North Central Health Care

YOU Benefit

You Take Care of Others. We Take Care of You.

Your Comprehensive Guide to Employee Benefits at North Central Health Care

2027 **GUIDE**

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General Information

Welcome to the ***YOU Benefit 2027 Guide***, a comprehensive resource containing information about the benefit package offered by North Central Health Care (NCHC). These benefits are some of the most competitive available in Central Wisconsin. North Central Health Care's benefits package is an important part of your total compensation package, adding value and giving you peace of mind.

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

OFFICE HOURS AND LOCATIONS

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

8:00 a.m. – 4:30 p.m. Monday – Friday

BENEFIT INFORMATION ON THE WEB

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

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

LIMITATIONS

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

Paying for Your Benefits

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

COST OF YOUR BENEFIT PLANS

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

FREQUENCY OF DEDUCTIONS

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

PAYROLL DEDUCTIONS FOR NCHC STAFF

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

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

The plans with after-tax deductions are:

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

Your Responsibilities

REVIEW BENEFIT INFORMATION AND ENROLL WITHIN YOUR DEADLINES

It is important that you review the benefit information, make your benefit selections, and enroll within 30 days from date of hire, a qualifying event or during the open enrollment time period. Instructions for enrolling in your benefits are on page 9.

CHECK YOUR BENEFIT STATEMENT

Review the benefits statement provided at the beginning of the open enrollment or new hire process to verify the benefits you are currently enrolled in. When you enroll online during open enrollment, you will receive a benefit statement at the end of your enrollment that outlines what benefits you elected for 2027. During the remainder of the year you can verify your benefits on the UKG Employee Self-Service (ESS) website under the Myself tab, then under Benefits, Benefits Summary, or by viewing your NCHC pay stub.

CHECK YOUR DEDUCTIONS

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

UPDATE YOUR ADDRESS

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

UPDATE YOUR BENEFICIARY DESIGNATIONS

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

EMERGENCY CONTACT INFORMATION

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

KNOW YOUR RIGHTS AND RESPONSIBILITIES UNDER FEDERAL LAW

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

Benefit Plans Summary

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

HEALTH PLAN COVERAGE *Pages 11–21*

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

PRESCRIPTION DRUG PLAN *Pages 22-21*

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

LIVE HEALTH ONLINE *Pages 24-25*

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

DENTAL PLAN *Pages 26-28*

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

VISION PLAN *Page 29*

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

FLEXIBLE SPENDING ACCOUNTS *Pages 30-31*

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

GROUP TERM LIFE INSURANCE *Pages 32-33*

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

WI RETIREMENT SYSTEM SAVING PLAN *Page 34*

The Wisconsin Retirement System (WRS) is a tax deferred defined benefit plan. In 2027 you contribute 7.25% of your eligible wages and NCHC contributes a match of that same 7.25% for a total of 14.50%. Eligibility varies by hire date. If you meet requirements you will automatically be enrolled in the Wisconsin Retirement System.

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

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

Benefit Plans Summary *(continued)*

INCOME CONTINUATION INSURANCE *Pages 36-37*

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

SHORT-TERM DISABILITY *Page 38-41*

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

CRITICAL ILLNESS INSURANCE *Page 42-46*

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

HOSPITAL INDEMNITY *Page 47-49*

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

ACCIDENT INSURANCE *Page 50-56*

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

EMPLOYEE DISCOUNTS & NCHC SwagShop *Page 59*

North Central Health Care employees have access to exclusive savings and perks through local partnerships. From everyday essentials like home, auto, renters, and pet insurance to pre-paid legal services, identity theft protection, and extended vehicle warranties, you'll find benefits tailored to fit your lifestyle. Plus, enjoy discounts from local and national businesses, including restaurants, cell phone carriers, gyms, wellness services, car rentals, and more. You can even shop NCHC-branded apparel online at the SwagShop!

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

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

Eligibility

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

NEW HIRE/NEWLY ELIGIBLE

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

MARRIED SAME-SEX COUPLES

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

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

MAKE DEPENDENT COVERAGE CHANGES PROMPTLY

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

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

Enrollment

WHEN TO ENROLL

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

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

ENROLLMENT DEADLINES

- 2026 Open Enrollment - October 19th – 31st
- Family status change or job status change – within 30 days following the date of the change
- Newly hired/rehired eligible employee – within 30 days following hire/rehire date

EFFECTIVE DATE OF BENEFIT ELECTIONS

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

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

JOB OR FAMILY STATUS CHANGE

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

DURING OPEN ENROLLMENT

Open Enrollment is an annual event (usually in October or November) during which you can enroll in new benefits or change current benefits enrollments for the upcoming year effective January 1. Open Enrollment for the 2027 calendar year will be October 19th - 31st, 2026.

WHERE DO I ENROLL DURING OPEN ENROLLMENT?

ONLINE ENROLLMENT (Using Employee Self Service)
Health Insurance
Dental Insurance
Vision Insurance
Flexible Spending Account (FSA)
Hospital Indemnity
Voluntary Short-Term Disability
Critical Illness
Accident

Your NCHC Benefits

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

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

For more specific questions, refer to page 68 for contact information.

Health Plan Coverage

Administered by Anovia Health

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

ELIGIBILITY

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

ENROLLMENT DEADLINES

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

EFFECTIVE DATE

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

REAL ACCESS TO CARE

Healthcare shouldn't be something you avoid because of cost or hassle. With same-day access when you're sick and real-time time with your provider, getting the care you need can be simple, convenient, and accessible when it matters most.

NO MORE HEALTHCARE RUNAROUND

No more long waits, rushed appointments, or surprise bills. Your employer has removed those barriers so you can get the care you need, when you need it—without the added stress.

SUPPORT WHEN YOU NEED IT

Good healthcare means you can focus on your life instead of worrying about your health. We're here whenever you need us—with convenient access by text, phone, video, or in person.

Health Plan Options - HSA MID PLAN

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

HSA MID PLAN

WPS/Auxiant	HSA Mid Plan	
	Single Tier 0 / Tier 1 / Tier 2 / Tier 3	**Family** Tier 0 / Tier 1 / Tier 2 / Tier 3
Deductible	Not Applicable / $3,500 / $4,500 / $7,000	Not Applicable / $7,000 / $9,000 / $14,000
Coinsurance	Not Applicable / 90% / 80% / 50%	Not Applicable / 90% / 80% / 50%
Out-of-Pocket Maximum	Not Applicable / $5,500 / $6,500 / $11,000	Not Applicable / $11,000 / $13,000 / $22,000
Routine Preventive Care	Select Services Are ***FREE***	
Virtual Care	$ Fee Per Service	
Urgent Care	Not Applicable / 90% / 80% / 50% - after deductible	
Hospital Visits	Not Applicable / 90% / 80% / 50% - after deductible	
Emergency Care	Not Applicable / 90% / 80% / 50% - after deductible	
Prescription Drugs	Deductible then 80%	
Office Visits		
Primary Care Physician (PCP) / Specialty Care	Not Applicable / 90% / 80% / 50% - after deductible	
Per Pay Period Premium	Health Saving Account (HSA) Mid Plan	

	Total HSA Annual Maximum Contribution (Employee + Employer)	**Employer HSA Contribution**	**Employee Annual Maximum HSA Contribution**
Employee	$4,500	$750	$3,700
Employee + Spouse	$9,000	$1,250	$7,750
Employee + Child(ren)	$9,000	$1,250	$7,750
Family	$9,000	$1,750	$7,250

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

EMPLOYEE CONTRIBUTION RATES

HSA MID PLAN

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

Employee Only	Per Pay Period
0.75 – 1.0 FTE	$102.71
0.5 – 0.74 FTE	$194.61

Employee + Child(ren)	Per Pay Period
0.75 – 1.0 FTE	$184.88
0.5 – 0.74 FTE	$350.29

Employee + Spouse	Per Pay Period
0.75 – 1.0 FTE	$235.31
0.5 – 0.74 FTE	$445.86

Family	Per Pay Period
0.75 – 1.0 FTE	$280.12
0.5 – 0.74 FTE	$530.75

Health Plan Options - HSA HIGH PLAN

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

HSA HIGH PLAN

WPS/Auxiant	HSA High Plan	
	Single Tier 0 / Tier 1 / Tier 2 / Tier 3	**Family** Tier 0 / Tier 1 / Tier 2 / Tier 3
Deductible	Not Applicable / $5,000 / $6,000 / $10,000	Not Applicable / $10,000 / $12,000 / $20,000
Coinsurance	Not Applicable / 90% / 80% / 50%	Not Applicable / 90% / 80% / 50%
Out-of-Pocket Maximum	Not Applicable / $7,500 / $8,500 / $15,000	Not Applicable / $15,000 / $17,000 / $30,000
Routine Preventive Care	Select Services Are ***FREE***	
Virtual Care	$ Fee Per Service	
Urgent Care	Not Applicable / 90% / 80% / 50% - after deductible	
Hospital Visits	Not Applicable / 90% / 80% / 50% - after deductible	
Emergency Care	Not Applicable / 90% / 80% / 50% - after deductible	
Prescription Drugs	Deductible then 80%	
Office Visits		
Primary Care Physician (PCP) / Specialty Care	Not Applicable / 90% / 80% / 50% - after deductible	
Per Pay Period Premium	Health Saving Account (HSA) High Plan	

	Total HSA Annual Maximum Contribution (Employee + Employer)	**Employer HSA Contribution**	**Employee Annual Maximum HSA Contribution**
Employee Only	$4,500	$1,000	$3,500
Employee + Spouse	$9,000	$1,500	$7,500
Employee + Child(ren)	$9,000	$1,500	$7,500
Family	$9,000	$2,000	$7,000

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

EMPLOYEE CONTRIBUTION RATES

HSA HIGH PLAN

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

Employee Only	Per Pay Period
0.75 – 1.0 FTE	$84.49
0.5 – 0.74 FTE	$183.89

Employee + Spouse	Per Pay Period
0.75 – 1.0 FTE	$193.57
0.5 – 0.74 FTE	$421.29

Employee + Child(ren)	Per Pay Period
0.75 – 1.0 FTE	$152.08
0.5 – 0.74 FTE	$330.99

Family	Per Pay Period
0.75 – 1.0 FTE	$230.42
0.5 – 0.74 FTE	$501.50

North Central Health Care

The Alliance Tier 1 Preferred-Value Providers

Lower Out-of-Pocket AND Receive an Incentive for select locations

How does it work?

Do you know that you can save money and be rewarded at the same time for seeking care from The Alliance Tier 1 Preferred-Value Providers? Here's how...

Outpatient procedures and tests are often done separately from a normal doctor's office visit and in a non-emergency situation. That means you may have time to research providers and ask the right questions before you choose where to have a certain procedure or test.

The next time you are scheduled for an outpatient procedure or test, be sure to check out the chart on the reverse side. The Alliance Tier 1 Preferred-Value Providers not only save you and your employer money but select locations will also reward you with an incentive for making an informed decision regarding your healthcare.

Why is it important?

Ultimately you make the decisions about your healthcare and where you seek treatment. With that said, healthcare costs can vary significantly (3 - 4 times higher) from one healthcare provider to another. So, it is important to make informed decisions about your healthcare to save yourself and your family money.

How do you collect your Incentive?

1. You, or your dependent, must be covered under the Medical Plan and the charge must be an eligible expense under the Plan.
2. Choose one of The Alliance Network Tier 1 Preferred-Value Providers relative to the procedure (refer to reverse side) or the lowest cost facility identified by The Alliance based on your request for a cost comparison.

Learn more at
the-alliance.org | 800.223.4139 | info@the-alliance.org

The Alliance
Self-Funding Smart®

The Alliance Tier 1 Preferred - Value Providers

Tier 1 Procedure	The Alliance Tier 1 Preferred-Value Providers	Employee Incentive
Ankle Replacement	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Cedar Crest Surgery Center - $1,000 Twin Cities Orthopedics - $1,000
Back Surgery (Decompression, Laminectomy, Laminotomy)	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), , Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Cedar Crest Surgery Center - $3,000
Carpal Tunnel	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Orthopedic and Spine Centers of Wisconsin (Madison) Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Cedar Crest Surgery Center - $750 Orthopedic and Spine Centers of WI (in office) - $750
Cataract Surgery	Chippewa Valley Eye Clinic (Eau Claire, Rice Lake, Menomonie)	Chippewa Valley Eye Clinic – $750

The Alliance Tier 1 Preferred - Value Providers

Colonoscopy	Gastrointestinal Associates (Wausau, Stevens Point, Antigo, Rhinelander, Woodruff), Bhatti GI Surgery Center, Bhatti Gastroenterology Consultants (Chaska and Edina MN), MNGI Endoscopy ASC (Mention Pay 1 Price) (Saint Paul and Woodbury MN), MNGI Digestive Health (Saint Paul and Woodbury MN), Moreland Endoscopy Center (Waukesha)	Bhatti Gastroenterology Consultants - $750 MNGI Digestive Health - $750
EGD	Gastrointestinal Associates (Wausau, Stevens Point, Antigo, Rhinelander, Woodruff), MNGI Digestive Health (Saint Paul and Woodbury, MN), Bhatti GI Surgery Center (Chaska and Edina MN), Bhatti Gastroenterology Consultants (Chaska and Edina, MN), Mayfair Digestive Health (Milwaukee), Moreland Endoscopy Center (Waukesha)	Bhatti Gastroenterology Consultants - $750 MNGI Digestive Health - $750
Hip Replacement	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Orthopedic Surgery Center – Pewaukee – $3,000

Hysteroscopy	Generations Fertility Care (Madison)	Generations Fertility Care (Madison) – $1,000

The Alliance Tier 1 Preferred - Value Providers

ACL Reconstruction w/Knee Arthroscopy	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Green Bay), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Orthopaedic Surgery Center – Green Bay – $1,000
Knee Arthroscopy	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Orthopaedic Surgery Center – Green Bay – $1,000
Knee Replacement	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Twin Cities Orthopedics - $3,000

The Alliance Tier 1 Preferred - Value Providers

Knee Revision	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Twin Cities Orthopedics - $1,000
Epidural/Subarachnoid Injection – Cervical, Thoracic, Lumbar, and sacral with Fluoroscopy	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Cedar Crest Surgery Center - $1,000
Epidural Injection – Cervical, Thoracic Transformational – 2 levels	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake) (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Cedar Crest Surgery Center - $1,000

The Alliance Tier 1 Preferred - Value Providers

Medial Branch Block – Cervical, Thoracic, Lumbar, Sacral Facet	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Cedar Crest Surgery Center - $1,000
Major Joint Injection with Fluoro or Ultrasound Guidance	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Cedar Crest Surgery Center - $1,000
MRI	Smart Scan MRI (Weston, Eau Claire, Madison), MH Imaging (Madison, Kenosha, Racine, Milwaukee), Sensible MRI (West Salem)	Smart Scan – $500
Rotator Cuff Surgery	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Cedar Crest Surgery Center - $1,000

The Alliance Tier 1 Preferred - Value Providers

Radiofrequency Cervical or Lumbar 1-2 levels	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Cedar Crest Surgery Center - $1,000
Shoulder Replacement **Shoulder Arthroscopy (capsulorraphy)**	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Cedar Crest Surgery Center - $2,000
Transforaminal Epidural Injection – Lumbar, Sacral 1-2 levels	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Cedar Crest Surgery Center - $1,000

The Alliance Tier 1 Preferred - Value Providers

Trigger Finger Release	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Orthopedic and Spine Centers of Wisconsin (Madison) Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Orthopedic and Spine Centers of WI(in office) - $750
Ulnar Nerve	Bone & Joint Outpatient Surgery Center (Rib Mountain, Plover and Wausau), Bone & Joint Clinic Physicians (Wausau, Weston, Mosinee, Medford, Rib Mountain, Merrill, Plover), Orthopaedic Surgery Center (Pewaukee WI), Orthopaedic Associates of Wisconsin (Pewaukee WI), Twin Cities Orthopedics (Hudson WI, Edina & Woodbury MN), Cedar Crest Surgery Center (Rice Lake), Chippewa Valley Orthopedics and Sports Medicine (Altoona Chippewa Falls, Rice Lake)	Ortho Midwest Beloit – $1,000

Preventive care helps manage your health

We encourage members to receive age- and gender-appropriate preventive health care services. Most of our members are eligible to receive certain preventive health care services, based upon age, gender, and other factors, with no cost sharing. Your plan covers preventive services at 100% without charging a copayment, coinsurance, or deductible, as long as you obtain the services from a health plan in-network provider. You can always refer to your plan documents for more on your coverage.

Preventing disease and detecting health issues at an early stage can help you live a healthy life at any age. Following the recommended guidelines, based on your age and gender, along with the advice of your doctor, can also help you avoid medical costs. For specific health questions and concerns, you should talk with your doctor and follow their direction as to the preventive care services that are right for you.

WPS™ A HEALTH SOLUTIONS COMPANY

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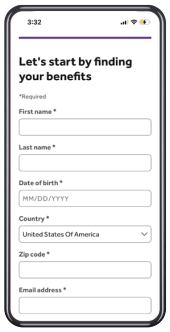
Teladoc Health - Setup Account

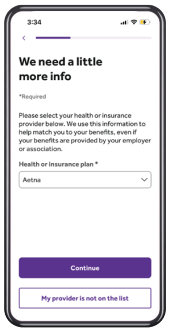
How to set up your Teladoc Health account

Simply download the Teladoc Health app and follow the four steps you see below.



1. Confirm benefits

Provide some information about yourself to confirm your eligibility.



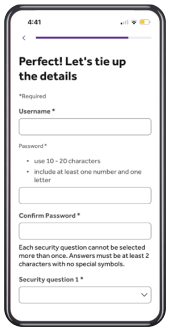
2. Select benefit provider

Confirm the coverage that has been matched to you. Please note your care option through your employer group will pop up here if a match is found. Click "Continue" to proceed with account set up.

If you are asked to select your health insurance, please call Teladoc Health for registration assistance.

3. Create account

Provide your contact information.



4. Complete account

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

Once your account is created, eligible dependents under 18 years of age can be added in your account settings under the primary member. Dependents older than 18 should follow the steps above to create their own account.

Set up your Teladoc Health account today

Visit Teladoc.com

Call 1-800-TELADOC (800-835-2362) | Download the app

HDHP members may have a fee depending on your plan.

If your device settings for your mobile phone are set to Spanish, the Teladoc Health app will display in Spanish.

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Health plans are underwritten by the Wisconsin Physicians Service Insurance Corporation. Fees billed by our approved telehealth provider or selected participating telehealth provider are subject to change. Teladoc general medical services, mental health, dermatology, and P360 are available to all fully insured groups. Teladoc general medical services, mental health, and dermatology are available to level-funded groups, but P360 is offered as an optional buy-up. Teladoc general medical services, mental health, dermatology, and P360 are offered as optional buy-ups for WPS Powered by Auxiant ASO groups. Teladoc P360 is not available for WPS Individual Health plans. Teladoc mental health, dermatology, and P360 are not available for WPS Short-Term Health plans. Please call the number on your WPS ID card to verify Teladoc benefits available.

TM-GM-10E-A24-02_3750057_E_030123_PC 37277-100-2410

WHAT THIS MEANS FOR YOU

Unlimited Visits
See us as often as you need, no limits

Real Time with Your Provider
30–60-minute appointments—not rushed 15-minute visits

Same-Day or Next-Day Access
Sick? We'll get you in today or tomorrow

No Surprise Bills
No deductibles, no confusing charges

Someone Who Knows You
Your providers will actually remember your name and your health history

Multiple Ways to Connect
In person, video call, text, email, or phone—your choice

AFTER-HOURS CARE — WE'VE GOT YOU COVERED

When the clinic is closed, your care team is still here.

STEP 1 - CALL YOUR CLINIC

Antigo: (715) 500-4651
Appleton: (920) 764-8677
Clintonville: (915) 468-6098
De Pere: (920) 289-4206
Marshfield: (715) 506-4206
Menomonie: (715) 953-0238
Merril: (715) 804-1313
Ooshosh: (920) 776-6651
Plymouth: (920) 744-3493
Rhinelander: (715) 200-8752
Stevens Point: (715) 883-3200
Wausau: (715) 519-8617
Weston: (715) 636-0590
WI Rapids: (715) 515-7900

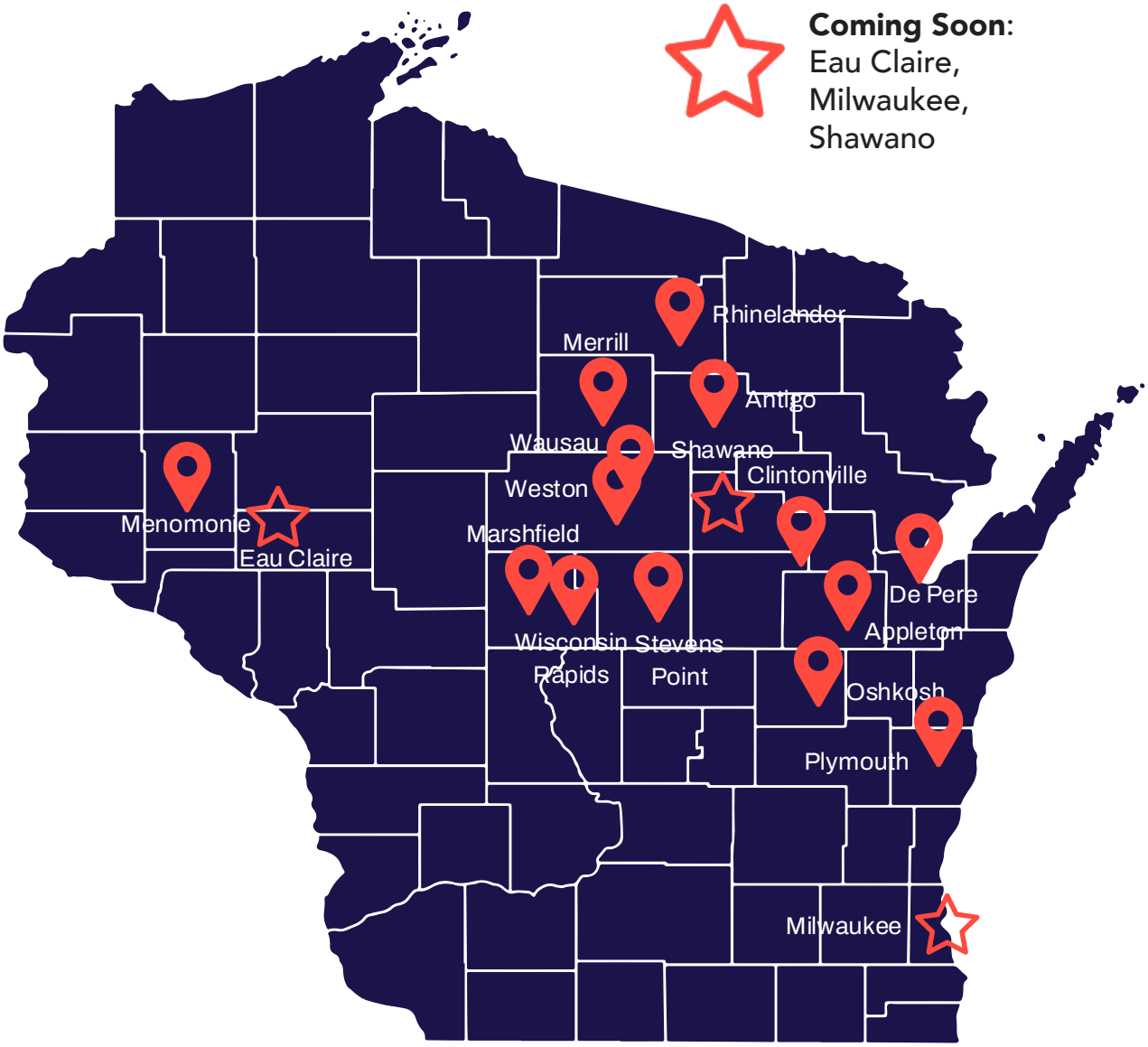
STEP 2 - LISTEN TO THE PROMPT

PRESS 1 — **Non-Urgent Messages**
Leave your name, date of birth, and phone number.
A care team member will follow up at the start of the next business day.

PRESS 2 — **Urgent Matters**
You'll be connected to the on-call provider. If they don't answer immediately, leave your name, date of birth, and phone number. Your provider will be in touch as soon as possible.

Anovia Health — Your first call for care, any time of day.

YOUR CARE, WHEREEVER YOU NEED IT



Coming Soon:
Eau Claire,
Milwaukee,
Shawano

Current Locations:
Antigo, Appleton, Clintonville, De Pere, Marshfield, Menomonie, Merrill, Oshkosh, Plymouth, Rhinelander, Stevens Point, Wausau, Weston, Wisconsin Rapids

Onsite Clinics:
Applied Laser Technologies, Gamber-Johnson, Ki Mobility, Schuette Metals

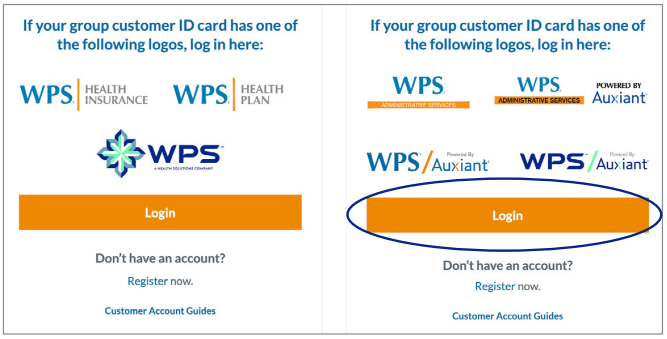
We're expanding access so care is always within reach.

Customer Portal Tip Sheet

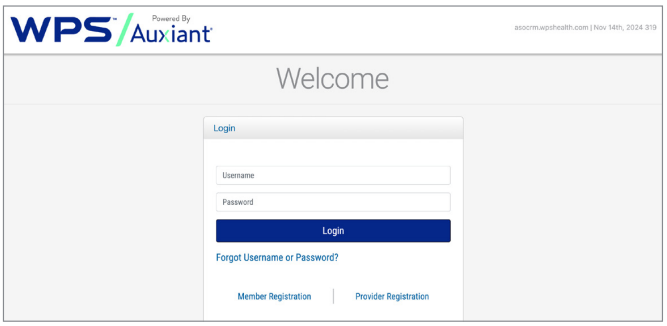
WPS Powered By Auxiant makes it easy and convenient for you to check on claims, view and request ID cards, send and receive secure messages, view your benefits, and more. You can find these and other helpful online resources on the WPS website at **wpshealth.com** and in your secure online customer account.

Logging In

Start by choosing the login button that matches the logo on your customer ID card. For WPS Powered By Auxiant customers, the logo on your card should match thae one on the right.

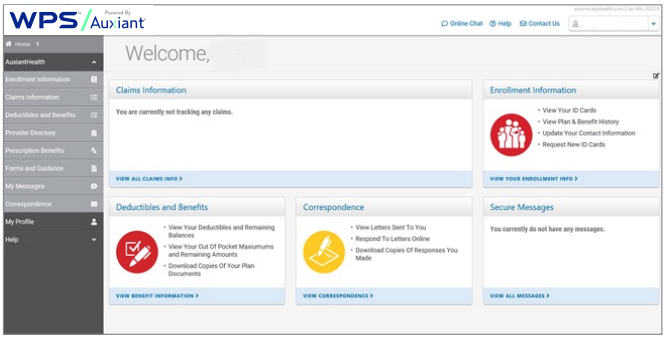


Log in to the customer portal using your username and password.



Dashboard

After logging in, the first page you will be taken to is the Dashboard. From the Dashboard, you can check your account balances, see a high-level overview of your claims, and view messages.

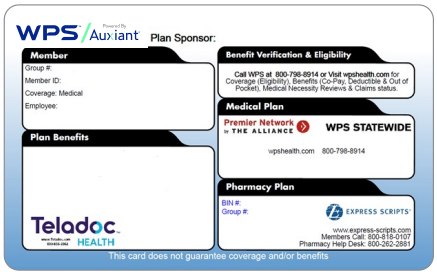


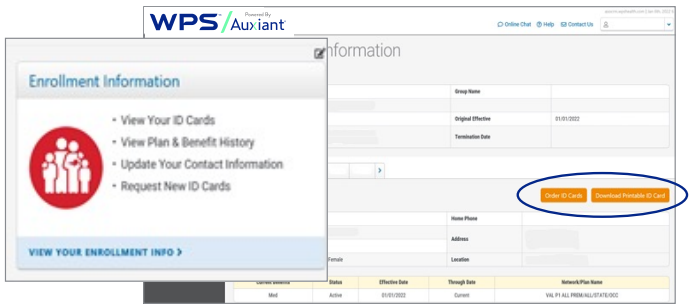
WPS/Auxiant Powered By

Customer Portal Tip Sheet

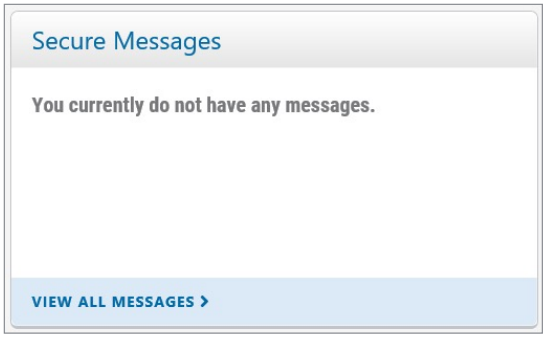
To view your ID cards, click on Enrollment Information.

Here, you can download printable ID cards and order new ID cards.

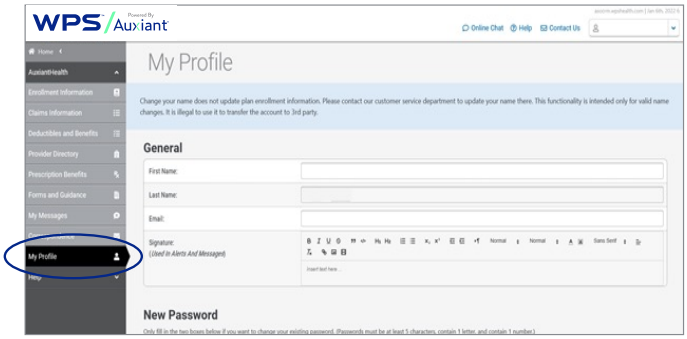




If you have any messages in your Secure Message Center, you can click View All Messages link to read them.



You can view your account management tools by clicking on My Profile on the navigation menu in the sidebar.

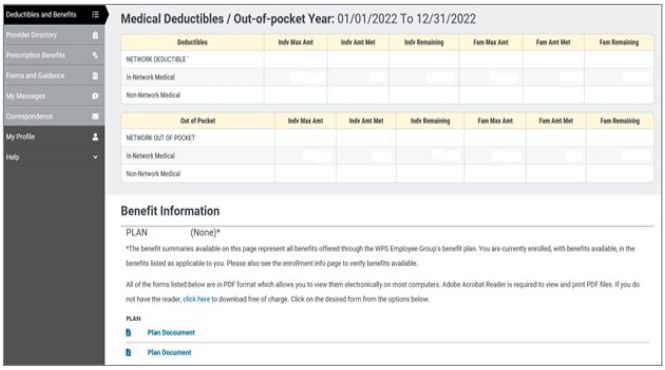


WPS Auxiant Powered By

Customer Portal Tip Sheet

My Benefits

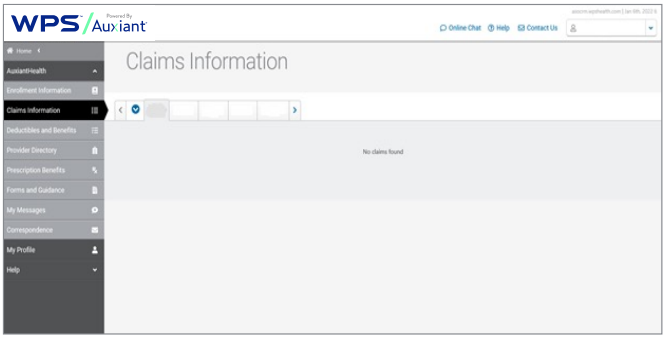
To view your benefits, click on Deductibles and Benefits from the side navigation menu. That will take you to a page with details of your coverage and your Plan Document.



Claims Summary and Details

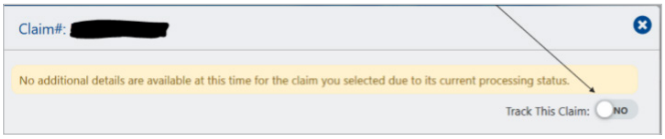
To view your claims, click Claims Information on the side navigation menu.

You will be taken to a page where you can search your claims.



To track the progress of a claim, find the claim on the list and click on it.

Once you are in a claim, you can choose to track the claim by clicking the toggle button to choose "Yes."



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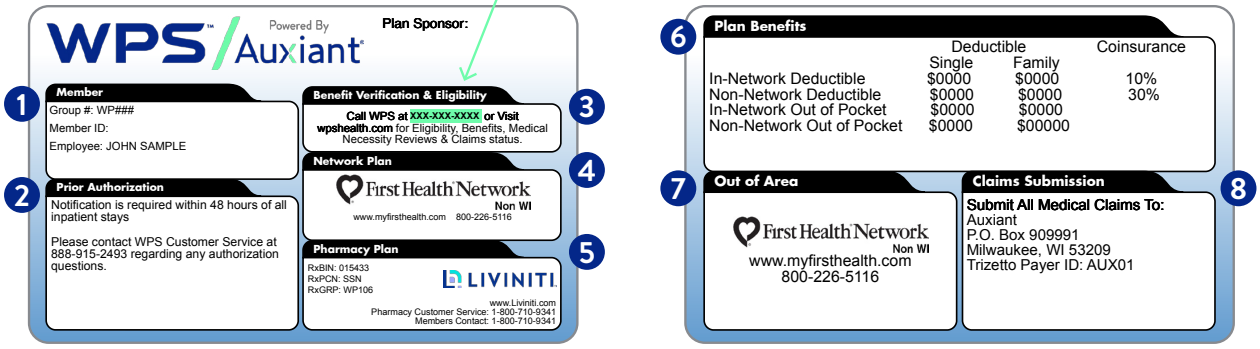
36829-100-2411

Understanding Your Customer ID Card

When you become a WPS customer, you will receive a customer ID card in the mail. You should always carry this ID card with you. When you need to seek services from clinics, hospitals, and pharmacies, you should present your insurance card. Your card also provides important information about your health plan.

Sample ID Card

For any questions, please contact the Customer Service number on your ID card.



Note: Your ID card may look different than the card shown above.

1. **Member Information:** This is where you will find your group number, member ID, and your name.
2. **Prior Authorization:** Some services and medications require approval from your health plan before you receive care. Please use the number in this section for any questions regarding prior authorizations.
3. **Benefit Verification & Eligibility:** Any questions regarding your eligibility, benefits, claim status, medical reviews, or any other information about your plan should be directed to the Customer Service number listed in this section of your ID card.
4. **Network Plan:** The name of your provider network(s) can be found here.
5. **Pharmacy Plan:** Your pharmacy will use this information to submit your pharmacy claims.
6. **Plan Benefits:** This section lists your plan's deductibles for in-network and out-of-network care and the percentage of charges you pay when you get care from a network provider after you have met your deductible (coinsurance).
7. **Out of Area:** The name of your provider network(s) when you need to seek care outside of your primary network (e.g., when traveling or have children that attend school out of state).
8. **Claims Submission:** Your provider will use this information to submit your medical claims.

Important Reminders

- Always have your customer ID card handy when you call Customer Service.
- Need a replacement or extra ID cards? Please log in to your customer account at **wpshealth.com/customers/group**. To view your ID cards, click on Enrollment Information. Here, you can download printable ID cards and order new ID cards.
- Do not let anyone who is not specified on your plan use your ID card—it's illegal!

Have a question?
Call the Customer Service number on you customer ID card.

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37340-100-2411

Active & Fit Direct

Thousands of Fitness Options

- Choose from **12,700+ standard gyms** for just **$28/mo.**[1]
- Plus, **8,800+ premium exercise studios with 20% - 70% discounts** at most locations.[1]

Flexible & Affordable

- **No long-term contracts.** Switch gyms or cancel with ease.
- Join multiple gyms and get a **discount.**[2]

Go Beyond the Gym

- **1:1 well-being coaching** to help you reach your health goals at no additional cost.
- Get Fit at Home™ for free with **12,000+ on-demand workout videos** before you enroll.

Standard Fitness Network — 24 Hour Fitness, Gold's Gym, EoS Fitness, the Y, Crunch, Chuze Fitness, Anytime Fitness, + More

Premium Fitness Network — StretchLab, YogaSix, Club Pilates, F45, Rumble, pure barre, + More

Get Started: Enroll now through your WPS Customer Account

[1] Monthly fees are subject to applicable enrollment fees and taxes. Costs for premium exercise studios exceed $28/mo. plus applicable enrollment fees and taxes. Fees vary based on premium fitness studios selected.

[2] Members may purchase multiple standard and premium gym memberships with a $5 discount off the monthly fee for each membership purchased after their first.

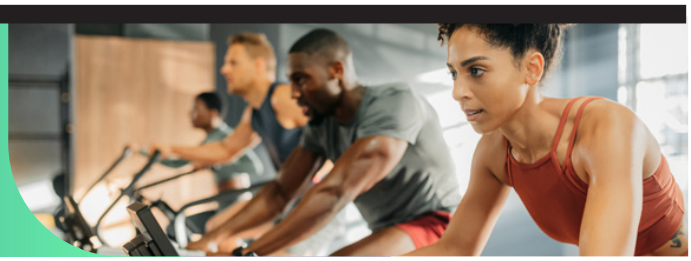
M966-105G 09/24 © 2024 American Specialty Health Incorporated (ASH). All rights reserved. The Active&Fit Direct™ program is provided by American Specialty Health Fitness, Inc., a subsidiary of ASH. Active&Fit Direct, Fit at Home, and the Active&Fit Direct logos are trademarks of ASH. Other names or logos may be trademarks of their respective owners. Standard fitness center and premium studio participation varies by location and is subject to change. Other restrictions may apply based on the location of your selected fitness center. On-demand workout videos are subject to change. ASH reserves the right to modify any aspect of the Program (including, without limitation, the Enrollment Fee(s), the Monthly Fee(s), any future Annual Maintenance fees, and/or the Introductory Period) at any time per the terms and conditions. If we modify a fee or make a material change to the Program, we will provide you with no less than 30 days' notice prior to the effective date of the change. We may discontinue the Program at any time upon advance written notice.

Fitness discount program s not part of the insurance policy and is offered at no additional charge. Enrollment is subject to contract renewal.

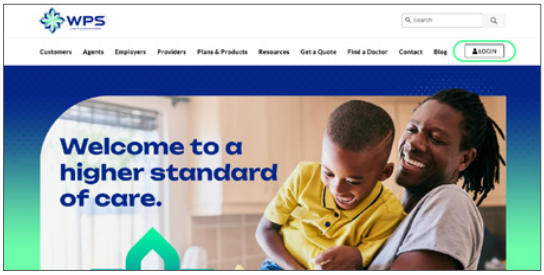
JO 26250 36580-100-2410

Active & Fit Direct

How to enroll in the Active&Fit Direct™ program.

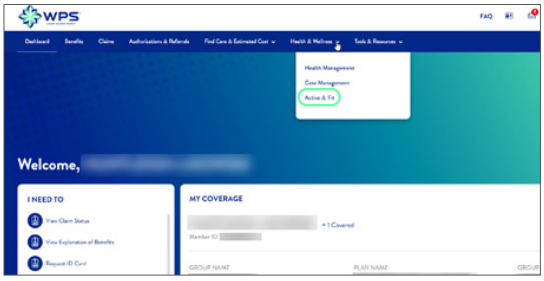


1 Go to wpshealth.com and log in to your customer portal. If you have not registered for a WPS Customer Account, you will need to register for an account first.



2 In your customer account, select the Active&Fit Direct link. This will take you to the WPS Active&Fit Direct website to sign up.

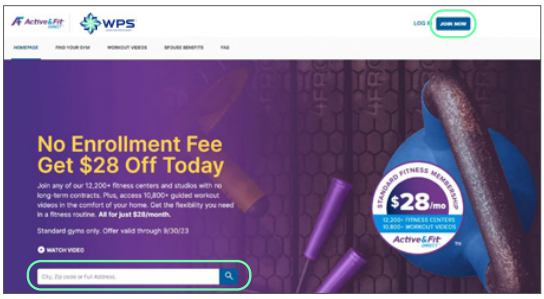
Customer account dashboard for WPS Powered By Auxiant members



Customer account dashboard for WPS Health Plan members

3 On the Active&Fit Direct website you will be able to select **Join Now** to begin setting up your account, or you can first search for a fitness center or studio.

To search for a fitness center or studio near you, enter your zip code, city or state in the fitness center search box. Select your fitness center or studio, then create an account.



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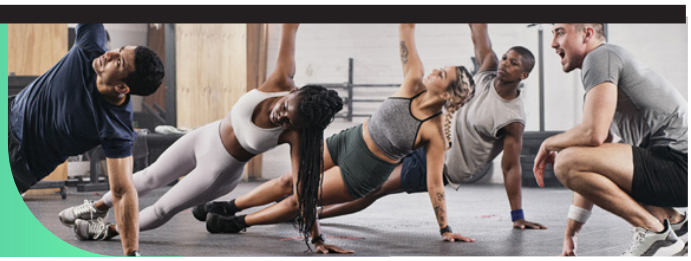
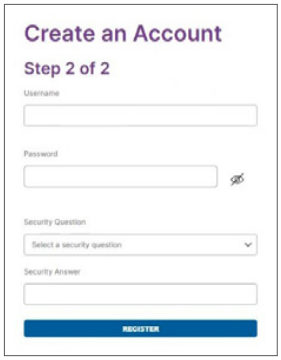
WPS A HEALTH SOLUTIONS COMPANY

Active & Fit Direct

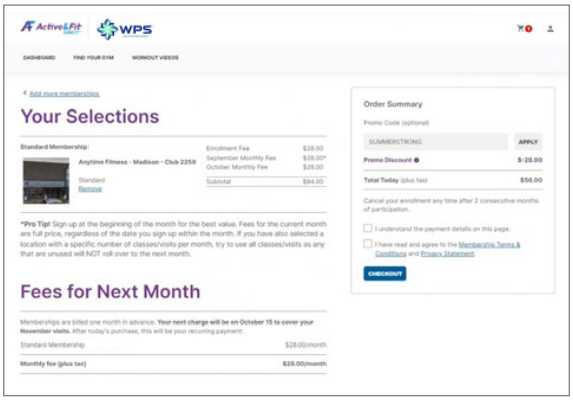
How to enroll in the Active&Fit Direct™ program.



4 Complete the required information to create your account. Check the box to agree with the terms and conditions. Then click Continue.

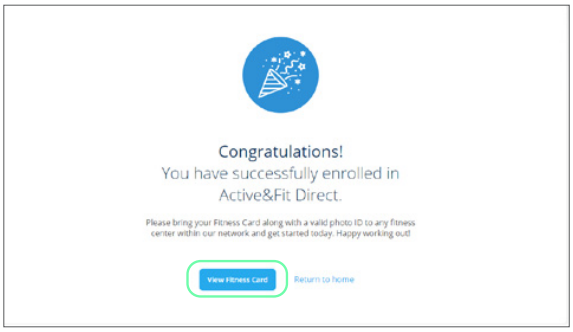


5 Fill out the payment information and click **Pay** to make your initial payment. You will pay for your first two months, plus an enrollment fee.



6 After you've paid, you're all set up and ready to use Active&Fit Direct at a participating fitness center near you!

Print your fitness card or save it to your phone and take it with you to your fitness center of choice. You can also immediately access over 12,000+ workout videos so you can work out at home or on the go.



If you have questions on how to sign up, call the Customer Service number listed on your WPS ID card for assistance.

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32918-100-2505

Health Savings Account (HSA)

HSA MID PLAN & HSA HIGH PLAN

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

Mid Plan

	Total HSA Annual Maximum Contribution (Employee + Employer)	Employer HSA Contribution	Employee Annual Maximum HSA Contribution
Employee Only	$4,500	$750	$3,700
EE + Spouse	$9,000	$1,250	$7,750
EE + Child(ren)	$9,000	$1,250	$7,750
Family	$9,000	$1,750	$7,250

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

High Plan

	Total HSA Annual Maximum Contribution (Employee + Employer)	Employer HSA Contribution	Employee Annual Maximum HSA Contribution
Employee Only	$4,500	$1,000	$3,500
EE + Spouse	$9,000	$1,500	$7,500
EE + Child(ren)	$9,000	$1,500	$7,500
Family	$9,000	$2,000	$7,000

NEW in 2027 – Changing to Quarterly HSA Contributions

- January 22, 2027
- April 16, 2027
- July 23, 2027
- October 15, 2027

Important Changes

- Important: Employees without an active HSA account at the time of the Employer distributions are ineligible to receive the employer contribution.
- HSA accounts will need to be active and set up before January 18, 2027, to receive the first quarter contribution for 2027.

Health Savings Account (HSA) Continued

IMPORTANT TAX REMINDERS FOR ALL HSA

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

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

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

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

RECORD KEEPING FOR HSA

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

Please note the following:

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

ADDITIONAL RULES WITH HSA ACCOUNTS

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

IMPORTANT NOTES ON HSA

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

If you enroll in the Health Savings Account, you are <u>not</u> allowed to enroll in the Medical Flexible Spending Account (FSA) however you may enroll in a Limited Purpose FSA Account, to be used for qualified dental and visions expenses only. See pages 30-31 for details on FSA.

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

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

Prescription Drug Plan

Administered by TrueScripts Rx

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

ELIGIBILITY AND ENROLLMENT

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

PLAN FEATURES

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

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

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

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

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

TERMS YOU NEED TO KNOW

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

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

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

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

PRESCRIPTION BENEFIT SCHEDULE

TrueScripts Rx for HSA Mid & HSA High Health Plan (EFFECTIVE 01-01-2027)
All Pharmacy costs are subject to the same health plan deductible. You pay the full cost for each prescription up until you reach your deductible on the Health Savings Account (HSA) Plan.
Once your deducible is met, you will be subject to coinsurance on any medication up to your out of pocket maximum.
Refer to pages 25-26. Health Savings Account contributions can be used to pay prescription drug costs.

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

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

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

ASTHMA
ADVAIR HFA
albuterol sulfate hfa
albuterol sulfate nebulization soln
budesonide inhaled suspension
budesonide/formoterol aerosol
montelukast
QVAR REDIHALER
SEREVENT DISKUS
theophylline er, cr
wixela inhub

BLOOD CLOTS AND STROKE
aspirin/dipyridamole ER
cilostazol
clopidogrel bisulfate
dipyridamole
jantoven
warfarin

DIABETES
Diabetic supplies require a prescription to be covered as preventive. Accu Chek and Contour
brand meters and test strips are
covered on the Access Formulary. Only Contour brand meters and test strips are covered
on the Select Formulary.
acarbose
alogliptin
glimepiride
glipizide
glipizide er, xl
glipizide/metformin hcl
glyburide
glyburide micronized
glyburide/metformin hcl
HUMALOG
HUMALOG KWIKPEN
HUMULIN
HUMULIN KWIKPEN
INSULIN LISPRO
INSULIN LISPRO JUNIOR
INSULIN LISPRO PEN
INSULIN LISPRO PROTAMIN
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
LANTUS
LANTUS SOLOSTAR
metformin hcl
metformin er (generic Glucophage XR)
Mounjaro
Ozempic
pioglitazone
pioglitazone/metformin
SYNJARDY
SYNJARDY XR
Trulicity

HEART HEALTH & HIGH BLOOD PRESSURE
acebutolol
acetazolamide
afeditab cr
amiloride hcl
amlodipine
amlodipine/benazepril
amlodipine/olmesartan
amlodipine/valsartan
amlodipine/valsartan/hctz
atenolol
atenolol/chlorthalidone
benazepril
benazepril/hctz
betaxolol
bisoprolol
bisoprolol fumarate/hctz
bumetanide
candesartan
candesartan/hctz
captopril
cartia xt
carvedilol
chlorthalidone
clonidine hcl tabs
digoxin
diltiazem cd
diltiazem hcl
diltiazem hcl er
doxazosin mesylate
enalapril
enalapril/hctz
felodipine er
fosinopril
fosinopril/hctz
furosemide
guanfacine hcl
hydralazine hcl
hydrochlorothiazide
indapamide
irbesartan
irbesartan/hctz
isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate er
labetalol
lisinopril
lisinopril/hctz
losartan
losartan/hctz
matzim la
methazolamide
methyldopa
metoprolol succinate er
metoprolol tartrate
minoxidil tabs
moexipril
nifedipine
nifedipine er
nisoldipine er
nitroglycerin sl tabs
nitroglycerin 400 mcg spray
olmesartan
perindopril
pindolol
prazosin hcl
propranolol
propranolol hcl er
quinapril
ramipril
sotalol
sotalol hcl (af)
spironolactone
taztia xt
terazosin hcl
tiadylt
timolol
torsemide
trandolapril
trandolapril/verapamil
triamterene
triamterene/hctz
valsartan
valsartan/hctz
verapamil hcl
verapamil hcl er

HEART RATE AND RHYTHM
disopyromide
flecainide
mexiletine
propafenone
propafenone er
quinidine

HIGH CHOLESTEROL
atorvastatin
colesevelam tabs
fenofibrate (43, 67, 130, 134, 200mg capsules & 48, 54, 145mg tablets)
fenofibric acid
fluvastatin
gemfibrozil
lovastatin
niacin er
pravastatin
rosuvastatin
simvastatin

MALARIA
atovaquone/proguanil
chloroquine
hydroxychloroquine 200mg tablets
mefloquine

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

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

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

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

MENTAL HEALTH
amitriptyline
amoxapine
aripiprazole
bupropion
bupropion sr
bupropion xl (150 & 300mg)
carbamazepine
carbamazepine er
chlorpromazine
citalopram
clomipramine
clozapine
clozapine odt 25mg, 100mg
desipramine
desvenlafaxine er
divalproex sodium dr, er
doxepin
duloxetine
escitalopram
ethosuximide
felbamate
fluoxetine capsules, solution
fluphenazine
fluvoxamine
fluvoxamine er
gabapentin
haloperidol tablets
imipramine tablets
lamotrigine
levetiracetam
levetiracetam er
lithium
lithium er
loxapine
mirtazapine
mirtazapine odt
nefazodone
nortriptyline
olanzapine
olanzapine odt
oxcarbazepine
paroxetine
paroxetine er
perphenazine
phenelzine
phenytoin er
pregabalin
primidone
prochlorperazine
protriptyline
quetiapine
quetiapine er
risperidone
risperidone odt
sertraline
subvenite
thioridazine
thiothixene
tiagabine
topiramate
tranylcypromine
trazodone
trifluoperazine
trimipramine
valproic acid
venlafaxine
venlafaxine er
ziprasidone
zonisamide

OSTEOPOROSIS
alendronate
calcitonin-salmon
estradiol tabs, patch
estradiol/norethindrone acetate
estropipate
ibandronate sodium tablets
jinteli
medroxyprogesterone acetate
raloxifene
risedronate

This listing of preventive medications is provided to employees at zero copay. This listing of preventive medications is provided to employees at zero copay. Products may or may not be covered by your prescription drug benefit. Some drugs may be subject to Step Therapy or Clinical Review before coverage can be determined. For specific benefit coverage, please review your benefit plan documents, or call the TrueScripts Member Care Team at 844-257-1955. In addition to using this list, please ask your doctor to prescribe generic drugs whenever appropriate.

Generics = lowercase Brands = UPPERCASE

Dental Plan

Administered by Delta Dental

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

ELIGIBILITY

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

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

2027 EMPLOYEE CONTRIBUTION RATES

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

HOW DOES THE DELTA DENTAL PPO PROGRAM WORK?

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

WHAT IF I GO TO A NON-PARTICIPATING DENTIST?

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

HOW CAN I FIND A PARTICIPATING DENTIST?

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

DELTA DENTAL

Your Dental Benefits

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

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

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

MEMBER PERKS

More reasons to smile

EXCLUSIVE SAVINGS FOR DELTA DENTAL OF WISCONSIN MEMBERS

Save on a wide range of products and services—from oral care essentials to wellness services, lifestyle experiences, and more! Just for being a valued member, you're eligible to take advantage of these Member Perks.

ORAL HYGIENE

Buy Oral-B electric toothbrushes and replacement brush heads at special member pricing. Additional oral hygiene items may also be available for purchase at standard pricing.

VISION CARE

Save up to 35% on LASIK eye surgery with QualSight.* Access LASIK surgeons nationwide and schedule a free exam.

PERSONAL CARE

Exclusive savings on Philips Sonicare dental hygiene, Philips Avent baby care, and Philips Norelco grooming products.

SPORTS AND DENTAL PROTECTION

Have peace of mind and protection with 50% off a custom-fitted mouth guard from Delta Dental.

HEARING CARE

Need help with your hearing? Receive personalized assistance and save on hearing solutions, including hearing aids, from Amplifon.

LIFESTYLE

Get exclusive deals on everyday essentials and experiences you'll love—from groceries and electronics to dining, travel, hotels, tickets, and more through LifeMart.

Learn more about Member Perks and access through the member portal at **deltadentalwi.com/member-perks**.

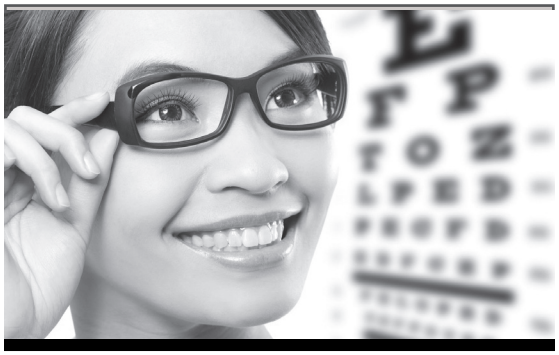
These offerings are available to Delta Dental of Wisconsin members. Distribution to non-covered individuals is prohibited.

*Save 20–35% on LASIK eye surgery compared to the national average cost reported by Market Scope.

Vision Plan

Administered by National Vision Administrators (NVA)

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



ELIGIBILITY

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

2027 EMPLOYEE CONTRIBUTION RATES

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

HOW TO FIND A PROVIDER

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

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

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

Group Number# 3262

In-Network Discounts

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

Lens Options

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

NOTE: You may enroll in the Limited Purpose FSA for your vision expenses. See pages 30-31 for details.

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

Flexible Spending Accounts

Administered by Diversified Benefits Services

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

NCHC offers three FSA's Accounts:

Medical FSA—Use this account to cover the cost of health, dental, vision and hearing expenses which are not covered under an insurance plan for you, your spouse or dependents (including children up to age 26) which are considered eligible healthcare FSA expenses. You may contribute up to $3,500 per year. ***If you or your spouse are on any HSA Plan, you cannot be enrolled in the Medical FSA at the same time, per IRS guidelines.***

Dependent Care FSA—Use this account to cover the cost of dependent care while you work. You may use this for expenses for the care of a child under age 13 or a disabled spouse, child or parent. If you are married, your spouse must be employed or attending classes full time for you to use the Dependent Care Spending Account. You may contribute up to $7,500 per year per household to this account or $3,500 per year if you are married and file your taxes separately. Eligible dependent care expenses include qualified daycare centers for children or qualified adults as well as care inside or outside your home.

Limited Purpose FSA—Use this account to cover the cost for out-of-pocket dental and visions expenses for you, your spouse or dependents (including children up to age 26). If you enroll in the Health Savings Account, you are only allowed to enroll in the Limited Purpose FSA, meaning you can only use the FSA money for qualified dental and vision expenses. You may contribute up to $3,500 per year.

For more information please visit www.dbsbenefits.com

Eligible Medical FSA Expenses Include:

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

Eligible Dependent Care FSA Expenses Include:

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

Limited Purpose FSA Expenses Include:

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

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

HOW THE ACCOUNTS WORK

FSAs are simple. Here is how they work:

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

THINGS TO CONSIDER FOR DEPENDENT CARE FSA'S

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

- Your 2027 contributions for Dependent Care FSA must be used for eligible expenses you incur between January 1, 2027 and December 31, 2027.
- You incur an expense on the date the service is provided—not when you are billed or when you pay for it.
- By plan rule, any unclaimed money remaining in your 2027 account(s) that is not used in the grace period is forfeited and will not be returned to you. This is known as the "use it or lose it" rule.
- Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.
- For a Dependent Care Flexible Spending Account, you can only be reimbursed up to the amount available in your account. Claims for expenses exceeding that amount will be reimbursed as additional funds accumulate in your account.
- The contribution amount you elect during Open Enrollment is in effect until the end of the plan year. You may change your contribution amount during the plan year only if you experience a qualified family status change.

CLAIMS PROCESSING

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

Group Term Life Insurance

Administered by Securian

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

ELIGIBILITY

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

HOW TO ENROLL IN THE GROUP TERM LIFE INSURANCE

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

APPLICATION FORM

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

WHAT YOU PAY FOR YOUR GROUP TERM LIFE INSURANCE

Group term life insurance may be purchased in amounts from one to five times your annual salary rounded to the next higher thousand dollars. Employee's cost per month for each $1,000 of basic life insurance is listed below. These rates are effective until June 30, 2027, at that time the premiums are subject to change.

Optional Employee Life Insurance Rates

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

Dependent and Spouse Life Insurance Rates

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

Dependent and Spouse Plan premiums are $1.95 per unit, per month

YOUR BENEFICIARY

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

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

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

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

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

TERMINATION OF COVERAGE

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

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

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

NCHC Retirement Plan - Wisconsin Retirement System

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

2027 CONTRIBUTION RATES

Employee Category	Employee Contribution for 2027	Employer Contribution for 2027	Total Contribution 2027
General Employees	7.25%	7.25%	14.50%

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

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

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

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

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

VESTING REQUIREMENTS

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

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

LEARN MORE ABOUT THE WISCONSIN RETIREMENT SYSTEM

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

Retirement Savings Accounts Section 457(b)-Deferred Compensation

Administered by Empower Or Voya

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

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

Representatives from these companies can be contacted directly by using the telephone numbers located on page 68.

FUND MANAGEMENT FEES AND PLANS

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

ROTH AFTER-TAX OPTION

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

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

IRS 457(B) CONTRIBUTION LIMITS

You may contribute up to **$25,500** per year if you are under age 50; if you are age 50 or older the limit is **$33,000.**

* Subject to change per IRS guidelines before 2027

Voluntary Benefits Available to NCHC Employees

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

- Income Continuation Insurance (ICI)
- Short-Term Disability
- Critical Illness with Cancer Coverage
- Accident
- Hospital Indemnity

Income Continuation Insurance

Administered by The Hartford

WHAT IS AN INCOME CONTINUATION INSURANCE (ICI) BENEFIT?

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

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

COVERAGE

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

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

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

HOW IT WORKS?

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

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

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

INCOME CONTINUATION INSURANCE ENROLLMENT

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

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

DEFERRED ENROLLMENT

If you do not enroll in Income Continuation Insurance when you are initially eligible, you may have an opportunity to enroll through underwriting. Underwriting may include such items as an individual questionnaire, lab work or documentation from your physician. It is extremely beneficial to enroll when you are first eligible. As there will be no cost for employees in 2027, we recommend that employees who are benefit eligible enroll in ICI. Should a cost become necessary in the future, NCHC employees who are enrolled will be allowed to drop or change their elections into the program. You will also be given the opportunity to select supplemental ICI coverage if you are eligible.

EVIDENCE OF INSURABILITY

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

WHEN ARE BENEFITS PAYABLE?

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

HOW TO FILE A CLAIM

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

PREMIUMS

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

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

Short-Term Disability

Administered by UNUM

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

ENROLLMENT

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

unum® North Central Health Care Facilities

Short Term Disability Insurance

How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance replaces part of your income while you recover. As long as you remain disabled, you can receive payments for up to 13 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

Short Term Disability Insurance pays you a weekly benefit if you have a covered disability that keeps you from working.

What else is included?

Cesarean section benefit

If you have a Cesarean section, you will be considered disabled for a minimum period of eight weeks unless you return to work before the end of the time.

Consider your expenses

Utilities	$
Housing	$
Groceries	$
Transportation	$
Child care/Elder care	$
Medical/Personal care	$
Education	$
Insurance	$

How much coverage can I get?

You*	You are eligible for coverage if you are an active employee in the United States working a minimum of 20 hours per week. Cover 66.67% of your weekly income, up to a maximum benefit of $1,000 per week. The weekly benefit may be reduced or offset by other sources of income. *See the Legal Disclosures for more information.

If you don't sign up now but decide to apply later, you may have to answer health questions.

This plan does not cover pre-existing conditions. See the disclosure section to learn more.

Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after 0 days if you become disabled due to an injury and 7 days if you become disabled due to an illness.

Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 13 week benefit duration.

Short-Term Disability (continued)

Age	Rates
15-24	$0.940
25-29	$0.940
30-34	$0.950
35-39	$0.950
40-44	$0.990
45-49	$1.170
50-54	$1.450
55-59	$1.770
60-64	$1.860
65+	$2.100

Calculate your cost

- For step 2:

Enter your rate from the Rate Chart, based on your age.

(Choose the age you will be when your coverage becomes effective. See your plan administrator for your plan effective date.)

Disability worksheet							
1 Calculate your weekly disability benefit.							
$_____ ÷ 52 =	$_____ x	66.67% =	$_____				
Your annual earnings	Your weekly earnings	(Max % of income covered)	Max weekly benefit available (if the amount exceeds the plan max of $1,000, enter $1,000.				
2 Calculate your cost per paycheck.							
$_____ ÷ 10 =	$_____ x	$_____ =	$_____ x	12 =	$_____ ÷	12 =	$_____
Your weekly benefit amount		Your rate	Your monthly cost		Your annual cost	Number of paychecks per year	Your cost per paycheck

Exclusions and Limitations

Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by your employer for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

You must be under the regular care of a physician in order to be considered disabled.
The loss of a professional or occupational license or certification does not, in itself, constitute disability.
'Substantial and material acts' means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified.
Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location or in a specific region.

Pre-existing conditions

You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and
- The disability begins in the first 12 months after your effective date of coverage.

Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

Exclusions and limitations

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);
- Excluded pre-existing conditions (see definition).

The loss of a professional or occupational license does not, in itself, constitute disability.

Termination of coverage

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The last day of the period for which you made any required contributions
- The last day you are in active employment except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.
Underwritten by: Unum Life Insurance Company of America, Portland, Maine
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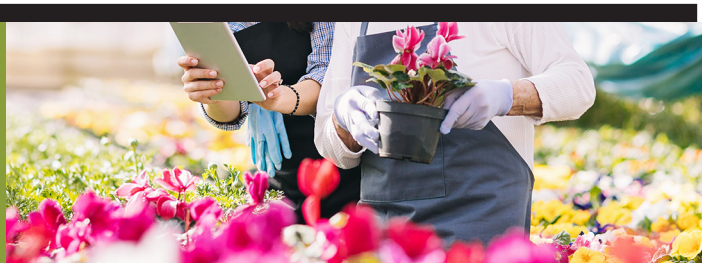
Group Critical Illness Insurance

Administered by Unum

Group Critical Illness Insurance



How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want to help pay out-of-pocket expenses, like deductibles.

Why should I buy coverage now?

- It's more accessible when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

Who can get coverage?

You:	Choose from $10,000 to $30,000 of coverage in increments of $5,000 with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 100% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours.

Childhood diseases
Children are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome, spina bifida, type 1 diabetes, sickle cell anemia and congenital heart disease. The diagnosis must occur after the child's coverage effective date.

What's covered?

Critical Illnesses	
• Heart attack • Stroke • Major organ failure • End-stage kidney failure • Sudden cardiac arrest	• Coronary artery disease Major (50%): Coronary artery bypass graft or valve replacement Minor (10%): Balloon angioplasty or stent placement

Cancer conditions	
• Invasive cancer — all breast cancer is considered invasive • Non-invasive cancer (25%)	• Skin cancer — $1000

Progressive diseases	Supplemental conditions
• Amyotrophic Lateral Sclerosis (ALS) • Dementia, including Alzheimer's disease • Multiple Sclerosis (MS) • Parkinson's disease • Functional loss • Huntington's Disease • Lupus • Muscular Dystrophy • Myasthenia Gravis • Systemic Sclerosis (Scleroderma) • Addison's Disease	• Loss of sight, hearing or speech • Benign brain tumor • Coma • Permanent Paralysis • Occupational HIV, Hepatitis B, C or D • Occupational PTSD **Paid at 25%:** • Infectious Diseases • Pulmonary Embolism • Transient Ischemic Attack (TIA) • Bone Marrow/Stem Cell

Please refer to the certificate for complete definitions of these covered conditions. Coverage may vary by state. See exclusions and limitations.

Additional available benefits

Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive $50 for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Monthly rates per $5,000 of coverage		
Age	Employee	Spouse
under 25	$1.95	$1.95
25 - 29	$2.40	$2.40
30 - 34	$2.85	$2.85
35 - 39	$3.70	$3.70
40 - 44	$4.70	$4.70
45 - 49	$6.10	$6.10
50 - 54	$7.55	$7.55
55 - 59	$9.95	$9.95
60 - 64	$14.90	$14.90
65 - 69	$19.85	$19.85
70 - 74	$27.20	$27.20
75 - 79	$34.95	$34.95
80 - 84	$35.05	$35.05
85+	$34.85	$34.85

Calculate your cost

Choose the rate for your current age:

$ _____ ÷ $5,000 x _____ = $ _____

Amount of coverage you want — Rate

Actual billed amounts may vary. For illustrative purposes only.

Your paycheck deduction will include the cost of coverage and the Be Well Benefit. Actual billed amounts may vary.

Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or occurs as a result of any of the following:

- committing or attempting to commit a felony; being engaged in an illegal occupation or activity; injuring oneself intentionally or attempting or committing suicide, whether sane or not; active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, injury as an innocent bystander, or injury for self-defense; participating in war or any act of war, whether declared or undeclared; combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations; voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician; being intoxicated; and a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

Continuity of coverage

We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date.

Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate.

If you have not returned to Active Employment before any Insured's Date of Diagnosis, any benefits payable will be limited to what would have been paid by the prior carrier.

Covered Loss must be after the coverage effective date.

End of employee coverage

If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the: date this policy is canceled by Unum or your employer; date you are no longer in an eligible group; date your eligible group is no longer covered; date of your death; last day of the period any required premium contributions are made; or last day you are in active employment.

However, as long as premium is paid as required, coverage will continue while benefits are being paid or in accordance with the Continuation of your Coverage during Absences provision or if you elect to continue coverage for you, your Spouse, and Children under Portability of Critical Illness Insurance.

Unum will provide coverage for a payable claim that occurs while you are covered under this certificate.

The definition of hospital does not include certain facilities. See your contract for details.

Unum complies with applicable civil union and domestic partner laws.

THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Certificate Form UIC-GCIC16-2 and Policy Form UIC-GCIP16-2 or contact your Unum representative.

Underwritten by: Unum Insurance Company, Portland, Maine

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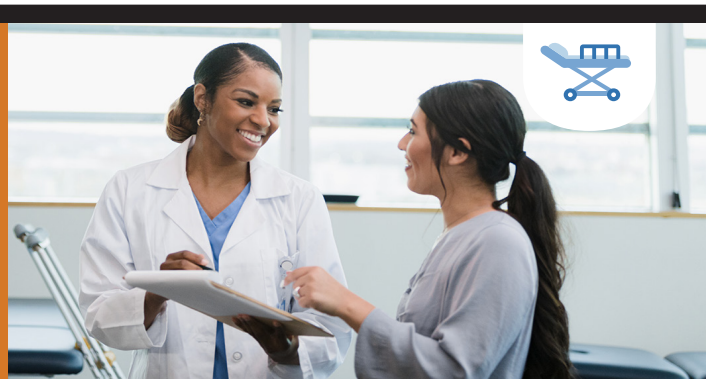
Active employment: You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees may have a waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date. If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-choosing-a-medigap-policy-a-guide-to-health-insurance-for-people-with-medicare.pdf

Group Hospital Insurance

unum® North Central Health Care Facilities

Group Hospital Insurance*



How does it work?

Group Hospital Insurance helps covered employees and their families manage the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover.
- You get competitive rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

Be Well Benefit

Every year, each family member who has Hospital coverage can also receive $50 for getting a covered Be Well screening test, including, but not limited to:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

How much does it cost?

Your Per Pay Period Premium	
You	$7.08
You and your spouse	$12.74
You and your children	$11.44
Family	$17.10

Coverage may vary by state. See exclusions and limitations.

The plan does not include a pre-existing condition limitation. You are covered from day one.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-choosing-a-medigap-policy-a-guide-to-health-insurance-for-people-with-medicare.pdf.

EN-3081250 FOR EMPLOYEES (4-26)

Unum | Group Hospital Insurance 809475

Group Hospital Insurance (continued)

Hospital Benefits		
Hospital Admission	Payable for a maximum of 1 day per year	$1,000
ICU Admission (added to Admission)	Payable for a maximum of 1 day per year	$1,000
Newborn Child Admission**	Payable for a maximum of 1 day per year	$250
Hospital Daily Stay	Payable per day up to 30 days	$100
ICU Daily Stay (added to Daily Stay)	Payable per day up to 15 days	$100
Short Stay	Payable for a maximum of 1 day per year	$100
Additional Inpatient Care		
Rehab/Subacute Rehab Unit	Payable for maximum of 30 days per insured per calendar year	$100

*Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy.
The definition of hospital does not include certain facilities. See your contract for details.
**For the purposes of this benefit, the following exclusion does not apply: any Admission of a Newborn Child immediately following Childbirth unless the Newborn Child is Injured or Sick.

Active employment
You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees may have a waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Continuity of coverage
We will provide coverage for an Insured if the Insured was covered by a similar prior policy on the day before the Policy Effective Date of this certificate.
Coverage is subject to payment of premium and all other terms of the certificate. If an employee is on a temporary Layoff or Leave of Absence on the Policy Effective Date of this certificate, we will consider your temporary Layoff or Leave of Absence to have started on that date and coverage will continue for the period provided temporary Layoff or Leave of Absence under Continuation of your Coverage During Extended Absences in the certificate.
If you have not returned to Active Employment before any Insured's covered loss, any benefits payable will be limited to what would have been paid by the prior carrier.

Childbirth Limitation
We will pay benefits due to Childbirth for any Insured after the Insured's Coverage Effective Date.
Childbirth or Complications of Pregnancy will be covered to the same extent as any other Covered Sickness.

Exclusions and limitations
We will not pay benefits for any covered loss that is caused by, contributed to by, or occurs as a result of any of the following:
• committing or attempting to commit a felony;
• being engaged in an illegal occupation;
• being engaged in an illegal activity;
• injuring oneself intentionally or attempting or committing suicide, whether sane or not;
• active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, injury as an innocent bystander, or Injury for self-defense;
• war or any act of war, whether declared or undeclared;
• combat or training for combat while serving in the National Guard or the armed forces of any nation, state, authority, or organization;
• a Covered Loss that occurs while an Insured is incarcerated in a penal or correctional institution or under house arrest or confinement;
• cosmetic surgery, except when required for appropriate care as determined by a Physician as a result of the Insured's Covered Accident or Covered Sickness;
• treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident or Covered Sickness;
any Admission or Daily Stay of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick.

End of employee coverage
If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.
Otherwise, your coverage under this certificate ends on the earliest of:
• the date the Policy is cancelled by us or your Employer;
• the date you are no longer in an Eligible Group;
• the date your Eligible Group is no longer covered;
• the date of your death;
• the last day of the period any required premium contributions are made; or
• the last day you are in Active Employment.
However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.
We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form UIC-GHIP16-2 and Certificate Form UIC-GHIC16-2 or contact your Unum representative.
Unum complies with applicable civil union and domestic partner laws.

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Group Accident Insurance

unum® North Central Health Care Facilities

Group Accident Insurance

How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

How much does it cost?

Your Per Pay Period Premium	
You	$4.21
You and your spouse	$7.59
You and your children	$8.31
Family	$11.69

What's included?

Be Well Benefit

Every year, each covered member who has Accident coverage can also receive $50 for a Be Well screening test, such as:

- Annual exams by a physician including sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, cholesterol and diabetes
- Cardiovascular function screenings
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Organized Sports Benefit

Each covered member that has Accident coverage is eligible for a 25% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

Group Name: North Central Health Care
Group Number: 731617

SCHEDULE OF BENEFITS

Accidental Death and Dismemberment

AD&D	
Employee	$50,000
Spouse	$25,000
Children	$12,500
Common Carrier Benefit can pay if the insured individual is injured as a fare-paying passenger on a common carrier (examples include mass transit trains, buses and planes)	
Employee	$50,000
Spouse	$25,000
Children	$12,500
Dismemberment	
Both Feet	$50,000
Both Hands	$50,000
One Foot	$25,000
One Hand	$25,000
Thumb and Index Finger of the same Hand	$12,500
Coma	
Coma	$10,000
Home & Vehicle Modifications	
Home & Vehicle Modifications	$1,500
Loss of Use	
Hearing (one ear)	$12,500
Hearing	$25,000
Sight of one Eye	$25,000
Sight of both Eyes	$50,000
Speech	$25,000
Paralysis	
Uniplegia	$12,500
Hemi/Paraplegia	$25,000
Triplegia	$37,500
Quadriplegia	$50,000

Hospitalization

Admission	$1,500
Admission – Hospital ICU (added to Admission)	N/A
Daily Stay (365 days)	$300
Daily Stay – Hospital ICU (added to Daily Stay)	$150
Short Stay	$200

Injury

Burns	
2nd Degree Burns - At least 5%, but less than 20% of skin surface	$750
2nd Degree Burns - 20% or greater of skin surface	$1,500
3rd Degree Burns - Less than 5% of skin surface	$3,000

Injury

3rd Degree Burns - At least 5%, but less than 20% of skin surface	$7,500
3rd Degree Burns - 20% or greater of skin surface	$15,000
Concussion	
Concussion	$200
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	$150
Dislocations	
Ankle bone or bones of the foot (other than toes)	$1,500
Collarbone (acromioclavicular and separation)	$1,100
Collarbone (sternoclavicular)	$1,100
Finger or Toe (Digit)	$300
Hand (other than Fingers)	$1,100
Elbow joint	$1,100
Wrist joint	$1,100
Shoulder	$1,600
Hip joint	$3,850
Knee joint (other than patella)	$2,400
Kneecap (patella)	$600
Lower Jaw	$1,100
Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Eye Injury	
Eye Injury	$200
Fractures	
Ankle (lower tibia or fibula)	$1,800
Foot or Heel (other than Toes)	$1,800
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	$1,200
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	$1,500
Finger or Toe (Digit)	$250
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	$1,800
Hip or Thigh (femur)	$3,000
Kneecap (patella)	$1,800
Leg (mid to upper tibia or fibula)	$2,500
Lower Jaw, Mandible (other than alveolar process)	$1,500
Pelvis	$3,200
Rib	$400
Tailbone (coccyx), Sacrum	$400
Vertebral Processes	$1,500

Injury

Skull (except bones of Face or Nose), Depressed	$4,000
Skull (except bones of Face or Nose), Non-depressed	$1,500
Upper Arm between Elbow and Shoulder (humerus)	$2,100
Upper Jaw, Maxilla (other than alveolar process)	$1,500
Vertebrae, body of (other than Vertebral Processes)	$3,400
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%
Same bone maximum incurred per accident	1 Fracture
Maximum payable multiplier for multiple bones	2 Times
Internal Injuries	
Internal Injuries	$200
Lacerations	
No Repair	$65
Repair Less than 2 inches	$200
Repair At least 2 inches but less than 6 inches	$400
Repair 6 inches or greater	$800
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	$1,000
One Digit (a Thumb or Big Toe)	$1,500
Two or more Digits	$2,000
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	$200
Ruptured or Herniated Disc	
One Disc	$180
Two or more Discs	$300
Other	
Injury due to felony & sexual assault	$200
Organized Sports	25%

Recovery

At-Home Care	$150
Physician Follow-Up Visits	$100
Physician Follow-Up Maximum Visits	6 Visits
Prescription Drug	$25
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	$200
Behavior Health Therapy	$50
Behavior Health Therapy visits	15 Days
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	$50
Therapy Services Maximum Days	15 Days

Group Accident Insurance (continued)

SCHEDULE OF BENEFITS

Surgery	
Dislocations	
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Anesthesia	
Epidural or Regional Anesthesia	$100
General Anesthesia	$250
Connective Tissue	
Exploratory without Repair	$100
Repair for One Connective Tissue	$800
Repair for Two or more Connective Tissues	$1,200
Eye Surgery	
Eye Surgery, Requiring Anesthesia	$300
Fractures	
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture
Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times
General Surgery	
Abdominal, Thoracic, or Cranial	$1,500
Exploratory	$150
Incidence per covered accident	1 Per Insured
Hernia Surgery	
Hernia Surgery	$150
Knee Cartilage	
Knee Cartilage (Meniscus) Exploratory without Repair	$150
Knee Cartilage (Meniscus) with Repair	$750
Outpatient Surgical Facility	
Outpatient Surgical Facility	$300
Ruptured or Herniated Disc Surgery	
Exploratory without Repair	$125
One Disc	$675
Two or more Discs	$1,000

Treatment	
Organized Sports	25%
Ambulance	
Air	$1,500
Ground	$400
Durable Medical Equipment	
Tier 1 (arm sling, cane, medical ring cushion)	$50
Tier 2 (bedside commode, cold therapy system, crutches)	$100
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	$200

Treatment	
Emergency Dental Repair	
Dental Crown	$350
Dental Extraction	$115
Filling or Chip Repair	$90
Imaging	
Tier 1 - X-rays or Ultrasound	$75
Tier 2 - Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	$300
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier
Lodging	
Lodging (per night)	$150
Prosthetic Device	
One Device or Limb	$750
Two or more Devices or Limbs	$1,500
Skin Grafts	
For Burns - Payable as a % of the applicable Burn benefit	50%
Not Burns - Less than 20% of skin surface	$250
Not Burns - 20% or greater of skin surface	$500
Treatment	
Emergency Room Treatment	$250
Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	$50
Pain Management Injections (epidural, cortisone, steroid)	$100
Transfusions	$400
Transportation (per trip)	$500
Family Care	$50
Pet Boarding (per day)	$30
Treatment in a Physician's Office or Urgent Care Facility (initial)	$250

Wellness Benefit

North Central Health Care Facilities

Accident Insurance: Policy number 809473
Critical Illness Insurance: Policy number 809474
Hospital Insurance: Policy number 809475

Learn more about your annual Be Well Benefit

Your Unum plan pays a Be Well Benefit for one Be Well screening each year.

With the Unum Be Well Benefit, you and other covered family members can receive a valuable incentive for important tests and screenings. Many of these tests are routinely performed, so it's easy to take advantage of this benefit.

Your Critical Illness Insurance Be Well benefit is $50.

Your Accident Insurance Be Well benefit is $50.

Your Hospital Insurance Be Well benefit is $50.

BE WELL SCREENINGS

- Annual exams by a physician including sports physicals and well-child visits, dental and vision exams
- Cancer screenings including pap smear, colonoscopy
- Cardiovascular function screenings
- Cholesterol and diabetes screenings
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

HOW TO FILE A CLAIM

You can receive a benefit for tests that are performed after your initial coverage date.

Follow these steps:

Online: www.unum.com
App: MyUnum for Members
Phone: 1-800-635-5597

You will need to provide the following:

- First and last names of the employee and claimant (the employee might not be the claimant)
- Employee's Social Security number or policy number
- Name and date of the test
- Name of physician and the facility where the test was performed.

Each year, you can earn a valuable incentive just for taking care of your health. And so can each of your covered family members.

For more information, please contact your HR representative.

Better benefits at work.™

unum.com

Unum will pay Be Well benefits for all eligible policies according to policy terms.
THESE POLICIES PROVIDE LIMITED BENEFITS
The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.
In New Hampshire, Be Well is referred to as Health Screening. In Washington, Be Well on the Accident product is referred to as Health Screening Benefit rider. In Kansas, Be Well is not available on the Hospital product and immunizations are not covered on the Accident or Critical Illness products.
Underwritten by: Unum Insurance Company, Portland, Maine; In New Jersey and New York, underwritten by: Provident Life and Casualty Insurance Company, Chattanooga, Tennessee
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EN-1911-Be Well FOR EMPLOYEES (2-24)

Employee Discounts

As an NCHC employee, you have access to a wide variety of exclusive savings and benefits designed to fit your lifestyle. From local discounts at restaurants, gyms, wellness services, and retailers to nationwide savings through Working Advantage on hotels, theme parks, shopping, and more, the options are endless.

HOW TO FIND THE DISCOUNT PAGE ON THE INTRANET

1. Go to any network computer, login and open your internet browser (Internet Explorer, Chrome, Safari, Firefox)

2. Navigate to the intranet by typing in "intranet" on your web browser or this address: https://ccitc.sharepoint.com/sites/NorthCentralHealthCareIntranet

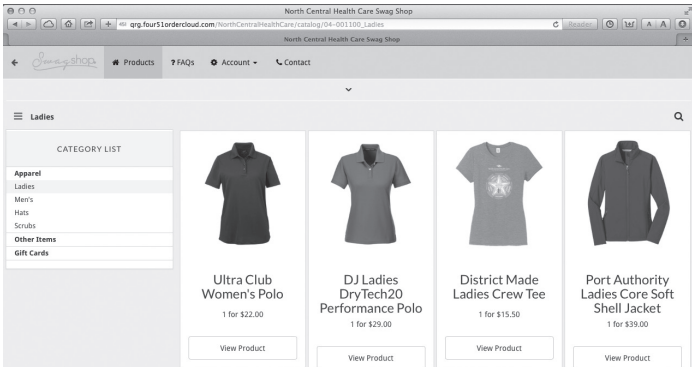
3. From the NCHC tab at the top click on the following drop down: Departments, Human Resources, Employee Programs, Employee Savings Program.

Your discounts await!

NCHC Swag shop.

www.norcen.org/SwagShop

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

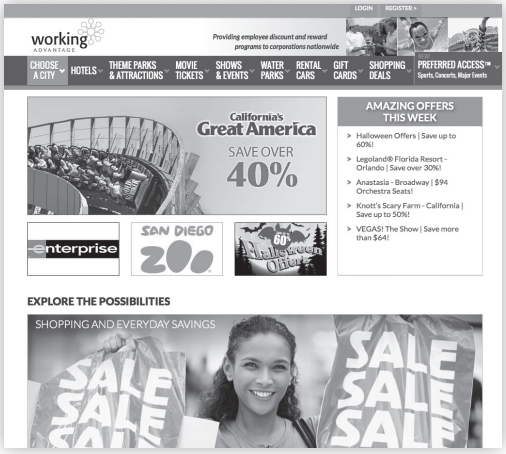


Working advantage enrollment

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

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

Scan here to log in.



Important Federal Notices

SUMMARY OF BENEFITS AND COVERAGE (SBC) AND UNIFORM GLOSSARY

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

WOMEN'S HEALTH AND CANCER RIGHTS

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

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

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

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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

HIPPA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

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

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

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

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

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

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

Important Federal Notices *(continued)*

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

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

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

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

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

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

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

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

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

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

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

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

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

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

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

PART B: Information about health coverage offered by your employer
This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.
3. Employer name: North Central Health Care
4. Employer Identification Number (EIN): 39-1267785
5. Employer address: 2400 Marshall Street, Suite A
6. Employer phone number: (715) 841-5164
7. City: Wausau
8. State: WI
9. ZIP code: 54403
10. Who can we contact about employee health coverage at this job? Bo Johnson
11. Phone number (if different from above):
12. Email address: BJohnson@norcen.org

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

As your employer, we offer a health plan to:

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

With respect to dependents:

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

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

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

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

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

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

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

What is COBRA continuation coverage?

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

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

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

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

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

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

How is COBRA continuation coverage provided?

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

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

Important Federal Notices *(continued)*

CONTINUATION COVERAGE RIGHTS UNDER COBRA...*continued*

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

Disability extension of 18-month period of COBRA continuation coverage

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

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

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

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

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

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

Plan contact information:

Bo Johnson, HR Specialist, 2400 Marshall Street, Suite A, Wausau, WI 54403
715-841-5164 / bjohnson@norcen.org

NCHC FSA - HRA Privacy Practices 2027

NCHC SECTION 125 FLEXIBLE BENEFIT PLAN AND SECTION 105 HEALTH REIMBURSEMENT ARRANGEMENT NOTICE OF PRIVACY PRACTICES

THIS NOTICE 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 describes the legal obligations of North Central Health Care Section 125 Flexible Benefit Plan and Section 105 Health Reimbursement Arrangement (the "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). 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 (the "Notice") to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is individually identifiable 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, that relates to:

NCHC SECTION 125 FLEXIBLE BENEFIT PLAN AND SECTION 105 HEALTH REIMBURSEMENT ARRANGEMENT NOTICE OF PRIVACY PRACTICES... CONTINUED

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 Bo Johnson, HR Specialist at 715-841-5164 or bjohnson@norcen.org.

Effective Date

This Notice is effective January 1, 2027. Note: the effective date may not be earlier than the date on which the Notice is printed or otherwise published.

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 mail.

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 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 (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

NCHC SECTION 125 FLEXIBLE BENEFIT PLAN AND SECTION 105 HEALTH REIMBURSEMENT ARRANGEMENT NOTICE OF PRIVACY PRACTICES... CONTINUED

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, 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 administer claims 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 Agreement 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. 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 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 and Veterans. 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. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health actions. These actions generally include the following:

NCHC SECTION 125 FLEXIBLE BENEFIT PLAN AND SECTION 105 HEALTH REIMBURSEMENT ARRANGEMENT NOTICE OF PRIVACY PRACTICES... CONTINUED

Public Health Risks. We may disclose your protected health information for public health actions. These actions 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 else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an 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 have been the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

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 as required by 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 researches when:

1. the individual identifiers have been removed; or
2. when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

NCHC SECTION 125 FLEXIBLE BENEFIT PLAN AND SECTION 105 HEALTH REIMBURSEMENT ARRANGEMENT NOTICE OF PRIVACY PRACTICES... CONTINUED

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 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;
2. treating such person as your personal representative could endanger you; or
3. in the exercise or 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. You may revoke written authorization 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.

More specifically, the Plan may not, without your written authorization, use or disclose any of your protected health information for marketing purposes or make any disclosures that constitute a sale of such protected health information. Further, if the Plan maintains any psychotherapy notes, such notes may not be used or disclosed without your written authorization.

NCHC SECTION 125 FLEXIBLE BENEFIT PLAN AND SECTION 105 HEALTH REIMBURSEMENT ARRANGEMENT NOTICE OF PRIVACY PRACTICES... CONTINUED

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 health care benefits. To inspect and copy your protected health information, you must submit your request in writing to the human resources office at hrsources@norcen.org. 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 Bo Johnson.

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 human resources office at hrsources@norcen.org 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 authorizations; (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 office at hrsources@norcen.org Your request must state a time period of not longer than six years and may not include dates before April 14, 2003. 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.

NCHC SECTION 125 FLEXIBLE BENEFIT PLAN AND SECTION 105 HEALTH REIMBURSEMENT ARRANGEMENT NOTICE OF PRIVACY PRACTICES... CONTINUED

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.

Effective February 17, 2010 (or such other date specified as the effective date under applicable law), we will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (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.

To request restrictions, you must make your request in writing to human resources office at hrsources@norcen.org 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, disclosure 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 in writing to human resources office at hrsources@norcen.org. 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 if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

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.

You may obtain a copy of this notice at our website, www.norcen.org.

To obtain a paper copy of this notice, request at hresources@norcen.org

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 [insert the name, title, and phone number of the contact person or office responsible for handling complaints – this should be the same person or department listed on the first page as the contact for more information about this notice]. 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 of Civil Rights or with us.

Changes to Your Benefits

QUALIFIED FAMILY STATUS CHANGE

Your benefits elections will remain in effect through December 31, 2027. Once you have enrolled, you may not change coverage mid-year unless you have a change in status, as defined by Section 125 of the IRS. Changes that qualify typically include but are not limited to:

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

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

DEADLINE FOR REPORTING CHANGES IN FAMILY STATUS

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

REMOVING DEPENDENTS WHO LOSE ELIGIBILITY

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

AGE 26 DEPENDENT CHILD

Children who turn age 26 in 2027 will be automatically removed from coverage at the end of the month they turn 26, and offered COBRA.

CHANGE IN YOUR FTE STATUS

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

LEAVES OF ABSENCE

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

QUESTIONS?

Questions should be directed to the Human Resources at 715.848.4419.

If You Leave North Central Health Care

HEALTH, DENTAL, AND VISION PLANS

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

Workplace Resources

EMPLOYEE ASSISTANCE PROGRAM (EAP)

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

Important Information:

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

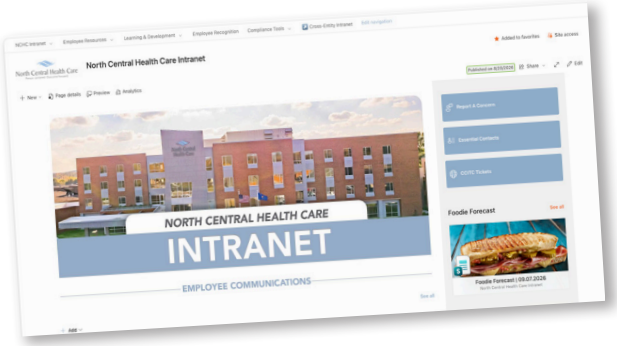
The EAP contact number is entirely confidential and can be accessed 24 hours a day 365 days per year at 1.800.540.3758.

EMPLOYEE INTRANET – NEWS & UPDATES

North Central Health Care's **Intranet** *is your go-to resource for current employee information, announcements, recognition, news, events, trainings, and other opportunities. New information is posted regularly to help keep employees informed and connected.*

You can access the NCHC Intranet anytime by:

- Visiting the **North Central Health Care Intranet** on SharePoint: https://ccitc.sharepoint.com/sites/NorthCentralHealthCareIntranet
- Logging in from any NCHC network computer and accessing the Intranet through SharePoint.



The Intranet is updated throughout the week, so be sure to check back regularly for the latest news, announcements, employee recognition, events, trainings, and important information.

Want to share something on the Intranet?
To submit information, announcements, recognition, events, or photos for consideration, email **aeichten@norcen.org** or call **1.715.848.4358**. You can also text information and photos to **1.715.370.0627**.

PARTNERING COMMUNITY ORGANIZATIONS

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

NCHC Educational Assistance Program

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

TO BE ELIGIBLE TO PARTICIPATE IN THE EDUCATIONAL ASSISTANCE PROGRAM, AN EMPLOYEE MUST:

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

ASSISTANCE OPPORTUNITIES

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

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

Tuition assistance is only for eligible tuition related costs and is not intended to cover books or other ancillary costs of seeking a degree.

APPLICATION

Employees interested in applying for tuition assistance must apply prior to enrolling in the classes. Applications will be reviewed by the Senior Executive of the program in conjunction with the Human Resources Director. Approval is subject to NCHC sole discretion over applicability of the degree to NCHC criteria, operations and available funding.

For the full Tuition Assistance Policy and required Request Form, please see sharepoint page under Learning Development. You may also contact HResources@norcen.org or NCHCLearning@norcen.org for assistance.

North Central Health Care

REFER and EARN

EMPLOYEE REFERRAL PROGRAM

REFER UNLIMITED EMPLOYEES! EARN UNLIMITED BONUSES!!

Refer Top Quality Talent

North Central Health Care is always looking for top quality talent like **YOU** to join our team.
If you know someone who would be a great fit, refer them to **NCHC** and **get rewarded!**

$1,000 or $2,000 BONUS

Eligibility Details:

Have Your Recruit Tell Us About You

- In their UKG employment application, your recruit must list your name or tell the Recruiter your name during the first phone screen. No other forms or email are necessary or eligible. The referring employee cannot be part of the hiring decision for the recruit.

Meet Required Criteria

- Your recruit must work for NCHC for 90 days.
- You and your recruit must be in good standing with no disciplinary actions such as written warnings for attendance or other performance.*

Get Paid!

- After your recruit has worked at NCHC for 90 days and you both have met the referral requirements **YOU** will earn the following:

$1,000 Employees below 0.5 FTE status

$2,000 Employees 0.5 FTE status or above

For additional details and qualification requirements please refer to the Employee Referral Bonus Policy.

Check Out All the Latest Job Opportunities

www.norcen.org/Careers

indeed GLASSDOOR LinkedIn

Contact Information

NCHC CONTACTS:

Human Resources Office 715.848.4419
Payroll.....715.848.4409
Employee Assistance Program 1.800.540.3758

NCHC WEB LINKS:

UKG (Paystub/Benefit Elections)
Intranet .....https://ccitc.sharepoint.com/sites/NorthCentralHealthCareIntranet
SwagShop..... www.norcen.org/SwagShop

HEALTH INSURANCE

WPS / AUXIANT
wpshealth.com
PO Box 909991, Milwaukee, WI 53209

DENTAL INSURANCE

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

VISION INSURANCE

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

FLEXIBLE SPENDING

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

PO Box 260, Hartland, WI 53029

HEALTH SAVING ACCOUNT (HSA)

ASSOCIATED BANK HSA'S
1.800.270.7719

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

WISCONSIN RETIREMENT SYSTEM

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

DEFERRED COMPENSATION PROGRAMS

WISCONSIN DEFERRED COMPENSATION
1.877.457.9327 Option 2
www.wdc457.org

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

YOU Benefit

Your work makes a difference every day. Your benefits are here to support you and the people who matter most.

North Central Health Care

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