North Central Health Care

Person centered. Outcome focused.

YOU Benefit

A COMPREHENSIVE BENEFIT RESOURCE GUIDE
FOR NORTH CENTRAL HEALTH CARE EMPLOYEES

2025 **GUIDE**

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General Information

Welcome to the ***YOU Benefit 2025 Guide***, a comprehensive resource containing information about the benefit package offered by North Central Health Care (NCHC). These benefits are some of the most competitive available in Central Wisconsin. North Central Health Care's benefits package is an important part of your total compensation package, adding value and giving you peace of mind.

Each of the plans detailed on these pages have been carefully researched and negotiated. You can enroll in your benefits with the assurance that your benefits needs are a priority at North Central Health Care.

OFFICE HOURS AND LOCATIONS

Human Resources
Wausau Campus
2400 Marshall Street, Suite A
Wausau, WI 54403
715.848.4419

8:00 a.m. – 4:30 p.m. Monday – Friday

BENEFIT INFORMATION ON THE WEB

For benefit plan information, including eligibility and monthly rates please visit the North Central Health Care's website, which is accessible from work, home and all electronic devices: http://www.norcen.org/EmployeeBenefits.

The benefit information presented in this book describes only the highlights of the plans and does not constitute official plan documents. Additional terms and conditions apply. If there are any discrepancies between the information contained herein and the official plan documents, the plan documents will govern. This benefit overview is not intended to give rise to any right to employment, continued employment, or any benefit with or from North Central Health Care. To view official plan documents, go to http://www.norcen.org/EmployeeBenefits or contact NCHC Human Resources to request copies

LIMITATIONS

North Central Health Care, in its sole discretion may modify, amend, or terminate the benefits provided in this booklet with respect to any individual receiving benefits, including active employees, retirees, and their dependents. Nothing in these materials gives any individual the right to continue benefits beyond the time North Central Health Care modifies, amends, or terminates the benefit, unless required by law. Anyone seeking or accepting any of the benefits provided will be deemed to have accepted the terms of the benefit programs and North Central Health Care's right to modify, amend or terminate them.

Paying for Your Benefits

North Central Health Care makes a substantial investment in your benefits by paying a significant portion of the cost. You pay any balance through automatic deductions from your pay check. You are responsible for making sure that your pay check can cover the cost of the benefits you choose.

COST OF YOUR BENEFIT PLANS

Each benefit plan has its own rate structure. The cost of each benefit for which you are eligible is generally outlined in this guide or can be obtained by contacting the Human Resources office.

FREQUENCY OF DEDUCTIONS

If you participate in the benefits plans, bi-weekly payroll deductions will be taken in equal installments from the first two paychecks of each month. If there are three paychecks in a month, Wisconsin Retirement contributions are the only benefit deductions that will be taken from the third paycheck.

PAYROLL DEDUCTIONS FOR NCHC STAFF

Certain benefits are paid for by payroll deduction from your salary on a pre-tax basis (before taxes are calculated). The benefit plans with pre-tax deductions are:

- Health Plan
- Dental Plan
- Vision Plan
- Flexible Spending Account
- Wisconsin Retirement Contributions
- Pre-tax 457(b) Deferred Compensation (Voya and WI Deferred Compensation)
- Health Savings Account Contributions

The plans with after-tax deductions are:

- Roth 457(b) Deferred Compensation (Voya and WI Deferred Compensation)
- Short-Term Disability, Accident, Critical Illness, Hospital Indemnity
- Income Continuation Insurance (ICI) - plan is currently on premium holiday.
- Pet Insurance

Your Responsibilities

REVIEW BENEFIT INFORMATION AND ENROLL WITHIN YOUR DEADLINES

It is important that you review the benefit information, make your benefit selections, and enroll within 30 days from date of hire, a qualifying event or during the open enrollment time period. Instructions for enrolling in your benefits are on page 9. There is a separate process used to enroll in voluntary benefits (pet insurance and identity protection).

CHECK YOUR BENEFIT STATEMENT

Review the benefits statement provided at the beginning of the open enrollment or new hire process to verify the benefits you are currently enrolled in. When you enroll online during open enrollment, you will receive a benefit statement at the end of your enrollment that outlines what benefits you elected for 2025. During the remainder of the year you can verify your benefits on the UKG Employee Self-Service (ESS) website under the Myself tab, then under Benefits, Benefits Summary, or by viewing your NCHC pay stub.

CHECK YOUR DEDUCTIONS

Verify your benefit deductions on each pay stub to be sure they match the coverage you requested. You can view your paystub online through UKG. If you find an error in your deductions, call Human Resources immediately. Human Resources will not credit overpayments for benefits retroactively.

UPDATE YOUR ADDRESS

It is your responsibility to notify Human Resources immediately if your address changes. A paper designation, phone call or email, are all acceptable ways to communicate your address change.

UPDATE YOUR BENEFICIARY DESIGNATIONS

It is important to update your beneficiary designations whenever your circumstances change. You may change your beneficiary designation at any time. Please contact Human Resources to make any changes.

EMERGENCY CONTACT INFORMATION

North Central Health Care encourages you to keep your emergency contact information updated. Please contact Human Resources to make any changes.

KNOW YOUR RIGHTS AND RESPONSIBILITIES UNDER FEDERAL LAW

North Central Health Care is required to provide you with important information and notices about federal laws and acts that affect your coverage. These notices can be found on pages 63-69. While these notices do not cover all the details of these laws and acts, they do give you and your family information about your rights and protections under these laws and acts. You are encouraged to carefully review these notices.

Benefit Plans Summary

This section provides information on the benefit plans offered by North Central Health Care. The plans and options available to you and your dependents depend upon your job status and hours worked.

HEALTH PLAN COVERAGE *Pages 11–21*

North Central Health Care offers three Health Plans that cover the same services but have different cost structures. Two of these plans are paired with a Health Savings Account (HSA).

PRESCRIPTION DRUG PLAN *Pages 22-21*

If you are enrolled in North Central Health Care's health plan, you are automatically enrolled in the Carelon Rx Prescription Drug Plan.

LIVE HEALTH ONLINE *Pages 24-25*

For employees enrolled in North Central Health Care's Health Plans, Live Health Clinic offers 24-7 access to physician consultations. Consultations are provided via phone, video and the internet.

DENTAL PLAN *Pages 26-28*

Administered by Delta Dental, the NCHC Dental Plan gives you access to two of the nation's largest networks of participating dentists–the Delta Dental PPO network and the Delta Dental Premier network.

VISION PLAN *Page 29*

National Vision Administrators (NVA) offers a comprehensive vision care plan to you and your eligible family members.

FLEXIBLE SPENDING ACCOUNTS *Pages 30-31*

Enrolling in the Medical, Dependent Care or Limited Purpose Flexible Spending Account allows you to pay certain allowable expenses with tax-free money.

GROUP TERM LIFE INSURANCE *Pages 32-33*

North Central Health Care offers group term life insurance to employees that are eligible for the Wisconsin Retirement System. You can elect insurance up to five times your annual salary. Dependent and spouse coverage is also available.

WI RETIREMENT SYSTEM SAVING PLAN *Page 34*

The Wisconsin Retirement System (WRS) is a tax deferred defined benefit plan. In 2025 you contribute 6.9% of your eligible wages and NCHC contributes a match of that same 6.9% for a total of 13.8%. Eligibility varies by hire date. If you meet requirements you will automatically be enrolled in the Wisconsin Retirement System.

RETIREMENT SAVINGS ACCOUNTS 457(B) - DEFERRED COMPENSATION *Page 35*

In addition to the Wisconsin Retirement System you may also participate in a 457(b) Deferred Compensation Plan.

Benefit Plans Summary *(continued)*

INCOME CONTINUATION INSURANCE *Pages 36-37*

North Central Health Care employees can elect this insurance coverage which provides income replacement to an eligible employee who is unable to work due to a non work related disabling illness or injury. Benefits are paid at 75% of the employee's average monthly earnings after a 30 calendar day elimination period.

SHORT-TERM DISABILITY *Page 38-41*

Short-Term Disability (STD) is an optional coverage that protects your income. You can protect a portion of your salary to be paid to you in the event that you cannot work due to a disability. Benefits are paid at 66 2/3% of the employee's average monthly earnings after a seven calendar day elimination period.

CRITICAL ILLNESS INSURANCE *Page 42-46*

Critical Illness coverage pays you a direct benefit if you have a serious illness, like a heart attack, cancer, or stroke. This lump-sum cash benefit you can use any way to meet your needs.

HOSPITAL INDEMNITY *Page 47-49*

Hospital indemnity insurance, also known as hospitalization insurance, is a supplemental insurance policy that pays a predetermined amount of cash to the insured person when they are hospitalized. This insurance can help with the financial burden of a hospital stay, regardless of what other insurance covers.

ACCIDENT INSURANCE *Page 50-56*

Pays a benefit directly to you if you have a covered injury like an accident or broken bone.

WELLNESS BENEFIT *Page 57*

Provides an annual benefit payment for completing a covered health screening test on or after your coverage effective date, if you are enrolled in the critical illness or accident plan.

PET INSURANCE *Page 58*

You can protect yourself when unexpected health care costs arise for your dog or cat with Pet Insurance from Nationwide. Learn more about the available wellness plans and other features.

EMPLOYEE DISCOUNTS & NCHC SwagShop *Page 59*

North Central Health Care provides employees discounts from local and national businesses and retailers including restaurants, cell phone carriers, car rental, massage and wellness, gym memberships, moving and miscellaneous discounts. You can also shop online for NCHC-branded apparel at the SwagShop.

WORKPLACE RESOURCES, TUITION REIMBURSEMENT AND EMPLOYEE REFERRAL PROGRAMS *Page 68-71*

NCHC offers several programs and resources just for our employees like Employee Assistance Program (EAP), *News You Can Use*, Tuition Reimbursement and Employee Referral Bonus Programs.

Eligibility

Your eligibility for benefits at North Central Health Care is based on your designated Full-time Equivalent (FTE) and hours worked. Generally the minimum status an employee can work and be eligible for benefits is 0.5 FTE which is at least 40 hours per pay period. Eligibility for health insurance is based on the number of hours worked in the last year. If you work over 1,560 hours between October 1st and September 30 of each year, you will be eligible for the health plan and pay the same contributions as full-time employees for the entire following plan year.

NEW HIRE/NEWLY ELIGIBLE

If you are a new hire or newly eligible for benefits, your benefits will take effect the first day of the month following your date of hire. Exceptions to this will be designated by eligible Qualifying Events.

MARRIED SAME-SEX COUPLES

Effective January 1, 2015, coverage on our benefit plans was extended to provide benefits eligibility to same-sex couples. Normal documentation requirements (i.e., marriage certificate) are required to add additional participants to our plan. On August 29, 2014, the U.S. Department of the Treasury and the Internal Revenue Service (IRS) released guidance clarifying that same-sex couples who are legally married in jurisdictions or countries that recognize their marriages will be treated as married for all federal tax purposes, regardless of whether the same-sex couple resides in a state or jurisdiction that recognizes same-sex marriages. The State of Wisconsin has also made similar changes for state taxation purposes. This means a same-sex couple legally married in a state that recognizes same-sex marriage will be treated as married for federal and state tax purposes and is now eligible to receive the same tax free benefits. This applies to medical, dental and vision benefits, when your covered spouse and/or your spouse's children are enrolled in these benefits. Employees may be reimbursed under a Dependent Care (FSA) on a pre-tax basis for daycare expenses that are necessary to allow the employee or the spouse to work, look for work (with income during the year), or for the spouse to attend school full time.

Note that the IRS guidance has no impact on the federal tax treatment of OQAs, civil unions, domestic partnerships, or other variations of domestic partnerships – only couples legally married under state law will be treated as married for federal and state tax purposes.

MAKE DEPENDENT COVERAGE CHANGES PROMPTLY

Every year, changes affect the personal status of employees who are enrolled in any of North Central Health Care benefit plans. Marriages, births, adoptions, divorces, and loss of coverage from another source are examples of qualified events that may allow eligible employees the opportunity to make mid-year changes to their current benefits enrollment. If any of these changes occur, you must act within 30 days of the qualified event. Otherwise, you will have to wait for the next Open Enrollment period and have the change(s) become effective January 1, of the following plan year.

ADDING A DEPENDENT – REQUIRED INFORMATION	
Spouse	NCHC requires: • Copy of marriage certificate • Social Security Number • Date of Birth
Dependent Children Age 26 and under (Biological child, stepchild, adopted child)	NCHC requires: • Social Security Number • Date of Birth • AND Birth Certificate OR Adoption Agreement OR Medical Child Support Order

Enrollment

WHEN TO ENROLL

Generally, there are four times when you can enroll or to change your benefits at North Central Health Care:

- As a newly hired/rehired or newly eligible employee;
- After experiencing an FTE change;
- After experiencing a qualifying event; and
- During Open Enrollment.

ENROLLMENT DEADLINES

- 2024 Open Enrollment - October 21st – November 1st
- Family status change or job status change – within 30 days following the date of the change
- Newly hired/rehired eligible employee – within 30 days following hire/rehire date

EFFECTIVE DATE OF BENEFIT ELECTIONS

For the following benefits plans, coverage begins for new hires and newly eligible employees on the first of the month following your date of hire or at the start of the plan year if enrollment occurs during open enrollment, unless noted below.

- Health, Prescription Drug, Flexible Spending, Dental, Vision, Pet Insurance, Short-Term Disability, Critical Illness, Accident Coverages, Hospital Indemnity
- Life Insurance – the effective date will be one month from your hire date or initial eligibility.
- Income Continuation Insurance – the effective date will be six months from your hire date and requires WRS eligibility.

JOB OR FAMILY STATUS CHANGE

- If you have a job status change that impacts your eligibility for benefits, you will receive a notification via your work email.
- If you have a qualified family status change, you must act within 30 days of the qualifying event for the change to be accepted by North Central Health Care. Otherwise you will have to wait for the next Open Enrollment period to make the change to your benefits. Questions about mid-year changes affecting your North Central Health Care benefits should be directed to the Human Resources Department. Change forms are available in Human Resources.

DURING OPEN ENROLLMENT

Open Enrollment is an annual event (usually in October or November) during which you can enroll in new benefits or change current benefits enrollments for the upcoming year effective January 1. Open Enrollment for the 2025 calendar year will be October 21st - November 1st, 2024.

WHERE DO I ENROLL DURING OPEN ENROLLMENT?

ONLINE ENROLLMENT (Using Employee Self Service)	ONLINE ENROLLMENT WITH VENDOR (page listed below for instructions)
Health Insurance	Pet Insurance (see page 58)
Dental Insurance	
Vision Insurance	
Flexible Spending Account (FSA)	
Health Savings Account	
Voluntary Short-Term Disability	
Critical Illness	
Accident	
Hospital Indemnity	

Your NCHC Benefits

The following pages will introduce you to the comprehensive benefit package offered by NCHC. This benefits package is an important part of your total compensation package, adding value and giving you peace of mind.

If you have general questions about your benefits, please contact the NCHC Human Resources Office at 715.848.4419.

For more specific questions, refer to page 75 for contact information.

Health Plan Coverage

Administered by Anthem Blue Cross Blue Shield

North Central Health Care offers three competitive health plan options. Each health plan offers different levels of coverage based on the providers and hospitals you use.

ELIGIBILITY

To be eligible for Health Insurance you will need to work a minimum of a 0.5 FTE status. North Central Health Care has two different levels of premium contribution: 0.5 – 0.74 FTE and 0.75 – 1.0 FTE. Please review each plan for the two different rates based on your FTE status.

ENROLLMENT DEADLINES

To ensure that you and your eligible dependents have health coverage, you must enroll within 30 days of your date of hire or newly eligible date, during open enrollment period, or as specified by your qualifying event date. If you do not enroll within the deadline, you will not receive health or prescription drug coverage.

EFFECTIVE DATE

If you enroll within 30 days of the qualifying event, coverage is effective on the date of your qualifying event. Newly hired employees coverage is effective the first of the month following your hire date. Any applicable retroactive employee contribution amounts will be deducted from your paycheck. Deductions are retroactive to the event date if the event date is the first of the month. If the event date is after the first of the month, deductions begin on the first full pay period after the event date. To minimize the impact of retroactive deductions, it is recommended that you make your benefits elections as soon as possible.

SERVICES BEFORE YOU GET YOUR ID CARD

Contact Anthem Blue Cross Blue Shield to find out how to receive services before your health plan ID cards arrive at your home. Phone numbers for plan companies are listed on page 75. Until you receive your health plan ID cards, you may have to pay for services and/or prescriptions in full. Contact Blue Cross Blue Shield to find out its reimbursement procedure. Be sure to save all your receipts.

TEMPORARY CARDS

You can receive temporary cards in the event you need services before your actual insurance card arrives at your home. Please visit Anthem Blue Cross Blue Shield website at www.Anthem.com to register your user name and password. Once you are logged into the site there is an ID card tab on the website that you can click on and this will let you view your current ID card. You can print this if you would like to use this as your temporary ID card.

PHYSICIAN AND HOSPITAL PLAN PARTICIPATION

Plan participating physicians and participating hospitals are always subject to change. Contract renewal dates between plans and their doctors and hospitals vary, and renewal is at the option of either party.

In the event your provider's affiliation with the North Central Health Care Health Plan ends, you will need to select another provider within your plan's service area. North Central Health Care's plan does not require you to designate an In-Network provider, however, you will always receive a greater benefit and less out-of-pocket costs, if your care is received at the In-Network benefit. Before receiving services, check the provider directory to make sure it includes a doctor and hospital of your choice. You can find provider information on the Anthem Blue Cross Blue Shield's website, or call the health plan's customer service number list.

Health Plan Options - HSA MID PLAN

Summary of Benefit and Coverage (SBC) are available that detail coverages more specifically.

HSA MID PLAN

BENEFIT COVERAGE		IN-NETWORK	OUT OF NETWORK
DEDUCTIBLE	Single	$3,500	$7,000
	Family	$7,000	$14,000
COINSURANCE		80%	50%
ANNUAL OUT OF POCKET (Including Deductible)	Single	$5,500	$11,000
	Family	$11,000	$22,000
LIFETIME MAXIMUM		Unlimited	
PREVENTATIVE CARE		100%, Deductible Waived	Deductible, 50%
PHARMACY/PRESCRIPTION COVERAGE		Coinsurance after deductible requiring generic prescriptions when possible	
EMERGENCY ROOM		Coinsurance after deductible	
HSA EMPLOYER ANNUAL DEPOSIT	Single	$750	
	Employee +Child(ren)	$1250	
	Employee + Spouse	$1250	
	Family	$1750	

**Family deductible applies if employee plus one or more dependents are covered

EMPLOYEE CONTRIBUTION RATES

HSA MID PLAN
Premium is based on Full Time Employee Rate (>0.75)

Employee Only	Per Pay Period
0.75 – 1.0 FTE	$90.55
0.5 – 0.74 FTE	$171.56

Employee + Child(ren)	Per Pay Period
0.75 – 1.0 FTE	$162.98
0.5 – 0.74 FTE	$308.81

Employee + Spouse	Per Pay Period
0.75 – 1.0 FTE	$207.45
0.5 – 0.74 FTE	$393.06

Family	Per Pay Period
0.75 – 1.0 FTE	$246.94
0.5 – 0.74 FTE	$467.89

Health Plan Options - HSA HIGH PLAN

Summary of Benefit and Coverage (SBC) are available that detail coverages more specifically.

HSA HIGH PLAN

BENEFIT COVERAGE		IN-NETWORK	OUT OF NETWORK
DEDUCTIBLE	Single	$5,000	$10,000
	Family	$10,000	$20,000
COINSURANCE		80%	50%
ANNUAL OUT OF POCKET (Including Deductible)	Single	$7,500	$15,000
	Family	$15,000	$30,000
LIFETIME MAXIMUM		Unlimited	
PREVENTATIVE CARE		100%, Deductible Waived	Deductible, 50%
PHARMACY & PRESCRIPTION COVERAGE		Coinsurance after deductible requiring generic prescriptions when possible	
EMERGENCY ROOM		Coinsurance after deductible	
HSA EMPLOYER ANNUAL DEPOSIT	Single	$750	
	Employee +Child(ren)	$1250	
	Employee + Spouse	$1250	
	Family	$1750	

**Family deductible applies if employee plus one or more dependents are covered

EMPLOYEE CONTRIBUTION RATES

HSA HIGH PLAN
Premium is based on Full Time Employee Rate (>0.75)

Employee Only	Per Pay Period
0.75 – 1.0 FTE	$74.48
0.5 – 0.74 FTE	$162.11

Employee + Child(ren)	Per Pay Period
0.75 – 1.0 FTE	$134.07
0.5 – 0.74 FTE	$291.79

Employee + Spouse	Per Pay Period
0.75 – 1.0 FTE	$170.64
0.5 – 0.74 FTE	$371.40

Family	Per Pay Period
0.75 – 1.0 FTE	$203.13
0.5 – 0.74 FTE	$442.11

Health Plan Options - TRADITIONAL PLAN

Summary of Benefit and Coverage (SBC) are available that detail coverages more specifically.

BENEFIT COVERAGE		IN-NETWORK	OUT OF NETWORK
DEDUCTIBLE	Single	$2,500	$5,000
	Family	$7,500	$15,000
COINSURANCE		70%	50%
ANNUAL OUT OF POCKET (Including Deductible)	Single	$7,000	$14,000
	Family	$14,000	$28,000
LIFETIME MAXIMUM		Unlimited	
PREVENTIVE CARE		100%, Deductible Waived	Deductible, 50%
OFFICE VISIT CO-PAY (may not include lab/xray)		$35, 100%	Deductible, 50%
ASPIRUS ON-SITE CLINIC CO-PAY (may not include lab/xray)		$0	N/A
INPATIENT HOSPITAL/SURGICAL		$250, Deductible, 70%	$250, Deductible, 50%
URGENT CARE		$75, 100%	Deductible, 50%
EMERGENCY ROOM		$150, Deductible, 70%	
PRESCRIPTION DRUGS NCHC Pharmacy/In Network Pharmacy 30 or 90 Day Supply			
Generic		$15	
Preferred Brand Name Drugs		$40	
Non-preferred Drugs		$60	
Specialty		$100	
Mail Order Rx		$37.50/$100/$150	

EMPLOYEE CONTRIBUTION RATES

TRADITIONAL PLAN
Premium is based on Full Time Employee Rate (>0.75)

Employee Only	Per Pay Period
0.75 – 1.0 FTE	$163.58
0.5 – 0.74 FTE	$281.16

Employee + Child(ren)	Per Pay Period
0.75 – 1.0 FTE	$294.45
0.5 – 0.74 FTE	$506.09

Employee + Spouse	Per Pay Period
0.75 – 1.0 FTE	$374.78
0.5 – 0.74 FTE	$644.15

Family	Per Pay Period
0.75 – 1.0 FTE	$446.14
0.5 – 0.74 FTE	$766.80

Stay on top of your health

Use your preventive care benefits

Anthem

Regular preventive care can help you stay healthy and catch problems early, when they are easier to treat. Our health plans offer all the preventive care services and immunizations below at no cost to you.[1] As long as you use a doctor, pharmacy, or lab in your plan's network, you won't have to pay anything. If you go to doctors or facilities that are not in your plan, you may have to pay out of pocket.

If you are not sure which exams, tests, or shots make sense for you, talk to your doctor.

Preventive care vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you receive services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms, and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

General preventive physical exams, screenings, and tests (all adults):

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels screening
- Colorectal cancer screenings, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)[2, 3]
- Depression screening
- Diabetes screening (type 2)[4]
- Eye chart test for vision[5]
- Hepatitis B virus (HBV) screening for people at increased risk of infection
- Hearing screening
- Height, weight, and body mass index (BMI) measurements
- Hepatitis C virus (HCV) screening
- Human immunodeficiency virus (HIV): screening and counseling
- Interpersonal and domestic violence: screening and counseling
- Lung cancer screening for those ages 50 to 80 who have a history of smoking 20 packs or more per year and still smoke, or who have quit within the past 15 years[2]
- Obesity: related screening and counseling[4]
- Prostate cancer screenings, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening

Women's preventive care:[6]

- Breast cancer screenings, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met[7]
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling[8, 9, 10]
- Contraceptive (birth control) counseling
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Human papillomavirus (HPV) screening[9]
- Interpersonal and domestic violence: screening and counseling
- Pelvic exam and Pap test, including screening for cervical cancer
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV, and depression[9]
- Well-woman visits

Immunizations:

- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Monkeypox and/or smallpox (at risk)
- Pneumococcal (pneumonia)
- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19)
- Varicella (chickenpox)
- Zoster (shingles)

The preventive care services listed above are recommendations of the Affordable Care Act (ACA) and are subject to change. They may not be right for every person. Ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the group policy provisions will rule. Please see your combined *Evidence of Coverage and Disclosure Form* or *Certificate* for exclusions and limitations.

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◄ Continued from p. 15

Child preventive care

Preventive physical exams, screenings, and tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure screening
- Cervical dysplasia screening
- Cholesterol and lipid (fat) levels screening
- Depression screening
- Development and behavior screening
- Diabetes screening (type 2)
- Hearing screening
- Height, weight, and BMI measurements
- Hemoglobin or hematocrit (blood count) screening
- Lead testing
- Newborn screening
- Obesity: related screening and counseling
- Oral (dental health) assessment, when done as part of a preventive care visit
- Sexually transmitted infections: related screening and counseling
- Skin cancer counseling for those ages 6 months to 24 years with fair skin
- Tobacco use: related screening and behavioral counseling

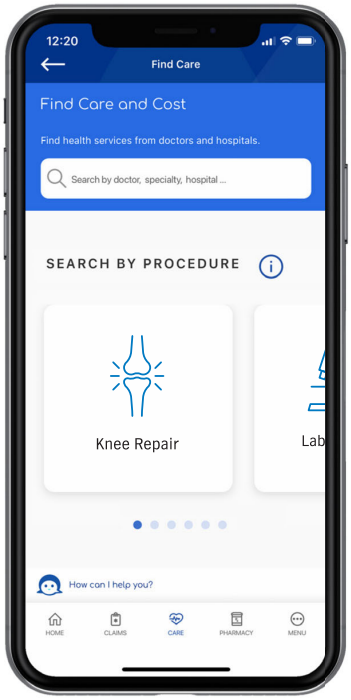
Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type B (HIB)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis
- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Rotavirus
- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19)
- Whooping cough

If you'd like more help understanding your preventive care benefits, call Member Services at the number on your ID card.

Finding an In-Network Provider

Choosing a doctor you trust is important — and choosing one in your plan's network can keep your costs down. The **Find Care** tool on the Sydney℠ Health app and anthem.com can help you meet both needs.



Helping you find the right care

The **Find Care** tool brings together details about doctors in your plan's network. You can customize your search by name, location, specialty, or procedure. You also can compare information such as costs, languages spoken, and office hours.* To make sure a care provider is in your plan's network, view the doctor or facility profile.

To help you find care providers who would be a good fit for you, we sort your search results and provide the top three matches using **Personalized Match.** There are more options available below your top three, and you can always re-sort these search results by distance or name.

After viewing your initial search results, you can filter your results by selecting the relevant boxes on the left or browsing by list or map views.

Search by name, specialty or procedure.

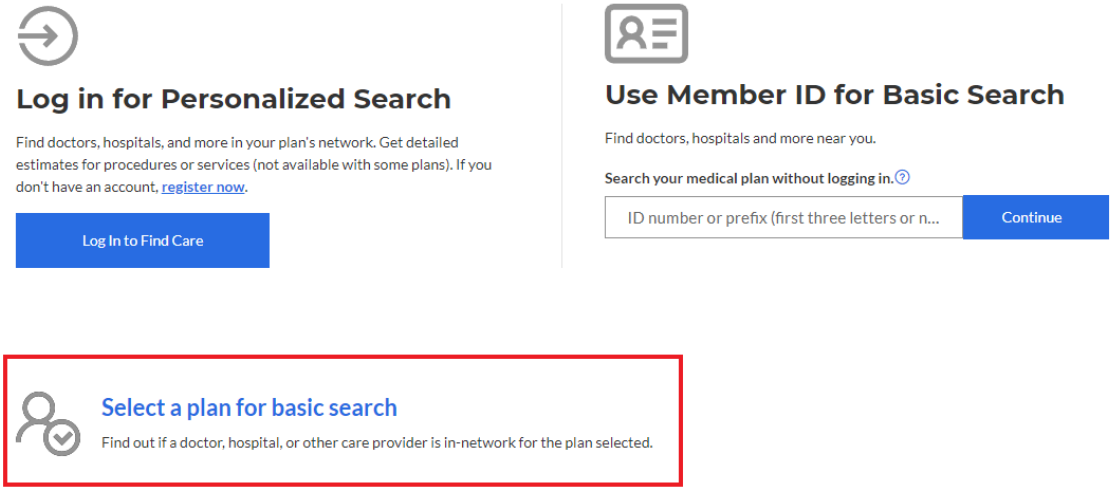
Customize and refine results

Compare doctors and cost

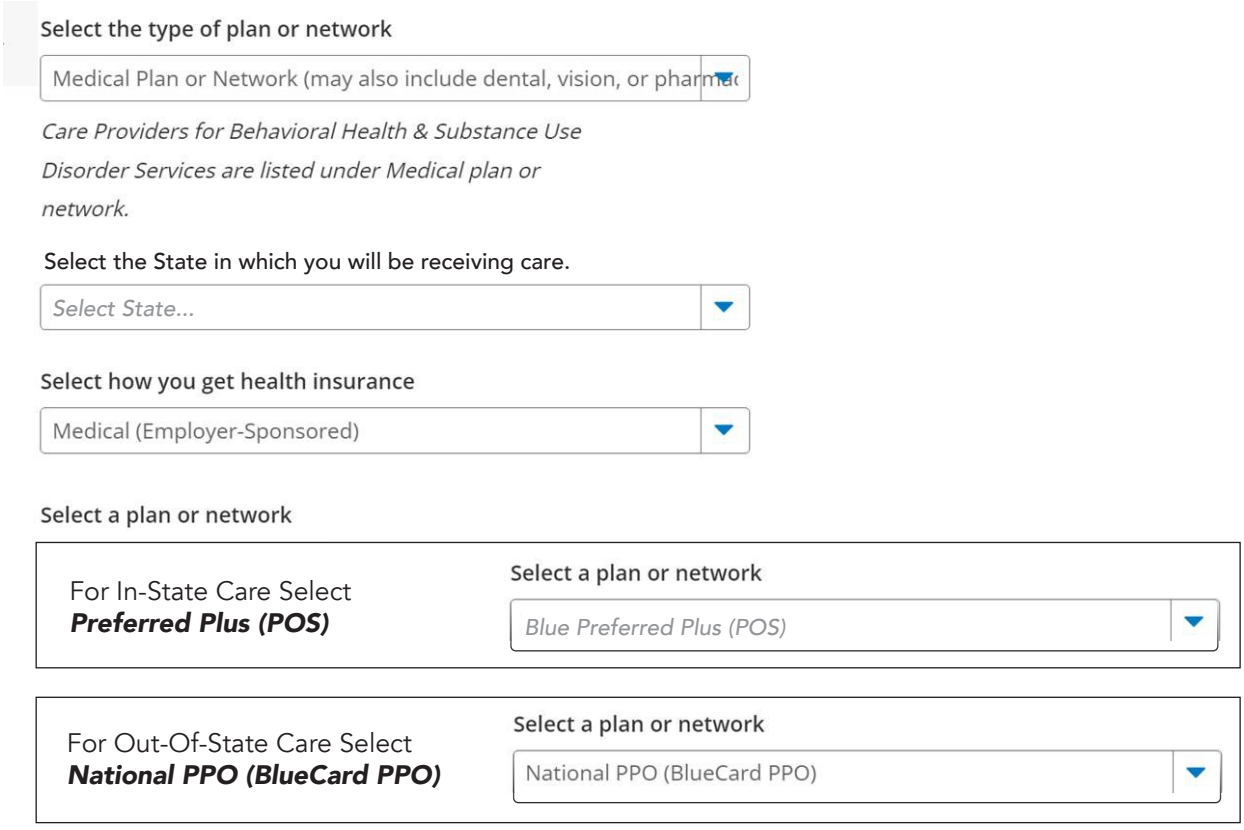
Anthem

Finding a Provider In or Out-of-State

1. Go to www.anthem.com/find-care/ and click on "Select a plan for basic search"

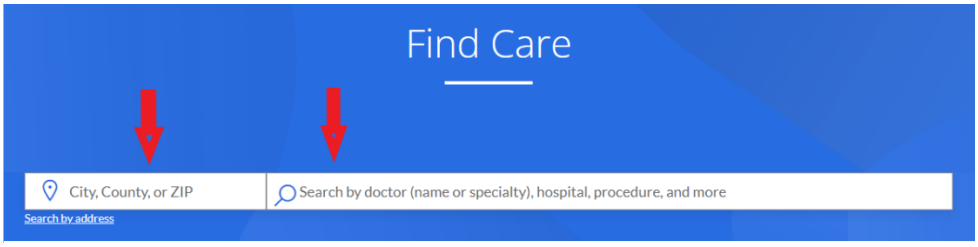


2. Fill out the fields as shown below and click Continue:

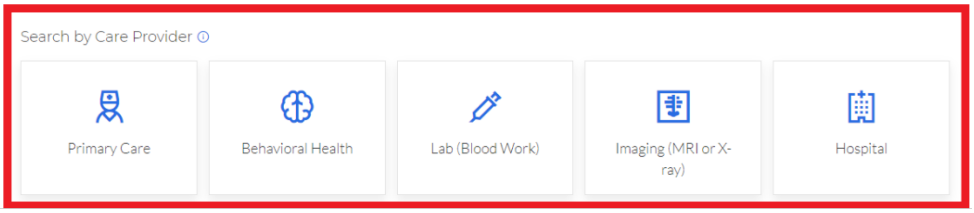


Finding a Provider In or Out-of-State (Continued)

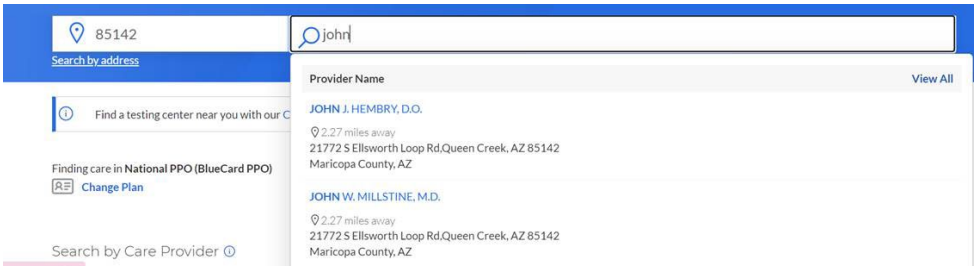
3. Enter in the City, County or Zip code of the area in which you would like to recieve care.



4. Select the type of care you would like to receive.



5. View your results.



Health Savings Account (HSA)

HSA MID PLAN & HSA HIGH PLAN

Eligible employees who enroll in North Central Health Care's health insurance HSA Plans are provided an Employer-funded Health Savings Account contribution to pay a portion of the deductible. Employees in the HSA Plan will have the option to set up their HSA bank account set up with Associated Bank or Marathon County Employees Credit Union. Employees are eligible to contribute to the Health Savings Account and any remaining contributions, both employee and employer contributions, remain in your HSA bank account and roll over year to year. There's no "use it or lose it" rule.

	Total HSA Annual Maximum Contribution (Employee + Employer)	Employer HSA Contribution	Employee Annual Maximum HSA Contribution
Employee Only	$4,300	$750	$3,550
EE + Spouse	$8,550	$1,250	$7,300
EE + Child(ren)	$8,550	$1,250	$7,300
Family	$8,550	$1,750	$6,800

For both HSA Plans, individuals 55+ can contribute an additional $1,000 annually. All contributions are made pre-tax.

*New Hires only: Contribution is prorated based on the number of months of employment you will fulfill within your first year of employment. NCHC will deposit the prorated amount in the new hires HSA account after you have been employed 90 days.

IMPORTANT TAX REMINDERS FOR ALL HSA

This notice is a reminder of the IRS personal tax filing requirements for all HSA participants. Whether you participate in an HSA offered through our company or your spouse's plan, the IRS requirements are the same.

Who Must File?
Along with your personal tax return, you must also file the one-page HSA form in order to determine your deduction, if any of the following applies:

- you, or someone on your behalf, including your employer, made HSA contributions to your HSA
- you received HSA contributions
- you acquired an interest in an HSA because of the death of the account beneficiary

Which IRS Form Do I Use?
Form 8889. The financial institution that you have your Health Savings Account will provide information to you for your tax reporting purposes.

RECORD KEEPING FOR HSA

Should the HSA account holder keep receipts? **YES!**

Please note the following:

- You may need to prove to the IRS that distributions from your HSA were for medical expenses and not otherwise reimbursed.
- Not all medical expenses paid out of the HSA have to be charged against the deductible.
- If the IRS requests receipts for verification purposes, failure to provide those receipts could result in having to pay a penalty.

ADDITIONAL RULES WITH HSA ACCOUNTS

- Cannot be covered under Flex plan for any medical expenses at the same time as covered under HSA, including spouse's FSA.
- Employee cannot have secondary coverage if plan is not a qualified HDHP
- Employees can withdraw funds for non-medical expenses at age 65 without 20% penalty, but withdrawal will be considered taxable income
- Employee keeps account/funds upon termination of employment

IMPORTANT NOTES ON HSA

HSA balances roll over year after year and can be saved for future medical expenses or your retirement. Funds withdrawn for qualified medical, dental and vision expenses are tax-free. Funds used for non-qualified expenses are subject to income tax and a 20% penalty. We recommend keeping your receipts of your qualified expenses in case of an IRS audit.

If you enroll in the Health Savings Account, you are <u>not</u> allowed to enroll in the Medical Flexible Spending Account (FSA) however you may enroll in a Limited Purpose FSA Account, to be used for qualified dental and visions expenses only. See pages 32-33 for details on FSA.

Who is <u>not</u> eligible to open and contribute to a HSA Bank Account?

- Employees who are enrolled in Medicare Part A, Tri-Care or VA Benefits
- If you or your spouse are enrolled in a regular medical FSA.
- Anyone who has dual coverage (HSA participant covered by another plan not HSA compatible)

Prescription Drug Plan

Administered by Carelon Rx

North Central Health Care provides a Prescription Drug Plan for employees administered by Carelon Rx. The prescription drug co-pay varies based on several factors including whether the drug is a generic, a preferred brand, or a non-preferred brand, and whether it is dispensed by a retail pharmacy, mail-order, or the In-House pharmacy.

ELIGIBILITY AND ENROLLMENT

When you enroll in North Central Health Care's health plan, you will automatically be enrolled in the Carelon Rx plan. You cannot elect the Carelon Rx Plan without enrolling in North Central Health Care's health insurance plan. You cannot have access to North Central Health Care's in-house pharmacy without enrolling in North Central Health Care's benefit plan.

PLAN FEATURES

The Prescription Drug Plan provides a consistent benefit and scope of coverage for all members, including:

Access to local and national chain pharmacies with up to 90-day supplies are available for most medications. Participants can fill prescriptions for 1 to 30-day supplies for one co-pay, 31 to 60-day supplies for two co-pays, or 61 to 90-day supplies for three co-pays, if enrolled in the Traditional Plan

Mail-order pharmacy is provided by Carelon Rx as an alternative to retail pharmacies. Use of the mail-order service is a win-win that results in savings to you and to North Central Health Care. Carelon Rx provides convenient, secure deliveries to your home. This is particularly convenient for participants who take certain maintenance medications.

> *Note: Certain drugs may not be available through mail service because there may be medical reasons for not dispensing large quantities, or because of federal or state laws that prohibit dispensing certain drugs through the mail. Prescription drugs cannot be mailed outside the United States when using the North Central Health Care Plan.*

In-House Pharmacy is a benefit that employees and their dependents can choose. Participants can fill prescriptions for 1 to 90-day supplies for one co-payment. North Central Health Care also offers price savings if the In-House pharmacy can dispense the medication at a lower cost than the co-payment, North Central Health Care will allow you to pay the lower co-payment if applicable. Diabetic Insulin, needles, and syringes are available to all participants in the North Central Health Care Plan at zero ($0) co-pay at the In-House pharmacy.

TERMS YOU NEED TO KNOW

Formulary
A formulary is an extensive list of available prescription drugs offered by the plan to serve the pharmaceutical needs of patients requiring self-administered drug therapy on an outpatient basis. In addition, there may be drugs covered but not listed on the formulary, as formulary decisions are both clinical and financial. Inclusions (or exclusions) of drugs on the formulary are determined by the clinical judgment of Carelon Rx and pharmacists as well as published medical evidence in the diagnosis and treatment of disease. Drug lists are subject to change.

Generic Drugs
The Generic Drug co-pay level offers the opportunity to take advantage of generic drugs. Generic drugs are approved by the United States Food and Drug Administration (FDA) and contain the same active ingredients as their brand-name equivalents. Therefore, the use of generic drugs often offers an effective and safe alternative to help reduce prescription drug costs for both you and North Central Health Care.

Preferred Brand-Name Drugs
Brand-name drugs are patent-protected and product-trademarked. For each drug class (i.e., cardiovascular, depression), there may be several drugs produced by different manufacturers with different prices that are equal in therapeutic value. The Preferred Drug List (PDL) includes brand-name and generic drugs that are compiled and periodically updated by Carelon Rx, who reviews all FDA-approved drugs. Preferred brand-name drugs are selected on the basis of therapeutic effectiveness, safety, and cost relative to other brand-name drugs used to treat the same conditions.

Non-Preferred Drugs (Brand-Name)
Drugs on the third co-pay tier are FDA-approved drugs that Carelon Rx have not designated as "preferred" and are subject to higher co-pays and may have a product selection penalty. These products often are in drug classes that include several similar alternative brand-name or generic options.

PRESCRIPTION BENEFIT SCHEDULE

Carelon Rx for Traditional Health Plan (EFFECTIVE 01-01-2025)
Co-pays apply to the cost of the prescriptions.
Refer to pages 14 for specific co-pay amounts..

Carelon Rx for HSA Mid & HSA High Health Plan (EFFECTIVE 01-01-2025)
All Pharmacy costs are subject to the same health plan deductible. You pay the full cost for each prescription up until you reach your deductible on the Health Savings Account (HSA) Plan.
Once your deducible is met, you will be subject to coinsurance on any medication up to your out of pocket maximum.
Refer to pages 12-13. Health Savings Account contributions can be used to pay prescription drug costs.

$0 Drug Lists - HSA Mid & HSA High Plan Only

PreventiveRx covers drugs that may keep you healthy because they may prevent illness and other health conditions. You can get the products on this list at low or no cost to you depending on your benefit. This list includes only prescription products. Most brand-name drugs that have a generic equivalent available are not covered under this PreventiveRx benefit. Some drugs and supplies may be excluded from your benefits. Please refer to your Certificate or Evidence for Coveragefor coverage limitations and exclusions.

PLEASE NOTE: The drug list is subject to change and all previous versions of the drug list are no longer in effect.

DIABETES

{Blood glucose meters, test strips and lancets require a prescription to be covered by this plan. Only blood glucose meters & blood glucose test strips for OneTouch and FreeStyle products will be covered. Continuous Glucose Monitors are not included.

acarbose
alogliptin
alogliptin/metformin
alogliptin/pioglitazone
Basaglar
Farxiga
glimepiride
glipizide
glipizide er
glipizide xl
glipizide/ metformin
glyburide
glyburide micronized
glyburide/ metformin
Glyxambi
Humalog
Humalog Junior Kwikpen
Humalog Kwikpen
Humulin
Humulin Kwikpen
Humulin R
Humulin R U-500
Humulin R U-500 Kwikpen
Janumet
Janumet XR
Januvia
Jardiance
Lantus
Lantus Solostar
Levemir
Levemir FlexPen
Levemir FlexTouch
Lyumjev
Lyumjev KwikPen
metformin
metformin er (generic for Glucophage XR)
miglitol
Mounjaro
nateglinide
Ozempic
pioglitazone
pioglitazone/ glimepiride
pioglitazone/ metformin
repaglinide
Rybelsus
Soliqua
Symlinpen
Synjardy
Synjardy XR
tolbutamide
Toujeo Max Solostar
Toujeo Solostar
Tresiba
Tresiba Flextouch
Trijardy XR
Trulicity
Victoza
Xigduo XR
Xultophy

OSTEOPOROSIS

alendronate sodium
amabelz
calcitonin salmon
Climara Pro
Combipatch
dotti
estradiol
estradiol/ norethindrone
evamist
Fosamax Plus D
fyavolv
ibandronate sodium
jinteli
lopreeza
mimvey
mimvey lo
Premarin (oral)
Premphase
Prempro
raloxifene
risedronate
risedronate DR

ASTHMA

Advair Hfa
Arnuity Ellipta
Breo Ellipta
Breyna
budesonide suspension
Flovent Diskus
Flovent HFA
fluticasone/ salmeterol inhalation powder (55 mcg/ 14 mcg, 113/ 14, 232/ 14)
formoterol nebulization solution
Pulmicort Flexhaler
QVAR RediHaler
Symbicort
Trelegy Ellipta

HIGH CHOLESTEROL

amlodipine/atorvastatin
atorvastatin
ezetimibe/simvastatin
fluvastatin
lovastatin
pravastatin
rosuvastatin
simvastatin

MENTAL HEALTH

citalopram
escitalopram oxalate
fluoxetine
fluoxetine DR
fluvoxamine
fluvoxamine ER
paroxetine
paroxetine ER
A02819MUMENABS-4.1 Rev. 1/1/2025
PreventiveRx Plus Drug List
PreventiveRx Plus Plan (National Direct Plus)
sertraline
Trintellix

HEART HEALTH & HIGH BLOOD PRESSURE

acebutolol
amlodipine/ benazepril
atenolol
atenolol/ chlorthalidone
benazepril
benazepril/ hctz
betaxolol
bisoprolol fumarate
bisoprolol/ hctz
captopril
captopril/ hctz
carvedilol
enalapril
enalapril/ hctz
fosinopril
fosinopril/ hctz
labetalol
lisinopril
lisinopril/ hctz
metoprolol succinate er
metoprolol tartrate
metoprolol/ hctz
moexipril
nadolol
nebivolol
perindopril
pindolol
propranolol
propranolol er
propranolol/ hctz
quinapril
quinapril/ hctz
ramipril
sorine
sotalol
sotalol af
timolol
trandolapril
trandolapril/ verapamil

****Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lower-case letters.****

tria HEALTH

FREE CONFIDENTIAL CONSULTATIONS WITH PHARMACISTS TO MAKE SURE YOUR MEDICATIONS KEEP YOU HEALTHY & ACTIVE!

YOUR TRIA HEALTH PHARMACIST CAN HELP:

- Ensure your medications are working properly, without the risk of side effects
- Identify ways to save money on the cost of your medications
- Answer questions you have about your medications or health
- Communicate with your doctor(s)

Tria Health's pharmacists work one-on-one to develop a personalized plan to help improve your health!

HOW DOES IT WORK?

SIGN UP
There are three ways to sign up:
Call 1.888.799.8742 | Visit www.triahealth.com/enroll | Mail your form

SCHEDULE AN APPOINTMENT
Submit your appointment preferences at www.triahealth.com or call the Tria Health Help Desk at 1.888.799.8742

CONFIDENTIAL CONSULTATION
Your Tria Health pharmacist will call you and review all your medications, preventative services and lifestyle habits.

CARE PLAN
Your pharmacist will develop a personalized care plan and coordinate any recommended changes with your doctor and pharmacy.

1.888.799.8742 | WWW.TRIAHEALTH.COM

QUESTIONS?

CALL THE TRIA HEALTH HELP DESK:

1.888.799.8742

Monday - Thursday: 8AM - 9PM CST
Friday: 8AM - 7PM CST
Saturday: 9AM - 5PM CST

PHARMACY ADVOCATE PROGRAM

WHAT IS IT?

Tria Health's pharmacists are your personal medication experts, working with you and your doctor(s) to make sure your conditions are properly controlled without the risk of medication-related problems.

WHO SHOULD PARTICIPATE?

Members who have the following conditions and/or take multiple medications:

- Diabetes
- Heart Disease
- High Cholesterol
- High Blood Pressure
- Mental Health
- Osteoporosis
- Asthma/COPD
- Migraines

ACTIVE MEMBERS CAN RECEIVE UP TO $150 A YEAR FOR PARTICIPATING IN TRIA HEALTH

By completing your appointment with a Tria Health pharmacist, you will receive a $50 Tria Health Visa Rewards gift card. Members can qualify to receive up to $150 within a 12-month period. You are not required to change your medications, pharmacy or doctor to receive this benefit.

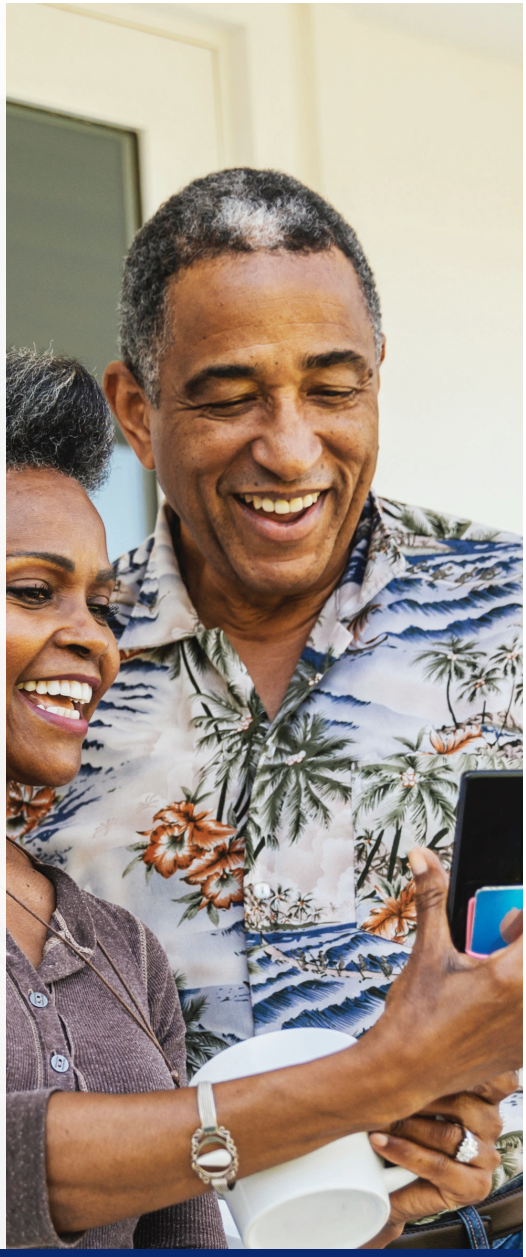
FREE DIABETES TEST STRIPS & WIRELESS METER

Active participants with diabetes will have free access to a wireless blood glucose meter, testing strips and mobile app designed to help better manage your diabetes!

DON'T WAIT - SIGN UP TODAY!

Anthem

Receive virtual care and support 24/7 with our Sydney Health app



Now you can connect more easily to the care you need through our **Sydney℠ Health** mobile app. Have a video visit with a doctor on your mobile device or computer with a camera, 24/7.

Visit with a doctor for common health concerns

Doctors are available anytime, with no appointments or long wait times. They can help you with these types of conditions:

- COVID-19
- Flu
- Cold and fever
- Minor rashes
- Sore throat
- Headaches

During your video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.[1]

What people say about virtual care visits[2]

89%
said the doctor they saw was professional and helpful

92%
thought the doctor understood their concerns

92%
were able to book a virtual visit sooner than an in-person visit

How to download our Sydney Health app:

sydney

Download on the App Store

GET IT ON Google Play

Scan the QR code with your phone's camera.

1040750MUMENABS VPOD BV 03/22

Here's how to access the program through virtual care:

Download our no-cost **Sydney Health** app.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and **anthem.com.**
3. Select **Care** and then select **Video Visits.**

Visit **anthem.com.**

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for **anthem.com** and our **Sydney Health** app.
3. Select **Care** and then select **Virtual Video Visit With A Provider.**

1 Prescription availability is defined by physician judgment.

2 Based on Sydney Health utilization trends from top national clients.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

Dental Plan

Administered by Delta Dental

North Central Health Care provides dental coverage that is administered by Delta Dental for eligible North Central Health Care employees. Delta Dental PPO is Delta Dental's national preferred provider organization program that gives you access to two of the nation's largest networks of participating dentists–the Delta Dental PPO network and the Delta Dental Premier network. Although you can go to any licensed dentist anywhere, your out-of-pocket costs are likely to be lower if you go to a dentist who participates in one of these networks.

ELIGIBILITY

To be eligible for Dental Insurance you will need to work a minimum of a 0.5 FTE status. North Central Health Care has two different levels of premium contribution.

- **0.5 – 0.74 FTE** has a premium contribution of 30% employer paid premium and 70% employee paid premium
- **0.75 – 1.0 FTE** has a premium contribution of 65% employer paid premium and 35% employee paid premium

2025 EMPLOYEE CONTRIBUTION RATES

FTE	SINGLE Per Pay Period	FAMILY Per Pay Period
0.5–0.74	$13.98	$37.29
0.75-1.0	$6.99	$18.64

HOW DOES THE DELTA DENTAL PPO PROGRAM WORK?

The Delta Dental plan offers two provider networks: Delta Dental PPO and Delta Dental Premier. With two dentist networks available, which one is right for you? The Delta Dental PPO network delivers the greatest savings, but fewer dentists belong. The Delta Dental Premier network is the largest dentist network, but the savings aren't as significant as with a Delta Dental PPO provider. Both networks save you money, and seeing either a Delta Dental PPO dentist or Delta Dental Premier dentist will ensure that treatments are guaranteed, claims are directly paid, and no balance-billing can occur.

WHAT IF I GO TO A NON-PARTICIPATING DENTIST?

Out-of-network dentists have not agreed to a fee schedule with Delta Dental. If a non-participating dentists charges more for a service, than the maximum Delta Dental allows for a procedure, then the dentist can balance bill you for the difference between the maximum allowable fee and what they charge.

HOW CAN I FIND A PARTICIPATING DENTIST?

To find the names of participating dentists near you, use the Delta Dental provider search on their website www.deltadentalwi.com, or you can call Delta Dental's Customer Service department toll-free, at: 800-236-3712.

DELTA DENTAL

Your Dental Benefits

Specially Prepared for the Employees of *North Central Health Care*

The summary below does not cover all plan details. Further information can be found in the summary plan description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

Benefit Plan Design		Delta Dental PPO When you see a Delta Dental PPO dentist	Delta Dental Premier When you see a Delta Dental Premier or any other dentist
Individual Annual Maximum		$1,500	$1,500
Deductible	**Individual**	$50	$50
	Family	$150	$150
Dependent Eligibility Dependents are eligible through the end of the month in which they attain age 26 and full-time students through the end of the month in which they attain age 26; except as noted for orthodontics			
Diagnostic & Preventive Services			
Exams		100%	100%
Cleanings		100%	100%
Fluoride treatments		100%	100%
X-rays		100%	100%
Space maintainers		100%	100%
Sealants		100%	100%
Deductible applies		No	No
Basic & Major Services			
Emergency treatment to relieve pain		80%	80%
Fillings		80%	80%
Endodontics – nonsurgical		50%	50%
Endodontics – surgical		50%	50%
Periodontics – nonsurgical		50%	50%
Periodontics – surgical		50%	50%
Extractions - nonsurgical		50%	50%
Extractions - surgical and other oral surgery		50%	50%
Crowns, inlays, onlays		50%	50%
Bridges and dentures		50%	50%
Repairs and adjustments to bridges and dentures		50%	50%
Implants		50%	50%
Deductible applies		Yes	Yes
Orthodontic Services			
Coverage copayment		50%	50%
Individual lifetime maximum		$1,200	$1,200
Dependents eligible to age		19	19
Full-time students eligible to age		19	19
Adult ortho		No	No
Deductible applies		Yes	Yes
Special Plan Provisions **(see following page for more information)**			
CheckUp Plus		Yes	Yes

DELTA DENTAL®

Specially prepared for the employees of North Central Health Care

Special Plan Provisions

Your group dental plan from Delta Dental of Wisconsin includes one or more special features designed to encourage good oral health and promote overall health. Details of these provision(s) are addressed in the policy amendments provided with your dental plan handbook. Below is a brief summary.

CheckUp Plus™ Promoting wellness

- CheckUp Plus™ lets you obtain diagnostic and preventive services - including examinations, X-rays, regular cleanings and other related treatments - without the costs of those services applying to your individual annual maximum.
- The full value of your annual maximum is applied to the benefits you receive for basic and major restorative services.
- CheckUp Plus™ promotes regular visits to the dentist for exams and cleanings, which can improve your oral health and overall health.

HOW DOES DELTA DENTAL COORDINATE COVERAGE WITH ANOTHER PLAN WHEN DELTA IS THE SECONDARY PAYER?

After benefits have been determined under the primary plan, the secondary plan will determine its allowable benefit, and pay a benefit up to the full amount of the claim. The two programs together will not pay more than 100% of covered expenses.

PREDETERMINATION OF DENTAL BENEFITS

Whenever you have a question about whether a dental procedure will be covered, you and/or your dentist should contact Delta Dental before you begin treatment. Ask your dentist to send Delta Dental a request for a predetermination of covered benefits anytime your dental work is expected to exceed $200.

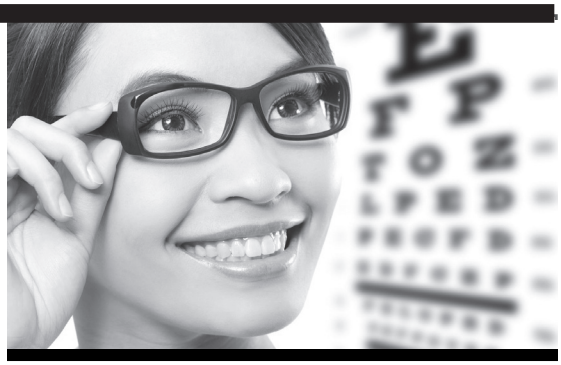
WHERE CAN I FIND ADDITIONAL INFORMATION REGARDING THE DENTAL PLAN?

Several resources are available to find out what your dental plan covers:
• Refer to the Dental Plan Booklet that is available for viewing in the Human Resources office.
• Call Delta Dental's Customer Service department at: 800-236-3712

NOTE: You may enroll in the Limited Purpose FSA (Flexible Spending Account) for your dental expenses. See pages 32-33 for details.

Vision Plan

Administered by National Vision Administrators (NVA)



National Vision Administrators (NVA) has been contracted by your group to offer a comprehensive vision care plan to you and your eligible family members.

ELIGIBILITY

To be eligible for Vision Insurance you will need to work a minimum of a 0.5 FTE status. The vision premium contribution is 100% employee paid premium.

2025 EMPLOYEE CONTRIBUTION RATES

SINGLE Per Pay Period	FAMILY Per Pay Period
$2.54	$5.45

HOW TO FIND A PROVIDER

To verify your benefit eligibility visit our website at **www.e-nva.com** or download our mobile app, NVA Vision. You may also contact NVA's Customer Service Dept toll-free at **1.800.672.7723**. Customer Service is available 24/7, 365.

If you are not a registered subscriber, you can still search our providers online by selecting the "Find a Provider" link on our home page. Enter group number **3262000001** or the group number on the identification card and enter in your search parameters.

Frequency	Provider	Non-provider
Examination Once Every Calendar Year	▪ Covered 100% After $10 copay	Reimbursed Amount ▪ Up to $35
Lenses Once Every Calendar Year	Standard Glass or Plastic	
▪ Single Vision ▪ Bifocal ▪ Trifocal ▪ Lenticular	▪ Covered 100% After $25 copay	▪ Up to $35 ▪ Up to $45 ▪ Up to $55 ▪ Up to $100
▪ Polycarbonates (under age 19)	▪ Covered 100%	▪ N/A
▪ Progressives – Tier 1	▪ Covered 100%	▪ N/A
Frame Once Every Two Calendar Years	Retail Allowance ▪ Up to $130① (20% discount off balance)*	▪ Up to $45
Contact Lenses Once Every Calendar Year	In addition to Lenses & Frame	In addition to Lenses & Frame
Elective Contact Lenses	▪ Up to $130 Retail② (15% discount (Conventional) or 10% discount (Disposable) off balance)**	▪ Up to $60
Fit/Follow-Up*** Standard Daily Wear	▪ Covered 100% after $20 copay	▪ Up to $20
Standard Extended Wear	▪ Covered 100% after $30 copay	▪ Up to $30
Specialty Wear	▪ Covered 100% after $50 copay	▪ Up to $50
Medically Necessary****	▪ Covered 100%	▪ Up to $200

Group Number# 3262

In-Network Discounts	
Service	**Participating Provider**
	Member Cost:
Eye Examination:	Retail Less $10
Contact Lens Fitting:	Retail Less 10%
Lenses:	Glass or Plastic
Single Vision	$35.00
Bifocal	$55.00
Trifocal or Lenticular	$70.00
Frame:	Retail Less 35%
Contact Lenses*:	**Member Cost:**
Conventional	Retail Less 15%
Disposable	Retail Less 10%

Lens Options

$12 Solid Tint/ Gradient Tint
$50 Standard Progressive Lenses
$75 Polarized Lenses
$65 Transitions Single Vision Standard
$70 Transitions Multi-Focal Standard
$15 Standard Scratch Coating
$12 UV Coating
$35 Polycarbonate
$45 Standard Anti-Reflective

NOTE: You may enroll in the Limited Purpose FSA for your vision expenses. See pages 32-33 for details.

Plan Specific Details Available Online at www.e-nva.com. Use our website to locate a nearby participating provider, verify eligibility for you or a dependent, view benefit program and specific detail, review claims, print ID cards (when applicable), or nominate a non-participating provider to join the NVA network.

Flexible Spending Accounts

Administered by Diversified Benefits Services

Flexible Spending Accounts (FSAs) allow you to pay for out-of-pocket medical and dependent care expenses with pre-tax dollars. Your contributions are subtracted from your paycheck before federal, state, and FICA taxes are calculated on your pay, so you save money on taxes. Because you don't pay taxes on the money you contribute to your account, you gain an easy way to save money while paying for expenses you expect to incur. Contributions for FSAs do not reduce your pay for purposes of determining your life insurance or retirement benefits provided by North Central Health Care.

NCHC offers two FSA's Accounts:

Medical FSA—Use this account to cover the cost of health, dental, vision and hearing expenses which are not covered under an insurance plan for you, your spouse or dependents (including children up to age 26) which are considered eligible healthcare FSA expenses. You may contribute up to $3,200 per year. ***If you or your spouse are on any HSA Plan, you cannot be enrolled in the Medical FSA at the same time, per IRS guidelines.***

Dependent Care FSA—Use this account to cover the cost of dependent care while you work. You may use this for expenses for the care of a child under age 13 or a disabled spouse, child or parent. If you are married, your spouse must be employed or attending classes full time for you to use the Dependent Care Spending Account. You may contribute up to $5,000 per year per household to this account or $3,200 per year if you are married and file your taxes separately. Eligible dependent care expenses include qualified daycare centers for children or qualified adults as well as care inside or outside your home.

Limited Purpose FSA—Use this account to cover the cost for out-of-pocket dental and visions expenses for you, your spouse or dependents (including children up to age 26). If you enroll in the Health Savings Account, you are only allowed to enroll in the Limited Purpose FSA, meaning you can only use the FSA money for qualified dental and vision expenses. You may contribute up to $3,200 per year.

For more information please visit www.dbsbenefits.com

Eligible Medical FSA Expenses Include:

- Deductibles, coinsurance, and copays
- Prescription drug copays
- Over-the-counter medicines, if prescribed by a doctor
- Medical care items that are not prescription drugs, such as equipment (crutches), supplies (bandages and contact lens solution), and diagnostic devices (blood sugar testing kits)
- Dental expenses, including orthodontia
- Vision expenses, including eye exams, glasses, and contact lenses
- Hearing expenses, including hearing aids and exams
- Mental health expenses (does not include marriage counseling)
- Orthopedic expenses
- Weight loss programs (if medically necessary)
- Medical expenses for certain procedures not covered by your plan, such as laser vision correction

Eligible Dependent Care FSA Expenses Include:

- Child or adult care center that complies with State and Local regulations (not including nursing homes)
- Sitter inside or outside the home
- Day care during school vacation, provided it is not primarily for educational purposes
- Nursery school, even if the school provides educational services
- Relative who cares for eligible dependents, as long as that relative is not your dependent and is age 19 or older

Limited Purpose FSA Expenses Include:

- Dental expenses (cleanings, x-rays, fillings, caps, crowns, braces, bridges)
- Vision expenses (eye exams, glasses, frames, lenses, contact lenses, saline solutions, LASIK surgery)

For a list of covered expenses, visit the DBS website at: www.dbsbenefits.com. Contact DBS at: 262-367-3300 if you have questions about whether a particular expense is eligible.

HOW THE ACCOUNTS WORK

FSAs are simple. Here is how they work:

- You decide whether to participate in account.
- You decide how much you want to deposit during the calendar year.
- The money you allocate to the account is automatically deducted from your pay each pay period, before taxes are taken out.
- For dependent care claims, save the itemized receipts from your day care provider and submit a claim form with your receipts to DBS.

THINGS TO CONSIDER FOR DEPENDENT CARE FSA'S

There are some IRS rules you should be aware of before you decide to participate in an FSA.

- Your 2025 contributions for Dependent Care FSA must be used for eligible expenses you incur between January 1, 2025 and December 31, 2025.
- You incur an expense on the date the service is provided—not when you are billed or when you pay for it.
- By plan rule, any unclaimed money remaining in your 2025 account(s) that is not used in the grace period is forfeited and will not be returned to you. This is known as the "use it or lose it" rule.
- Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.
- For a Dependent Care Flexible Spending Account, you can only be reimbursed up to the amount available in your account. Claims for expenses exceeding that amount will be reimbursed as additional funds accumulate in your account.
- The contribution amount you elect during Open Enrollment is in effect until the end of the plan year. You may change your contribution amount during the plan year only if you experience a qualified family status change.

CLAIMS PROCESSING

An external vendor, Diversified Benefits Services (DBS), will process claims for reimbursement from your Dependent Care. DBS is a national provider of health care and benefits management services. A manual claim is needed for the Dependent Care claim process.

Group Term Life Insurance

Administered by Securian

North Central Health Care offers group life insurance through the Wisconsin Retirement System to eligible staff. This plan can be up to five times your annual salary. Spouse and dependent coverage is also available.

ELIGIBILITY

You may enroll if you are a Wisconsin Retirement System participant at the time of hire or when you first become eligible.

HOW TO ENROLL IN THE GROUP TERM LIFE INSURANCE

- Newly hired, if you are immediately eligible 30 days from your hired date. Coverage is effective on the 1st of the month following your hire date.
- The first of the month following date of hire under the WRS if you are a new employee or previously withdrew your retirement money.
- Evidence of Insurability will be required if you did not initially enroll on your hire date. The Evidence of Insurability Application form (Et-2305) must be received by Securian prior to your 70th birthday for Basic, and Supplemental Coverages. Evidence of Insurability is required in order to add or increase your Spouse or Dependent Coverage from one unit to two units of coverage. The Evidence of Insurability form is available from Human Resources or http://etf.wi.gov.

APPLICATION FORM

The application form is available from the ETF website at http://etf.wi.gov or in the Human Resources office.

WHAT YOU PAY FOR YOUR GROUP TERM LIFE INSURANCE

Group term life insurance may be purchased in amounts from one to five times your annual salary rounded to the next higher thousand dollars. Employee's cost per month for each $1,000 of basic life insurance is listed below. These rates are effective until June 30, 2025, at that time the premiums are subject to change.

Optional Employee Life Insurance Rates

AGE	RATES PER $1,000
0-29	$0.05
30-34	$0.06
35-39	$0.07
40-44	$0.08
45-49	$0.12
50-54	$0.22
55-59	$0.39
60-64	$0.49
65-69	$0.57
70-99	See HR

Dependent and Spouse Life Insurance Rates

AGE	1 UNIT	2 UNITS
Spouse	$10,000	$20,000
Each Dependent	$5,000	$10,000

Dependent and Spouse Plan premiums are $1.60 per unit, per month

YOUR BENEFICIARY

When you elect life insurance coverage of any kind for the first time, you must complete the beneficiary designation available in Human Resources.

You are automatically the beneficiary for any dependent life insurance for your spouse, other qualified adult (OQA), or eligible children.

You may choose any beneficiary you wish, such as a family member, a friend, a trust, or an organization. You can name a single beneficiary or you can name two or more joint beneficiaries to receive the insurance payment.

You may change your beneficiary at any time. If you do not designate a beneficiary, or if none of the beneficiaries you name survives you, death benefits will be paid to the first of the following:

- Your surviving spouse/OQA
- Surviving children in equal shares
- Surviving parents in equal shares
- Surviving siblings in equal shares
- Estate

TERMINATION OF COVERAGE

You can terminate Group Life Insurance or dependent/spouse coverage at any time. To do so, complete a Cancelation Form available from Human Resources.

Dependent spouse or other qualified adult plan coverage terminates when the employee retires, terminates employment with the North Central Health Care for any reason, or dies.

Coverage for your eligible dependent child ends at the end of the month in which the child turns age 25.

NCHC Retirement Plan - Wisconsin Retirement System

North Central Health Care participates in the Wisconsin Retirement System (WRS). The WRS is a defined benefit retirement program that is commonly referred to as a pension plan. Combined with Social Security benefits (where applicable) and personal retirement savings accounts, WRS benefits can help provide financial security during retirement. Contribution amounts are listed below. Employee contributions are mandatory.

2025 CONTRIBUTION RATES

Employee Category	Employee Contribution for 2025	Employer Contribution for 2025	Total Contribution 2025
General Employees	6.95%	6.95%	13.9%

Participation and Eligibility for employees hired prior to July 1, 2011 requires that:

1. An employee is expected to work at least one-third of what is considered full-time employment, which equates to working 600 hours or more during the year.
2. An employee is expected to be employed for at least one year, (365 consecutive dates, 366 in leap year) from the employee's date of hire.

Participation and Eligibility for employees hired on or after July 1, 2011:

1. An employee is expected to work at least two-thirds of what is considered full-time employment, which equates to working 1200 hours or more during the year.
2. An employee is expected to be employed for at least one year, (365 consecutive dates, 366 in leap year) from the employee's date of hire.

Once the employer sets the expectation that the employee will work the applicable required hours or an employee works the required hours, the employee is enrolled in the WRS and does not need to work the required hours every year to remain in the WRS. Once enrolled in the WRS, an employee can not opt-out of participation.

VESTING REQUIREMENTS

You may have to meet one of two vesting requirements depending on when you first began WRS employment. If neither vesting law applies, you were vested when you first began WRS employment.

- If you first began WRS employment after 1989 and terminated employment before April 24, 1998, then you must have some WRS creditable service in five calendar years.
- If you first began WRS employment on or after July 1, 2011, then you must have five years of WRS creditable service.

LEARN MORE ABOUT THE WISCONSIN RETIREMENT SYSTEM

Specific details about WRS benefits, including benefit estimates, may be obtained at the Department of Employee Trust Funds
Plan Website: www.etf.wi.gov
Customer service number: (877) 533-5020

Retirement Savings Accounts Section 457(b)-Deferred Compensation

Administered by Empower Or Voya

North Central Health Care provides employees an additional way to save for retirement through the Section 457b Deferred Compensation Plans, administered through two providers. These plans are designed to be a supplement to an employee's WRS benefits and Social Security. These funds are fully funded by you. North Central Health Care does not contribute to these plans. You choose the amount to be deducted from your paycheck on a pre-tax or post-tax basis and the type of investment options that suit your financial plan. North Central Health Care's deferred compensation providers are:

- State of Wisconsin Deferred Compensation (Administered by Empower)
- Voya

Representatives from these companies can be contacted directly by using the telephone numbers located on page 75.

FUND MANAGEMENT FEES AND PLANS

Investment carriers pay for operational expenses, portfolio management, record keeping, quarterly statements, general administration, and customer service by assessing fees on its investment funds. The fees are subtracted from the investment returns or earnings of those funds, with the net return being credited to participant accounts. The prospectus of each fund summarizes its various fees and is available on the provider website. The combination of these fees will generally equal a fund's expense ratio. The expense ratio is reported as a percent of assets under management.

ROTH AFTER-TAX OPTION

Contributions to the 457(b) plans have historically been tax-deferred; that is, you reduce your taxable income now, and pay the taxes later upon withdrawal. You also have the option to make contributions with after-tax dollars, with the incentive that qualified withdrawals in retirement are completely tax-free. After-tax Roth accumulations are still subject to the same eligibility criteria to elect a cash withdrawal, rollover or loan.

When you make your 457(b) elections through North Central Health Care, you have the option to make your contributions all pre-tax, all after-tax, or a combination. Your combined tax-deferred and after-tax Roth contributions cannot exceed IRS limits. If you have an existing 457(b) account at WI Deferred Compensation or Voya, your investment company will track your after-tax contributions and associated earnings separately within the same account.

IRS 457(B) CONTRIBUTION LIMITS

You may contribute up to **$23,000** per year if you are under age 50; if you are age 50 or older the limit is **$30,500.**

Voluntary Benefits Available to NCHC Employees

North Central Health Care offers a variety of voluntary benefits to provide income protection during a short-term disability, critical illness or accident. There are also options available for pet insurance and identity monitoring. We contract with a variety of insurers to provide these coverages. If you have any questions about the following benefits or would like to enroll, contact details are listed with each voluntary benefit. Voluntary benefits are available for:

- Income Continuation Insurance (ICI)
- Short-Term Disability
- Critical Illness with Cancer Coverage
- Accident
- Pet Insurance
- Identity Protection

Income Continuation Insurance

Administered by The Hartford

WHAT IS AN INCOME CONTINUATION INSURANCE (ICI) BENEFIT?

The Income Continuation Insurance (ICI) benefit is an "income replacement" benefit payable if you become disabled. This insurance is available to all NCHC employees who are eligible in the Wisconsin Retirement System. ICI provides replacement income for disabilities which are short- and long-term. The benefit usually lasts until you are no longer disabled or you reach age 65 (with some exceptions), whichever is sooner.

Note: ICI Standard Coverage is FREE to all eligible NCHC employees who participate in the WI Retirement System.
You must enroll within 30 days of date of hire by submitting a paper form to receive this benefit.

COVERAGE

The benefit provides up to 75% of your average monthly earnings based on your previous calendar year earnings rounded to the next highest $1,000 and divided by 12 (for newly hired employees, your projected annual salary is rounded to the next highest $1,000 and divided by 12).

- **Standard Coverage**—Covers up to $64,000 of annual earnings. The maximum benefit is $4,000 per month. The premiums are waived for both the employer and employee.

- **Supplemental Coverage**—Provides an additional benefit of up to $3,500 to employees whose annual salary exceeds $64,000. Covers between $64,001 and $120,000 of annual earnings. The maximum combined benefit is $7,500 per month. You must have standard coverage to apply for supplemental coverage. The premiums are paid entirely by the employee. Please see HR for information pertaining to the rates.

HOW IT WORKS?

Before the benefit starts, you must serve your elimination period. An elimination period is the number of calendar days in which you must be completely off work. You may select an elimination period of up to 180 days.

ICI benefits will not duplicate benefits available from other WRS programs, the Social Security Administration, workers' compensation, unemployment compensation or certain other sources. You will be required to repay duplicate benefits back to the ICI program.

Note: The Local ICI program is currently under a premium holiday. The premium holiday covers Standard and supplemental coverage.

INCOME CONTINUATION INSURANCE ENROLLMENT

Initial Enrollment
You have 30 days from your date of employment or your newly benefits-eligible job to enroll in the Income Continuation Insurance program. New hires would be offered the opportunity to enroll upon their initial eligibility.

When will coverage be effective?
- NCHC employees: Coverage is effective on the first day of the month on or after your date of employment or your newly benefits-eligible job.

DEFERRED ENROLLMENT

If you do not enroll in Income Continuation Insurance when you are initially eligible, you may have an opportunity to enroll through underwriting. Underwriting may include such items as an individual questionnaire, lab work or documentation from your physician. It is extremely beneficial to enroll when you are first eligible. As there will be no cost for employees in 2025, we recommend that employees who are benefit eligible enroll in ICI. Should a cost become necessary in the future, NCHC employees who are enrolled will be allowed to drop or change their elections into the program. You will also be given the opportunity to select supplemental ICI coverage if you are eligible.

EVIDENCE OF INSURABILITY

If you do not enroll in ICI during your initial 30-day enrollment period, you may apply for coverage at any time through Evidence of Insurability (acceptance not guaranteed). Coverage is effective on the first of the month on or following the approval of your application by the plan's underwriter.

WHEN ARE BENEFITS PAYABLE?

The elimination period begins on the first full day that you are continuously and completely absent from work due to disability. If you return to work during your elimination period, even to perform incidental work at your employer's request, your elimination period may be extended. Before performing any work during your elimination period you should discuss the issue with your claims representative at The Hartford.

HOW TO FILE A CLAIM

You may file a claim up to 30 days before your anticipated last day worked but no more than 12 months from your last day in pay status. Contact The Hartford at 1-800-960-0052 to begin your claims process. See the Plan Brochure for more information.

PREMIUMS

For Income Continuation Insurance premiums, see the Premiums page. Currently the local plan is on a premium free holiday from January 1, 2014.

Specific details about Income Continuation Insurance, may be obtained by contacting The Hartford at 1.800.960.0052.

Short-Term Disability

Administered by Voya

You work hard to earn a paycheck to cover your daily expenses such as your house payment, car payment and utility bills. If an unexpected illness or accident were to happen short-term disability will protect a portion of your income so you can make sure your bills are paid.

ENROLLMENT

You may enroll in the Short-Term Disability benefit if you work a minimum of a 0.5 FTE status.
You have 30 days from your date of employment or your newly benefits-eligible job to enroll.

VISIT THE WEBSITE:
For a comprehensive detailed list of the Critical Illness Insurance coverages visit:
presents.voya.com/EBRC/northcentralhealthcare

WATCH THE VIDEO
To learn more about the benefits of Accident Insurance, check out the video at the link below:
www.kaltura.com/tiny/0m2ho

Life doesn't stop when you're unable to work. If a maternity leave, planned surgery, or unexpected Illness or injury affect your income, **Short Term Disability Income Insurance** can help. This document includes cost and coverage information about Short Term Disability Income Insurance As you explore, keep in mind:

- Payroll deduction means you don't have to worry about another bill
- Group pricing makes coverage more cost-effective
- One dedicated claim analyst guides you throughout your leave

More than half (60%) of US households have less than $6,275 in liquid cash. That's what it would take for a family of four to replace income at the poverty level for three months.[1] Help keep a portion of your income protected with the Short Term Disability Income Insurance that's available to you through your employer.

[1] "The State of Disability Coverage in America," Council for Disability Awareness, 2019.

Choose coverage to fit your needs

Your employer is giving you the option to enroll in Short Term Disability Income Insurance, which means that if a disabling illness or injury prevents you from working, you'll still be able to replace a portion of your income.

When you become disabled, you must complete a waiting period before benefits are payable. (Learn more in the "Before benefit payments begin" section below). When they begin, here's how much you'll receive:

Coverage Amount
66.67% of your weekly earnings ($15 minimum weekly benefit/$1,000 maximum weekly benefit)

Waiting period

Waiting period

- The benefit waiting period for a disability caused by an accidental injury is 0 days
- The benefit waiting period for a disability caused by a sickness is 7 days
- There is no waiting period if you are confined in a hospital.

How long benefit payments last

Short Term Disability Income Insurance is intended to replace income for a disability that lasts just a few weeks. The maximum amount of time that you're able to receive Short Term Disability benefit payments is 13 weeks.

Evidence of Insurability (health questions)

You do not need to provide evidence of insurability to be covered.

How much does it cost?

Rates shown are guaranteed until: 01/01/2025. Your premiums are deducted on a post-tax basis.

Use the chart below to find your monthly cost, based on the amount of coverage. Your coverage will be 66 2/3% of your basic weekly earnings. (Your "basic weekly earnings" are the weekly salary or wage you receive from your employer, not including commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than your Employer).

Short-Term Disability (continued)

Short Term Disability rates	
Age*	**Monthly rate per $10 of weekly benefit**
Under 25	$.94
25-29	$.94
30-34	$.95
35-39	$.95
40-44	$.99
45-49	$1.17
50-54	$1.45
55-59	$1.77
60-64	$1.86
65-69	$2.10
70-99	$2.10

*Age as of 01/01/2023. *Age at the start of the plan's current policy year.

Use the steps below to calculate your monthly cost.

To calculate your cost:	
1. Enter your basic annual earnings.	$
2. Divide your basic annual earnings by 52. This is your basic weekly earnings.	$
3. Multiply the figure from Step 2 by .6667 (66 2/3%).	$
4. Enter the lesser of the amount in Step 3 or $1,000	$
5. Divide the amount in Step 4 by 10.	$
6. Multiply the result in Step 5 by your rate from the table above. This is your **monthly premium.**	$
7. Multiply your total monthly premium by 12 for your annual premium amount. Then, divide by your number of paychecks per year for your payroll deduction amount.	$

Your eligible annual earnings are the salary or wage you receive from your employer.

It does not includes:

- Bonuses
- Commissions
- Overtime pay

Exclusions and limitations

We won't pay benefits if your disability is caused by, contributed to by, or results from any of the following:

- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, commission or attempt to commit a felony or illegal activity.
- Engaging in any illegal occupation, work or employment.
- Operating a motorized vehicle while under the influence of alcohol as evidenced by a blood alcohol level at or in excess of the state legal intoxication limit as defined by the state law where the disability occurs.
- Intentionally self-inflicted harm.
- Attempted suicide, regardless of mental capacity.
- Participation in a war, declared or undeclared, or any act of war. An act of war is military activity by one or more national governments and does not include terrorist acts, other random acts of violence not perpetrated by you, or civil war or community faction.
- Active duty as a member of the armed forces of any nation. However, we will refund, upon written notice of such service, any Premium which has been accepted for any period not covered as a result of this exclusion.
- Active participation in a riot, insurrection or terrorist activity, but not including civil commotion, disorder, injury as an innocent bystander, or injury because of self-defense.
- Subject to the applicable law in the state where the Policy is delivered or issued for delivery, voluntary intake of any narcotic or other controlled substance, unless the narcotic or controlled substance is taken under the direction of and as directed by a doctor.
- Voluntary intake of poison, drugs or fumes, unless a direct result of an occupational accident.
- Cosmetic surgery except when required for your appropriate care as a result of your injury or sickness; cosmetic surgery shall not include (1) reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, (2) reconstructive surgery because of congenital disease or anomaly resulting in a functional defect and (3) surgery necessitated by gender dysphoria.
- Traveling in any aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
- Traveling in any aircraft (or device) used for testing or an experimental purpose, used by or for any military authority, or used for travel beyond the earth's atmosphere.
- Hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing.
- Participation in recreational motor sports events, racing, speed or endurance contest (auto, truck, cycle or boat), rock or mountain climbing, skin or scuba diving, or bungee jumping.
- Participation in any sport for wage, compensation or profit.

If your employer's plan covers only non-occupational injuries, then the following exclusion also applies:

- Occupational sickness or injury

We will not pay a benefit for any period of Disability during which you are incarcerated.

Pre-existing conditions: We won't pay benefits if your disability is due to a pre-existing condition, and you became disabled during the first 6 months** following the effective date of your coverage. A pre-existing condition is any condition for which you have done any of the following at any time during the 3** months just prior to your effective date of coverage, whether or not that condition is diagnosed, undiagnosed or misdiagnosed:

- Received medical treatment or consultation.
- Taken or were prescribed drugs or medicine.
- Received care or services, including diagnostic measures.

Your benefits may be reduced by other income you are eligible to receive while disabled.

*Limitations and exclusions will vary by state and by your employer's benefit plan.

**The length of the pre-existing condition "limitation" period and "look-back" period may vary for your employer's plan. Contact your employer for details.

Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at 800-955-7736

or go to https://presents.voya.com/EBRC/northcentralhealthcare

Critical Illness with Cancer Coverage

Administered by Voya

Critical illness with cancer insurance coverage helps with the financial burden that can come along when cancer, heart attack, stroke and multiple other diseases strike a family unexpectedly. This coverage pays a lump sum if one of the covered diseases happens to your family. The money comes to you and can be used any way you choose.

ENROLLMENT

You may enroll in the Critical Illness with Cancer Coverage benefit if you work a minimum of a 0.5 FTE status.
You have 30 days from your date of employment or your newly benefits-eligible job to enroll.

Critical Illness Insurance

Explore Your Benefits & Costs

VISIT THE WEBSITE:

For a comprehensive detailed list of the Critical Illness Insurance coverages visit:

presents.voya.com/EBRC/northcentralhealthcare

WATCH THE VIDEO

To learn more about the benefits of Critical Illness Insurance, check out the video at the link below:

www.kaltura.com/tiny/l188d

There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help. The following pages includes expanded cost and benefit information for Critical Illness Insurance. As you explore keep in mind:

No medical questions or tests are required for coverage.

Employees get an annual Wellness Benefit of $50 for completing an eligible health screening test.

Benefit payments go directly to you. Use them however you'd like!

Critical Illness Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't *go out* to pay for medical bills or treatments you may need, instead they *come in*—directly to you—to be used however you'd like.** Choose this supplemental health insurance product for added protection if one of the following covered conditions comes your way.

Critical Illness Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

How much coverage is available?

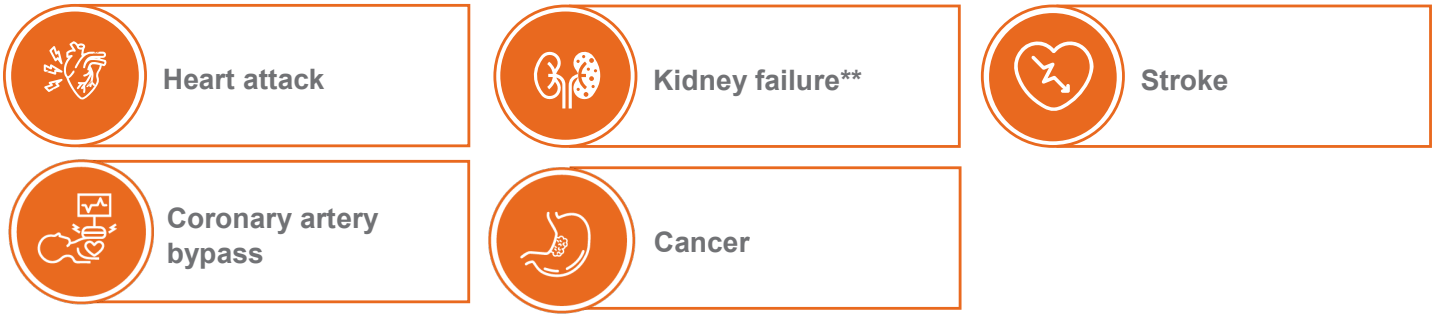
You have the option to enroll in coverage in the amount(s) below.

	Coverage Amount
For you	$10,000, $15,000, $20,000, $25,000 or $30,000
Your spouse	50% of Employee Benefit
Your children*	50% of Employee Benefit

*Child(ren) up to age 26.

What's covered by Critical Illness Insurance?

Critical Illness Insurance provides benefits for the covered conditions and diagnoses shown below. The most common conditions we pay claims for include:



Sample benefit amounts

If one of these events happens on or after your coverage effective date, and your claim is approved, benefits are payable at 100% of the Critical Illness benefit amount shown above unless otherwise stated. Use your benefit payment however you'd like:

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Kidney failure**	100%
Carcinoma in situ	25%

* A sudden cardiac arrest is not in itself considered a heart attack.
** Listed in the certificate of coverage as "major organ transplant," which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

Multiple benefit payments

You can receive a lump–sum benefit payment (up to 100% of the benefit amount associated with that condition) for each covered condition. The number of times a benefit is payable for each covered condition is unlimited, except for skin cancer. Additional details are provided in the certificate of coverage.

Critical Illness (continued)

Schedule of Benefits

The table below outlines a more detailed list of what's covered. Please note that the covered condition/diagnosis must happen on or after your coverage effective date. Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise stated. For a list of standard exclusions and limitations, please refer to the exclusions section later in this document. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Covered Condition	% of Benefit
Heart attack*	100%
Cancer	100%
Stroke	100%
Sudden cardiac arrest	25%
Major organ transplant (includes Major Organ Failure & End Stage Renal (Kidney) Failure)**	100%
Carcinoma in situ	25%
Type 1 Diabetes	100%
Transient ischemic attacks (TIA)	10%
Ruptured or dissecting aneurysm	10%
Abdominal aortic aneurysm	10%
Thoracic aortic aneurysm	10%
Open heart surgery for valve replacement or repair	25%
Severe burns	100%
Trans catheter heart valve replacement or repair	10%
Coronary angioplasty	10%
Permanent paralysis	100%
Loss of sight	100%
Loss of hearing	100%
Loss of speech	100%
Coma	100%
Multiple sclerosis	100%
Amyotrophic lateral sclerosis (ALS)	100%
Parkinson's disease	100%
Advanced dementia, including Alzheimer's disease	100%
Huntington's disease	100%
Muscular dystrophy	100%
Infectious disease (hospitalization requirement)***	25%

Covered Condition	% of Benefit
Addison's disease	10%
Myasthenia gravis	50%
Systemic lupus erythematosus (SLE)	50%
Systemic sclerosis (scleroderma)	10%
Occupational HIV	100%
Occupational Hepatitis B or C	100%
Benign brain tumor	100%
Skin cancer	10%
Bone marrow transplant	25%
Stem cell transplant	25%

* A sudden cardiac arrest is not in itself considered a heart attack.
** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.
*** Diagnosis of a severe infectious disease by a Doctor, including COVID-19, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital for 5 or more consecutive days, or in a transitional facility for 14 or more consecutive days.

Benefits for insured children

In addition to the covered conditions mentioned above, coverage for your insured children includes:

Covered Condition	% of Benefit
Cerebral palsy	100%
Congenital birth defects	100%
Cystic fibrosis	100%
Down syndrome	100%
Gaucher disease, type II or III	100%
Infantile Tay-Sachs	100%
Niemann-Pick disease	100%
Pompe disease	100%

What else is included?

The Critical Illness Insurance available through your employer includes the following additional benefits:

Receive $50 to use however you'd like

Wellness Benefit

Complete an eligible health screening test, and we'll send you a benefit payment to use however you'd like.

- Employees receive an annual benefit of $50.
- Spouses receive an annual benefit of $50.
- Children receive 100% of your benefit amount per child, with an annual maximum of waived for all children.

Receive a benefit for an infectious condition

Infectious Condition Additional Benefit Rider

If you are diagnosed with COVID-19, this pays a benefit amount of $100.

A benefit is payable up to a maximum of 1 time[s] per Covered Person per Policy calendar year.

Coverage benefits for infectious conditions, such as COVID-19, have NOT been filed or approved in Washington."

Critical Illness (continued)

How much does Critical Illness Insurance cost?

The table below shows how much you'll pay for Critical Illness Insurance. Rates are dependent on your age and amount of coverage selected.

Employee Coverage
Semi-Monthly Rates (24 pay periods)
Child Rate Embedded
Includes Wellness Benefit Rider

Non-Tobacco User					
Age	$10,000	$15,000	$20,000	$25,000	$30,000
Under 30	$1.55	$2.33	$3.10	$3.88	$4.65
30-39	$2.65	$3.98	$5.30	$6.63	$7.95
40-49	$4.50	$6.75	$9.00	$11.25	$13.50
50-59	$8.65	$12.98	$17.30	$21.63	$25.95
60-64	$15.65	$23.48	$31.30	$39.13	$46.95
65-69	$15.65	$23.48	$31.30	$39.13	$46.95
70+	$15.65	$23.48	$31.30	$39.13	$46.95

Tobacco User					
Age	$10,000	$15,000	$20,000	$25,000	$30,000
Under 30	$2.05	$3.08	$4.10	$5.13	$6.15
30-39	$4.20	$6.30	$8.40	$10.50	$12.60
40-49	$8.35	$12.53	$16.70	$20.88	$25.05
50-59	$18.30	$27.45	$36.60	$45.75	$54.90
60-64	$34.85	$52.28	$69.70	$87.13	$104.55
65-69	$34.85	$52.28	$69.70	$87.13	$104.55
70+	$34.85	$52.28	$69.70	$87.13	$104.55

Spouse Coverage*
Semi-Monthly Rates (24 pay periods)

Includes Wellness Benefit Rider

Non-Tobacco User					
Age	$5,000	$7,500	$10,000	$12,500	$15,000
Under 30	$0.78	$1.16	$1.55	$1.94	$2.33
30-39	$1.33	$1.99	$2.65	$3.31	$3.98
40-49	$2.25	$3.38	$4.50	$5.63	$6.75
50-59	$4.33	$6.49	$8.65	$10.81	$12.98
60-64	$7.83	$11.74	$15.65	$19.56	$23.48
65-69	$7.83	$11.74	$15.65	$19.56	$23.48
70+	$7.83	$11.74	$15.65	$19.56	$23.48

Tobacco User					
Age	$5,000	$7,500	$10,000	$12,500	$15,000
Under 30	$1.03	$1.54	$2.05	$2.56	$3.08
30-39	$2.10	$3.15	$4.20	$5.25	$6.30
40-49	$4.18	$6.26	$8.35	$10.44	$12.53
50-59	$9.15	$13.73	$18.30	$22.88	$27.45
60-64	$17.43	$26.14	$34.85	$43.56	$52.28
65-69	$17.43	$26.14	$34.85	$43.56	$52.28
70+	$17.43	$26.14	$34.85	$43.56	$52.28

*Children birth to age 26; no limit to the number of children per family.

Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

or go to https://presents.voya.com/EBRC/northcentralhealthcare

Exclusions and limitations

Exclusions and limitations vary by state and by your employer's plan. Please review your certificate of coverage for details.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-CI4-POL-16; Certificate form #RL-CI4-CERT2-20; Spouse Rider form #RL-CI4-SPR2-20; Children's Rider form #RL-CI4-CHR2-20; Continuation Rider form #RL-CI4-CNT2-20; Absence from Employment Premium Waiver Rider form #RL-CI4-AEPW-20; Wellness Benefit Rider form #RL-CI4-WELL2-20; Waiver of Premium Rider form #RL-CI4-WOP-16; Additional Services Rider form #RL-CI4-VAS-20. Form numbers, provisions and availability may vary by state and employer's plan.

Hospital Indemnity Insurance

Group Name: North Central Health Care
Group Number: 731617

Hospital Indemnity Insurance

Help minimize the financial impact that can come with a stay in a hospital or medical facility

What is it?

Hospital Indemnity Insurance pays a fixed daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Who can be covered?

You have the option to enroll yourself as well as your spouse* and children** in Hospital Indemnity Insurance coverage to meet your needs.

* The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy.

** The definition of "child" may vary by state. Please contact your employer for more information.

Why should I consider it?

Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.

Coverage is always guaranteed issue.

Your coverage can go with you if you leave your employer or retire, and you'll be billed directly.

North Central Health Care
Person centered. Outcome focused.

Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if you complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

$50 for employees, $50 for spouses, 100% of your benefit amount per child.

For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

How much does it cost?

This table shows how much you'll pay for Hospital Indemnity Insurance. The premium is deducted from your paycheck.

Hospital Confinement Indemnity Rates by Level		
Coverage Type	Daily Benefit	Semi-Monthly Rates (24 Pay period)
Employee	$100	$7.08
Employee + Spouse	$100	$12.74
Employee + Children	$100	$12.99
Employee + Family	$100	$18.65

Hospital Indemnity Insurance (continued)

What does it cover?

Your Hospital Indemnity Insurance coverage provides a benefit payable upon a stay in a covered medical facility or other covered loss. The following is a summary of the benefits provided by this insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. The coverage amounts are listed below.

Only one type of facility confinement or admission benefit is payable per day. Any combination of confinement and admission benefits payable will not exceed a total of 72 days during a period of confinement.

First day of confinement (Admission Benefit)

Type of admission	Admission Benefit amount
Hospital admission	$1000
Critical Care Unit (CCU) admission	$1000

This benefit is payable once per confinement, up to 8 admission(s) per year.

Starting day two (Daily Confinement Benefit)

Type of facility	Daily benefit amount is $100
Hospital confinement, up to 30 days per confinement	1 x the daily benefit amount
CCU confinement, up to 15 days per confinement	1 x the daily benefit amount
Step-down confinement, up to 15 days per confinement	1 x the daily benefit amount
Rehabilitation facility confinement, up to 10 days per confinement	½ of the daily benefit amount
Observation Unit	
At least 4 consecutive hours but less than 20 consecutive hours, other than as an inpatient. Not payable for any day that a facility confinement or admission benefit is payable.	$100

If you add a child to your family

If child coverage is effective before your child is born:
Your newborn may receive benefits just as any other covered child.
If child coverage IS NOT effective before your child is born:
$150 one-time benefit payable for your newborn's confinement due to birth, no admission benefit is payable.

The definition of "hospital" does not include an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a freestanding surgical center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care for the aged; or care or treatment for persons suffering from mental diseases or disorders or drug or alcohol addition. "Critical care unit" and "rehabilitation facility" are also defined in the certificate.

*See the certificate and any riders for a complete description of benefits, exclusions, and limitations.

Exclusions and limitations

The standard exclusions and limitations are listed below. For a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders. (These may vary by state and/or your employer's plan.) Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self- inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, undeclared (excluding acts of terrorism).
- Loss that occurs while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care as determined by a doctor as a result of the covered person's injury or sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting, or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

https://presents.voya.com/ebrc/northcentralhealthcare

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-HI2-POL-18; Certificate form RL-HI2-CERT-20; Spouse Hospital Confinement Indemnity Rider form RL-HI2-SPR-18; Children's Hospital Confinement Indemnity Rider form RL-HI2-CHR-18; Continuation of Insurance Rider form RL-HI2-CNT-18; Wellness Benefit Rider form RL-HI2-WELL-18; Accident Benefit Rider form RL-HI2-ACD-18; Critical Illness Rider form RL-HI2-CIR-18; Waiver of Premium Rider form RL-HI2-WOP-18; and Absence from Employment Premium Waiver form: RL-HI2-AEPW-2. Form numbers, provisions and availability may vary by state and by your employer's plan.

Accident Plan

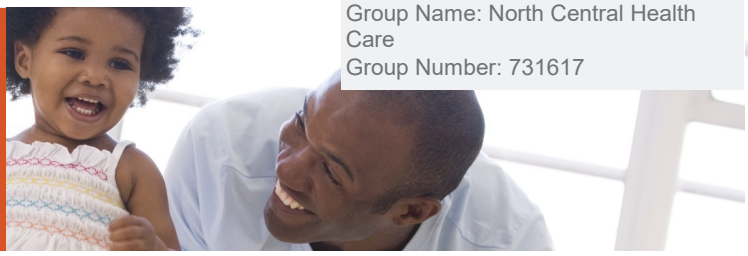
Administered by Voya

This plan protects you and your family against the unexpected costs associated with an accident. This plan pays you cash that can be used to help with your house payment, car payment, groceries, and cell phone payment or even help with out of pocket medical expenses like your deductible. It's your money, you choose where it goes. This plan includes a $50 wellness benefit paid once a year when you complete your annual exam.

ENROLLMENT

You may enroll in the Accident Plan benefit if you work a minimum of a 0.5 FTE astatus. You have 30 days from your date of employment or your newly benefits-eligible job to enroll. For a additional information on Accident Plan coverages visit: www.kaltura.com/tiny/taqum

Accident Insurance



Group Name: North Central Health Care
Group Number: 731617

VISIT THE WEBSITE:

For a comprehensive detailed list of the Critical Illness Insurance coverages visit:

presents.voya.com/EBRC/northcentralhealthcare

WATCH THE VIDEO

To learn more about the benefits of Accident Insurance, check out the video at the link below:

www.kaltura.com/tiny/taqum

How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Accident Rates

Coverage Type	Semi-Monthly Rates
Employee	$4.68
Employee + Spouse	$8.06
Employee + Children	$8.78
Family	$12.16

Your spouse will be covered for the same Accident benefits as you.

If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26. Your children will be covered for the same benefit amounts as you. One premium amount covers all of your eligible children.

What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. To be eligible, the accident must happen outside of work. Some of the most common treatments and conditions we pay benefits for include:

- ER treatment
- Stitches
- X-rays
- Follow-up doctor treatment(s)
- Physical therapy

Sample payment amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:

Accident-related treatment	Benefit
Emergency room treatment	$225
X-ray	$75
Physical or occupational therapy (up to six per accident)	$50
Stitches (for lacerations, up to 2")	$60
Follow-up doctor treatment	$90
Hospital admission	$1,250
Hospital confinement (per day, up to 365 days)	$275

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

$50 to use however you'd like

Wellness Benefit

- Complete an eligible health screening test (such as an annual physical) and receive a benefit payment.
- Your annual benefit amount is $50. Your spouse's benefit amount is $50.
- The benefit for child coverage is 100% of your benefit amount per child, with an annual maximum of waived for all children.

Additional non-insurance service(s)

Access **extra support** next time you travel

Voya Travel Assistance

When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.

Schedule of Benefits

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document.

✓ **Your coverage includes a Sport Accident Benefit.** This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections below will be increased by 25%; to a maximum additional benefit of $1,000.

Accident Plan (continued)

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	$1,500
Surgery exploratory or without repair	$200
Blood, plasma, platelets	$600
Hospital admission	$1,250
Hospital confinement per day, up to 365 days	$275
Critical care unit confinement per day, up to 15 days	$450
Rehabilitation facility confinement per day, up to 90 days	$200
Coma duration of 14 or more days	$17,000
Transportation per trip, up to three per accident	$750
Lodging per day, up to 30 days	$180

Accident care	
Initial doctor visit	$90
Urgent care facility treatment	$225
Emergency room treatment	$225
Ground ambulance	$360
Air ambulance	$1,500
Follow-up doctor treatment	$90
Medical equipment	$200
Physical or occupational therapy up to six per accident	$50
Speech therapy up to 6 per accident	$50
Prosthetic device (one)	$750
Prosthetic device (two or more)	$1,200
Major diagnostic exam	$275
Outpatient surgery (one per accident)	$225
X-ray	$75

Event	Benefit
Common injuries	
Burns second degree, at least 36% of the body	$1,250
Burns third degree, at least nine but less than 35 square inches of the body	$7,500
Burns third degree, 35 or more square inches of the body	$15,000
Skin grafts	50% of the burn benefit
Emergency dental work: crown	$350
Extraction	$100
Eye injury removal of foreign object	$100
Eye injury surgery	$350
Torn knee cartilage surgery with no repair or if cartilage is shaved	$225
Torn knee cartilage surgical repair	$800
Laceration[1] treated no sutures	$30
Laceration[1] sutures up to 2”	$60
Laceration[1] sutures 2” – 6”	$240
Laceration[1] sutures over 6”	$500
Ruptured disk surgical repair	$800
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	$425
Tendon/ligament/rotator cuff one, surgical repair	$825
Tendon/ligament/rotator cuff two or more, surgical repair	$1,225
Concussion	$225
Paralysis - paraplegia	$16,000
Paralysis - quadriplegia	$24,000

Accident Plan (continued)

Event	Benefit
Dislocations	**Non-surgical/ surgical repair[2]**
Hip joint	$3,850/$7,700
Knee	$2,400/$4,800
Ankle or foot bone(s) other than toes	$1,500/$3,000
Shoulder	$1,600/$3,200
Elbow	$1,100/$2,200
Wrist	$1,100/$2,200
Finger/toe	$275/$550
Hand bone(s) other than fingers	$1,100/$2,200
Lower jaw	$1,100/$2,200
Collarbone	$1,100/$2,200
Partial dislocations	25% of the non-surgical repair amount
Fractures	**Non-surgical/ surgical repair[3]**
Hip	$3,000/$6,000
Leg	$2,500/$5,000
Ankle	$1,800/$3,600
Kneecap	$1,800/$3,600
Foot excluding toes, heel	$1,800/$3,600
Upper arm	$2,100/$4,200
Forearm, hand, wrist except fingers	$1,800/$3,600
Finger, toe	$240/$480
Vertebral body	$3,360/$6,720
Vertebral processes	$1,440/$2,880
Pelvis except coccyx	$3,200/$6,400
Coccyx	$400/$800
Bones of face except nose	$1,200/$2,400
Nose	$600/$1,200
Upper jaw	$1,500/$3,000
Lower jaw	$1,440/$2,880
Collarbone	$1,440/$2,880
Rib or ribs	$400/$800
Skull – simple except bones of face	$1,500/$3,000
Skull – depressed except bones of face	$4,000/$8,000
Sternum	$550/$1,100
Shoulder blade	$1,800/$3,600
Chip fractures	25% of the closed reduction amount

Accidental Death & Dismemberment

Your coverage also includes Accidental Death & Dismemberment benefits. This means that if you are severely injured or pass away due to an accident, additional benefits may apply. See the chart below for more details. A "common carrier" is commercial transportation that operates on a regular schedule, between predetermined points or cities (such as a bus or airline route).

Accidental Death Benefits	Benefit
Common carrier accident	
Employee	$50,000
Spouse	$25,000
Children	$12,500
Other accident	
Employee	$25,000
Spouse	$10,000
Children	$5,000
Accidental Dismemberment Benefits	**Benefit**
Loss of both hand or both feet or sight in both eyes	$16,000
Loss of one hand or one foot AND the sight of one eye	$10,000
Loss of one hand AND one foot	$10,000
Loss of one hand OR one foot	$5,000
Loss of two or more fingers or toes	$900
Loss of one finger or one toe	$500

Accident Plan (continued)

Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance and AD&D are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.
- Work for pay, profit or gain.

*Definition and limitations/exclusions may vary by state.

Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

or go to https://presents.voya.com/EBRC/northcentralhealthcare

For a video breakdown of Accident Plan benefits: www.kaltura.com/tiny/taqum

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-16; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR-16, Children's Accident Rider Form #RL-ACC3-CHR-16, Wellness Benefit Rider Form #RL-ACC3-WELL-16, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR-16, Catastrophic Accident Rider Form #RL-ACC3-CAR-16, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-16, Continuation of Insurance Rider form #RL-ACC3-CNT-16. Form numbers, provisions and availability may vary by state and employer's plan.

Wellness Benefit

North Central Health Care
731617

What is the Wellness Benefit?

The Wellness Benefit is included with your Accident and Critical Illness Insurance coverage. It provides an annual benefit payment if you complete a covered health screening test on or after your coverage effective date, whether or not there is any out-of-pocket cost to you. You only need to complete one health screening test, and may only receive a benefit payment once per calendar year, even if you complete multiple tests. You may also receive a benefit payment for your spouse and/or children if they are covered for the Wellness Benefit and complete a health screening test on or after your coverage effective date.

Getting your Wellness Benefit is easy.

1. You, your covered spouse and/or your covered children complete a health screening test.

What types of health screening tests are eligible?

Covered Health screening tests include but are not limited to:

- Blood test for triglycerides
- Pap smear or thin prep pap test
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemoccult stool analysis
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound, sonogram, MRI
- Molecular or antigen test (Coronavirus disease (COVID-19)*
- Immunizations
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- Fasting blood glucose test
- Thermography
- PSA (prostate cancer)
- Hearing test
- Routine eye exam
- Routine dental exam
- Well child/preventative exams age 1 through age 18
- Biometric screenings
- Electrocardiogram (EKG)
- Annual Physical Exam – Adults
- CA 125 (ovarian cancer)
- Tests for sexually transmitted infections (STIs)
- Ultrasound screening for abdominal aortic aneurysms
- Hemoglobin A1C (HbA1c)
- Bone density screening

2. Visit the Voya Claims Center at voya.com/claims or https://presents.voya.com/EBRC/northcentralhealthcare

   Group policy name: North Central Health Care

   Group policy number: 731617

3. Complete the questions regarding the health screening test, electronically sign and submit your Wellness Benefit claim. A confirmation number will be provided for your reference, as well as the option to save the form for your records.

4. Receive a benefit payment for each covered individual for whom an eligible claim was filed.

How can the Wellness Benefit help?

Every day we learn more and more about the importance of regular health screenings and the increased chances of survival when serious illnesses are detected early. The Wellness Benefit encourages you to get regular health screenings. The benefit payment you receive for your health screening can be used to help pay for the cost of the test or however you like.

It's automatically included.

The Wellness Benefit is included with your Accident and Critical Illness insurance.

How much is the Wellness Benefit?

Your group's plan specifies the benefit amount payable for each person who completes a health screening test.

WELLNESS BENEFIT WITH YOUR ACCIDENT INSURANCE:

$50 For yourself & for your covered spouse + $50 100% of the benefit amount for each covered child

WELLNESS BENEFIT WITH YOUR CRITICAL ILLNESS INSURANCE:

$50 For yourself & for your covered spouse + $50 100% of the benefit amount for each covered child

If you have any questions about the claim process, call **1-888-238-4840.**

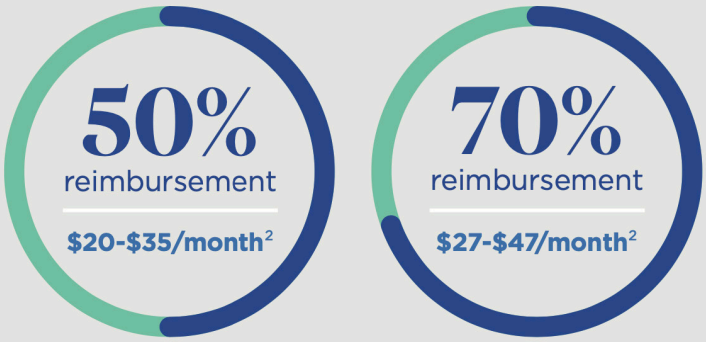
Pet Insurance

Administered by Nationwide

North Central Health Care offers pet insurance that provides nose-to-tail. Exclusive group plans are available to you with pricing that is not available to the public. Enrollment is easy and premiums are payroll deducted. Plans are flexible and accepted by all veterinarians everywhere. Policies are portable and renew in full each year. Visit www.petinsurance.com/norcen, search for your company name and enroll easily online through your company page with your group discount included in the rates. You can also call 1.877.738.7874 and speak with a representative for easy enrollment and receive your group discount policy.

- **Get cash back on eligible vet bills:** Choose your reimbursement level of 50% or 70%[1]
- **Available exclusively for employees:** Plans with preferred pricing only offered through your company
- **Use any vet, anywhere:** No networks, no pre-approvals

Choose your level of coverage with My Pet Protection®



My Pet Protection coverage highlights

We offer a choice of reimbursement options so you can find coverage that fits your budget. All plans have a $250 annual deductible and $7,500 maximum annual benefit. Coverage includes*:

- Accidents
- Illnesses
- Hereditary and congenital conditions
- Cancer
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets and supplements
- And more

Plus, every My Pet Protection policy includes these additional benefits to maximize your value:

- Lost pet advertising and reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

Included with every policy

vethelpline®

- 24/7 access to veterinary experts ($110 value)
- Available via phone, chat and email
- Unlimited help for everything from general pet questions to identifying urgent care needs

PetRxExpress℠

- Save time and money by filling pet prescriptions at participating in-store retail pharmacies across the U.S.
- Rx claims submitted directly to Nationwide
- More than 4,700 pharmacy locations

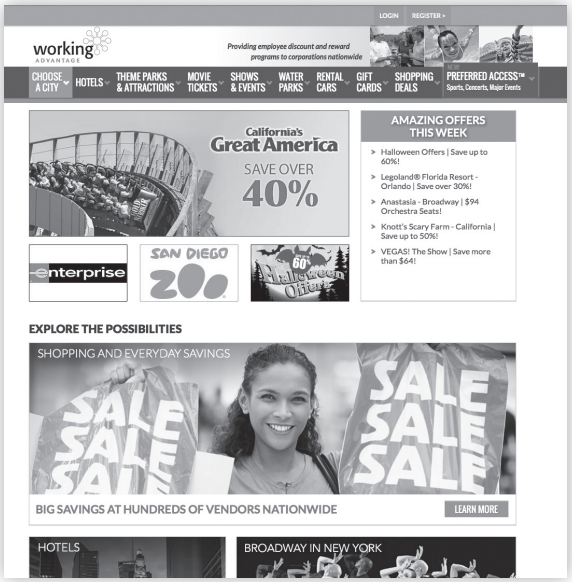
Additional highlights

- Exclusive product for employer groups only
- Preferred pricing for employees
- Multiple-pet discounts
- Guaranteed issuance

Employee Discounts

North Central Health Care provides employees discounts from local businesses and retailers including restaurants, cell phone carriers, car rental, massage and wellness, gym memberships, moving and miscellaneous discounts. Our list of partner businesses changes throughout the year. You can find the comprehensive list on the NCHC Intranet. There are also educational discounts offered through various educational institutions. Please contact Human Resources for the most current incentives and discounts at 715.848.4419.

In addition to local discounts, employees have access to Working Advantage discounts. Working Advantage provides employee discount and reward programs to corporations nationwide. When you sign up using the employer number provided on the intranet, you will have access to thousands of discounts from around the country! Hotels, movies, theme parks, attractions, skiing, rental cars, gifts, shopping partner sites.....the list is endless.



HOW TO FIND THE DISCOUNT PAGE ON THE INTRANET

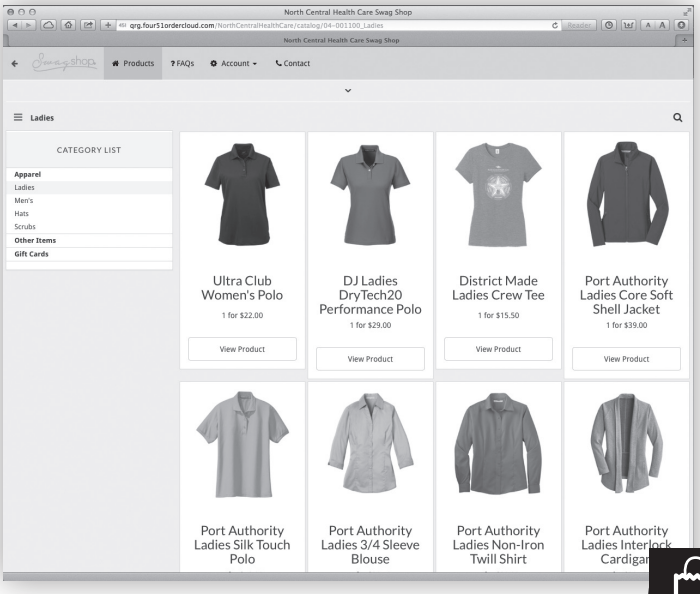
1. Go to any network computer, login and open your internet browser (Internet Explorer, Chrome, Safari, Firefox)
2. Navigate to the intranet by typing in "intranet" on your web browser or this address: http://intranet.co.marathon.wi.us/NCHC.aspx
3. From the NCHC tab at the top click on the following drop down: Departments, Human Resources, Employee Programs, Employee Savings Program. Your discounts await!

WORKING ADVANTAGE ENROLLMENT

Working Advantage provides discounts of up to 60% on a variety of entertainment and shopping opportunities. To enroll, you must register on the Working Advantage website using the NCHC access code found on the Intranet on the Employee Discounts page.

When logging in for the first time, create an account by clicking on "Register" in the upper right corner.

NCHC Swag shop.



www.norcen.org/SwagShop

North Central Health Care offers an online store for employees to shop online for NCHC branded clothing and accessories including scrubs, shirts, hats, jackets, vests, cardigans, polos and much more. From professional to casual, there are options available to ship directly to your home.

Important Federal Notices

SUMMARY OF BENEFITS AND COVERAGE (SBC) AND UNIFORM GLOSSARY

A document called a Summary of Benefits and Coverage (SBC) is a federally-mandated document intended to help individuals across the nation compare health plans. The SBC is also available online. Each health plan is required to issue an SBC for every group health plan it offers. An SBC details deductibles, coinsurance and out-of-pocket limits for various services in a prescribed format. A Uniform Glossary of Health Coverage and Medical Terms to accompany the SBC is also available. You may also call the Human Resources at 715.848.4419 to request printed copies of a specific plan's SBC at no charge.

WOMEN'S HEALTH AND CANCER RIGHTS

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

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

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under North Central Health Care's health plan.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health plan issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPPA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact North Central Health Care Human Resources at 715-848-4419.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in Wisconsin, you may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.p Phone: 1-800-362-3002

Important Federal Notices *(continued)*

SPECIAL RULES FOR GAIN OR LOSS OF ELIGIBILITY FOR MEDICAID/CHIPRA

When you experience a change that results in a gain or loss of eligibility for Medicaid/CHIP, you may be able to make certain adjustments to your benefits correlating to your status change within 60 days. Effective April 1, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 ("CHIPRA") adds two new special enrollment events. You or your dependent(s) will be permitted to enroll or cancel coverage in NCHC's sponsored health plan coverage in either of the following circumstances:

1. You or your dependent's Medicaid or state Children's Health Insurance Program ("CHIP") coverage is canceled due to a loss of eligibility. You must request to enroll in North Central Health Care's health plan within sixty (60) days from the date you or your dependent loses coverage.
2. You or your dependent(s) enrolls in Medicaid or the state CHIP. You may cancel coverage in North Central Health Care's group health plan within sixty (60) days of your or your dependent's coverage effective date.

To make a change to your benefits plans please complete and submit a Benefits Enrollment/Change Form, available from Human Resources along with your documentation of the change within sixty (60) days after gaining or losing coverage in Medicaid or the state CHIP program. Your change will be effective as of the event date. For further details on Medicaid or Wisconsin's CHIP program, visit the Wisconsin Department of Community Health website or call 800-362-3002 toll-free.

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

The organization is committed to the privacy of your health information. The administrators of the medical plan use strict privacy standards to protect your health information from unauthorized use or disclosure. The plan's policies protecting your privacy rights and your rights under the law are described in the plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting North Central Health Care Human Resources at 715-848-4419.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

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

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

Does employer health coverage affect eligibility for premium savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%1 of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income. [1]

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

For more information about your coverage offered by your employer, please check your summary plan description or contact Bo Johnson – Compensation & Benefits Analyst. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Important Federal Notices *(continued)*

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE...*continued*

PART B: Information about health coverage offered by your employer
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.
3. Employer name: North Central Health Care
4. Employer Identification Number (EIN): 39-1267785
5. Employer address: 2400 Marshall Street, Suite A
6. Employer phone number: (715) 848-4438
7. City: Wausau
8. State: WI
9. ZIP code: 54403
10. Who can we contact about employee health coverage at this job? Bo Johnson
11. Phone number (if different from above):
12. Email address: BJohnson@norcen.org

Here is some basic information about health coverage offered by this employer

As your employer, we offer a health plan to:

- ☐ All employees. Eligible employees are:
- ☒ Some employees. Eligible employees are: Regular full-time employees to a .50 FTE for part-time employees

With respect to dependents:

- ☒ We do offer coverage. Eligible dependents are: spouse, children and step-children to the end of the month that they turn age 26
- ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.
Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

Important Federal Notices *(continued)*

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction
You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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 and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:
- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

> Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to The NCHC and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:
- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

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

How is COBRA continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

Important Federal Notices *(continued)*

CONTINUATION COVERAGE RIGHTS UNDER COBRA...*continued*

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

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

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

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

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

If you have questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa (addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website). For more information about the Marketplace, visit www.HealthCare.gov.

Keep your plan informed of address changes
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information:

Lynn Wengelski, Compensation & Benefits Analyst, 2400 Marshall Street, Suite A, Wausau, WI 54403
715-848-4438 LWengelski@norcen.org

Important Federal Notices *(continued)*

NOTICE REGARDING WELLNESS PROGRAM

NCHC Wellness is a voluntary wellness program available to all employees participating in the NCHC's health care plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol levels, glucose and triglycerides. For a complete list of conditions tested, see Human Resources. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at 715-848-4419.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as nutrition or other forms of counseling. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the NCHC may use aggregate information it collects to design a program based on identified health risks in the workplace, the NCHC's Wellness Program will never disclose any of your personal information, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are Aspirus' physicians, who will only access the information if/when you are seen by the Aspirus physician.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. The NCHC only receives aggregate information and data – no personally identifying health information is provided to the NCHC by the Wellness contractors. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you in accordance with state and federal law.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources at 715.848.4419.

Changes to Your Benefits

QUALIFIED FAMILY STATUS CHANGE

Your benefits elections will remain in effect through December 31, 2025. Once you have enrolled, you may not change coverage mid-year unless you have a change in status, as defined by Section 125 of the IRS. Changes that qualify typically include but are not limited to:

- Marriage, divorce, birth, adoption, or death of a spouse or child
- Change in eligibility status for a covered dependent
- Your spouse starts or stops working
- Change from full-time to part-time (or vice versa) work status for you or your spouse
- You or your spouse take an unpaid leave of absence
- Elimination of your spouse's coverage due to an employment change
- You move out of the plan's service area

Different qualifying events allow different benefit changes. Any change you make mid-year must be consistent with your change in status and the event must affect eligibility for coverage under the plan.

DEADLINE FOR REPORTING CHANGES IN FAMILY STATUS

If you have a family status change, you must act within 30 days of the qualifying event to make a corresponding mid-year change to your benefits. Otherwise, you will have to wait for the next Open Enrollment period and have the change(s) become effective January 1 of the following year. In order to make such changes, contact the Human Resources at 715.848.4419 before the 30-day deadline.

REMOVING DEPENDENTS WHO LOSE ELIGIBILITY

If your covered dependent loses eligibility under the North Central Health Care benefit plan coverage due to an event occurring mid-way through the year, it is your responsibility to remove your dependent from your coverage within 30 days of ineligibility. It is especially important to delete any ineligible dependents within that time frame to avoid overpaying premiums that may not be refunded by North Central Health Care. Overpayment of premiums will not be refunded.

AGE 26 DEPENDENT CHILD

Children who turn age 26 in 2025 will be automatically removed from coverage at the end of the month they turn 26, and offered COBRA.

CHANGE IN YOUR FTE STATUS

If at any time your hours decrease to less than 0.5 FTE you become ineligible for health, dental and vision insurance. Health insurance benefit eligibility may remain in place if you worked more than 1,560 hours each year from October 1st to September 30th in the previous year.

LEAVES OF ABSENCE

Questions about leaves of absence should be directed to Human Resources. Leaves of absence are approved by your department and Human Resources. There are several kinds of leaves, and the effect on your benefits may vary. When your leave is approved, you will receive information about benefits continuation at your home address. All leave of absence premiums are due on the first of each month for that month's coverage (i.e., the premium for the month of June is due June 1).

QUESTIONS?

Questions should be directed to the Human Resources at 715.848.4419.

If You Leave North Central Health Care

HEALTH, DENTAL, AND VISION PLANS

Coverage for health care, including prescription drug coverage, the Dental Plan, and the Vision Plan ends on the last day of the month in which your employment terminates. For example, if you terminate employment on August 15, your health care coverage will end on August 31. You are covered up to and including August 31. However, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal law that allows you to continue coverage under these plans at your own cost for up to 18 months and in some cases longer. Following your termination, COBRA enrollment materials will be sent to your last known home address. Update your address with Human Resources before your employment end date.

Workplace Resources

EMPLOYEE ASSISTANCE PROGRAM (EAP)

North Central Health Care's Employee Assistance Program is an assessment, referral, consultation and short-term counseling service for the employees and family members of North Central Health Care. All active staff including their immediate families are eligible. The primary purpose of the Employee Assistance Program is to assist in the identification and resolution of personal or work-related issues that may affect productivity and overall satisfaction in the work environment, as well as, the employee's personal well-being.

Important Information:

- 8 Sessions are offered per counseling issue needed for NCHC employees and members of their family
- A wide range of counselors and topics are covered under the EAP program.
  Examples are financial, job/work stress, family issues, marital counseling, etc.
- Counselors are located in the Wausau area and outside of the Wausau area if needed

The EAP contact number is entirely confidential and can be accessed
24 hours a day 365 days per year at 1.800.540.3758.

NEWS YOU CAN USE EMPLOYEE NEWSLETTER

News You Can Use is weekly newsletter created for the employees of North Central Health Care. Current information, recognition, news and events are shared with employees to keep informed and educated about topics you care about. Trainings, competencies and a variety of opportunities are included each week.

You can read the newsletter at anytime by:

- Clicking on the link sent out weekly to all staff via email
- Visiting www.norcen.org/NewsYouCanUse
- Logging on to the intranet http://intranet/nchc.aspx
- From any network computer, log in and go to the folder on the O:Drive > News You Can Use
- Read a printed copy in Human Resources, Communication Boards or staff lounge areas throughout the organization.

To make a submission to the newsletter, email jmeadows@norcen.org or call 1.715.848.4309. You can also text information and photos to 1.715.370.1547.

PARTNERING COMMUNITY ORGANIZATIONS

Opportunities and resources are available to employees from community organization partners, like the United Way, Chamber of Commerce and the Marathon Employees Credit Union. Please contact Human Resources for the latest information.

NCHC Tuition Reimbursement Program

North Central Health Care is committed to providing financial assistance to eligible employees interested in pursuing business related education in order to advance their careers at NCHC. Tuition reimbursement rewards employees for their contributions, adds skills to NCHC's workforce and promotes the shared responsibility between NCHC and employees for individual and organizational success.

TO BE ELIGIBLE TO PARTICIPATE IN THE TUITION REIMBURSEMENT PROGRAM, AN EMPLOYEE MUST:

- Have a minimum of one continuous year of service from your most recent date of hire; and
- If pursuing RN Degree eligible to participate upon hire
- Be eligible for benefits by maintaining at least a 0.5 FTE status at the start, through the duration of the educational term and during the repayment required service period; and
- Maintain acceptable job performance, as determined by management, throughout the course of study; and
- Be seeking a degree that is substantially related to their current position or another position within the organization.

REIMBURSEMENT OPPORTUNITIES

Annual (calendar year) maximum reimbursement amounts are available for the following educational opportunities:

- 100% for Certified Nursing Assistant course
- $1,000 – Associated degrees or equivalent
- $2,500 – Bachelor's degree or equivalent
- $5,250 – Master's, Ph.D., NP, OR PA-C degree or equivalent

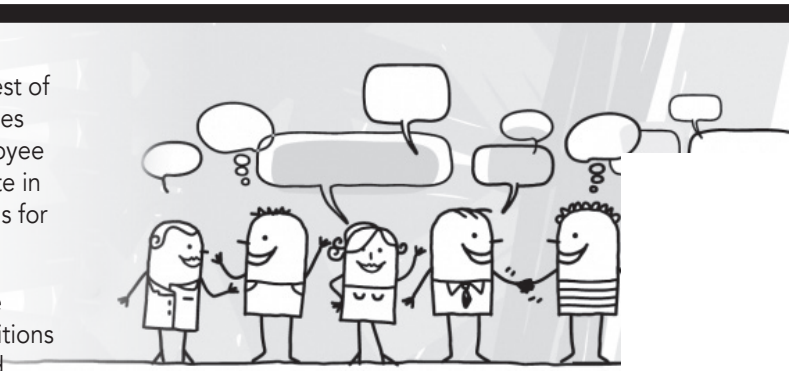
Tuition reimbursement is only for eligible tuition related costs and is not intended to cover books or other ancillary costs of seeking a degree. Only the reimbursement for Certified Nursing Assistant programs will be made in advance.

APPLICATION

Employees interested in applying for tuition reimbursement must apply prior to enrolling in the coursework. Applications will be reviewed by the Senior Executive of the program in conjunction with the Human Resources Director. Approval is subject to NCHC sole discretion over applicability of the degree to NCHC criteria, operations and available funding. Review of the application and determination of funding will be made within thirty (30) days.

For the full Tuition Reimbursement Policy and required Request Form, please log in to the UKG.
You may also contact Human Resources for assistance.

Employee Referral Program



North Central Health Care believes that it is in the best interest of both the organization and our employees to reward employees for referring qualified candidates for employment. The Employee Referral Program encourages current employees to participate in the recruitment of new employees by offering a referral bonus for the successful referral of a candidate hired at NCHC.

There is no limit to the number of times a referring employee may receive an Employee Referral Bonus, provided the conditions of this policy and the employment stipulations of the referred candidate are met.

Eligible employees will be rewarded a referral bonus when they refer a qualified candidate for successful employment at NCHC.

WHAT DO I NEED TO DO TO EARN A REFERRAL BONUS?

The employee being referred must complete the "referred by" section on their application for employment with the referring NCHC employees name. All other means or modes of referrals will not be eligible for the employee referral program

Required Criteria: You and your recruit must be in good standing throughout this period.
What does that mean? No written warnings for attendance or other performance.

For the full Employee Referral Program Policy and required Referral Form, please log in to UKG.
You may also contact Human Resources for assistance.

REFERRAL BONUS AMOUNTS

Referral Bonus amounts are as follows:

- $1000 - For candidates hired into a budgeted full-time equivalent (FTE) position of 0.50 or greater and remain employed, in good standing and in the status of 0.50 or greater for the duration of the referral bonus payment period.
- $500 - For candidates hired at 0.49 FTE or less that remain employed, and in good standing for the duration of the referral bonus payment period.

HOW ARE REFERRAL BONUS PAYMENTS MADE?

Referral Bonus payments will be made after ninety (90) days of employment.

Referral bonus amounts are subject to change without notice. The Human Resource Department will be responsible for keeping records of bonus eligibility and payments.

WHO IS NOT ELIGIBLE FOR A REFERRAL BONUS?

- The referral bonus does not apply for in-house transfers, promotions or referring prior employees.
- The referral bonus does not apply for referring former students, contract employees or temporary employees within one year of separation.

Here's how it works...

Step 1: Have Your Recruit Tell Us About You

Complete the "Referred by" section in their employment application, including your name.

Step 2: Meet Required Criteria

You and your recruit MUST be in good standing throughout this period and have no written warnings for attendance or other performance.

Step 3: Get Paid!

When your recruit joins the NCHC Team, and you both have met the referral requirements **YOU** will earn the following:

$500 **after 90 days (0.49 FTE or less)**

$1000 **after 90 days (0.50 FTE or greater)**

** Referral bonus amounts and details are subject to change without notice. For additional/the most current details and qualification requirements please refer to the Referral Bonus Policy in UKG.**

My Notes, Questions & Answers

Use this page to keep notes, questions and answers about your benefits together in one place. When you contact Human Resources or any of the agencies listed on the following page, you can takes notes below.

Contact Information

NCHC CONTACTS:

Human Resources Office 715.848.4419
Payroll 715.848.4409
Employee Assistance Program 1.800.540.3758

NCHC WEB LINKS:

UKG (Paystub/Benefit Elections)
Intranet ..... http://intranet/nchc.aspx
News You Can Use .....www.norcen.org/NewsYouCanUse
SwagShop..... www.norcen.org/SwagShop

HEALTH INSURANCE

ANTHEM BLUE CROSS BLUE SHIELD
Anthem.com
PO Box 105557, Atlanta, GA 30348
Group Number: L08920

SYDNEY HEALTH APP

Virtual Health Visit through your Anthem Health APP

DENTAL INSURANCE

DELTA DENTAL
1.800.236.3712
www.deltadentalwi.com
PO Box 828, Stevens Point, WI 54481-0828
Group Number: 90809

VISION INSURANCE

NATIONAL VISION ADMINISTRATORS
1.800.672.7723
www.e-nva.com
Group Number: 3262000001

FLEXIBLE SPENDING

DIVERSIFIED BENEFIT SERVICES (DBS)
1.800.234.1229 Fax: 1.262.367.5938
https://www.dbsbenefits.com

PO Box 260, Hartland, WI 53029

HSA'S

ASSOCIATED BANK HSA'S
1.800.270.7719

MARATHON COUNTY EMPLOYEES CREDIT UNION
1.715.261.7680 https://www.mcecu.org

WISCONSIN RETIREMENT SYSTEM

EMPLOYEE TRUST FUND (ETF)
1.877.533.5020
http://etf.wi.gov/members/benefits_wrs.htm
801 W. Badger Road, Madison, WI 53713-2526

DEFERRED COMPENSATION PROGRAMS

WISCONSIN DEFERRED COMPENSATION
1.877.457.9327 Option 2
www.wdc457.org

VOYA DEFERRED COMPENSATION
1.800.335.0982
https://www.voya.com

VOLUNTARY BENEFITS

THE HARTFORD (THROUGH WI RETIREMENT SYSTEM)
Income Continuation Insurance
1.800.960.0052

VOYA
Family Medical Leave, Short-Term Disability, Accident & Critical Illness, Hospital Indemnity
1-888-973-3652 Monday – Friday, 8:00 a.m. – 6:00 p.m. (EST)
File online: https://www.trackingabsence.com/eep/

NATIONWIDE PET INSURANCE
1.877.738.7874
www.petinsurance.com/norcen