# 2024 BENEFITS GUIDE

novo professional services

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This Benefits Guide is an overview of the benefits provided by Novo Professional Services, LLC . It is not a Summary Plan Description or Certificate of Insurance. If a question arises about the nature and extent of your benefits under the plans and policies, or if there is a conflict between the informal language of this Benefits Guide and the contracts, the Summary Plan Description and Certificates of Insurance will govern. Please note that the benefits in your Benefits Guide are subject to change at any time. The Benefits Guide does not represent a contractual obligation on the part of Novo Professional Services, LLC .

# WHAT IS APTA HEALTH?

Dear Apta Health Member,

Congratulations! You are a member of an exciting new way of managing your healthcare. The Apta Cash program from Apta Health brings together some of the best healthcare vendors in the country and combines them into a single package to help you get the best care at the best prices.

Guided Healthcare™ is at the heart of our program. This unique approach to healthcare allows you access to a real, live person to talk to about your health concerns and is available completely free of charge whenever you need help. Think of your Apta Health Concierge Team as advocates that will fight for you to make sure you get the best care at the best prices possible! They are based in the United States and are available Monday through Friday, 7:00 AM to 5:00 PM Mountain Time. You can call them for anything from replacing a lost ID card, to help finding a physician, to help with an upcoming medical procedure.

**The Apta Cash program includes two main components:**

Virtual primary care (VPC) services that allow you to meet with a doctor from the comfort of your home, while traveling, or anywhere you have internet access. Apta Health has partnered with ReviveHealth to provide this service. You should receive a welcome letter from ReviveHealth to set up your account. From there, you can schedule visits and meet with a primary care physician much faster than a traditional doctor's office. VPC is available to you free of charge with no out-of-pocket cost, and no deductible.

Apta Cash Concierge helps you find healthcare and negotiates cash prices on your behalf to save hundreds to thousands of dollars per procedure. Call your concierge when you need surgeries, x-rays, labs, or other medical procedures. Once they've negotiated a discounted rate on your behalf, you'll pay with your pre-loaded debit card at the time of service and will not receive any additional billing.

You can choose which service you reach out to first, but as a rule of thumb, you can use VPC for things you would normally go to your Primary Care Doctor for like colds, health concerns, referrals, etc. You can go direct to your Apta Cash Concierge for things like surgeries, specialty doctors, x-rays, etc. For more detailed information about your Apta Cash program, visit page 15 of this benefit guide.

Your company may also choose additional components that further enhance your coverage. These additional components are also included and explained in this benefit guide.

Your team of Guided Healthcare™ professionals will help you move along your healthcare path and make the process as smooth as possible.

We hope you will enjoy your healthcare benefits from Apta Health and wish you a happy and healthy year!

Sincerely,

The Apta Health Team

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# ENROLLMENT GUIDELINES

Welcome to the 2024 Benefits Guide through your employer. This Guide provides a quick overview of the benefits program and helps to remove confusion that sometimes surrounds Employee benefits. The benefits program was structured to provide comprehensive coverage for you and your family. Benefit programs provide a financial safety net in the event of unexpected and potentially catastrophic events.

## ELIGIBILITY

You are eligible to enroll in the medical benefits program if you are a full-time employee working 24 or more hours per week. Benefits for newly hired employees will take effect the first day of the month following your date of hire.

Your legally recognized spouse and your married or unmarried dependent children are eligible for medical, dental and vision coverage if less than 26 years of age. In addition, Civil Unions and Common Law spouses can be included. However, for Civil Unions, company paid premiums for dependents will be subject to taxes and related premium deductions will be post-tax.

Disabled unmarried children over age 26 may be eligible to continue benefits after approval of necessary applications.

## OPEN ENROLLMENT

Your annual Open enrollment for health, dental, vision and flexible spending accounts is once a year and benefit elections will take effect January 1st. Participants may add or drop coverage or make changes to their coverage at this time.
Late entrants (employees or dependents who apply for coverage more than 30 days after the date of individual eligibility) are also provided an opportunity to enroll for coverage during the plan's open enrollment. The elections you make stay in effect the entire plan year, unless a qualifying life event occurs.
For Voluntary Life Insurance, an employee/dependent that did not elect when first eligible may elect two increments of coverage without being subject to Evidence of Insurability (EOI). An enrolled member or spouse can increase their amount by two increments without EOI, even if going over the guaranteed issue amount for the first time.

## QUALIFYING LIFE EVENTS

Generally, you can only change your benefit elections during the annual Open Enrollment period. However, you may make changes during the plan year if you have a qualifying event.

Qualifying events include:

- Marriage
- Divorce
- Birth
- Adoption
- Death of a dependent
- Loss of Coverage
- New eligibility for other medical coverage

Open Enrollment under your spouse's group plan will also be considered a qualifying event.

When you have a qualifying event, you have 30 days to complete and return a new enrollment/change form for health, dental, and/or vision coverage. You may be asked to provide proof of the change and/or proof of eligibility. (You have 60 days to complete and return a new enrollment/change form after coverage under Medicaid or CHIP terminates.)

## ENROLLMENT PROCESS

Benefits enrollment is completed by employees electronically within the Benefits Module of Paylocity.

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# BENEFIT CONTACTS

## PRIMARY POINT OF CONTACT

| | | |
|---|---|---|
| Apta Cash Concierge | Personal Healthcare Advocacy Team | (303) 322-4946<br>https://www.aptahealth.com/Novo |

## OTHER CONTACTS

| | | |
|---|---|---|
| Apta Cash Concierge | Pre-Certification and Case Management | (303) 322-4946 |
| Revive Health | Virtual Primary Care | (888) 220-6650<br>www.revive.health |
| Magellan Rx | Prescription Benefit Manager | (800) 424-6817<br>www.magellanrx.com |
| Principal | Dental Insurance | (800) 247-4695<br>www.principal.com<br>Group #1086856 |
| VSP | Vision Insurance | (800) 877-7195<br>www.vsp.com<br>Group #30079170 |
| Rocky Mountain Reserve | Flexible Spending Account (FSA)<br>Health Savings Account (HSA) | (888) 722-1223<br>www.rockymountainreserve.com |
| Principal | Basic Life/AD&D insurance<br>Voluntary Life/AD&D Insurance<br>Voluntary Short-Term Disability<br>Long-Term Disability | Service: (800) 986-3343<br>Claims: (800) 245-1522<br>www.principal.com<br>Group #1086856 |
| AXA Assistance | Travel Assistance Services | Within the US (888) 647-2611<br>Outside the US, call collect:<br>(630) 766-7696<br>www.principal.com/travelassistance |
| Magellan Healthcare | Employee Assistance Program | (800) 450-1327<br>Member.magellanhealthcare.com<br>Enter Principal Core as the program name. |
| ARAG | Will Preparation<br>Identity Theft Support | (866) 539-1728<br>www.aragwills.com/principal<br>Account #1086856 |
| Novo Professional Services, LLC | Kit Morse<br>Human Resources | (402) 290-0229<br>kmorse@novoconnection.com<br>Human Resources |

# GLOSSARY OF TERMS

**The following terms will help you better understand your benefits.**

**Apta Cash Concierge:** A Guided Healthcare™ expert that helps find healthcare services, looks at cost and quality, facilitates the precertification process, first level bill negotiations for RBP, coordination with PHM, and negotiates prices on your behalf.

**Virtual Primary Care (VPC):** The delivery of primary care services by a primary care physician (PCP) or other healthcare provider to a patient via video or phone visits. A VPC allows you to see a doctor at any time online.

**Co-pay:** A Copay is the portion of the Covered Expense that is your responsibility, as shown in the Medical Schedule of Benefits. A Copay is applied for each occurrence of such covered medical service and is not applied toward satisfaction of the Deductible.

**Deductible:** A Deductible is the total amount of eligible expenses as shown in the Medical Schedule of Benefits, which must be Incurred by you during any Calendar Year before Covered Expenses are payable under the Plan.

**Coinsurance:** Coinsurance is the percentage of eligible expenses the Plan and the Covered Person are required to pay.

**Out-of-Pocket Maximum (OOPM):** An Out-of-Pocket Maximum is the maximum amount you and/or all of your family members will pay for eligible expenses Incurred during a Calendar Year before the percentage payable under the Plan increases to 100%.

**Reference-Based Pricing (RBP):** A claim reimbursement method that uses Medicare reimbursement rates as a reference and prices claims based on a multiple of that rate.

# CASH CENTRIC PLAN OPTION 1 - PPO

## VIRTUAL PRIMARY CARE BENEFITS

With Virtual Primary Care (VPC), your appointments come to you, eliminating the need for a waiting room. Novo Professional Services, LLC utilizes a company called ReviveHealth to provide you with free virtual primary care services as part of your health plan. Whether it's online primary care, urgent care, mental health services, pharmacy needs, or consultations with specialists, ReviveHealth has you covered. Visit www.aptahealth.com/Novo or www.revive.health for more details.

| BENEFIT | CASH CENTRIC |
|---|---|
| Virtual Primary Care Physician Visits | FREE / $0 copay |
| Virtual Mental Health Therapy | FREE / $0 copay |
| Virtual Physical Therapy | FREE / $0 copay |
| Virtual Urgent Care | FREE / $0 copay |
| Prescription + Pharmacy Care | FREE / $0 copay |
| Office Visit (PCP) | FREE / $0 copay |
| Urgent Care | $0 copay through Revive Health; 24/7 availability. Medications may be available at no cost for Urgent needs through a local pharmacy |
| Mail Order – 90-day supply<br>Generic | Medications available through ReviveHealth are covered at NO COST |

## APTA CASH PLAN BENEFITS

Another component of your health plan, Apta Cash, acts as your healthcare concierge. Your Apta Cash Concierge is a real person, located in the U.S. that will help you navigate upcoming procedures or surgeries. They not only help you find the right healthcare services but also negotiate procedure prices on your behalf and pre-load your Cash Pay Credit Card with payment before you step into a doctor's office.

| BENEFIT | CASH CENTRIC PLAN OPTION 1 |
|---|---|
| Specialist Visits | $0 copay – Credit Card Eligible |
| Chiropractic Services | $0 copay – Credit Card Eligible |
| Diagnostic Lab/X-ray | $0 copay – Credit Card Eligible |
| Imaging (CT/PET scans: MRI's) | $0 copay |
| Inpatient Hospital | $0 copay |
| Outpatient Hospital | $0 copay |
| Maternity<br>Prenatal<br>Delivery and All Inpatient Services | <br>$0 copay<br>$0 copay |
| Mental Health/Substance Abuse Office | $0 copay – Credit Card Eligible |

# CASH CENTRIC PLAN – OPTION 1 (PPO)

Non-cash pay claims will be processed by SISCO. While using ReviveHealth and the Cash Centric option are your lowest cost choices, we recognize that there are times where you may need to seek care outside these channels. This medical plan balances affordability with the freedom to choose. You may choose a participating or a non-participating provider. Participating providers have agreed to provide services at a discounted fee. For out-of-network care, you are responsible for charges above the out-of-network allowance for services, in addition to the deductible and coinsurance. The participating provider network for this medical plan is First Health Network. To find a participating provider, visit https://aptahealth.com/Novo or https://providerlocator.firsthealth.com/LocateProvider/LocateProviderSearch/.

| BENEFIT | CASH CENTRIC | PPO PLAN | |
|---|---|---|---|
| | | IN-NETWORK | RBP |
| Deductible | $0/single<br>$0/family | $4,500/single<br>$9,000/family | $4,500/single<br>$9,000/family |
| Out-of-Pocket Max (Includes deductible and copays) | $0/single<br>$0/family | $7,000/single<br>$14,000/family | $7,000/single<br>$14,000/family |
| Preventive Care | 0% | 0% (Deductible Waived) | 0% (Deductible Waived) |
| Primary Care Physician Office Visit with Referral from Revive coordinated through Apta Cash | 0% | 0% | 0% |
| PCP Visit without Referral | N/A | $60 copay | 50% After Deductible |
| Specialist Office Visit with Referral from Revive coordinated through Apta Cash | 0% | 0% | 0% |
| Specialist Office Visit without Referral | N/A | 30% after Deductible | 50% After Deductible |
| Chiropractic Services | 0%* | 30% after Deductible | 50% After Deductible |
| Diagnostic Lab/X-ray | 0%* | 30% after Deductible | 50% After Deductible |
| Imaging (CT/PET scans: MRI's) | 0%* | 30% after Deductible | 50% After Deductible |
| Inpatient Hospital | 0%* | 30% after Deductible | 50% After Deductible |
| Outpatient Hospital | 0%* | 30% after Deductible | 50% After Deductible |
| Maternity<br>Prenatal (routine)<br>Delivery, non-routine maternity care and All Inpatient Services | <br>0%*<br>0%* | <br>0% (Deductible Waived)<br>30% after Deductible | <br>50% After Deductible<br>50% After Deductible |

* Services must be coordinated through ReviveHealth and/or Apta Cash to be eligible for this benefit level.

# CASH CENTRIC PLAN – OPTION 1 (PPO) (CONTINUED)

| BENEFIT | CASH CENTRIC | PPO PLAN | |
|---|---|---|---|
| | | IN-NETWORK | RBP |
| Mental Health/Substance Abuse Office | 0%* | $60 copay | 50% After Deductible |
| Mental Health/Substance Abuse Inpatient/Outpatient | 0%* | 30% After Deductible | 50% After Deductible |
| Emergency Room | N/A | $500 Copay | |
| Emergency Transport/Ambulance | N/A | 30% After Deductible | |
| Urgent Care | 0% - Credit Card eligible | 30% After Deductible | 50% After Deductible |
| Rx through Revive Health (Mail Order and some Urgent Care prescriptions) | $0-$5 | | |
| Rx through Magellan<br>Retail – 30-day supply<br>Generic<br>Preferred<br>Non-Preferred<br>Specialty<br>Mail Order – 90-day supply<br>Generic<br>Preferred<br>Non-Preferred<br>Specialty (30-day supply) | | <br><br>$15 copay Ded Waived<br>$35 copay Ded Waived<br>$75 copay Ded Waived<br>$250 copay Ded Waived<br><br>$30 copay Ded Waived<br>$70 copay Ded Waived<br>$150 copay Ded Waived<br>$250 copay Ded Waived | <br><br>N/A<br>N/A<br>N/A<br>N/A<br><br>N/A<br>N/A<br>N/A<br>N/A |
| What you pay and what the plan pays<br>The above Summary of Benefits shows how much you pay for care, and how much the plan pays. It's a brief listing of what is included in your benefits plan. For more detailed information, see your summary plan description. | | | |
| Pre-Certification Requirement:<br>A $500 penalty will apply for failure to obtain pre-certification. | | • Inpatient Hospitalizations<br>• Skilled Nursing<br>• Facility Admissions<br>• Home Health Care & Services<br>• Oncology Care & Services<br>• MRI, MRA & PET Scans<br>• Hospice Care<br>• Outpatient Surgeries (including Colonoscopies)<br>• DME over $1500<br>• Dialysis<br>• Transplants - Organ & Bone Marrow<br>• Genetic Testing | |

# CASH CENTRIC PLAN - OPTION 2 (HDHP/RBP)

## VIRTUAL PRIMARY CARE BENEFITS

With Virtual Primary Care (VPC), your appointments come to you, eliminating the need for a waiting room. Novo Professional Services, LLC utilizes a company called ReviveHealth, to provide you with free virtual primary care services as part of your health plan. Whether it's online primary care, urgent care, mental health services, pharmacy needs, or consultations with specialists, ReviveHealth has you covered. Visit www.aptahealth.com/Novo for more details.

| BENEFIT | CASH CENTRIC |
|---|---|
| Virtual Primary Care Physician Visits | FREE / $0 copay |
| Virtual Mental Health Therapy | FREE / $0 copay |
| Virtual Physical Therapy | FREE / $0 copay |
| Virtual Urgent Care | FREE / $0 copay |
| Prescription + Pharmacy Care | FREE / $0 copay |
| Office Visit (PCP) | FREE / $0 copay |
| Urgent Care | $0 copay through Revive Health; 24/7 availability. Medications may be available at no cost for Urgent needs through a local pharmacy |
| Mail Order – 90-day supply<br>Generic<br>Preferred<br>Non-Preferred<br>Specialty | Medications available through ReviveHealth are covered at NO COST |

## APTA CASH PLAN BENEFITS

The second part of your health plan, Apta Cash Plan, acts as your healthcare concierge. Your Apta Cash Concierge is a real person, located in the U.S. that will help you navigate upcoming procedures or surgeries. They not only help you find the right healthcare services but also negotiate procedure prices on your behalf and pre-load your Cash Pay Credit Card with payment before you step into a doctor's office.

| BENEFIT | CASH CENTRIC option 1 |
|---|---|
| Specialist Visits | $0 copay – Credit Card Eligible* |
| Chiropractic Services | $0 copay – Credit Card Eligible* |
| Diagnostic Lab/X-ray | $0 copay – Credit Card Eligible* |
| Imaging (CT/PET scans: MRI's) | $0 copay* |
| Inpatient Hospital | $0 copay* |
| Outpatient Hospital | $0 copay* |
| Maternity<br>Prenatal<br>Delivery and All Inpatient Services | <br>$0 copay<br>$0 copay* |
| Mental Health/Substance Abuse Office | $0 copay – Credit Card Eligible* |



*HDHP Participants must meet the annual statutory deductible requirement before receiving $0 copay cash pay benefit

# CASH CENTRIC PLAN – OPTION 2 (HDHP/RBP PLAN)

Non-cash pay claims will be processed by SISCO. While using ReviveHealth and the Cash Centric option are your lowest cost choices, we recognize that there are times where you may need to seek care outside these channels. This medical plan balances affordability with the freedom to choose.

| BENEFIT | CASH CENTRIC | RBP |
|---|---|---|
| Deductible | $1,600/single<br>$3,200/family | $3,200/single<br>$5,000/family |
| Out-of-Pocket Max<br>(Includes deductible and copays) | $1,600/single<br>$3,200/family | $6,400/single<br>$10,000/family |
| Preventive Care | 100%, No Deductible | 100%, No Deductible |
| Primary Care Physician Office Visit with Referral from Revive coordinated through Apta Cash | 0% After Deductible | 30% After Deductible |
| PCP Visit without Referral | N/A | 30% After Deductible |
| Specialist Office Visit with Referral from Revive coordinated through Apta Cash | 0% After Deductible | 30% After Deductible |
| Specialist Office Visit without Referral | N/A | 30% After Deductible |
| Chiropractic Services | 0% After Deductible* | 30% After Deductible |
| Diagnostic Lab/X-ray | 0% After Deductible* | 30% After Deductible |
| Imaging (CT/PET scans: MRI's) | 0% After Deductible* | 30% After Deductible |
| Inpatient Hospital | 0% After Deductible* | 30% After Deductible |
| Outpatient Hospital | 0% After Deductible* | 30% After Deductible |
| Maternity<br>Prenatal (routine)<br>Delivery, non-routine maternity care and All Inpatient Services | <br>0% After Deductible*<br>0% After Deductible*<br>0% After Deductible* | <br>0% After Deductible<br>30% After Deductible<br>30% After Deductible |

If family coverage is selected, the full family deductible amount must be met before the plan will begin paying under the Cash Centric coverage tier.
Under the RBP tier, the deductible and out-of-pockets are embedded, no one person will be required to meet more than the single deductible and out-of-pocket amounts.
Deductibles will cross-accumulate.

*** Services must be coordinated through ReviveHealth and/or Apta Cash to be eligible for this benefit level.**

# CASH CENTRIC PLAN – OPTION 2 (HDHP/RBP PLAN) (CONTINUED)

| BENEFIT | CASH CENTRIC | RBP |
|---|---|---|
| Mental Health/Substance Abuse Office | 0% After Deductible* | 30% After Deductible |
| Mental Health/Substance Abuse Inpatient/Outpatient | 0% After Deductible* | 30% After Deductible |
| Emergency Room | 0% After Deductible* | 30% After Deductible |
| Emergency Transport/Ambulance | 0% After Deductible* | 30% After Deductible |
| Urgent Care | 0% After Deductible* - Credit Card Eligible | 30% After Deductible |
| Rx through Revive Health (Mail Order and some Urgent Care prescriptions) | $0-$5 | N/A |
| Rx – through Magellan<br>Retail: 30-day supply<br>Generic<br>Preferred<br>Non-Preferred<br>Specialty<br>Mail Order – 90-day supply<br>Generic<br>Preferred<br>Non-Preferred<br>Specialty (30 day supply) | N/A | <br><br><br>30% After Deductible<br>30% After Deductible<br>30% After Deductible<br>30% After Deductible<br><br>30% After Deductible<br>30% After Deductible<br>30% After Deductible<br>30% After Deductible |
| What you pay and what the plan pays<br>The above Summary of Benefits shows how much you pay for care, and how much the plan pays. It's a brief listing of what is included in your benefits plan. For more detailed information, see your summary plan description. | | |
| Pre-Certification Requirement:<br>A $500 penalty will apply for failure to obtain pre-certification. | | • Inpatient Hospitalizations<br>• Skilled Nursing<br>• Facility Admissions<br>• Home Health Care & Services<br>• Oncology Care & Services<br>• MRI's, MRA's & PET Scans<br>• Hospice Care<br>• Outpatient Surgeries (including Colonoscopies)<br>• DME over $1500<br>• Dialysis<br>• Transplants - Organ & Bone Marrow<br>• Genetic Testing |



*** Services must be coordinated through ReviveHealth and/or Apta Cash to be eligible for this benefit level.**

# WHAT YOU NEED TO KNOW:

1. Apta Cash Concierge is your single point of customer support, and they can be reached at: **(303) 322-4946.**

2. You will receive an ID Card and a pre-loaded Cash Plan Credit Card (that will be activated after signing the use agreement).

3. **ReviveHealth** is your preferred, no cost, virtual primary care provider and virtual urgent care provider. ReviveHealth will work with Apta Cash Concierge to manage all specialty care.

4. Apta Cash Concierge will coordinate precertification, specialty care and work with PHM for complex condition management.

5. Copayments and Deductibles are waived when you work with Apta Cash. (Statutory requirements for Qualified High Deductible Health Plans will apply).

You will register as **self-pay** for care and follow Payment Instructions from Apta Cash.

**REGISTERING FOR APTA CASH PAYMENT:**

Pay for low-cost specialty provider visits using your Healthcare Credit Card, submit receipts for payment to Apta Cash within 24 hours of payment.

Apta Cash will pay in full on your behalf for expensive care, such as high-cost radiology and surgery, prior to your date of service.

# Apta Health has partnered with ReviveHealth to offer Virtual Primary Care to our members!

What is Virtual Primary Care? It's the ability to see a doctor without leaving the comfort of your home or wherever you are. You can utilize ReviveHealth for easy access to primary, urgent, and pediatric care, mental health therapy, and prescription medications.

Best of all these services are available with no copays, no deductibles, and no out-of-pocket costs! Follow the instructions on page 24 of this benefit guide to learn how to setup your free ReviveHealth account.

**Virtual Primary Care features include:**

- 12 virtual primary care visits per member per year, as well as 12 care visits per covered child per year.
- Care for children ages 2 and up.
- Appointments can be scheduled and in some instances are available as early as the same day and are available Monday – Friday from 8 AM – 5 PM Eastern Time.
- You have the options to see the same providers every time.

**Virtual Urgent Care**

- 12 virtual urgent care visits per member per year.
- Appointments can be scheduled within less than 20 minutes and are available 24 hours a day, 7 days a week, 365 days a year.

**Virtual Mental Health Therapy**

- 12 virtual mental health visits per member per year.
- Available for adults and covered adolescents ages 12 and up.
- Appointments can be scheduled 1-3 days in advance and are available Monday – Friday 9 AM – 5 PM Eastern Time.
- Behavioral Health Therapists are available 24/7 for urgent needs.

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REVIVE HEALTH

**Virtual Physical Therapy**

Physical Therapy visits are available for adults 18+ (and children age 16+ with an adult's verbal consent). Note that child visits count towards the adult membership visit limit.

- Virtual PT is available to help with neck, back, knee, hip, shoulder and elbow pain.
- 12 Virtual PT visits are allotted, additional packages of 5 visits can be purchased for $29.
- Appointments available Monday-Friday, 10am-8pm EST.

**Virtual Vision Care**

- A member may receive 1 virtual vision acuity test each calendar year to update or renew their vision prescription.
- The program offers access to daily, weekly and monthly contact lenses from Clerio, Bausch and Lomb, Acuvue and many other brands.
- You will receive a 1-year supply of contacts in some cases for as low as $10 after the discount.
- Eyewear frames are grouped into Affordable, Premium and Luxury styles and includes brands like Ecko, Dickies, Kate Spade, Oakley, YSL and Prada.
- Eyewear lenses are polycarbonate, with anti-reflective coating and UV protection. You may also order blue light lenses.
- Eyewear and lenses start as low as $30 (after $180 annual allowance).
- Single enrollees receive an annual $180 eyewear allowance and an annual $180 contact lens allowance. Contact lens allowance is broken into quarter of $45 each unless supply order is for the entire year in which case the entire $180 will be applied.
- If you have dependents, you and each member of your family will have your own annual benefit allowance.

REVIVE HEALTH

**Additional Health Support**

- If you have other challenges or need assistance and support accessing things like food, shelter, transportation, childcare, job training, etc., call our Customer Care team at (888) 220-6650 for help finding the resources and support that you need.

**Prescription + Pharmacy Care**

Over 1,000 generic medications are included and available with your membership.

- If your virtual doctor prescribes you an included medication, it will be processed via our mail order pharmacy and delivered to your home within 3-5 days.
- Your membership covers one free shipment per month. If an additional order is needed within the month, there is a low shipment fee of $5.
- If you are currently taking a medication that is on our list, you can transfer it to our mail order pharmacy to receive the medication at no charge.
- If your provider orders an urgent medication or a medication that is not included in your membership, it will be sent to your local pharmacy. You can then use your member prescription card to receive discounts of up to 80% off. The card is available to print or download in your ReviveHealth member portal under the “My Medications” section.
- If you see a doctor outside of the ReviveHealth platform and are recommended a covered maintenance medication, let them know the medication is covered by ReviveHealth so they can process the prescription through Revive’s Pharmacy Subsidiary, Manifest Rx. If it is a covered urgent medication, your doctor can send the prescription to your local pharmacy where you can use your member prescription card to pick it up free of charge.
- A pharmacist is available at (888) 770-4009, Monday – Friday from 8 AM – 5 PM Eastern Time or via email at .
- Your membership covers 70 urgent medications which can be found in your member portal.
- If you have a virtual urgent care visit and your provider prescribes an urgent medication, you can pick it up at your local retail pharmacy at no added cost.

REVIVE HEALTH

# UPDATES TO YOUR MEMBERSHIP PLAN FOR 2024

## NEW MEDICATION ADDITIONS!

### URGENT CARE @ RETAIL:

- Insulin Lispro (Humalog), Max Qty: 2 Vials / 90 Days*
- Ondansetron ODT (Zofran ODT), Max Qty: 6
- Albuterol Inhaler (Proventil HFA), Max Qty: 1 (6.7g) / Year
- Phenazopyridine (Pyridium), Max Qty: 10
- Cetirizine (Zyrtec), Max Qty: 30
- Brom/pse/DM Syrup (Bromfed DM), Max Qty: 120 ml
- Propranolol (Inderal), Max Qty: 15

### HOME DELIVERY/MAIL ORDER:

- Labetolol (Trandate), Max Qty: 180
- Paroxetine CR (Paxil CR), Max Qty: 90
- Zolmitriptan (Zomig), Max Qty: 18
- Zolmitriptan ODT (Zomig ODT), Max Qty: 18
- Risedronate (Actonel), Max Qty: 3

**SCAN QR CODE FOR UPDATED FORMULARIES**

**URGENT CARE @ RETAIL FORMULARY**

**HOME DELIVERY FORMULARY**

* $5 / vial

**info@revive.health | www.revive.health | 1-888-220-6650**
**5000 Sawgrass Village Circle Suite 4, Ponte Vedra FL 32082**

## FREE HOME DELIVERY MEDICATIONS (CHRONIC NEED)

For your medications that you take on a daily basis, get **FREE** home delivery of over 1000 quality generic medications. Enjoy the convenience of a 90-day supply for your maintenance medications. Our medication list contains over 95% of the top prescribed generic medications in the US for conditions such as:

- High Cholesterol
- Diabetes
- Mental Health
- Allergy
- Thyroid
- Asthma
- Men's Health
- Women's Health
- High Blood Pressure
- And More…

## FILLING MEDICATIONS IS EASY!

Your medication will be delivered to your home for **FREE**. Our nationally accredited pharmacy, Manifest Pharmacy, will work with your current pharmacy or your doctor to obtain your prescriptions. Your medications will be shipped for FREE via USPS priority mail. We will then follow-up with you fir your refills, so you never have to run out of medication. Skip the pharmacy lines and get the best prices for your medications: **FREE!**

## FREE URGENT CARE MEDICATIONS (IMMEDIATE NEED)

For your urgent care medications that need to be filled quickly, you'll have access to over 70,000 retail pharmacies to get urgent care mediations filled for FREE. Just present your membership savings card and you'll pay nothing for some of the most common urgent care medications for conditions such as:

- Upper Respiratory Infections (URI)
- Urinary Tract Infections (UTI)
- Allergic Reactions
- Ear Infections
- Eye Infections
- Skin Infections
- Yeast Infections
- And More…


# OUR FREE URGENT CARE @ RETAIL FORMULARY

## URGENT CARE @ RETAIL

### ANTIBIOTIC

AMOXICILLIN, 250 MG, CAP, Max Qty: 60, (Amoxil)
AMOXICILLIN, 500 MG, CAP, Max Qty: 30, (Amoxil)
AMOXICILLIN, 875 MG, TAB, Max Qty: 28, (Amoxil)
AMOXICILLIN, 250 MG/5ML, SUSP, Max Qty: 200, (Amoxil)
AMOXICILLIN, 400 MG/5ML, SUSP, Max Qty: 200, (Amoxil)
AMOXICILLIN/CLAVULANIC ACID, 500-125 MG, TAB, Max Qty: 28, (Augmentin)
AMOXICILLIN/CLAVULANIC ACID, 875-125 MG, TAB, Max Qty: 28, (Augmentin)
AMOXICILLIN/CLAVULANIC ACID, 400-57 MG/5ML, SUSP, Max Qty: 200, (Augmentin)
AMOXICILLIN/CLAVULANIC ACID, 600-42.9 MG/5ML, SUSP, Max Qty: 200, (Augmentin)
AZITHROMYCIN, 250 MG, TAB, Max Qty: 6, (Zithromax)
AZITHROMYCIN, 500 MG, TAB, Max Qty: 3, (Zithromax)
AZITHROMYCIN, 100 MG/5ML, SUSP, Max Qty: 16, (Zithromax)
AZITHROMYCIN, 200 MG/5ML, SUSP, Max Qty: 30, (Zithromax)
CEFDINIR, 300 MG, CAP, Max Qty: 14, (Omnicef)
CEPHALEXIN, 250 MG, CAP, Max Qty: 56 (Keflex)
CEPHALEXIN, 500 MG, CAP, Max Qty: 28 (Keflex)
CEPHALEXIN, 250 MG/5ML, SUSP, Max Qty: 200 (Keflex)
CIPROFLOXACIN, 250 MG, TAB, Max Qty: 28 (Cipro)
CIPROFLOXACIN, 500 MG, TAB, Max Qty: 28 (Cipro)
CLINDAMYCIN, 150 MG, CAP, Max Qty: 28 (Cleocin)
CLINDAMYCIN, 300 MG, CAP, Max Qty: 28 (Cleocin)
DOXYCYCLINE HYCLATE, 100 MG, TAB, Max Qty: 28 (Vibramycin)
LEVOFLOXACIN, 250 MG, TAB, Max Qty: 21 (Levaquin)
LEVOFLOXACIN, 500 MG, TAB, Max Qty: 21 (Levaquin)
METRONIDAZOLE, 500 MG, TAB, Max Qty: 28 (Flagyl)
NITROFURANTOIN, 100 MG CAP, Max Qty: 28 (Macrobid)
PENICILLIN VK, 500 MG, TAB, Max Qty: 28, (Veetids)
PENICILLIN VK, 250 MG/5ML, SUSP, Max Qty: 200, (Veetids)
SMZ/TMP, 800-160 MG/5ML, SUSP, Max Qty: 28, (Bactrim)
SMZ/TMP, 200-40 MG/5ML, SUSP, Max Qty: 120, (Bactrim)

### ANTIBIOTIC TOPICAL

ERYTHROMYCIN, 0.5%, OPTH OINT, Max Qty: 3.5, (Illotycin)
MUPIROCIN, 2%, OINT, Max Qty: 22, (Bactroban)
NEO/POLY/HC, OTIC SOLN, Max Qty: 10 (Cortisporh)
POLYMYXIN B/TRIMETH., OPTH SOLN, Max Qty: 10 (Polytrim)
SILVER SULFADIAZINE, 1%, CREAM, Max Qty: 50, (Silvadene)
TOBRAMYCIN, 0.3%, OPTH SUSP, Max Qty: 5, (Tobrex)

### ANTIFUNGAL

FLUCONAZOLE, 150 MG, TAB, Max Qty: 1, (Diflucan)
NYSTATIN, 100,000 USP, CREAM, Max Qty: 30, (Mycostatin)
NYSTATIN, 100,000 USP, OINT, Max Qty: 30, (Mycostatin)

### ANTIHISTAMINE

HYDROXYZINE, 25 MG, TAB, Max QTY: 30, (Atarax)

### CARDIOVASCULAR

NITROGLYCERIN, 0.4 MG, SL TAB, Max Qty:25 (Nitrostat)

### CORTICOSTEROID

METHYLPREDNISOLONE, 4 MG, PACK, Max Qty: 21, (Medrol Dosepak)
PREDNISONE, 10 MG, TAB, Max Qty: 20 (Deltasone)
PREDNISONE, 20 MG, TAB, Max Qty: 20 (Deltasone)
PREDNISOLONE, 15 MG/5ML, SOLN, Max Qty: 120 (Orapred)

### CORTICOSTEROID TOPICAL

HYDROCORTISONE, 2.5%, CREAM, Max Qty: 30, (Hytone)
PREDNISOLONE, 1%, OPTH SOLN, Max Qty: 5, (Pred Forte)
TRIAMCINOLONE, 0.1%, CREAM, Max Qty: 30, (Kenalog)
TRIAMCINOLONE, 0.1%, OINT, Max Qty: 30, (Kenalog)

### COUGH SUPPRESSANT

BENZONATATE, 100 MG, CAP, Max Qty: 20, (Tessalon Perles)
BENZONATATE, 200 MG, CAP, Max Qty: 20, (Tessalon Perles)

### GASTOINTESTINAL

DICYCLOMINE, 20 MG, TAB, Max Qty: 60 (Bentyl)
DIPHENOX-ATROPINE, 2.5-0.025 MG, TAB, Max Qty: 30, (Lomotil)
PANTOPROZOLE, 40 MG, TAB, Max Qty: 21, (Protonix)
PROMETHAZINE, 25 MG, TAB, Max Qty: 30, (Phenergan)

### GOUT

ALLOPURINOL, 100 MG, TAB, Max Qty: 21, (Zyloprim)
ALLOPURINOL, 300 MG, TAB, Max Qty: 21, (Zyloprim)

### MIGRAINE

SUMATRIPTAN, 50 MG, TAB, Max Qty: 9, (Imitrex)
SUMATRIPTAN, 100 MG, TAB, Max Qty: 9, (Imitrex)

### MUSCLE RELAXANT

CYCLOBENZAPRINE, 10 MG, TAB, Max Qty: 30, (Flexeril)

### PAIN MANAGEMENT

IBUPROFEN, 800 MG, TAB, Max Qty: 60, (Motrin)
NAPROXEN, 500 MG, TAB, Max Qty: 30, (Naprosyn)
TRAMADOL, 50 MG, TAB, Max Qty: 30, (Ultram)

**This is not insurance and not regulated as such. Limitations apply: Mail-Order: 6 free shipments per year. Urgent Care: $250 max/person/year**

## Registering for Virtual Primary Care:

**Apta Health has partnered with ReviveHealth to provide Virtual Primary Care services.**

**Step 1:** Register with ReviveHealth with your Revive Welcome Email. If you haven't received a Welcome Email, contact ReviveHealth directly at **(888) 220-6650** to update your information. ReviveHealth is your preferred, no cost, virtual primary care provider. To get care please call **(888) 220-6650** or visit **www.revive.health.** ReviveHealth will refer you to a specialist if you have any additional healthcare needs that they can't address over a video call.

## How to contact your Apta Cash Concierge:

**Step 1:** Contact Apta Cash Concierge at **(303) 322-4946** to coordinate any referral or procedure needs. They will work with you to set up your appointment.

**Step 2:** Apta Cash Concierge will help you set up your pre-loaded Mastercard® to pay for services.

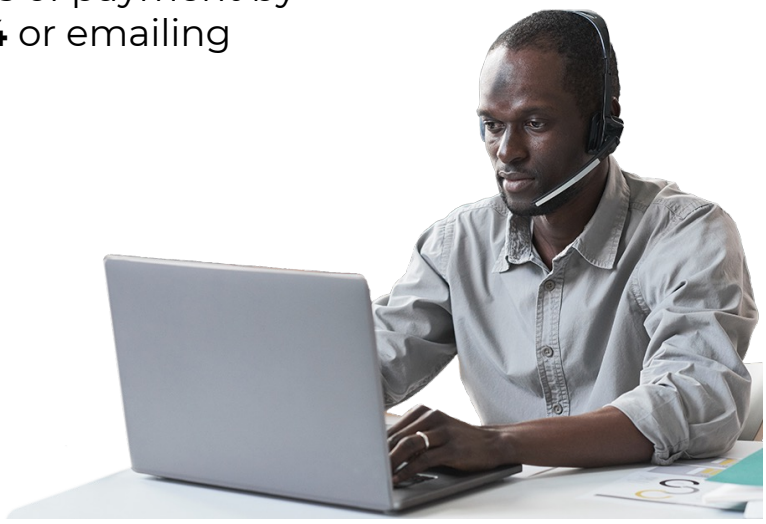
**Step 3:** Apta Cash Concierge will also provide instructions about any additional services you might need, such as where to get laboratory tests or diagnostic imaging.

**Step 4:** When you register with your health care provider as self-pay you will pay with your Health Care Credit Card. Please submit receipts from payment to Apta Cash Concierge within 24 hours of payment by texting the receipt to **(801) 823-4324** or emailing **aptacash@Apta-health.com.**

**Step 5:** If the specialist says you need a procedure, surgery or additional services, you should contact Apta Cash Concierge to coordinate and pay for the needed care.

***Any time you have Healthcare questions whatsoever, contact Your Apta Cash Concierge at (303) 322-4946.**

**If you have not received a Revive Welcome Email, you can still reach out to your Apta Health Concierge for any questions.**



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# Urgent or Emergency Care

*** Revive Healthcare is your preferred, no cost, virtual primary care provider.**

**CALL (888) 220-6650 or VISIT www.revive.health**

## If you need Urgent Care (non-life threatening)

**Step 1:** Consider contacting ReviveHealth for 24/7 Urgent Care visits at no charge. If you need to be seen in person, contact Apta Cash Concierge at **(303) 322-4946** if during normal business hours.

**Step 2:** If Apta Cash Concierge is closed, you can also go to your local Urgent Care.

**Step 3:** Tell the Urgent Care site you are registering as self-pay (no insurance). Your pre-loaded Mastercard® is enabled to work at Urgent Care facilities, up to a reasonable amount.

## If you have an Emergency (life-threatening)

**Step 1:** Tell the Emergency Care site you are registering as self-pay (no insurance).

**Step 2:** Contact Apta Cash Concierge at **(303) 322-4946** as soon as reasonably possible.

***Most urgent care visits are under $200, if it is more than $200, ask them to send you a bill for the rest and contact Apta Cash Concierge.**

***Your Apta Cash credit card is not an HSA or FSA card. It should not be used for pharmacy, dental, vision care, etc. It may only be used for visits below when coordinated initially with the Apta Cash Concierge.**

***Credit Card Eligible Services:**

- **Specialist Office Visit**
- **Chiropractic Services**
- **Diagnostic Lab/X-ray**
- **Mental Health/Substance Abuse counseling visits**

# WHAT CAN THE APTA CASH CONCIERGE TEAM DO FOR YOU?

We believe no one should have to navigate the cost & complexity of healthcare alone.

## That's why we have one phone number to call

# FOR ALL YOUR HEALTHCARE NEEDS

Need help finding the right doctor? **We can help.**

Need a medical procedure and want to save money? **We can help.**

Need help with an unexpected balance bill after a procedure? **We can help.**

Need direction with pre-certification or have questions about your benefits? **We can help.**

**Apta Cash is with you every step of the way. From choosing a quality doctor to coordinating your healthcare procedure, we are there to provide you with peace of mind — all while saving you time and money.**

apta cash

**Call today and save!**

**303-322-4946**

# An Innovative Health Care Benefit for You and Your Family

**Apta Health** is partnering with PHM to help you and your family make the most of your health coverage. With over 16 years of experience delivering science-backed health guidance and logistical care coordination, PHM's Personal Care Team navigates you through the complex health care system so you can make more informed decisions with confidence to get well and stay well.

ClearCare

*Integrated care management for serious or complex health conditions to get better care and outcomes*

ClearCancer

*Expert cancer care management using the best of precision medicine to guide the journey*

## How it works

PHM can help you navigate the health care system when facing complex medical conditions or when you need access to top quality physicians for specialized diagnosis, treatment, surgery or second opinions. PHM Services will be available as of 01/01/2024.

- PHM is a supplemental service and does not replace your relationship with your local health care providers. You should continue to rely upon your local health care providers for routine referrals.
- This benefit is a supplement to your current health plan and gives you access to special clinical and research resources. It works alongside your current doctor or finds you new specialists if needed.
- Visits to your primary care physician, urgent care, emergency room, or hospital will still be covered by your health plan.
- This benefit is available to you and eligible dependents.
- Registration is required to provide PHM permission to serve you.
- Contact your Apta Cash Concierge Team at 303.322.4946 or aptahealth@privatehealth.com if you have a health concern.

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Regenexx®

# Novo Professional Services now offers Regenexx under your health plan


**Regenexx** procedures treat a broad range of chronic and acute orthopedic injuries

**NEXT STEPS**

To speak with a (company) Regenexx Patient Liasion call
**888-547-6667**

or visit

**regenexx.com**

**What is Regenexx?** Regenexx uses your body's natural healing agents to **replace the need for up to 70% of elective orthopedic surgeries** by using your stem cells and blood platelets to treat your damaged bone, cartilage, muscle, tendon, and ligament tissues.

# PRESCRIPTION DRUGS FOR LESS

**You could qualify for lower cost prescription drugs.**
Apta Health has partnered with industry leaders in prescription benefit management, to help lower the cost of prescription drugs.

**What does this mean for you?**
You will receive calls from your Prescription Care Coordinator from time to time if you are eligible for this program and will receive an alternative medication approved by your physician with a lower out-of-pocket expense.

Prescription Care Coordinators work with your healthcare provider to deliver budget-friendly alternatives to high-cost medications with the same clinical outcomes as more costly drugs, ensuring the highest quality at the best cost.

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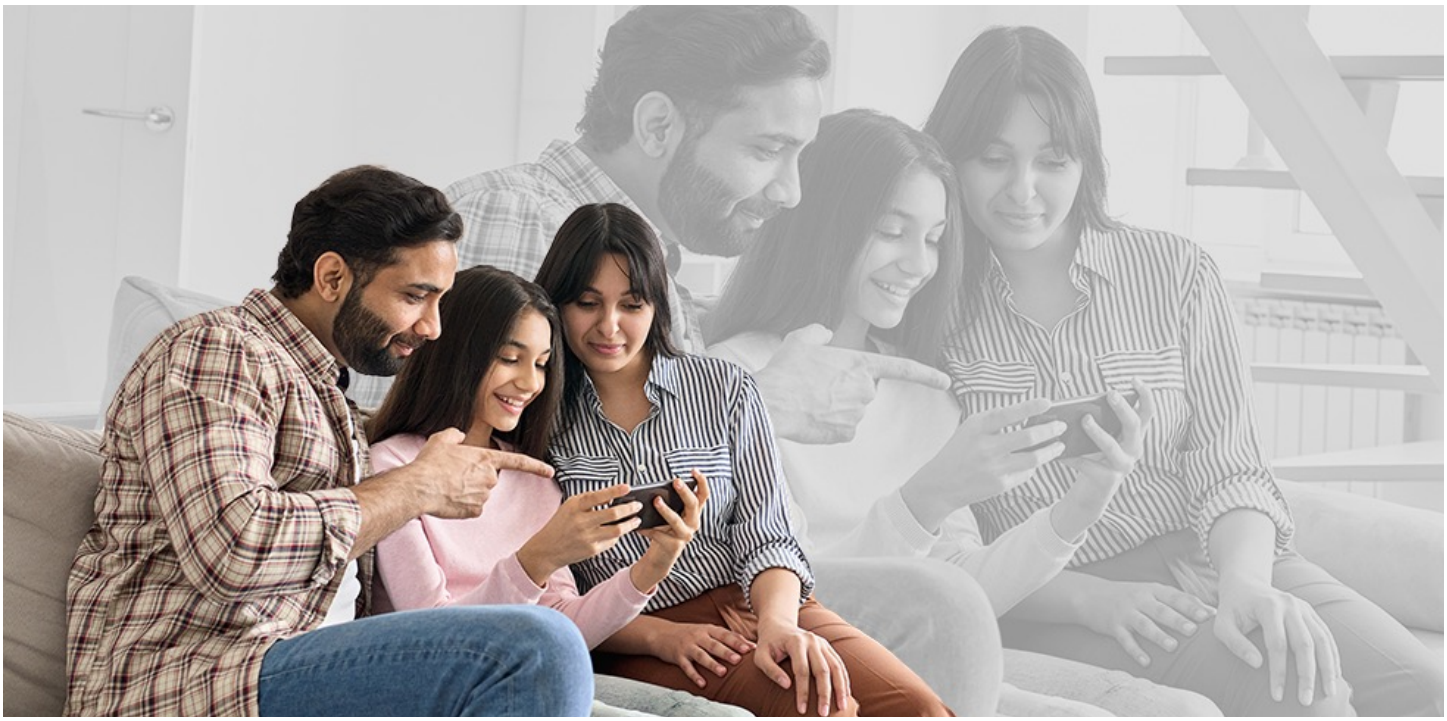
# SELECT DRUGS AND PRODUCTS PROGRAM

At Magellan Rx Management, we are partnering across the industry to provide a connected healthcare experience that truly leads humanity to healthy, vibrant lives. We are dedicated to giving you the best service and resources to help you and your family make better healthcare decisions.



The **Select Drugs and Products ProgramSM** is administered by Paydhealth and is designed to improve access to specialty drugs. This program will assist you in reducing the cost of your medication by seeking sources of alternate funding for specialty drugs on the Select Drugs and Products List.

You must specifically enroll in the Select Drugs and Products Program in order to take advantage of these benefits. All specialty drugs listed on the Select Drugs and Products List require that you seek prior review and that your case be submitted to alternate funding before your benefit will apply. If you do not participate in the program, you will have a 100% reduction in your payable benefit for specialty medication.

If you are taking a specialty drug, you will be contacted by a Program Case Coordinator. Your Case Coordinator will provide you with further information regarding the Select Drugs and Products Program and walk you through the enrollment process and requirements.

**If you have any questions regarding the Select Drugs and Products Program, please call the Specialty Contact Center at 877.869.7772 (8:00 a.m. – 8:00 p.m. EST).**

Paydhealth

# Select Drugs and Products™ Program

The Plan's Select Drugs and Products™ Program allows you to take an active role in helping the Plan reduce your costs, while allowing the Plan to continue to offer generous healthcare benefits to all Participants. The Plan is sponsoring this program at no cost to you. If you are prescribed a drug included on the Paydhealth Select Drugs and Products™ List, you must enroll in the Program to comply with benefit requirements.

## Plan Members Taking Specialty Drugs – 1 – 2 – 3

1. Paydhealth will initiate outreach to you by text message or phone call.

2. Complete the digital enrollment application which will allow Paydhealth to match you to alternate funding programs.

   Note: you may be asked to provide household size and income information.

3. Your Paydhealth Case Coordinator will coordinate with you and your pharmacy to ensure you are able to get your medication in a timely manner.

A Case Coordinator is available (8:00 am to 8:00 pm CST) to guide you through the enrollment process and the program. Please respond to calls from your Case Coordinator in a timely manner.

This program keeps will not share your information with any 3rd party solicitors. If you would like to complete your application over the phone or speak with a Paydhealth Case Coordinator, please call (877) 869-7772. Common questions and answers about your Plan's Select Drugs and Products™ Program can be found on the next page.

**There are two reasons why you are receiving this important message:**

- Your Plan has added an important program that includes the Paydhealth Select Drugs and Products™ List*.
- Your Plan is continuing to offer generous specialty drug benefits while attempting to reduce costs to you and the Plan.

*The Paydhealth Select Drugs and Products™ List includes drugs typically prescribed by a specialist for multiple sclerosis, hepatitis C, Crohn's disease, hemophilia, cancer, psoriasis, rheumatoid arthritis, transplants, HIV/AIDS, and other complex conditions.

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# How It Works

## What is the Select Drugs and Product™ Program?

The Select Drugs and Products™ Program provides advocacy services to assist you by identifying and facilitating your enrollment in programs that may reduce or eliminate your out-of-pocket costs for eligible specialty drugs, products, and services. A Case Coordinator will contact you to guide you through the program. The Plan continues to offer generous healthcare benefits but needs your help to continue to meet this goal.
Your active role in helping the Plan reduce its costs and yours is important. The Plan is sponsoring this program at no cost to you. However, you may be required to pay a portion of the cost to acquire your specialty drug, product or service depending on specific situations.

## What is the Enrollment Requirement for the Select Drugs and Products™ Program?

The Plan requires you to enroll in the Select Drugs and Products™ Program by following the three-step process outlined above, which starts with a response to texts or calls from the Paydhealth Case Coordinator in a timely manner.

## What happens after I enroll in the Select Drugs and Products™ Program?

After enrolling in the Select Drugs and Products™ Program, you will be asked to complete certain documentation related to the alternate funding programs identified by your Case Coordinator. This will include providing required documents and information to the alternate funding program from you and may require your prescriber's participation as well. Your timely responses will help you avoid any delays in processing your documentation.

Your Case Coordinator will help you obtain your eligible specialty drugs, products or services and reduce your out-of-pocket costs by coordinating alternative forms of funding. After your acceptance into an alternate funding program, your Case Coordinator will contact you before and after each refill to ensure there is no disruption in your treatment.

Call toll-free at 1-(877) 869-7772 to speak to a Case Coordinator, M-F, 8AM to 8PM CT.


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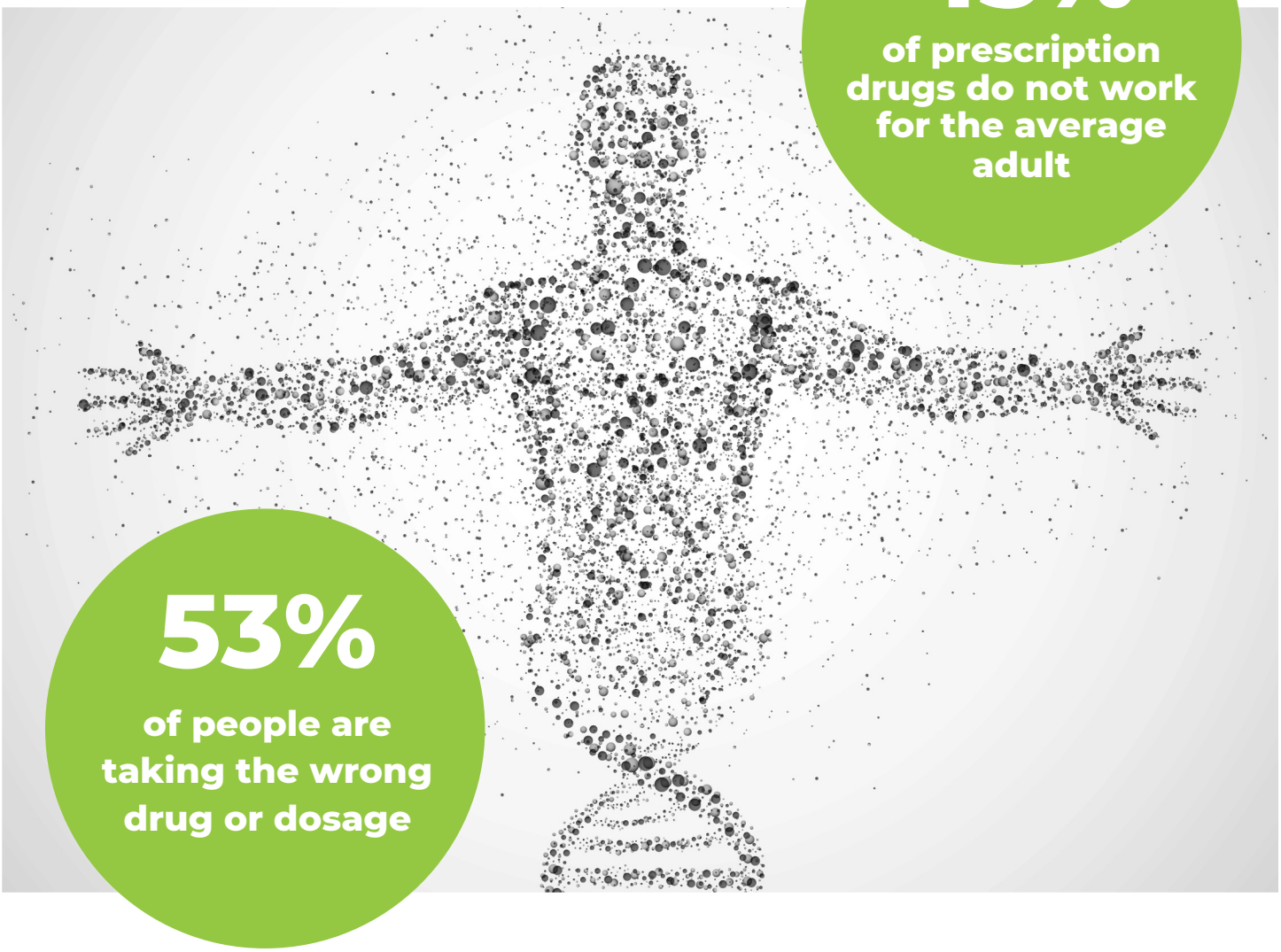
# PRESCRIPTION DRUG COMPATIBILITY TESTING

Research shows that 43% of prescription drugs do not work for the average adult and 53% of people are taking the wrong drug or dose, resulting in increased polypharmacy, hospital readmission, and serious adverse drug reactions.

Pharmacogenomic (PGx) Testing can determine whether the medication an individual is prescribed will be metabolized safely and effectively. Precision PGx testing utilizes a simple DNA swab test that identifies drug-gene interactions specific to drug metabolism as a prescribing tool to help physicians and participants make more informed medication decisions.

Consider testing as part of a holistic approach to your healthcare prior to any major pharma treatment plan (such as mental health or infusion therapy) to ensure the treatment is effective with your unique DNA.

Call your Care Coordinators if you are interested in PGx Testing.



# SIGNIFICANT SAVINGS ON PRESCRIPTIONS

Apta Health has partnered with ElectRx to provide prescription drugs through a Personal Importation program.

The program offers significant discounts on certain high-cost medications without sacrificing quality.

Drugs are shipped from a pharmacy in Canada, United Kingdom, Australia or New Zealand directly to your home in the United States. The program dispenses only brand name drugs from the same manufacturers that are distributed to you in the United States.

## PROGRAM HIGHLIGHTS

- Significant cost savings
- Shipped from pharmacies in Canada, United Kingdom, Australia, or New Zealand to your home.
- Same brand names available in USA
- $0 Co-pay for prescription drugs on ElectRx Formulary List

**SAVE MONEY ON CERTAIN BRAND NAME PRESCRIPTION DRUGS THROUGH THE ELECTRX INTERNATIONAL MAIL ORDER PROGRAM**

Also known as Personal Importation or PI, you can order your brand name drugs from Canada, New Zealand, Australia, and United Kingdom using the same “brick and mortar” pharmacies that people in these countries use for their medications. Plan Members will have a $0 co-pay (FREE!) on all Brand drugs on the ElectRx Formulary.

1. Enroll in the program by calling (855) 353-2879. Enrollment is free and takes about 10 minutes.

2. Elect Rx offers a variety of brand name prescriptions through the Personal Importation Program (PI). Call the number above to see if the medication you are currently taking qualifies for the program. You can order up to a 90-day supply of any brand name medication that is eligible for dispensing through this program.

3. Have your Physician prepare a prescription with 3 refills and FAX it to the ElectRx Toll Free Number at (833) 353-2879. Again, you have a $0 co-pay on your prescription and subsequent refills. You will receive an automated reminder notification of a pending renewal/refill. Shipping takes 5-15 business days from the date of completed requirements. Tip: Have a 30-day supply on hand to allow for plenty of delivery time.

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ELECTRx
Pharmacy Benefit Strategists

# PRICEMDs PRESCRIPTION DRUG & TREATMENT PROGRAM

PriceMDs Treatment Cost Containment (TCC) program is your solution to high-cost specialty drugs. When participating in PriceMDs TCC program, you will receive the same brand name specialty medications you use now, but at a much lower cost to your plan and at NO COST to you.

This program does not replace the important relationship between you and the physician who currently manages your care. Your treating physician, treatment plan, and medication remain the same when you participate in PriceMDs TCC program. All services are coordinated by experienced U.S. Registered Nurses and attended to by U.S. trained and Board-Certified specialists and subspecialists.

The PriceMDs TCC Program offers two options, Travel and Telemedicine. The Telemedicine Program will provide up to a 3-month supply of medication delivered directly to your home or work via concierge courier service at NO COST to you (passport required). The travel program allows you to fly to the Bahamas to obtain a 3 or 4-month supply, also at NO COST to you (passport required).

**FOR MORE INFORMATION CONTACT YOUR CARE COORDINATORS**
**(303) 322-4946**

## WHEN PARTICIPATING IN THE TCC PROGRAM, YOU RECEIVE:

- A dedicated PriceMDs nurse that navigates the process for you, a true white glove service
- Consultations with US trained and board-certified physicians that help manage your care
- 3 or 4-month supply of medication
- Member cost-sharing is waived
    - Members cost-sharing is waived for deductibles, copays and coinsurance. This includes QHDHP through a bonus plan.

## HOW DOES A VIDEO VISIT WORK AND DO I NEED SPECIAL EQUIPMENT?

Your telemedicine consultations are all scheduled for you by your Registered Nurse Navigator after coordinating and confirming a suitable time and date between you and the physician.

For a video visit, you can use any of these devices:
• An Android phone or tablet
• An iPhone or iPad
• A desktop or laptop computer (Mac or PC)

## TRAVEL OPTION INCLUDES:

- Round trip airfare for you and a guest from anywhere in the U.S.
- 2-night stay at the world-famous Atlantis Resort and Casino in Nassau, Bahamas
- Private chauffeur service to and from the airport
- A $700 hotel credit to help cover meals and incidentals

# HEALTH SAVINGS ACCOUNT (HSA)

**WHAT IS A HEALTH SAVINGS ACCOUNT (HSA.)?**

A Health Savings Account (HSA) is an account that can be funded by you with pre-tax dollars. The HSA helps pay for eligible medical expenses not covered by an insurance plan, including the deductible, coinsurance, and in some cases, health insurance premiums.

**WHO IS ELIGIBLE FOR A HEALTH SAVINGS ACCOUNT?**

Anyone who satisfies all of the following:

- Covered by a Qualified High Deductible Health Plan (QHDHP);
- Employee cannot be covered under another medical plan;
- Not enrolled in Medicare A or Medicare B benefits; and,
- Not eligible to be claimed on another person's tax return.

**WHAT IS A DEDUCTIBLE?**

It is a set dollar amount, determined by your plan that you must pay out-of-pocket or from your HSA account, before insurance coverage for medical expenses can begin.

**WHAT IS THE DIFFERENCE BETWEEN AN HSA AND FLEXIBLE SPENDING ACCOUNT (FSA)?**

- An HSA can roll-over unused funds from year to year, indefinitely.
- FSA contribution limits are lower than for HSAs. In addition, not all FSAs have a roll-over feature, and those that do can only roll-over a limited amount.

**WHEN DO I USE MY HSA?**

After visiting a physician, facility, or pharmacy, request that they submit your claim to your health plan for payment. You should make sure that your provider has your most up-to-date insurance information. Once the claim has been processed, any out-of-pocket expenses will be billed. At this time, you may choose the following options:

- Use your HSA debit card to pay for any out-of-pocket expenses.
- You can choose to save your HSA dollars for future medical expenses.

You should always ask that your claim be submitted to the health plan before you seek reimbursement from your HSA. This procedure will ensure that provider discounts are applied. Also, remember to keep all medical receipts and Explanation of Benefits (EOBs) to support your personal tax record. You should keep these records for at least four years.

**HOW MUCH CAN BE CONTRIBUTED TO AN HSA?**

As noted by federal law, the Annual Contribution limits are:

| COVERAGE LEVEL | 2024 MAXIMUM CONTRIBUTION |
|---|---|
| Individual | $4,150 |
| Two Party | $8,300 |
| Family | $8,300 |
| Individuals aged 55 or older may be eligible to make a catch-up contribution of $1,000 | |

# HEALTH SAVINGS ACCOUNT (CONTINUED)

**CAN I CONTRIBUTE TO BOTH AN HSA AND FSA IN THE SAME YEAR?**

You may not contribute to or use a general-purpose health FSA and an HSA. However, contributions to a Limited Purpose FSA , which only allows reimbursement of certain expenses that are not eligible for payment under the HDHP are permissible. The Limited Purpose FSA allows HSA covered employees to pay for dental and vision expenses that are not covered by insurance, however, it does not allow you to pay for other medical expenses.

**WHAT IF I AM A NEW HIRE OR HAVE A SPECIAL ENROLLMENT AND ENROLL IN AN HSA IN THE MIDDLE OF A YEAR?**

If you enroll in an HSA and corresponding HDHP at any time other than the start of the calendar year, so long as you enroll by December 1, you may still contribute the maximum amount allowed for the calendar year. (See the chart on the previous page.) However, the IRS requires you to participate in the HDHP during a subsequent testing period (generally through the end of the following year). Failure to do so will result in adverse tax consequences..

**WHY SHOULD I ELECT AN HSA?**

1. Cost Savings
   - Tax benefits:
   - HSA contributions are excluded from federal income tax.
   - Interest earnings may be tax free.
   - Withdrawals for eligible expenses are exempt from federal income tax.
   - Unused money is held in interest-bearing savings or investment accounts from year to year.
2. Long Term Financial Benefits
   - Save for future medical expenses, including retiree medical
   - Funds roll over year to year
   - This is your account – you take it with you. If you leave your employer, you can do the following:
     - Leave your funds in the current HSA account;
     - Transfer your funds to an HSA with your new employer; or
     - Transfer your funds to another qualifying account within 60 days.
3. Choice
   - You control and manage your health care expenses.
   - You choose when to use your HSA dollars to pay your health care expenses.
   - You choose when to save your HSA dollars and pay health care expenses out-of-pocket.

## FREQUENTLY ASKED QUESTIONS

**Can I use my HSA dollars for non-eligible expenses?**

Money withdrawn from an HSA account to reimburse non-eligible expenses is taxable income to the accountholder and is subject to a tax penalty. If the accountholder is over age 65 OR disabled, the distribution amount, if for a non-eligible expense, IS still considered taxable income; however, the tax penalty IS waived.

**When can I start using my HSA dollars?**

You can use your HSA dollars immediately following your HSA account activation, once contributions have been made.

**Can my HSA dollars be used for retirement health care costs?**

Yes, for medical expenses eligible for reimbursement, and Medicare and other health coverage premiums after age 65.

**Can I use the money in my account to pay for my dependents' medical expenses?**

Yes, you can use the money in the account to pay for medical expenses of yourself, your spouse, or your dependents.

# Flexible Spending Account (FSA)

The General-Purpose Health Flexible Spending Account allows you to set aside up to **$3,200** in pre-tax dollars to pay most out-of-pocket medical, dental or vision expenses not paid by insurance; including deductibles and copayments. Please refer to the next page for a list of eligible expenses or refer to the most recent version of IRS publication 502.

**A Limited Purpose Health Flexible Spending Account** will be available for those employees who also elect a Health Savings Account. The Limited Purpose Health Flexible Spending Account can be used for dental and vision expenses only.

You decide how much to deposit into your account. Your election amount is evenly deducted pre-tax from your paycheck throughout the plan year. When you have an expense that qualifies, you pay the bill, submit a claim, and you are reimbursed with tax-free dollars from your account.

If you don't use all the pre-tax dollars you deposited in your account(s) by the end of the plan year (December 31st), you will have a grace period of 75 days – through March 15th – to incur new expenses using prior year FSA funds and through March 31st to submit claims. At the end of the grace period, all unspent funds will be forfeited.

**Dependent Care Account**

The Dependent Care account allows you to set aside tax-free dollars to pay for qualified dependent care expenses, such as daycare, that you would normally pay with after-tax dollars. Qualified dependents include children under age 13 and/or dependents who are physically or mentally unable to care for themselves. If your spouse is unemployed or doing volunteer work, you cannot set up a dependent care account. You must meet the following criteria in order to set up this account:

- You and your spouse both work; or
- You are the single head of household; or
- Your spouse is disabled or a full-time student.

The IRS allows you to contribute the following amounts (each calendar year), depending on family status:

- If you are single, the lesser of your earned income or $5,000
- If you are married, you can contribute the lesser of
  - Your (or your spouse's) earned income
  - $5,000 if filing jointly or $2,500 if filing separately

**2024 Plan Year:** January 1, 2024 - December 31, 2024

**Once enrolled, you may not change your election.**
You cannot change your annual election after the beginning of the plan year. However, there are certain limited situations when you can change your elections if you have qualified change in status.

**Flexible Spending Account – Eligible Expenses**
Your Health Care Reimbursement Flexible Spending Account lets you pay for health care expenses not covered by your insurance plan with pre-tax dollars. The expenses must be primarily to alleviate a physical or mental defect or illness and be adequately substantiated by a medical practitioner. The products and services listed on the next page are examples of expenses eligible for payment under your FSA, to the extent that such services are not paid by your medical, dental or vision insurance plans.

**Reimbursements**

Register for an account online **rockymountainreserve.com** to submit claims for reimbursement. For health care, this will include receipts of the amount you paid and the date(s) on which you or a dependent received services. For dependent care this may include any contracts, letters, and receipts.

**Email:**
claims@rmrbenefits.com
**Fax:** 866-557-0109
**Mailing Address:**
PO Box 631458,
Littleton, CO 80163
**Website:**
rockymountainreserve.com

# Flexible Spending Account Eligible Expenses

**Eligible Expenses**
These are only examples, and this list is not all-inclusive – it only provides some of the more common expenses.
Additional information is available in IRS Publication 502.

**Common Eligible Medical Expenses:**

- Eyeglasses, eye exams, sunglasses
- (prescription)
- Over-the-counter drugs
- Menstrual care products
- Eye surgery
- Fertility enhancement
- HMO expenses
- Hearing aids, batteries, and exams
- Hospital services
- Immunizations, vaccines, flu shots
- Laboratory fees
- LASIK eye surgery
- Medicines (prescribed)
- Obstetric services
- Optometrist
- Orthodontia
- Prescription drugs
- Psychiatric care
- Psychologist
- Speech therapy
- Stop smoking programs
- Surgery/operations
- Therapy
- Vasectomy
- Wheelchair
- X-rays

**Health Care Reform & Over-the-Counter Items:**
Over-the-Counter Medicine and Drugs do not require a prescription to be eligible for reimbursement under the plan.

- Allergy medications
- Antacids
- Anti-diarrhea medicine
- Bug-bite medication
- Cold medicine
- Cough drops and throat lozenges
- Diaper rash ointments
- Hemorrhoid medication
- Incontinence supplies
- Laxatives
- Muscle/joint pain products/rubs
- Nicotine medications, gum, patches
- Pain relievers
- Sinus medications, nasal sprays, nasal strips
- Sleep aids
- Wart removal medication
- Band-aids/bandages
- Cold/hot packs for injuries
- Condoms
- Contact lens solutions
- Diabetic supplies
- First aid kits
- Medical alert bracelets/necklaces
- Pregnancy test kits
- Thermometers

**Dependent Care Eligible Expenses:**

- A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you. The care must be necessary for you or your spouse to be gainfully employed or to go to school. Care may be provided by anyone other than your spouse or your children under the age of 19. Expenses for schooling, kindergarten, over-night care, and nursing homes are not reimbursable. See IRS Publication 503.

- The maximum you can elect, in a calendar year, is equal to the smallest of the following:

- $5,000 – Married and filing federal taxes jointly or a single parent
- $2,500 – Married and filing separate federal tax return

- The amount contributed year-to-date, is available for reimbursement.

**Dual Purpose Expenses That Potentially Qualify:**
The expense must be for a specific medical reason and be accompanied by a prescription.

- Vitamins
- Supplements
- Massage therapy
- Herbal supplements
- Natural medicines
- Aromatherapy
- Weight-loss program
- Health club dues

**Ineligible Expenses:**

- Cosmetic surgery
- Long term care
- Hair transplant/re-growth
- Maternity clothes
- Nutritional supplements
- Personal use items: such as toiletries, cotton swabs, toothbrush, toothpaste, facial care, shampoo
- Teeth whitening
- Drunk driving classes

# DENTAL BENEFITS

Novo Professional Services, LLC offers voluntary dental benefits through Principal. This dental plan balances affordability with the freedom to go outside the network. You may choose a participating or a non-participating provider. Participating providers have agreed to provide services at a discounted fee. For out-of-network care, you are responsible for charges above usual and customary fees in your area in addition to the deductible and coinsurance. To find a participating provider, visit www.Principal.com/dentist.

| DENTAL PLAN | In-Network | Out-of-Network |
|---|---|---|
| Deductible<br>Limited to $150 / Family | Preventative Procedures -- $0<br>Basic Procedures -- $50<br>Major Procedures -- $50 | |
| Calendar Year Maximum | $1,500/person<br>Preventive Charges do not apply to the annual maximum | |
| Preventive Services<br>Oral exams (2 / calendar year)<br>Bitewing X-rays (1 set / calendar year)<br>Full Mouth X-rays (1 / 60 months)<br>Cleanings (4 / calendar year) | 100% deductible waived | |
| Basic Services<br>Fillings & Stainless-Steel Crowns<br>Simple Oral Exam<br>Composite fillings on molars<br>Surgical Procedures<br>General Anesthesia<br>Endodontics<br>Periodontics | 10% after deductible | 20% after deductible |
| Major Services<br>Crowns (each 60 months)<br>Inlays & Onlays (each 60 months)<br>Bridgework (each 60 months)<br>Dentures (each 60 months)<br>Implants (each 60 months) | 40% after deductible | 50% after deductible |
| Orthodontia<br>(children only to Age 19)<br>Lifetime Maximum | 50% deductible waived<br><br>$1,000 | 50% deductible waived<br><br>$1,000 |

# VISION BENEFITS

Novo Professional Services, LLC offers voluntary vision benefits through VSP. The vision plan through VSP provides access through a national network including both private practice and retail chain providers. To find a participating provider, visit www.VSP.com.

| VISION CARE PLANS | In-Network Base Plan | In-Network Premier Plan |
|---|---|---|
| **WellVision Exam®** | • $10 copay<br>• Once every calendar year | |
| **Frames** | • $130 allowance on a wide selection of frames<br>• $150 allowance for featured frame brands<br>• 20% savings on the amount over your allowance<br>• Once every 2 years | • $150 allowance on a wide selection of frames<br>• $170 allowance for featured frame brands<br>• 20% savings on the amount over your allowance<br>• Once every 2 years |
| **Lenses** | • $25 copay<br>• Single vision, lined bifocal, and lined trifocal lenses<br>• Polycarbonate lenses for dependent children<br>• Once every calendar year | |
| **Lens Enhancements** (copays in addition to the $25 lens copay) | • Standard Progressive: $0<br>• Premium Progressive: $95 - $105<br>• Custom Progressive: $150 - $175<br>• Anti-Reflective w/ Blue Light Protection*: $41<br>• Scratch-Resistant Coating: $17<br>• Tints/Photochromic Lenses: $70 - $82<br>• Average savings of 20-25% on other enhancements<br>• Once every calendar year | **No additional cost for enhancements**<br>• Once every calendar year |
| **Contacts** (instead of glasses) | • $130 allowance for contacts; no copay<br>• Contact lens exam (fitting & evaluation): up to $60<br>• Once every calendar year | • $150 allowance for contacts; no copay<br>• Contact lens exam (fitting & evaluation): up to $60<br>• Once every calendar year |
| **Extra Savings** | **Glasses and Sunglasses**<br>• Extra $20 to spend on featured frame brands. Go to www.VSP.com/specialoffers for details.<br>• 20% savings on additional glasses and sunglasses, including lens enhancements<br>**Retinal Screening**<br>• No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam<br>**Laser Vision Correction**<br>• Average 15% off the regular price, or 5% off the promotional price; discounts at contracted facilities | |

*You must specifically request the AR coating with the Blue Light Protection.

**Coverage with a participating retail chain may be different. Not all providers are in-network, despite working in an in-network retail location. Once your benefit is effective, visit www.vsp.com to verify status of both the location and the provider.

# Save Up to 60% on Brand-Name Hearing Aids

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than $5,000,* and few people have hearing aid insurance coverage.

TruHearing makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible too.

**In addition to great pricing, TruHearing provides you with:**

- One year of follow-up visits for fittings, adjustments, and cleanings
- 60-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid for non-rechargeable models

**Plus, with TruHearing you'll get:**

- Access to a national network of more than 7,000 hearing healthcare providers
- Discounted pricing on a wide selection of the latest brand name hearing aids
- High-quality, low-cost batteries delivered to your door

Best of all, if you already have a hearing aid allowance from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

vsp exclusive member extras

TruHearing®

**truhearing.com/vsp**

## Here's how it works:

**Contact TruHearing.**
Call **877.396.7194**. You and your family members must mention VSP.

**Schedule exam.**
TruHearing will answer your questions and schedule a hearing exam with a local provider.

**Attend appointment.**
The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

**Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call 877.396.7194 with questions.**

*Based on a 2018 third-party survey of nationwide provider and manufacturer retail pricing.

VSP is providing information to its members but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.

TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain healthcare groups for hearing aid sales and services; TruHearing provides fitting, programming, and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those healthcare providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

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Classification: Public

# PREMIUMS

Employee Contributions
Effective January 1, 2024

| OPTION 1 – PPO/RBP MEDICAL PLAN | Premium Paid by Employee Semi-Monthly |
|---|---|
| Single | $0 |
| Employee + Spouse | $0 |
| Employee + Child(ren) | $0 |
| Family | $0 |

| OPTION 2 – HDHP/RBP MEDICAL PLAN | Premium Paid by Employee Semi-Monthly |
|---|---|
| Single | $0 |
| Employee + Spouse | $0 |
| Employee + Child(ren) | $0 |
| Family | $0 |

| DENTAL PLAN | Premium Paid by Employee Semi-Monthly |
|---|---|
| Single | $0 |
| Employee + Spouse | $11.25 |
| Employee + Child(ren) | $17.26 |
| Family | $29.81 |

| VISION PLAN – BASE PLAN | Premium Paid by Employee Semi-Monthly |
|---|---|
| Single | $2.47 |
| Employee + Spouse (or one child) | $3.96 |
| Employee + Children | $4.04 |
| Family | $6.52 |

| VISION PLAN – PREMIER PLAN | Premium Paid by Employee Semi-Monthly |
|---|---|
| Single | $7.05 |
| Employee + Spouse | $11.28 |
| Employee + Child(ren) | $11.51 |
| Family | $18.56 |

# LIFE & DISABILITY INSURANCE

All employees scheduled to work at least 24 hours each week in active employment with Novo Professional Services, LLC will be automatically enrolled in the Basic Group Term Life/AD&D and Long-Term Disability policies through Principal Life Insurance Company. You may enroll your eligible spouse and children in Term Life/AD&D coverage if you elect the Voluntary Additional Term Life coverage.

## BASIC TERM LIFE INSURANCE AND AD&D COVERAGE

| | |
|---|---|
| Benefit Amount: | $50,000 Life / $50,000 AD&D |
| Additional Benefits: | AD&D benefits include a Seatbelt/Airbag Benefit, Child Education Benefit, Repatriation Benefits, Coma, Loss of Use (Plegia), Child Care, Spouse Training for Re-employment, and an Accelerated Death Benefit. |
| Age Reductions: | Benefits reduce by 35% at age 70, an additional 20% reduction at age 75. Benefits terminate at retirement. |
| Conversion: | If your insurance terminates because you are no longer employed full-time, your insurance may be converted to an individual life insurance policy if you apply and include payment of the first premium within 31 days of termination. Conversion does not require proof of medical insurability. |
| Waiver of Premium | If you become totally disabled while insured; remain disabled for 9 months, and are less than age 60, your life insurance will continue until the day you are no longer disabled, retire, or you reach age 65. If total disability ends, you may exercise the conversion privilege. |

## LONG TERM DISABILITY

| | |
|---|---|
| Primary Monthly Benefit | 60% of your predisability earnings to a maximum of $10,000 |
| Benefit Amount | Primary Monthly Benefit, less other income sources |
| Waiting Period (elimination period) | 90 days |
| Own Occupation Coverage Period | 24 months |
| Maximum Benefit Period | To Social Security Normal Retirement Age / Schedule Mental Health & Substance Abuse benefit limited to 24 months |
| Pre-Existing Condition Exclusion | New enrollees being treated for a medical condition within 3 months prior to the effective date, disabilities for that condition will not be covered if treated within 12 months |
| Additional Benefits: | Work Incentive Benefit, Survivor Benefit, Accelerated Survivor Benefit, Rehabilitation Plan, Rehabilitation Incentive Benefit |

| BASIC TERM LIFE | Premium Paid by Employee |
|---|---|
| Basic Group Life/AD&D | $0 |
| Long Term Disability | $0* |

*Imputed Income will be added to each paycheck (24 / year) for the LTD Insurance Premium paid by Novo Professional Services, LLC . Paying taxes on the LTD premium will allow any LTD benefit claims to be paid to you on a tax-free basis.

# VOLUNTARY ADDITIONAL TERM LIFE/AD&D INSURANCE

**ELIGIBILITY**
All employees scheduled to work at least 24 hours each week in active employment with Novo Professional Services, and their eligible spouses and children, are eligible to apply for the Voluntary Term Life/AD&D insurance. Premiums are deducted bi-monthly (24 pay periods / year) on a post-tax basis.

**BENEFIT AMOUNTS**

| | |
|---|---|
| **Employee:** | Life/AD&D Combined Benefits are available in increments of $10,000 |
| Minimum: | $10,000 |
| Guarantee Issue: | $100,000 (if you are under age 70)<br>$10,000 (age 70+) |
| Maximum: | $300,000 (not to exceed 5x salary) |
| **Spouse:** | Life/AD&D Combined Benefits are available in increments of $5,000 |
| Minimum: | $5,000 |
| Guarantee Issue: | $25,000 (if you are under age 70) |
| Maximum: | $100,000 (not to exceed employee's benefit amount) |
| **Age Reductions:** | For employee and spouse, benefits reduce by 35% at age 65, with an additional 15% reduction at age 70 |
| **Children:** | |
| Under 14 days of age | Life Only Benefits are available in the amount of $1,000 |
| 14 days or older | Life Only Benefits are available in the amount of $10,000 per child (not to exceed employee's benefit amount) |
| **AD&D Benefits**: | AD&D benefits include a Seatbelt/Airbag Benefit, Child Education Benefit, Repatriation Benefits, Coma, Loss of Use (Plegia), Child Care, and Spouse Training for Re-employment. |
| **Portability** | In the event that your employment is discontinued, you may elect to continue this benefit. |
| **Conversion:** | If your insurance terminates because you are no longer employed full-time, your insurance may be converted to an individual life insurance policy if you apply and include payment of the first premium within 31 days of termination. Conversion does not require proof of medical insurability. |
| **Waiver of Premium** | If you become totally disabled while insured; remain disabled for 9 months, and are less than age 60, your life insurance will continue until the day you are no longer disabled, retire, or you reach age 65. If total disability ends, you may exercise the conversion privilege. |

If you enroll when first eligible, you may increase your benefit by 2 increments without EOI, even if going over the guaranteed issue amount for the first time. An enrolled spouse can increase an additional $5,000 without EOI, even if going over the guaranteed issue amount for the first time.

## Employee Voluntary Additional Term Life/AD&D Premium Amounts (Monthly)

| | < 29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65 - 69 |
|---|---|---|---|---|---|---|---|---|---|
| Rates / $1,000 | $0.086 | $0.10 | $0.11 | $0.147 | $0.213 | $0.314 | $0.496 | $0.68 | $1.29 |

Child Rate is $2.00 / month per Family

# VOLUNTARY SHORT-TERM DISABILITY (STD) INSURANCE

## ELIGIBILITY

All employees scheduled to work at least 24 hours each week in active employment with Novo Professional Services are eligible to enroll in the Voluntary Short-Term Disability (STD) Plan. Premiums are deducted bi-monthly on a post-tax basis (24 pay periods per year). Your premiums continue while you are collecting benefits.

## Benefits Payable

| | |
|---|---|
| Primary Weekly Benefit: | 60% of your predisability earnings, up to $1,000 |
| Benefit Amount: | Primary Weekly Benefit, less other income sources |
| Definition of Earnings: | Base wage with bonus and commissions. |

## Benefit Qualification:

| | |
|---|---|
| Elimination Period: | Benefits begin on the 15th day for accident or sickness |
| Benefit Payment Period: | Up to 11 weeks after the elimination period is satisfied |
| Maternity: | Treated the same as any other disability. |

**Additional Benefits:** STD benefits include Work Incentive Benefit, Rehabilitation Plan, Accommodation Benefit up to $500, and a Rehabilitation Incentive Benefit of 5%.

**Pre-Existing Conditions:** New hires being treated for a medical condition within 3 months prior to the effective date, condition will only be payable for the first 6 weeks following date of disability unless when you become disabled you have been actively at work for one full day after being disabled for 12 consecutive months.

## Estimated Weekly Benefit & Semi-Monthly Deduction Amount

To determine your estimated **Weekly Benefit Amount**, multiply your weekly earnings by your benefit percentage. See the Benefit Summary above for the definition of earnings.

Weekly Earnings $_____

*If your weekly earnings are greater than $1,667 then use $1,667 as your earnings.*

X Benefit Percentage: **0.60**

**= Estimated Weekly Benefit Amount: $_____**

To determine your estimated **Semi-Monthly Premium Deduction**, multiply your estimated Weekly Benefit Amount by your age rate in the box to the right.

Estimated Weekly Benefit Amount: $_____

Divided by 10 $_____

X Age Rate (see box to the right): $_____

**= Employee's Estimated Semi-Monthly Deduction:**

**$_____**

| Age | Rate PPP per $10 |
|---|---|
| < 24 | $0.025 |
| 25-29 | $0.03 |
| 30-34 | $0.04 |
| 35-39 | $0.025 |
| 40-44 | $0.025 |
| 45-49 | $0.025 |
| 50-54 | $0.025 |
| 55-59 | $0.025 |
| 60-64 | $0.025 |
| 65-59 | $0.025 |
| 70+ | $0.025 |

**Example**

Age 30; weekly earnings: $600; age rate is $0.04

**Estimated Weekly Benefit Amount:** $600 x 0.60 = $360

Divided by 10: $360/10 = $36

**Employee's Estimated Semi-Monthly Deduction:** $36 x 0.04 = $1.44

# TRAVEL ASSISTANCE PROGRAM

As an employee covered by the employer-provided Basic Group Term Life insurance policy through Principal Life Insurance Company, you are eligible for travel assistance provided by AXA Assistance.

You, your spouse and dependent children (whether traveling together or separately) have access to travel, medical, legal and financial assistance plus emergency medical evacuation benefits when traveling domestically or internationally 100 or more miles away from home for up to 120 consecutive days.

### Pre-Trip and Cultural Information Services:

- Visa and passport requirements.
- Travel advisories and customs information.
- Immunization/inoculation requirements and insect precautions
- Cultural information
- Consular/embassy locations and referrals
- Currency exchange rates
- Local voltage information

### Personal Assistance Services:

- Lost/stolen documents (i.e., passports, driver's license, credit cards)
- Lost luggage
- Emergency telephone interpretation
- Urgent message relay
- Emergency cash and bail assistance
- Legal referrals
- Political evacuation

### Medical Assistance Services:

- Medical/dental referrals
- Hospital admission guarantee and discharge planning
- Medical pre-certification and referral management
- Lost prescription and eyeglass/contact assistance
- Medical monitoring
- Replacement of medical devices
- Shipment of medication
- Pet housing and return

AXA Assistance arranges for these services for free. The participant is responsible for any fees incurred.

# HOLIDAYS

The company currently observes the following holidays as days off with pay:

- New Year's Eve
- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

# PAID TIME OFF

**UNLIMITED PTO:** All Full-Time employees are eligible to use this benefit after 60 days of employment.

**UNPLANNED PTO:** All employees are eligible to use this benefit as of the first day of employment. Employees are granted up to 48 hours of sick/unplanned time off per calendar year.

Please refer to the full PTO policy for details.

# EMPLOYEE ASSISTANCE PLAN (EAP)

For Employees & Dependents of Novo Professional Services

## Your life's journey, made easier.

No matter where you are on your journey, there are times when a little help can go a long way. From checking off daily tasks to working on more complex issues, your program offers a variety of resources, tools and services available to you and your household members.

Your program is here to help you along the journey of life. No situation is too big or too small. When you and your household members need assistance, reach out anytime and we will help get you on the right path to meet your needs.

**Key features**

- Provided at no cost
- Includes up to 3 counseling sessions
- Confidential service provided by a third party
- Available 24/7/365

**Core services**

- *Counseling*—Counselors can provide support for challenges such as stress, anxiety, grief, relationship concerns and more.
- *Coaching*—When you have a goal to achieve, coaches help you create a plan of action and stay on track.
- *Online programs*—Self-guided, interactive programs help improve your emotional well-being for issues like depression and anxiety.

**Here's how to get started**

Getting the help you need, when you need it, can result in you leading a happier, more productive life.

Give us a call and we will connect you with the right resource or professional.

Learn more about all of the services available at Member.MagellanHealthcare.com

**Legal assistance, financial coaching & identity theft resolution**

Expert consultation to help with your legal, financial and identity theft needs. Access a free online library with resources for identity theft resolution, budgeting, debt management, family law, wills and more.

**Work-life services**

Save time and money on life's most important needs. Specialists provide expert guidance and personalized referrals to service providers including childcare, adult care, education, home improvement, consumer information, emergency preparedness and more.

**Resiliency**

Being resilient generally means you're able to adapt to hard times, to challenges, and to other sorts of adversity in life. Fortunately, you can develop skills to become more resilient and your program provides many resources to help you on your journey.

Employee Assistance Program
For Professional Consultation

**Call 1-800-450-1327**

For TTY Users: 1-800-456-4006
Up to 3 in-person sessions per concern

Online:
Member.MagellanHealthcare.com

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*B-F1144rev2 (1/19)*

# IMPORTANT NOTICES

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 or your dependents in this plan if you or your dependents lose eligibility for that other coverage, or if the employer stops contributing towards your or your dependents' other coverage. However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). To be eligible for these Special Enrollment rights you must have completed a waiver when you were first eligible stating that you were declining because of other group health insurance 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. In the case of marriage, eligible individuals must submit their enrollment forms prior to the Effective Dates of coverage in order for salary reductions to have preferred tax treatment from the date coverage begins.

Women's Health & Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, benefits under this Plan are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following Covered Charges, as you determine appropriate with your attending Physician: 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; and Prostheses and treatment of physical complications of the mastectomy, including lymphedema. The amount you must pay for such Covered Charge (including Copayments and any Deductible) are the same as are required for any other Covered Charge. Limitations on benefits are the same as for any other Covered Charge.

Patient Protection Notice

Novo Professional Services, LLC generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Apta Care Coordinators at 303-322-4946.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Apta Health or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Apta Care Coordinators at 303-322-4946.

# NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Novo Professional Services, LLC and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

(1) your past, present, or future physical or mental health or condition;
(2) the provision of health care to you; or
(3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact Human Resources at 402-290-0229.

Effective Date

This Notice is effective September 23, 2013.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by internal company email.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations
In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:
- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official-
- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when:
(1) the individual identifiers have been removed; or
(2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

Required Disclosures
The following is a description of disclosures of your protected health information we are required to make.
Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures
Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:
(1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
(2) treating such person as your personal representative could endanger you; and
(3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will, send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights You have the following rights with respect to your protected health information:
Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to Human Resources. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Human Resources.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.
To request an amendment, your request must be made in writing and submitted to Kit Morse at 11755 E Peakview Ave, Suite 250, Englewood, CO 80111. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.
- If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Human Resources. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.
Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request to Human Resources at 402-290-0229. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply-for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request to Human Resources at 402-290-0229. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
To obtain a paper copy of this notice, contact Human Resources at 402-290-0229.

Complaints. If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact Human Resources at 402-290-0229 or 11755 E Peakview Ave, Suite 250, Englewood, CO 80111. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employmentbased health coverage offered by your employer.

### 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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### 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 meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Kit Morse at 402-290-0229..

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.

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[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.

## 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.

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|---|---|---|---|
| 3. Employer name<br>Novo Professional Services, LLC | | | 4. Employer Identification Number (EIN)<br>47-4017654 |
| 5. Employer address<br>11755 E Peakview Ave, Ste 250 | | | 6. Employer phone number<br>402-290-0229 |
| 7. City<br>Englewood | | 8. State<br>CO | 9. ZIP code<br>80111 |
| 10. Who can we contact about employee health coverage at this job?<br>Kit Morse | | | |
| 11. Phone number (if different from above) | 12. Email address<br>kmorse@novoconnection.com | | |

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:

Full time employees working 24 or more hours per week.

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Legal spouse and civil unions, dependent child to age 26, and unmarried totally disabled dependent child age 26 and over that is dependent upon the employee for more than 50 percent support and maintenance.

☐ 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.

## 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)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | ALASKA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>https://health.alaska.gov/dpa/Pages/default.aspx |
| **ARKANSAS – Medicaid** | **CALIFORNIA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Health Insurance Premium Payment (HIPP) Program<br>Website:<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** | **FLORIDA – Medicaid** |
| Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/State Relay 711<br>CHP+: https://hcpf.colorado.gov/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br>https://www.mycohibi.com/<br>HIBI Customer Service: 1-855-692-6442 | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |

| GEORGIA – Medicaid | INDIANA – Medicaid |
|---|---|
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br>https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br>Phone: 678-564-1162, Press 2 | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>Phone: 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** | **KANSAS – Medicaid** |
| Medicaid Website:<br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563<br>HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>HIPP Phone: 1-888-346-9562 | Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884<br>HIPP Phone: 1-800-967-4660 |
| **KENTUCKY – Medicaid** | **LOUISIANA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx<br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website:<br>https://chfs.ky.gov/agencies/dms | Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or<br>1-855-618-5488 (LaHIPP) |
| **MAINE – Medicaid** | **MASSACHUSETTS – Medicaid and CHIP** |
| Enrollment Website:<br>https://www.mymaineconnection.gov/benefits/s/?language=en_US<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-977-6740<br>TTY: Maine relay 711 | Website: https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840<br>TTY: 711<br>Email: masspremassistance@accenture.com |
| **MINNESOTA – Medicaid** | **MISSOURI – Medicaid** |
| Website:<br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |
| **MONTANA – Medicaid** | **NEBRASKA – Medicaid** |
| Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |

| NEVADA – Medicaid | NEW HAMPSHIRE – Medicaid |
|---|---|
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 |
| **NEW JERSEY – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **OREGON – Medicaid** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** | **RHODE ISLAND – Medicaid and CHIP** |
| Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx<br>Phone: 1-800-692-7462<br>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** | **SOUTH DAKOTA - Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **TEXAS – Medicaid** | **UTAH – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Texas Health and Human Services<br>Phone: 1-800-440-0493 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **VERMONT– Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access<br>Phone: 1-800-250-8427 | Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select<br>https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs<br>Medicaid/CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |

| WISCONSIN – Medicaid and CHIP | WYOMING – Medicaid |
|---|---|
| Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 | Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

# MEDICARE PART D NOTICE

Important Notice from Novo Professional Services, LLC About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Novo Professional Services, LLC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. If neither you nor any of your dependents are eligible for or have Medicare, this notice does not apply to your or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Magellan Rx has determined that the prescription drug coverage offered by the Novo Professional Services, LLC Employee Benefit Plan is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current coverage, you and your dependents will be able to get this coverage back at the next annual open enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with Novo Professional Services, LLC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Novo Professional Services, LLC changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook.
You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: October 15, 2023
Novo Professional Services, LLC
Kit Morse
11755 E Peakview Ave, Suite 250
Englewood, CO 80111
402-290-0229

novo
professional services

**www.aptahealth.com/Novo**

apta health

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