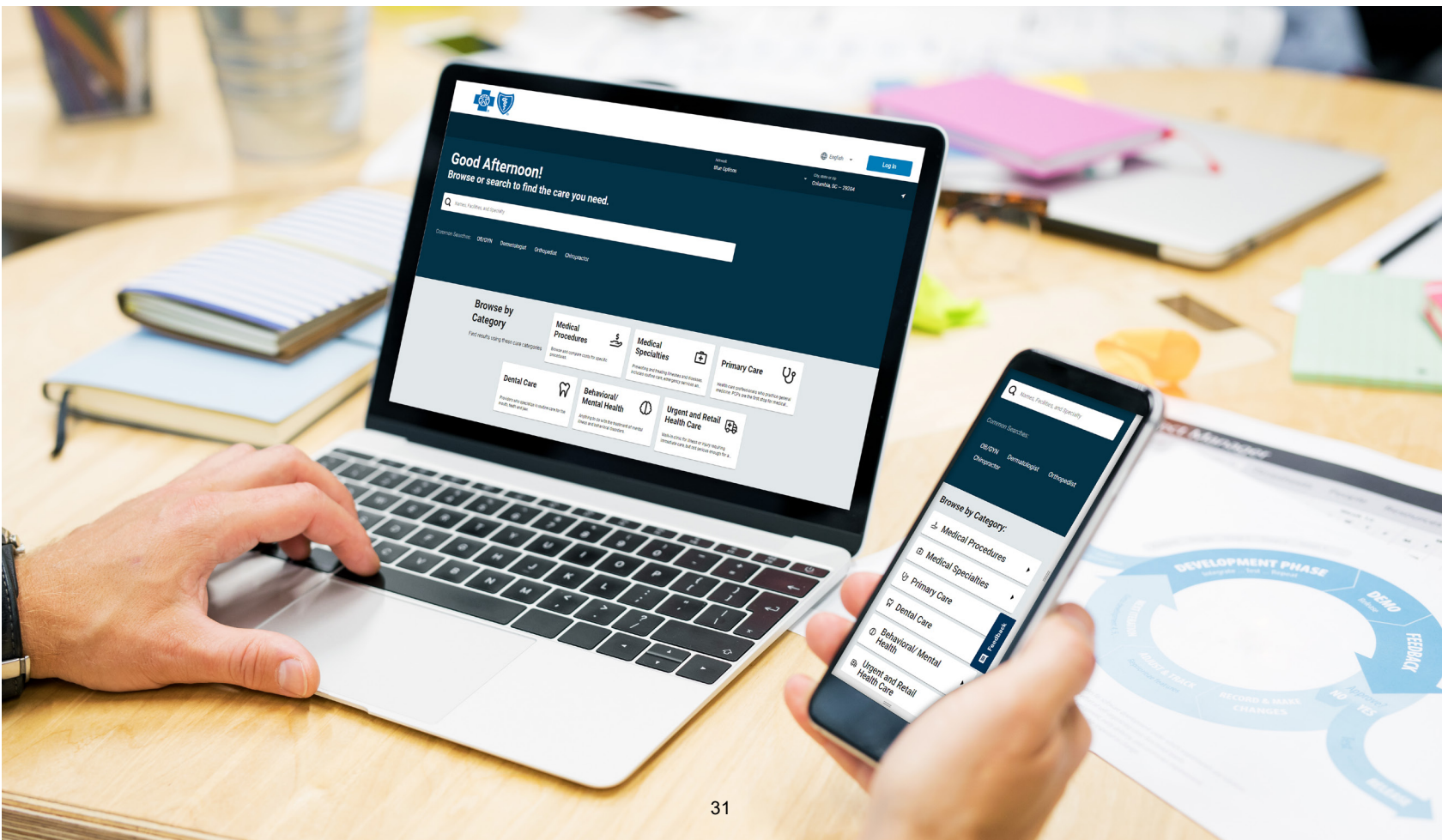
Access Shopping for Care from your computer:

- Visit your health plan's **My Health Toolkit** site.
- Log in to your account, select **Resources**, and then choose **Find Care**.
- We'll walk you through each step!

Or take it with you:

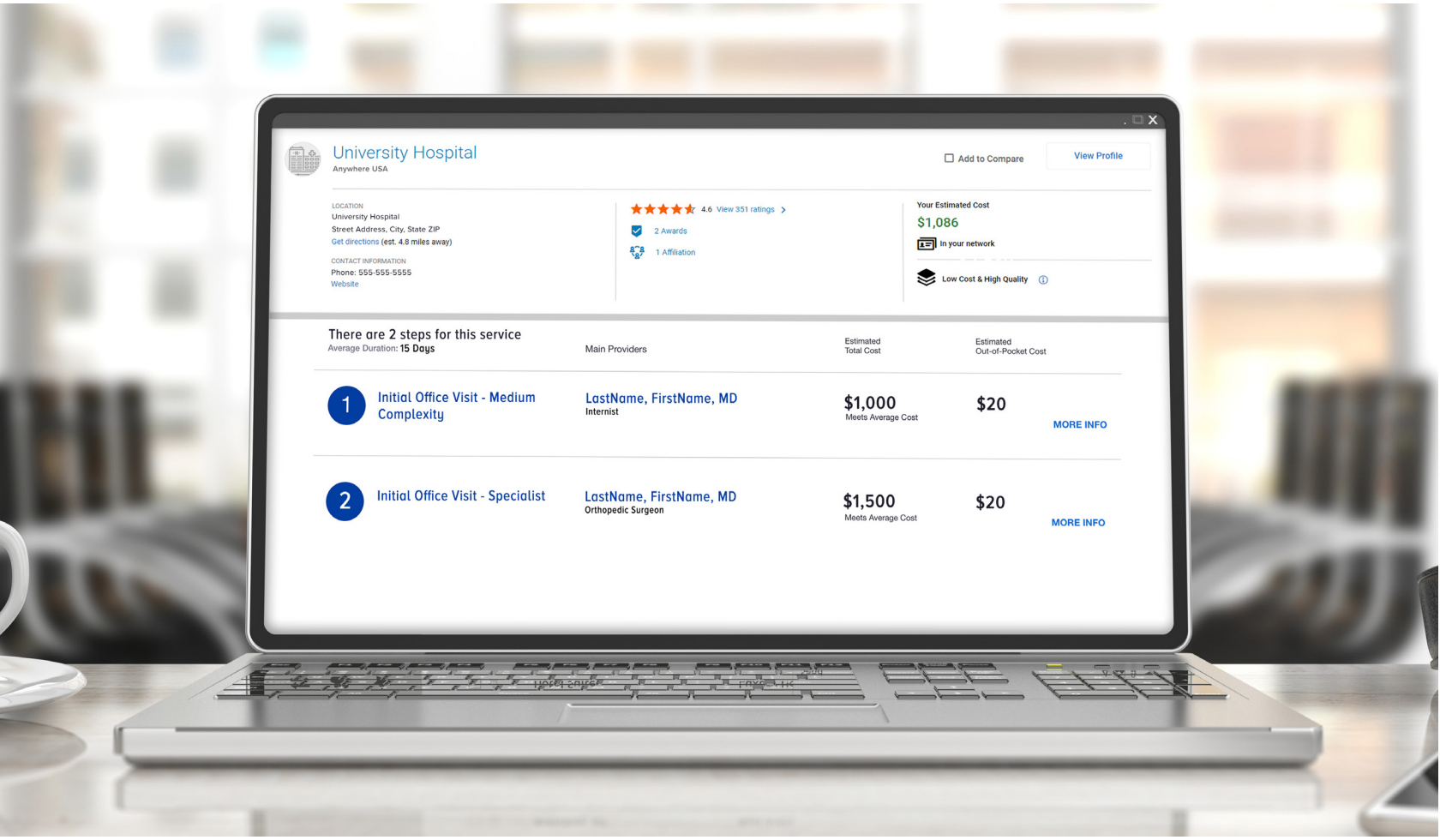
- Log in to the **My Health Toolkit** app from your mobile device.
- Select **Find Care**.

*Cost details might not be included with all plans.



“How much will it cost?”

Estimates help you avoid surprises when the bills come.



Costs for a medical procedure — like an ultrasound, a checkup, X-rays or joint replacement — can vary by hundreds of dollars. Our Shopping for Care feature includes cost estimates to help you find the right care at the right price. (Cost information might not be included for all plans.)

Estimate your out-of-pocket expenses for medical procedures — and compare pricing details that show you the most cost-efficient providers.

- At your health plan’s **My Health Toolkit** website, log in to your **My Health Toolkit** member account.
- Under **Resources**, select **Find Care** under **Shopping for Care**.

As you explore the **Find Care** categories further, you’ll see a **Cost Estimates** tab that’s loaded with price information about hundreds of procedures, from mammograms and MRIs to allergy testing, sleep studies, physical therapy and various types of surgery.

TIP: When you get your member ID card, use your ID number to create your My Health Toolkit account. Then you’ll see cost information about copays and other details specific to your health plan.

TOTAL CARE

Better care, outcomes and costs

Total Care is a national Blue Cross Blue Shield program that recognizes doctors and hospitals that are committed to improving health care for patients.

What's different about Total Care doctors?

Doctors and hospitals with Total Care designation have access to enhanced technology and information that can improve the way they care for patients. A Total Care team might include a primary care doctor, pharmacist, care coordinator and a dietitian.

Who should use a Total Care doctor?

Anyone can choose a doctor with Total Care designation. The team-based approach is especially helpful for people with chronic health conditions like high blood pressure, heart failure or diabetes.

How does Total Care benefit you?

- Care is personalized and consistent. You will see a member of your care team who knows you and your medical history.
- Results of your medical procedures are shared with members of your team so they have a complete picture of your health.
- Total Care's improved screenings, medication management and other programs help provide better outcomes and lower costs for patients.

To find Total Care doctors and hospitals:

- Log in to My Health Toolkit and select the **Resources** tab
- Click **Find a Doctor or Hospital**
- Enter your location and the specialty type, then click **Search**
- On the left side, click **Total Care**

Or call the number on the back of your membership card to talk to a customer service advocate.

MEMBER PERKS

Discounts for you — just for being Blue!

In addition to superior health coverage, your membership provides access to exclusive discounts on a variety of products and services. The member discounts program includes items that generally are not covered byhealth insurance.

Log in to My Health Toolkit, select the **Resources** tab, then **Blue365® Discounts**. On a mobile device, select **Menu**, then **Blue365® Discounts**. You'll find details on discounts for:

Fitness

- Gym memberships
- Wearable fitness devices
- Activewear
- Magazine subscriptions
- 5K and obstacle course registration
- Home fitness equipment
- Vitamins and nutritional supplements

Personal care

- Allergy relief
- Acupuncture
- Chiropractic services
- Massage therapy
- Hair restoration
- Teeth whitening

Healthy eating

- Weight loss programs
- Cookbooks and recipes
- Online cooking classes

Hearing and vision

- Hearing aids
- Eyewear

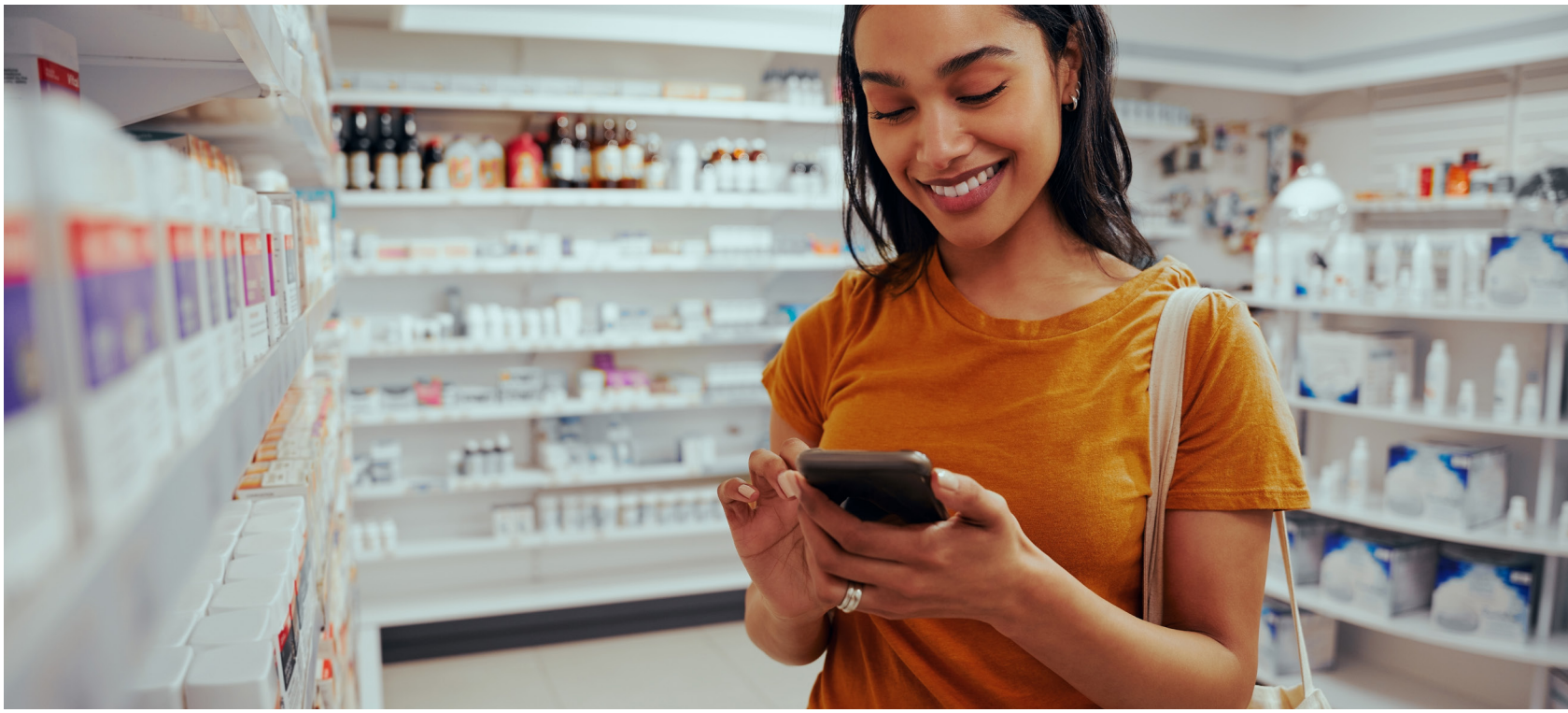
Lifestyle

- Travel clubs
- Vacation packages
- Pet care

KEEP UP WITH YOUR PRESCRIPTION DRUG BENEFITS FROM ANYWHERE

The My Rx Toolkit℠ app provides easy access to details you need

Need to know more about your prescription drug benefits? Often, questions come up when you're on the go, such as at the doctor's office or pharmacy. Now there's a mobile app to help you find the answers easily.



The **My Rx Toolkit** app lets you look up coverage information, copays and options for your medications, all with the convenience of using a mobile device. You can use the app to:

- Set up home delivery of medications. Fill, renew or transfer prescriptions for delivery directly to your door, often for less than you'd pay at a retail pharmacy.
- Look up cost information for your medications, including how much you can expect to pay out of pocket.
- See if lower-cost alternatives may be available.
- Find a network pharmacy near you.
- Initiate conversations with your health care providers.

Getting the app

You can download **My Rx Toolkit** from the App Store or Google Play. Log in with the same username and password you use for **My Health Toolkit®** — there's no need to create a new account.

Download on the App Store

GET IT ON Google Play

It's one more way to make the most of your health care benefits.

COULD YOU SAVE MORE ON YOUR PRESCRIPTIONS?

Get a personalized analysis with Rx Spending and Savings Insights

Many people rely on prescription medications to manage health conditions and live their best lives. But these medications can be costly, especially if you're not taking advantage of all the potential discounts.

Want to keep close track of your prescription drug spending — and save some money while you're at it? Check out Rx Spending and Savings Insights, a web-based tool you can access through **My Health Toolkit®**.

Rx Spending and Savings Insights offers a snapshot of your prescription drug spending based on your claims history. You can:

- See how much you've paid out of pocket for certain recurring prescriptions.
- See what your benefits plan has paid.
- Learn about possible cost savings, such as generic drug alternatives or mail-order delivery.
- View estimates of how much money you could save.

To access Rx Spending and Savings Insights:

- Log in to your **My Health Toolkit** account.
- Go to the **Benefits** tab and select **Pharmacy Benefits**.
- Select the **View Your Pharmacy Benefits** button to access the pharmacy benefits portal.

It only takes a few minutes to keep an eye on your prescription drug spending and be a savvy health care consumer!

MATERNITY CARE

Personalized care for you and your baby

They say a baby changes everything. They are right about that. You are bound to have questions about the transitions that lie ahead.

We're here to help!

Your health plan includes a free maternity care program designed to provide information and support during your pregnancy and postpartum period.

If you are pregnant, it is easy to get started.

- You may receive an invitation by phone, text message, email or postcard.
- You can call **855-838-5897** and let us know you are expecting.
- You can visit **My Health Toolkit®** and select the **Maternity** link in the **Wellness** menu.

You will be asked to take a short assessment online or by phone to complete your enrollment. Then you'll get access to **My Health Planner℠**, an interactive app that guides you through your customized pregnancy program. Through the app, you will receive educational information about each stage of pregnancy and be asked to check in periodically through quick 3 – 5 question surveys. Your care manager, a health care professional with experience in obstetrics, will review your progress and may reach out to you by phone to offer support. You can also use the app to send and receive secure messages to your care manager, set reminders, log medications, and more.

To learn more, log in to **My Health Toolkit**, select the **Wellness** tab, and then select **Maternity**. Or call the care management team at **855-838-5897**.

HELP ALONG THE WAY TO BETTER HEALTH

Whether you're ready to get on track with your health or looking for ways to maintain an already healthy lifestyle, you don't have to figure it out on your own. Your health plan includes free care management programs and resources to help you make positive, meaningful changes at your own pace.

What is care management?

It's a personalized approach that gives you support and lots of options. Our care team includes registered nurses, pharmacists, social workers, physicians, respiratory therapists, certified diabetes educators, licensed behavioral health specialists, and other health and well-being professionals. Connect online or by phone!

Chronic condition support

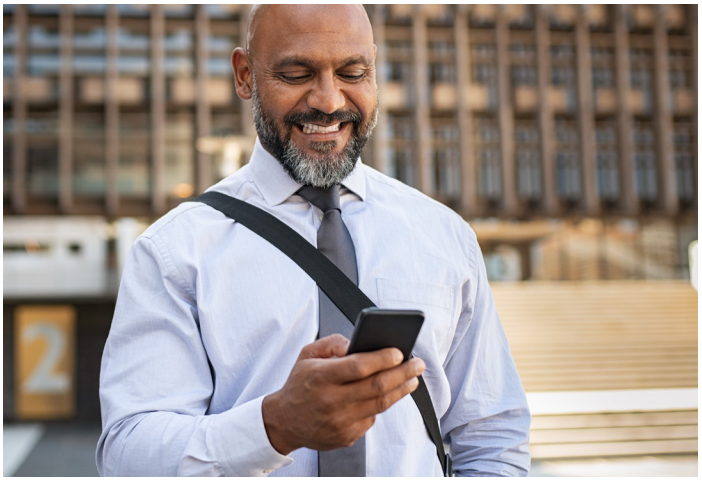
- Attention-deficit hyperactivity disorder (adults)
- Asthma (adults and children)
- Bipolar disorder
- Heart disease and heart failure
- Chronic obstructive pulmonary disease
- Depression
- Diabetes (adults and children)
- High blood pressure and high cholesterol
- Metabolic health (metabolic syndrome and prediabetes)
- Migraine
- Recovery support for substance use disorder

Case management

If you experience complex or difficult health issues, a registered nurse case manager will reach out to you to provide support. Things he or she can help with include cancer, transplants, trauma, end-stage renal disease and neonatal intensive care.

Prevention and wellness

- Maternity
- Back care
- Stress management
- Tobacco-free living
- Weight management (adults and children)
- Gaps in care — personalized reminders when you or your family member may be due for cancer screenings, diabetes care or a well-child visit



Connect with an app

The **My Health Planner**[SM] app is free for eligible members! It helps you keep track of what you need to do between doctor visits and stay in touch with your care team.

Ready to become a healthier you?

If you qualify for one of our care management programs, we will reach out to you with a phone call, email, text or letter to help you get started. To learn more, log in to **My Health Toolkit**®, select the **Wellness** tab, and then choose **Care Management**.

If you have questions, call the care management team at **855-838-5897**.

PRIOR AUTHORIZATION: WHAT YOU NEED TO KNOW

Your health plan requires prior authorization for certain medical tests and treatments. This is an extra step to ensure you receive the appropriate type of care for your condition. If your doctor does not receive authorization before he or she performs the service, it may not be covered by your health insurance.

What types of services require prior authorization?

Generally, prior authorization will be required for these types of services:

- Standard radiology and imaging services, such as magnetic resonance imaging (MRI) and computed tomography (CT) scans
- Radiation therapy for cancer treatment, such as brachytherapy, image-guided radiation and stereotactic therapy
- Spine treatments, such as lumbar decompression or fusion, cervical spine procedures and spinal epidural injections

What should you do?

Most providers will be knowledgeable about services that require prior authorization. You can ask your doctor to visit **www.RadMD.com** to request authorization for treatment.

What's the status of your prior authorization?

To check the status of your request:

Log in to **My Health Toolkit®**. Select the **Benefits** tab and then **Prior Authorization**. On a mobile device, find **Prior Authorization** under the **More** menu.

You also can sign up for paperless notifications when an authorization request has been submitted or a decision has been made.

Or call the number on the back of your membership card to speak to a customer service advocate.

PRIOR AUTHORIZATION: STANDARD RADIOLOGY SERVICES

Your health plan requires prior authorization for certain radiology and imaging services in an outpatient setting. If you are in the emergency room or an inpatient setting, you don't have to get prior authorization.

What services require prior authorization?

- Magnetic resonance imaging (MRI)
- Magnetic resonance angiogram (MRA)
- Computed tomography (CT) scans
- Positron emission tomography (PET) scans
- Myocardial perfusion imaging — nuclear cardiology study
- Multigated acquisition scan (MUGA)

What should you do?

Ask your doctor to visit **www.RadMD.com** to request authorization for treatment. If your provider does not receive a prior authorization before you receive services, your health plan might not cover the treatment and you could be held liable for the payment.

What's the status of your prior authorization?

To check the status of your request:

Log in to **My Health Toolkit®**. Select the **Benefits** tab and then **Prior Authorization**. On a mobile device, find **Prior Authorization** under the **More** menu.

You also can sign up for paperless notifications when an authorization request has been submitted or a decision has been made.

Or call the number on the back of your membership card to speak to a customer service advocate.

What is the program designed to do?

- Promote patient safety by preventing unnecessary radiation exposure
- Help you avoid paying unnecessary out-of-pocket expenses

ADULT WELLNESS GUIDELINES

Adult health — for ages 18 and over

Preventive care is important for adults. By making healthier choices, you can improve your overall health and well-being. These healthy choices are a good start:

- Eat a healthy diet.
- Get regular exercise.
- Don't use tobacco products.
- Limit alcohol use.
- Strive for a healthy weight.
- Take medications as prescribed by your doctor.

Adult Recommendations

Screenings	
Physical Exam	Every year or as directed by your doctor
Body Mass Index (BMI)	Every year
Blood Pressure (BP)	At least every two years
Colon Cancer Screening	Screening beginning at age 45 in consultation with your doctor — You have three options: a colonoscopy every 10 years, a flexible sigmoidoscopy every five years or a blood test annually.
Diabetes Screening	Screening beginning at age 45 — If you have high blood pressure or high cholesterol, are overweight, or have a close family history of diabetes, you should consider being screened earlier.

Immunizations	19 – 21 years	22 – 26 years	27 – 49 years	50 – 64 years	65 and older
Influenza (Flu)*	Once each year				
Tetanus, Diphtheria and Pertussis (Tdap)*	One dose with a booster every 10 years				
Herpes Zoster (Shingles) — RZV*					Two doses RZV for those 60 and older
or Herpes Zoster (Shingles) — ZVL*					OR one dose ZVL for those 50 and older
Varicella (Chickenpox)*	Two doses				
Pneumococcal (Pneumonia)*					Two doses
Measles, Mumps and Rubella (MMR)*	One or two doses if no evidence of immunity				
Human Papillomavirus (HPV) — Female*	One or two doses if no evidence of immunity				
Human Papillomavirus (HPV) — Male*	Two or three doses depending on age at series initiation				
Hepatitis A**	Two or three doses for at-risk adults — Discuss with your doctor if this vaccine is right for you.				
Hepatitis B**	Three doses for at-risk adults — Discuss with your doctor if this vaccine is right for you.				
Meningitis**	One to three doses depending on indication — This vaccine is only recommended for specific groups of adults. Discuss the risks and benefits with your doctor.				
Haemophilus Influenzae Type B (Hib)*	One to three doses depending on health risks — This vaccine is only recommended for specific groups of adults. Discuss the risks and benefits with your doctor.				

*Recommended for most adults.

**Recommended for adults with certain health risks.

CHILDREN'S HEALTH

Put your children on the path to wellness by scheduling regular office visits with a doctor. The doctor will watch your baby's growth and progress and should talk with you about eating and sleeping habits, safety, and behavior issues.

According to the Bright Futures recommendations from the American Academy of Pediatrics, the doctor should:

- Check your child's body mass index percentile regularly beginning at age 6.
- Conduct a yearly wellness exam beginning at age 3.
- Test vision at least once between the ages of 3 and 5.

Routine Children's Immunization Schedule

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	1.5 – 3 years	4 – 6 years
Hepatitis B (HepB)	●	●			●					
Rotavirus (RV)			●	●	●*					
Diphtheria, Tetanus and Pertussis (DTaP)			●	●	●		●†			●
Haemophilus Influenzae Type B (Hib)			●	●	●*	●				
Pneumococcal Conjugate (PCV)			●	●	●	●				
Inactivated Polio Vaccine (IPV)			●	●	●					●
Influenza (Flu)	● Recommended **yearly** starting at age 6 months with two doses given the first year									
Measles, Mumps and Rubella (MMR)						●†				●
Varicella (Chickenpox)						●				●
Hepatitis A (HepA)						● First dose: 12 – 23 months ● Second dose: 6 – 18 months later				

● One dose ▢ Range of recommended dates

*Number of doses needed varies depending on vaccine used. Ask your doctor.

†12 months is minimum age for routine vaccination: two-dose series at 12 – 15 months and 4 – 6 years. Second dose may be given as early as four weeks after the first dose.

Sources: U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, U.S. Preventive Services Task Force

Some of these recommendations may not be covered by your health plan. Please refer to your summary of benefits to verify which services are covered.

The American Academy of Pediatrics is an independent organization that provides health information you might find helpful.

TWEEN AND TEEN HEALTH

Put your teen on the path to wellness. As your child grows into a teen, he or she should continue yearly doctor visits for exams and scheduled immunizations.

These visits give the doctor a chance to talk about:

- The importance of good eating habits and regular physical activity.
- Avoiding alcohol, smoking and drugs.
- The impact of sexual activity and sexually transmitted diseases.

Recommended Immunizations for Ages 7 to 18					
Vaccine	**7 – 10 years**	**11 – 12 years**	**13 – 15 years**	**16 years**	**17 – 18 years**
Tetanus, Diphtheria and Pertussis (Tdap)		●			
Human Papillomavirus (HPV) — females and males		●*			
Meningococcal (MCV)		●		●	
Influenza (Flu)	Yearly				

● One dose ▢ Range of recommended dates

*Routine at 11 – 12; may start at age 9 and through age 18. Whether a two- or three-dose series is recommended will depend on age at first vaccination. A three-shot series is needed for those with weakened immune systems and those 15 and older.

WOMEN'S HEALTH

**You play the role of a superwoman very well.
But that doesn't mean you're invincible.**

Ladies, your supernatural ability to keep everything and everyone in order is truly impressive. But remember that your powers have a limit. Before you can save the world, you must first take care of yourself.

Make sure everything is healthy underneath that cape by scheduling regular health screenings. These recommendations are in addition to the standard wellness guidelines for adults.

Women's Recommendations	
Mammogram	Women 40 and up should get checked yearly.
Cholesterol	Ages 30 – 35 should be tested if at high risk. Women 45 and older should be tested.
Pap Test	Women ages 21 – 65 should have a Pap test every three years. Another option for ages 30 – 65 is a Pap test and HPV test every five years. Women who have had a hysterectomy or are over age 65 may not need a Pap test.*
Osteoporosis Screening	Screenings should begin at age 65 or at age 60 if risk factors are present.*
Aspirin Use	At ages 50 – 79, talk with your doctor about the benefits and risks of aspirin use.
Pelvic Exam	Ages 21 and over should have an exam every year.

*Recommendations may vary. Discuss screening options with your doctor, especially if you are at increased risk.

Sources: American Cancer Society, U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, U.S. Preventive Services Task Force

MEN'S HEALTH

Even the toughest machines depend on regular maintenance.

Preventive care is important to men's health. If you're going to keep firing on all cylinders, you need to make time for tuneups. So, let's man up and schedule that appointment!

In addition to the standard wellness guidelines for adults, men should discuss these recommendations with their doctors.

Men's Recommendations	
Cholesterol	Ages 20 – 35 should be tested if at high risk. Men age 35 and over should be tested.
Abdominal Aortic Aneurysm	Get checked once between ages 65 and 75 if you have ever smoked.
Aspirin Use	At ages 50 – 79, talk with your doctor about the benefits and risks of aspirin use.

Sources: American Cancer Society, U.S. Department of Health and Human Services, the Centers for Disease Control and Prevention, U.S. Preventive Services Task Force

NON-DISCRIMINATION STATEMENT AND FOREIGN LANGUAGE ACCESS

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or when we provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice **(TDD 711)**.

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing **contact@hcrcompliance.com** or by calling our Compliance area at **800-832-9686** or the U.S. Department of Health and Human Services, Office for Civil Rights at **800-368-1019** or **800-537-7697 (TDD)**.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。(Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đở với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة.للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険 についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره‌ی این برنامه‌ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره‌ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háída bíká'aná nílwo'ígíí díí Béeso Ách'ą́ąh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíį́ bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'į' ha desdzih nínízingo, kojį' béésh bee hólne' 1-844-516-6328. (Navajo)

Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)

NOTES

NOTES

We're glad to have you as a member of Blue Cross and Blue Shield of Kansas City. What did you think of this open enrollment guide? Please take a moment to scan this QR code and give us some feedback.

Kansas City

OE-KC-7-2022