



TIME TO GROW

YOUR 2023 GUIDE TO BENEFITS



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LETTER FROM MARGIE VARGAS

Dear Memorial Family,

This guide contains all the information you'll need to enroll in your 2023 benefits at Memorial Healthcare System. Please read it carefully as you consider what benefits you want for yourself and your family. It's important to stay healthy, and these benefits will help you do that.

Memorial believes in providing great benefits because they demonstrate our commitment to your overall wellness. We've made those benefits even stronger for 2023 by adding these new enhancements:

- Reduced MMCP deductibles – \$100 for an individual (down from \$250), and \$300 for a family (down from \$500)
- Inpatient copays waived if you're admitted for the birth of a child and enrolled in Memorial Managed Care Plan (MMCP), and
- A reduced MMCP copay for a specialist office visit – now \$30 (down from \$50)

If you have any questions about your benefits, please call HR Shared Services at (954) 265-5903 or email HRSharedServices@mhs.net.

Thank you for everything you do for patients and families at Memorial.

Sincerely,

Margie Vargas

Senior Vice President and Chief Human Resources Officer,
Memorial Healthcare System



COMMITTED TO YOUR GROWTH

Your wellness is our priority.

We are committed to providing you with a benefits program that is comprehensive and competitive.

We offer medical, dental, and vision coverage, as well as a number of other benefits to keep you and your family happy and healthy.

Use this guide as a resource to learn more about our benefits and to choose the coverage that is the right fit for you and your family.



ELIGIBILITY

Who can participate?

Memorial caregivers can participate in our benefits program after they satisfy the new-hire waiting period, and again, annually, during Open Enrollment.

You can make changes every year during Open Enrollment, within 30 days, or throughout the year, if you have a qualifying life event such as:

- Marriage or divorce
- Death of your spouse or dependent
- Birth or adoption of a child (within 60 days)
- Your spouse losing a job or getting a new job, affecting your eligibility for coverage
- You or your spouse switching employment status from full-time to part-time or vice versa, affecting your eligibility for coverage
- If you are changing your status to staff relief, you must waive your medical plan if you no longer want to have medical benefits
- Significant cost or coverage changes, or
- Your dependent no longer qualifying as an eligible dependent

You must notify and submit any applicable forms and/or documentation to Human Resources within 30 days of a life event – with the exception of adding a newborn child, in which case you may add that child to your medical plan within 60 days of his or her birth. Human Resources will review your request and determine if the change you are requesting is allowed. Only benefit changes that are consistent with the qualifying life event are permitted.

Dependents

Your dependents can take advantage of your benefits if they are:

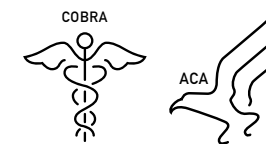
- Your legal spouse (including same-sex spouses)
- Your child(ren) up to age 26
- A natural child
- A stepchild
- A legally adopted child
- A child placed for adoption
- A child placed for foster care

If you become eligible for benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 or the Affordable Care Act (ACA) of 2010, there are benefits in this guide that you can still participate in.

Continuing COBRA coverage applies if your hours of employment are reduced or you leave Memorial for any reason other than gross misconduct. COBRA benefits are available to you for up to 18 months after your employment status changes.

The ACA states that employers' health plans must cover 10 essential health benefits, including doctors' services, inpatient and outpatient care, prescription drug coverage, and more. If your employment status changes or if you're not benefits-eligible due to your current status, under the provisions of the ACA you must be allowed to participate in these essential benefits.

In this guide, benefits that are available under either COBRA or ACA are designated by these symbols:



If you have questions, contact HR Shared Services at HRSharedServices@mhs.net, or call (954) 265-5903.



WHO PAYS FOR BENEFITS?

Some benefits are paid for by Memorial. Some are split between you and Memorial. Some are offered to you at a group discount, and others are paid for by you. Memorial spends nearly 60% of its operating budget on caregiver benefits and salaries. We care about keeping you healthy – body, mind, and spirit.

PAID BY MEMORIAL

- 401(a) retirement plan
- Memorial's match contribution to your 403(b) plan
- Adoption assistance
- Basic life insurance
- Basic long-term disability
- Disability leave
- Education assistance
- LifeWorks (EAP)
- MEET (Memorial Employee Engagement Team)
- MEFCU (Memorial Employees Federal Credit Union)
- MemorialDOCNOW (if you're enrolled in MMCP or MCHP)
- Paid leave
- Parental leave pay
- Pension plan (if eligible)
- PerkSpot
- Telehealth (if you're enrolled in MMCP or MCHP)

PAID BY YOU

- Accident insurance
- Critical illness insurance
- Dependent care FSA
- Healthcare FSA
- Hospital indemnity insurance
- Identity theft protection
- Legal services
- Long-term care
- Long-term disability buy up coverage
- Pet insurance
- Short-term disability
- Supplemental life insurance
- Your 403(b) contribution
- Your 457(b) contribution

SHARED COST

- Backup care
- Dental insurance
- Discounts
- Medical insurance
- Reproductive medicine
- Transportation options
- Vision insurance





MEDICAL, DENTAL + VISION

Memorial offers two different medical plans, giving you the freedom to choose a plan that works better for you. Both plans are administered by Community Care Plan.

GLOSSARY OF BENEFITS TERMS

This glossary of benefits terms can help you as you review Memorial's medical plans and decide which one is right for you.

Annual deductible:

The amount of money you must first pay out of pocket before your plan begins paying for services. You are responsible for meeting your deductible before your plan starts paying for services.

Coinsurance:

The percentage of covered expenses shared between you and the plan. In some cases, coinsurance is paid after you meet a deductible. For example, if the plan pays 80 percent of an in-network covered charge, you pay 20 percent as coinsurance.

Copayment (copay):

The fixed dollar amount you pay for certain in-network services.

Non-preventive services:

The treatment or diagnosis for an illness, injury, or other medical condition.

Out-of-pocket maximum:

The most you would pay for your services before your plan pays 100 percent.

Preventive care services:

Services that are generally aligned to routine wellness exams.

Examples:

- Annual wellness exam
- Mammograms
- Pap smears, pelvic exams
- Sigmoidoscopies and colonoscopies

MEMORIAL MANAGED CARE PLAN (MMCP)



This plan is similar to an HMO. Specific copays apply when you receive healthcare services that are covered by the plan (after you meet the annual deductible). However, MMCP does not cover services by providers who are out of Memorial Health Network (and Aetna network if you live in Palm Beach County), except in an emergency or if a service can't be offered in-network (you'll need prior authorization before you receive care).

Your deductible is the dollar amount you have to pay for covered healthcare services out of your pocket before MMCP kicks in.

You are responsible for the first \$100 (individual) or \$300 (family) of the allowable amount in healthcare services before you begin paying copays.

Once you've met your deductible, you'll be responsible only for your copays for the remainder of the plan year until you've reached your out-of-pocket maximum. Keep in mind that prescriptions are not part of your deductible, but they are part of your out-of-pocket maximum.

Enroll only during Open Enrollment, when you are a new hire, or when you have a qualifying life event.

MEMORIAL CONSUMER HEALTH PLAN (MCHP)



This plan is a consumer-driven health plan. It includes an annual deductible and coinsurance. It has out-of-network benefits, which means you can receive care from providers who are out of the Memorial Health Network (and Aetna network if you live in Palm Beach County), at a slightly higher cost to you.

Your deductible is the dollar amount you have to pay for healthcare services out of your pocket before MCHP kicks in.

You are responsible for the first \$1,000 (individual) or \$2,000 (family) of the allowable amount in healthcare services before you begin paying coinsurance.

Once you've met your deductible, you'll be responsible only for your coinsurance for the remainder of the plan year until you've reached your out-of-pocket maximum. Keep in mind that prescriptions are not part of your deductible, but they are part of your out-of-pocket maximum.

Enroll only during Open Enrollment, when you are a new hire, or when you have a qualifying life event.

IN-NETWORK ADVANTAGE

The percentage you pay out of your pocket is based on a negotiated fee when you use an in-network provider, which is usually lower than the actual charges. You may be responsible for the difference of the Usual, Customary, and Reasonable (UCR) charges and what the provider charges if you visit an out-of-network provider. You may also need to submit claim forms when you use an Out-of-network provider.

MEMORIAL HEALTH NETWORK

Memorial Health Network (MHN) is a group of more than 1,700 physicians who are participating providers.

Learn more at memorialhealthnetwork.net.

AETNA NETWORK

Aetna network is a regional network for Memorial caregivers who live in Palm Beach County.

SAVE MONEY ON YOUR MEDICAL PREMIUM

Did you know that there are two ways to save money on your medical insurance? Lower your premium today by completing wellness-related activities to earn a Wellness Credit (or two). See page 18 for more information.

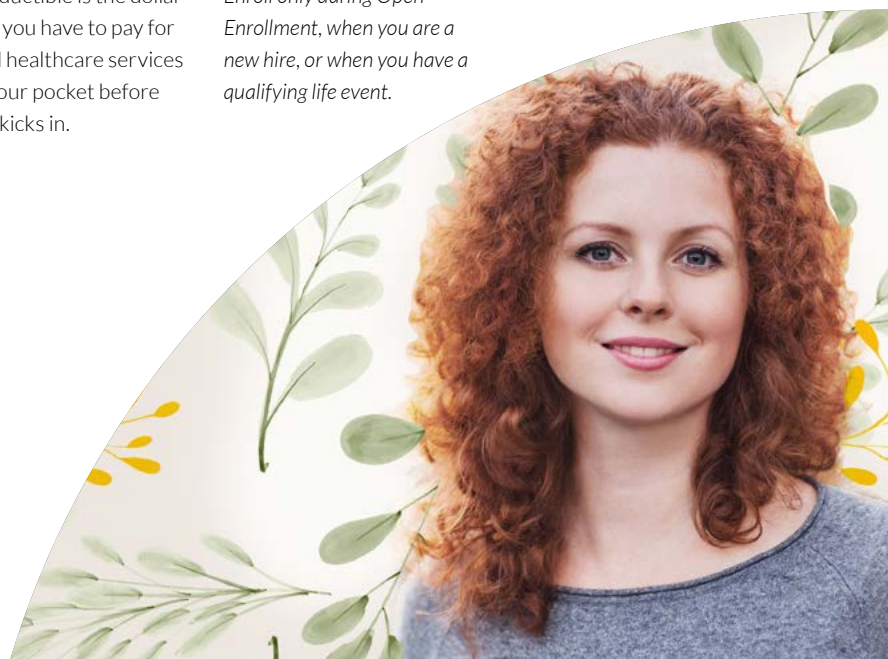
Here's what you have to do:

Receive your flu shot.

Get your flu shot for the current flu season to receive one Wellness Credit. You may still be able to receive the credit if you provide appropriate documentation showing you are unable to receive the vaccine for medical or religious reasons.

Remain tobacco-free.

Or complete a smoking-cessation program if you are a tobacco user. This applies to both you and your covered spouse.



BENEFITS AT-A-GLANCE

| Memorial Managed Care Plan (MMCP) benefit/service | In-network member responsibility | Out-of-network member responsibility | Memorial Consumer Health Plan (MCHP) benefit/service | In-network member responsibility | Out-of-network member responsibility |
|---|-------------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|
| Calendar year deductible (CYD) | | | Calendar year deductible (CYD) | | |
| Individual <i>*reduced in 2023</i> | \$100 | Not covered unless emergency | Individual | \$1,000 | \$4,000 |
| Family <i>*reduced in 2023</i> | \$300 | Not covered unless emergency | Family | \$2,000 | \$8,000 |
| Out-of-pocket maximum | | | Out-of-pocket maximum | | |
| Individual | \$4,000 | Not covered unless emergency | Individual | \$4,000 | \$10,000 |
| Family | \$8,000 | Not covered unless emergency | Family | \$8,000 | \$20,000 |
| Lifetime maximum | | | Lifetime maximum | | |
| | None | Not applicable | | None | None |
| Coinsurance | | | Coinsurance | | |
| | 0% | Not applicable | | 20% | 40% |
| Physician services | | | Physician services | | |
| Primary care physician office visit | \$20 copay | Not applicable | Primary care physician office visit | 20% after CYD | 40% after CYD |
| Specialist office visit <i>*reduced in 2023</i> | \$30 copay | Not applicable | Specialist office visit | 20% after CYD | 40% after CYD |
| Preventive care | No charge | Not applicable | Preventive care | No charge | \$150 + 40% after CYD |
| MemorialDOCNow | No charge | Not applicable | MemorialDOCNow | No charge | No charge |
| Labs | | | Labs | | |
| | No charge | Not covered unless emergency | | 20% after CYD | 40% after CYD |
| X-rays | | | X-rays | | |
| | \$50 copay | Not covered unless emergency | | 20% after CYD | 40% after CYD |
| MRI, MRA, CT, and PET scans | | | MRI, MRA, CT, and PET scans | | |
| | \$100 copay | Not covered unless emergency | | 20% after CYD | 40% after CYD |
| Hospital services | | | Hospital services | | |
| Inpatient <i>*waived for maternity starting in 2023</i> | \$150/day (max. \$750/admission) | Not covered unless emergency | Inpatient | 20% after CYD | 40% after CYD |
| Outpatient | \$250 copay | Not covered unless emergency | Outpatient | 20% after CYD | 40% after CYD |
| Emergency care | | | Emergency care | | |
| | \$150 copay (waived if admitted) | \$150 copay (waived if admitted) | | 20% after CYD | 20% after CYD |

BENEFITS AT-A-GLANCE

| Memorial Managed Care Plan (MMCP) benefit/service | In-network member responsibility | Out-of-network member responsibility | Memorial Consumer Health Plan (MCHP) benefit/service | In-network member responsibility | Out-of-network member responsibility |
|---|----------------------------------|--------------------------------------|--|----------------------------------|--------------------------------------|
| Walgreens / CVS Minute Clinic | \$20 copay | Not applicable | Walgreens / CVS Minute Clinic | 20% after CYD | Not applicable |
| Memorial Primary Care clinics | \$20 copay | Not applicable | Memorial Primary Care clinics | 20% after CYD | Not applicable |
| 24/7 Care Center (Douglas Road) | \$50 copay | Not applicable | 24/7 Care Center (Douglas Road) | 20% after CYD | Not applicable |
| MHS Urgent Care Center | \$20 copay | Not applicable | MHS Urgent Care Center | 20% after CYD | Not applicable |
| MD Now | \$75 copay | Not applicable | MD Now | 20% after CYD | Not applicable |
| Holy Cross Urgent Care centers | \$20 copay | Not applicable | Holy Cross Urgent Care centers | \$20 copay | Not Applicable |
| Selected Broward Health Urgent Care | \$75 copay | Not applicable | Selected Broward Health Urgent Care | 20% after CYD | Not applicable |
| Pharmacy – Retail (30-day supply) | | | Pharmacy – Retail (30-day supply) | | |
| Tier 1 Generic | \$10 copay | Not covered | Tier 1 Generic | \$10 copay | Not covered |
| Tier 2 Brand-Preferred | \$35 copay | Not covered | Tier 2 Brand-Preferred | \$35 copay | Not covered |
| Tier 3 Brand Non-Preferred | 40% (\$50 min. \$150 max.) | Not covered | Tier 3 Brand Non-Preferred | 40% (\$50 min. \$150 max.) | Not covered |
| Specialty drugs | 40% (\$150 min. \$300 max.) | Not covered | Specialty drugs | 40% (\$150 min. \$300 max.) | Not covered |
| Pharmacy – In-house (30-day supply) | | | Pharmacy – In-house (30-day supply) | | |
| Tier 1 Generic | \$10 | Not covered | Tier 1 Generic | \$10 | Not covered |
| Tier 2 Brand-Preferred | \$20 | Not covered | Tier 2 Brand-Preferred | \$20 | Not covered |
| Tier 3 Brand Non-Preferred | 40% (\$35 min./\$135 max.) | Not covered | Tier 3 Brand Non-Preferred | 40% (\$35 min./\$135 max.) | Not covered |
| Specialty drugs | 40% (\$150 min. \$300 max.) | Not covered | Specialty drugs | 40% (\$150 min. \$300 max.) | Not covered |
| Pharmacy – In-house (90-day supply) | | | Pharmacy – In-house (90-day supply) | | |
| Tier 1 Generic | \$20 | Not covered | Tier 1 Generic | \$20 | Not covered |
| Tier 2 Brand-Preferred | \$55 | Not covered | Tier 2 Brand-Preferred | \$55 | Not covered |
| Tier 3 Brand Non-Preferred | 40% (\$55 min./\$195 max.) | Not covered | Tier 3 Brand Non-Preferred | 40% (\$55 min./\$195 max.) | Not covered |
| Specialty drugs | 40% (\$150 min. \$300 max.) | Not covered | Specialty drugs | 40% (\$150 min. \$300 max.) | Not covered |
| Pharmacy – Mail Order (90-day supply) | | | Pharmacy – Mail Order (90-day supply) | | |
| Tier 1 Generic | \$20 copay | Not covered | Tier 1 Generic | \$20 copay | Not covered |
| Tier 2 Brand-Preferred | \$70 copay | Not covered | Tier 2 Brand-Preferred | \$70 copay | Not covered |
| Tier 3 Brand Non-Preferred | 40% (\$70 min. \$210 max.) | Not covered | Tier 3 Brand Non-Preferred | 40% (\$70 min. \$210 max.) | Not covered |



COST OF COVERAGE

The cost of your coverage decreases when you earn Wellness Credits. You can earn:

Two Wellness Credits for getting a flu shot and remaining tobacco-free

One Wellness Credit for either getting a flu shot or remaining tobacco-free

MEMORIAL MANAGED CARE PLAN (MMCP)

| Full-Time* | Two Credits | One Credit | No Credits |
|-----------------------|-------------|------------|------------|
| Employee only | \$55 | \$59 | \$71 |
| Employee + spouse | \$123 | \$135 | \$157 |
| Employee + child(ren) | \$102 | \$110 | \$132 |
| Family | \$194 | \$212 | \$244 |

MEMORIAL MANAGED CARE PLAN (MMCP)

| Part-Time** | Two Credits | One Credit | No Credits |
|-----------------------|-------------|------------|------------|
| Employee only | \$61 | \$62 | \$83 |
| Employee + spouse | \$143 | \$157 | \$187 |
| Employee + child(ren) | \$118 | \$130 | \$154 |
| Family | \$229 | \$254 | \$286 |

* Full-time is 72-80 hours biweekly

**Part-time is 40-71 hours biweekly

MEMORIAL CONSUMER HEALTH PLAN (MCHP)

| Full-Time* | Two Credits | One Credit | No Credits |
|-----------------------|-------------|------------|------------|
| Employee only | \$50 | \$54 | \$67 |
| Employee + spouse | \$112 | \$125 | \$148 |
| Employee + child(ren) | \$93 | \$103 | \$126 |
| Family | \$174 | \$193 | \$227 |

MEMORIAL CONSUMER HEALTH PLAN (MCHP)

| Part-Time** | Two Credits | One Credit | No Credits |
|-----------------------|-------------|------------|------------|
| Employee only | \$51 | \$57 | \$78 |
| Employee + spouse | \$132 | \$146 | \$179 |
| Employee + child(ren) | \$109 | \$122 | \$148 |
| Family | \$208 | \$235 | \$270 |

* Full-time is 72-80 hours biweekly

**Part-time is 40-71 hours biweekly



BEHAVIORAL HEALTH

Memorial partners with Evernorth to offer comprehensive, 24/7 mental healthcare services, offering flexibility, convenience, and a robust provider network for you and your covered dependents. These services can help you address everyday concerns as well as more serious issues.

Evernorth also provides

access to virtual behavioral care, including virtual appointments, Talkspace, and Ginger, a text-based behavioral health support system. You can get advice from a behavioral health specialty coach and support services for such conditions as autism, eating disorders, opioid use and pain management, and substance abuse.

Visit evernorth.com or call (888) 736-7009.

VIRTUAL DOCTOR VISITS

If you can't make it to a doctor's office, you can use MemorialDOCNow. You can consult online, via your phone or tablet, with a physician privately and securely – and at no cost if you participate in either MMCP or MCHP. Otherwise, it's \$59 per visit. It's available to everyone, but it's free if you're enrolled in a Memorial medical plan.

Visit MemorialDOCNow.com.

MEMORIAL MYCHART™

Secure access to your valuable health information is available on your PC or smartphone with Memorial MyChart – a free online tool that offers a confidential view of important parts of your medical records.

- Communicate with your doctor online, from the comfort of home
- Get test results quickly – no need to wait for a phone call or letter in the mail
- Request prescription refills for any of your refillable medications
- Manage your schedule online and make appointments at your convenience

Take control of your health on the go with the Memorial MyChart mobile app.

VACCINES

Receiving your flu shot and other necessary vaccinations is an important way to protect yourself, your family and the community we serve. Memorial's Employee Health Office offers you both yearly and as-needed vaccinations, plus TB screenings, at no cost. You may also receive vaccinations at retail pharmacies that fill your covered prescriptions.

CHIROPRACTIC CARE

Administered by Chiro Alliance

Chiropractic care is available to you and your dependents through Chiro Alliance. The first visit does not require authorization. However, subsequent visits do require authorization.

Note: Chiropractic services are authorized by our contracted network. Benefits are provided for an initial (one-time) visit, per episode or condition, for evaluation of the need for chiropractic services when using a participating chiropractor. Additional

chiropractic visits must be in accordance with the treatment plan developed by the chiropractor and approved by the plan's contracted network.

The initial visit without authorization has a \$40 copay. Ongoing visits also have a \$40 copay and require authorization (60-visit maximum). Chiropractic care is not covered out of network.

Please call (877) 434-8258 for additional information.

DENTAL PLANS



We want you to feel good about your smile. That's why we offer two dental plans with Cigna. They cover preventive services, basic and restorative care, major services, and orthodontia.

Dental HMO (DHMO) – In this plan, you may only choose from in-network dentists. If you choose an out-of-network dentist, you'll pay full cost for services.

Dental PPO (DPPO) – In this plan, you can choose to see either an in-network or out-of-network dentist, but you may pay more out-of-network. You can always ask your dentist to predetermine your claim so you know the anticipated cost of your services.

Enroll only during Open Enrollment, when you are a new hire, or when you have a qualifying life event.

For more information, contact Cigna at cigna.com or (800) 244-6224.

What's covered

Preventive and diagnostic services: Includes the basics like routine exams, cleanings, fluoride treatments, sealants, and X-rays

Basic services: Includes simple fillings and extractions, root canals, and oral surgery

Major services: Includes crowns, dentures, and gum disease treatment

Orthodontia: Includes braces, Invisalign, etc. for children and adults

Benefit/Service

Annual calendar year maximum

Calendar year deductible (CYD) Single/family

Preventive services – class 1

Basic services – class 2

Major services – class 3

Implants – class 4

Orthodontia lifetime maximum

Biweekly paycheck deductions

Employee only

Employee + spouse

Employee + child(ren)

Family



Cigna DHMO (patient responsibility)

Cigna DPPO (in- and out-of-network patient responsibility)

| | | |
|--|--|---|
| Annual calendar year maximum | Not applicable | \$2,500 |
| Calendar year deductible (CYD) Single/family | Not applicable | \$25/\$75 |
| Preventive services – class 1 | No charge | No charge |
| Basic services – class 2 | Refer to Patient Charge Schedule (P7XVO) | 20% after CYD |
| Major services – class 3 | Refer to Patient Charge Schedule (P7XVO) | 50% after CYD |
| Implants – class 4 | Not covered | 50% after CYD |
| Orthodontia lifetime maximum | Refer to Patient Charge Schedule (P7XVO) | 50% (No deductible) Children & adults \$2,000 |

DHMO full- and part-time

DPPO full- and part-time

| | | |
|-----------------------|--------|---------|
| Employee only | \$4.50 | \$9 |
| Employee + spouse | \$7.50 | \$16.50 |
| Employee + child(ren) | \$6.75 | \$14 |
| Family | \$9 | \$22.50 |

Late entrant waiting periods may apply if enrolling in the dental plan for the first time with a break in dental coverage of more than 63 days over the last 12 months (6 months for basic services and 12 months on all other services). DHMO \$5 copay applies to all office visits.

VISION PLAN



Your vision is important to your health. Memorial's vision plans are administered by Humana and provide affordable, quality vision care nationwide. Through Humana's provider network, you can obtain a comprehensive vision exam, eyeglasses, and contact lenses.

For more information, contact Humana at humana.com or (866) 537-0229.

Enroll only during Open Enrollment, when you are a new hire, or when you have a qualifying life event.

Patients with diabetes are eligible to receive enhanced benefits under this plan. More details can be found on Memorial's intranet or by contacting Humana.

What's covered

The plan includes coverage for eye exams, eyeglasses, and contact lenses.



| Benefit/Service | Humana in-network | Humana out-of-network |
|--|--|------------------------|
| Exam – once every 12 months | \$10 copay | Up to \$45 allowance |
| Lenses – once every 12 months | \$15 copay | \$30 – \$60 allowance |
| Frames – once every 24 months | \$150 retail allowance | \$45 retail allowance |
| Contacts instead of glasses – once every 12 months | | |
| Fit & follow up | Standard: up to \$40 Premium: 10% off retail | Not applicable |
| Elective – conventional/disposable | \$150 allowance | \$150 allowance |
| Medically necessary | Covered in full | Reimbursed up to \$200 |

| Biweekly Paycheck Deductions | Full and Part-time |
|------------------------------|--------------------|
| Employee only | \$2 |
| Employee + spouse | \$3.50 |
| Employee + child(ren) | \$2.75 |
| Family | \$4.25 |



REIMBURSEMENT ACCOUNTS

Memorial offers two kinds of flexible spending accounts that allow you to set aside pre-tax dollars for expenses related to healthcare and dependent care, up to IRS maximums.

FLEXIBLE SPENDING ACCOUNTS

Healthcare FSA

A healthcare FSA lets you set aside pre-tax earnings every pay period, which you can use all year to pay for eligible medical, dental, or vision expenses, as well as prescriptions that aren't covered or are only partly covered by your insurance. Memorial will automatically withhold your contribution from your paycheck so it doesn't count as taxable income. You will receive a debit card from P&A Group to use to pay for qualifying purchases if you don't already have one.

Remember, you have to use all money that you set aside in your FSA by March 15 of the following year, or you lose it.

Set aside up to \$2,750 annually.

Dependent care FSA

A dependent care FSA lets you set aside pre-tax earnings every pay period for child care and other dependent care expenses. Memorial will automatically withhold your contribution from your paycheck so it doesn't count as taxable income. You must use these funds by December 31 or you will lose them.

Set aside up to \$5,000 annually.

Enroll only during Open Enrollment or as a new hire.

Both types of FSA are administered by P&A group.

Contact them by visiting padmin.com or calling (800) 688-2611



RETIREMENT PLANS

Preparing for retirement is one of the most important things you can do. Most people rely on three main sources for retirement income – employer-funded plans (like our pension or 401(a) plan), their own contributions (like our 403(b) and 457(b) plans), and Social Security. Together, these sources can help you replace your income so that you can have the freedom to do what you want and live the way you want after you stop working.

MEMORIAL 403(B) PLAN

There's no reason not to participate in Memorial's 403(b) plan – you're saving for your family's future, plus Memorial will match up to 55% of 5% of your annual salary, based on your years of service, up to IRS maximums. You choose what percentage of your salary you wish to contribute – after which the match is available to you if you're a full- or part-time caregiver who works 40 hours or more biweekly.

All full-time caregivers will automatically be enrolled after 45 days of employment at a contribution rate of 5%. You can increase or decrease your contribution amount at any time. You can invest your contributions into the Transamerica fund of your choice.

You are fully vested after five years of service. You may start contributing on the first day of hire.

403(B) RETIREMENT PLAN EMPLOYER CONTRIBUTION

| Your years of service | Memorial's contribution |
|-----------------------|-------------------------|
| Up to 3 years | 30% |
| 4 years | 35% |
| 5 to 9 years | 45% |
| 10+ years | 55% |

403(B) PLAN VESTING

| Your years of service | Memorial's contribution |
|-----------------------|-------------------------|
| 1 year | 20% |
| 2 years | 40% |
| 3 years | 60% |
| 4 years | 80% |
| 5 years | 100% |



MEMORIAL 401(A) PLAN

This is a retirement plan for caregivers who were hired or had a status change on or after November 1, 2011, and who are full-time (working 72 hours or more biweekly) and who accumulate a total of 1,872 hours in a calendar year, not including overtime. You only have to work 1,404 hours during your first year to become eligible for the 401(a) plan.

If you qualify for this plan, Memorial will contribute 2.5% of your annual salary into your 401(a) account, up to IRS maximums. This typically occurs in the spring.

You can invest your contributions into the fund of your choice, and you'll be 100% vested (that is, you will own 100% of your account balance) after just five contributions.

MEMORIAL 457(B) PLAN

We also offer a 457(b) plan, so whether you want to shelter additional funds or take advantage of this type of plan, you can set aside money each pay period in this account. You can invest your contributions into the Transamerica fund of your choice.

MEMORIAL PENSION PLAN

This plan, which is paid for entirely by Memorial, is for employees who held full-time positions at Memorial for five or more years prior to November 1, 2011. It's computed by an employee's five-highest consecutive years over the previous 10 years, multiplied by the years of service. For more information, visit the Human Resources section of Memorial's intranet. Contact Transamerica at (800) 755-5801 for more information.



TIME OFF

A healthy work-life balance is a key to success and important to our team's overall wellness. As caregivers, it is natural for us to take care of others, but we often forget to take care of ourselves.

You are required to use the equivalent of two weeks of paid leave per calendar year, including holidays.

Please refer to HR policy B-09 for more information.

ACCRUAL FORMULAS FOR YOUR PAID LEAVE

Generally, employees who have worked for Memorial for less than thirty (30) days are not eligible to use paid leave. You may use your paid leave beginning with the first pay period after the date you complete 30 days of service. In certain circumstances – such as national holidays, a department closure, or shift cancellation – if you have less than 30 days of service, Memorial may advance you paid leave as required by law.

You can begin using paid leave hours the pay period following 30 days of employment unless your department is closed for a holiday, in which case you may use paid leave hours for the holiday prior to 30 days.

Full-time caregiver

If you've been a full-time caregiver at Memorial for up to two years, your accrual rate is 0.0924 hours per hour paid. If you've been here full-time for three through nine years, your rate is 0.1116 hours per hour paid. And

if you've been a full-time Memorial caregiver for 10 years, your rate is 0.1347 hours per hour paid. So, if you've been here two years or less and work 80 hours biweekly, you'll accrue 7.39 hours biweekly.

If you've been here three to nine years and work 80 hours/pay period, you'll accrue 8.93 hours biweekly.

If you've been here 10 years or more and work 80 hours/pay period, you'll accrue 10.78 hours biweekly.

Part-time caregiver

You'll accrue 0.0924 hours of paid leave for every hour you are paid.

So, if you work 64 hours/pay period, you'll accrue 5.91 hours biweekly.

Graduate Medical Education (GME) resident paid leave accrual

If you're a GME resident, you are eligible for 25 days of paid leave each program year, starting on the first day of the program year. Any paid leave hours not used during the program year will be forfeited at the

end of the program year.

Administrative staff and physicians

If you've been at Memorial for up to nine years, your accrual rate is 0.1116 hours per hour paid.

Caregivers with 10 years accrue leave at 0.1347 hours per hour paid.

So, if you've been here nine years or less and work 80 hours/pay period, you'll accrue 8.93 hours biweekly.

If you've been here 10 or more years and work 80 hours/pay period, you'll accrue 10.78 hours biweekly.

Pharmacy residents

If you're a pharmacy resident, you are eligible for 12 days of paid leave each program year, starting on the first day of the program year. Any paid leave hours not used during the program year will be forfeited at the end of the program year.

DISABILITY

LEAVE

If you have an illness or accident that causes you to miss more than three days or a maximum of 24 hours of scheduled work time, disability leave can help. The accrual rate is .0308 hours per hour paid. Please refer to HR policy B-21 for more information.

BEREAVEMENT LEAVE

If you're a full- or part-time employee, you can use three days of paid bereavement leave at any time for a death in your immediate family – such as your spouse, parent, stepparent, child, stepchild, grandchild, sibling, grandparent, mother-in-law, or father-in-law. Bereavement leave is now also available for both parents due to the loss of an unborn child (miscarriage).

LEAVE OF ABSENCE

Memorial may grant leaves for up to 90 days for medical, personal, or educational reasons. Please refer to HR policy B-16 for more information.

FAMILY AND MEDICAL LEAVE ACT (FMLA) LEAVE

You may be eligible for up to 12 weeks of job-protected leave under the FMLA if you meet specific criteria and experience a qualifying reason for leave.

For more information, please refer to HR policy B-20, or contact FMLASource at fmlasource.com or (844) 242-6747.

MILITARY LEAVE

You may be eligible for military leave under the Uniformed Services Employment and Re-Employment Rights Act (USERRA) of 1994. Please refer to HR policy B-19 for more information.

JURY DUTY

Jury duty is a civic obligation, so we encourage you to serve if you receive a summons from the court. You'll be compensated at your normal rate of pay for all scheduled hours of work that you miss during each day of jury service. Please refer to HR policy B-08 for more information.





EDUCATION

ORGANIZATIONAL DEVELOPMENT

Memorial wants you to find meaning and satisfaction in your work, because only then can you help us fulfill our mission of healing the body, mind, and spirit of those we touch. Beyond offerings within Memorial, we partner with local colleges and universities to offer varied degree programs, and if you're interested in becoming a healthcare leader of tomorrow, we're committed to providing you with excellent learning opportunities and a nurturing professional environment.

All of our programs, present and future, aim at all levels to give you the resources you need to create an exciting and rewarding career.

LEADERSHIP LEARNING AND DEVELOPMENT

Memorial offers a variety of educational programs on-site – including self-development and management courses as well as continuing education credits.

SCHOLARSHIPS

Memorial has scholarships for you and your kids, too! We offer community scholarships, caregiver dependent scholarships, nursing scholarships for students in the Broward College program, and BSN scholarships for programs in Florida public and private schools.

STUDENT LOAN FORGIVENESS

Forgiveness is available for student loans for college programs and for BSN scholarship programs in Florida public and private schools. For more information, visit the Human Resources section of Memorial's intranet.

EDUCATION ASSISTANCE

Want to go back to school? We may be able to help. Memorial's Education Assistance program can help pay for healthcare- and job-related undergraduate and graduate degrees through an approved, accredited college or university. You can receive a maximum Education Assistance benefit of \$5,000 per calendar year, with no limits to the number of credits you may take per semester.



FAMILY-FRIENDLY BENEFITS

REPRODUCTIVE MEDICINE

Memorial has partnered with Progyny to offer specifically designed fertility benefits that can help support your journey to parenthood. It provides access to a premier network of fertility specialists across the US, and bundles all individual services, tests, and treatments you may need so you won't run out of coverage mid-treatment.

It also provides clinical and emotional support from dedicated Patient Care Advocates. And if you're not ready to become a parent yet but want to plan for the future, it offers coverage for egg and sperm preservation.

*Please contact
Progyny at [Progyny.com](https://www.progyny.com)
HRSharedServices@mhs.net,
or call (833) 281-0088.*

ADOPTION ASSISTANCE

If adopting a child is one of your goals, you may be eligible for Memorial's Adoption Assistance Plan, which includes up to \$10,000 in assistance for domestic or international adoptions (and a lifetime maximum of \$20,000). The plan also offers resources for picking an adoption service, checklists for choosing providers and attorneys, and information on how to prepare for adoption and for welcoming your new family member into your home.

You're eligible for the plan if you've completed one year of service at Memorial in a regular, full-time position and are employed at the time that you incur the adoption expenses. Memorial will repay your expenses directly to you after you incur them.

*Please contact
HR Shared Services at
HRSharedServices@mhs.net,
or call (954) 265-5903.*

BACKUP CARE

When your child or elder care plans fall through and you need to get to work, Memorial's backup care benefit may be able to help.

Care.com is available 24 hours day by phone, app or online.

Visit Memorial's intranet for more information on this benefit.

PARENTAL LEAVE PAY

Memorial caregivers who are approved for FMLA leave may be paid parental leave for up to four weeks immediately following the birth, adoption, or foster care placement of a child.

Parental leave pay is paid at 100 percent of your regular hourly rate, including shift differential. This policy is effective for births, adoptions, or placements of foster children on or after July 17, 2022. See HR Policy B32, Parental Leave Pay, for details.

CHILD CARE SERVICES

Memorial Child Care offers child care services for children of Memorial employees.

Memorial Child Care
1850 North Park Road
Hollywood FL
(954) 276-1414





FINANCIAL SECURITY

LONG-TERM DISABILITY

We provide all benefits-eligible Memorial caregivers with a base long-term disability plan, free of charge. It typically pays 50% of your salary (60% for caregivers on administrative payroll). This is subject to salary limitations set in place by the insurance coverage maximum.

Enroll any time.

ENHANCE YOUR BENEFIT TWO WAYS

Option one:

Increase your benefit to 60% of your salary, up to \$5,000 per month (non-administrative staff only).

Calculate the biweekly cost:

1. Start with your current base rate
2. Multiply by your scheduled hours
3. Multiply by \$0.00225

Option two:

Increase your benefit to 60% of your salary, and become eligible after just 90 days instead of 180 days.

Calculate the biweekly cost:

1. Start with your current base rate
2. Multiply by your scheduled hours
3. Multiply by \$0.00536

You may buy up at any time (subject to evidence of your insurability after your first 30 days at Memorial).

SHORT-TERM DISABILITY

How would you cover your bills and other household expenses if a disability kept you out of work and prevented you from earning a paycheck? By paying 60% of your monthly salary, up to \$5,000, voluntary short-term disability insurance helps replace a portion of your income if a covered injury or illness keeps you out of work. The benefit can help cover out-of-pocket expenses and make up for lost wages.

Premiums vary depending upon your age,

the waiting period you elect, and other such factors.

Enroll only during Open Enrollment or when you are a new hire.

More details can be found on the intranet, including pricing and vendor information

HOSPITAL INDEMNITY INSURANCE

Even with medical insurance, a hospital stay can cost you thousands of dollars in deductibles and coinsurance.

Hospital indemnity insurance pays a benefit directly to you if you or a covered family member receives inpatient hospital care. The plan also offers newborn routine care, providing a lump sum benefit after birth (provided that the birth is not outpatient).

Plan features:

- Coverage is available for your spouse and child(ren)
- Benefits for rehabilitation, mental health and observation stays are included
- Benefits are paid regardless of any other insurance you have
- No physical exams are required to enroll in the coverage
- The plan pays each covered member a \$50 wellness benefit for certain health screening tests

For more information, visit Aetna at myaetnasupplemental.com or call (800) 607-3366.

Biweekly hospital indemnity insurance rates

| | |
|------------------------------|---------|
| Employee only | \$6.67 |
| Employee + spouse | \$14.13 |
| Employee + child(ren) | \$11.50 |
| Family | \$18.81 |

ACCIDENT INSURANCE

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact, which can be substantial. Accident insurance can help cover the out-of-pocket medical expenses and extra bills that can follow an accident.

The total benefit you receive is based on the type of injury, its severity, and the medical services you received in treatment and recovery.

The plan pays benefits for a variety of injuries and accident-related expenses.

Examples of covered injuries include:

- Fractures
- Dislocations
- Hospitalization
- Physical therapy
- Emergency room treatment
- Transportation

Plan features:

- Benefits are paid for accidents that occur on and off the job
- Earn up to a \$75 Wellness Credit for certain medical activities
- There are no health questions or physical exams required
- Receive an additional 25% benefit if the accident happens when you are playing in an organized sporting event

Call Securian at (855) 750-1906 to learn more.

Biweekly accident insurance rates

| | |
|------------------------------|--------|
| Employee only | \$2.70 |
| Employee + spouse | \$4.52 |
| Employee + child(ren) | \$4.92 |
| Family | \$7.34 |

Enroll in hospital indemnity and accident insurance only during Open Enrollment, when you are a new hire, or when you have a qualifying life event.

CRITICAL ILLNESS INSURANCE

Critical illness insurance reduces the financial impact of a major illness, such as a heart attack, stroke or cancer. The policy pays a lump sum benefit directly to you once you or a covered family member is diagnosed with a covered condition.

Even when you are covered by a quality medical plan, your financial exposure could be thousands of dollars, depending on the medical plan you choose. Critical illness insurance can help you eliminate or greatly reduce this exposure.

Examples of covered illnesses may include:

- Heart attack
- Major organ transplant
- End-stage renal (kidney) failure
- Cancer
- Stroke

Plan features:

- You do not have to be terminally ill to receive benefits
- Earn up to a \$75 Wellness Credit for certain medical activities
- Coverage options are available for your spouse and children

Enroll only during Open Enrollment or when you are a new hire. Call Securian at (855) 750-1906 to learn more.



CRITICAL ILLNESS INSURANCE BIWEEKLY RATES

\$10,000 coverage: non-tobacco/nicotine

| age | employee | + spouse | + children | + family |
|---------|----------|----------|------------|----------|
| < 30 | \$0.84 | \$1.60 | \$1.40 | \$2.26 |
| 30 - 34 | \$1.16 | \$2.10 | \$1.72 | \$2.78 |
| 35 - 39 | \$1.60 | \$2.86 | \$2.16 | \$3.54 |
| 40 - 44 | \$2.32 | \$4.10 | \$2.88 | \$4.76 |
| 45 - 49 | \$3.36 | \$5.94 | \$3.92 | \$6.60 |
| 50 - 54 | \$4.64 | \$8.32 | \$5.20 | \$9.00 |
| 55 - 59 | \$6.30 | \$11.52 | \$6.86 | \$12.16 |
| 60 - 64 | \$8.68 | \$16.20 | \$9.24 | \$16.86 |
| 65+ | \$14.40 | \$26.00 | \$15.22 | \$26.66 |

\$20,000 coverage: non-tobacco/nicotine

| age | employee | + spouse | + children | + family |
|---------|----------|----------|------------|----------|
| < 30 | \$1.34 | \$2.44 | \$2.14 | \$3.44 |
| 30 - 34 | \$1.94 | \$3.42 | \$2.72 | \$4.40 |
| 35 - 39 | \$2.78 | \$4.88 | \$3.58 | \$5.88 |
| 40 - 44 | \$4.20 | \$7.28 | \$4.98 | \$8.28 |
| 45 - 49 | \$6.22 | \$10.84 | \$7.02 | \$11.84 |
| 50 - 54 | \$8.68 | \$15.48 | \$9.48 | \$16.48 |
| 55 - 59 | \$11.94 | \$21.70 | \$12.74 | \$22.68 |
| 60 - 64 | \$16.60 | \$30.86 | \$17.40 | \$31.86 |
| 65+ | \$27.68 | \$49.74 | \$28.54 | \$50.74 |

\$30,000 coverage: non-tobacco/nicotine

| age | employee | + spouse | + children | + family |
|---------|----------|----------|------------|----------|
| < 30 | \$1.84 | \$3.30 | \$2.88 | \$4.62 |
| 30 - 34 | \$2.72 | \$4.74 | \$3.74 | \$6.06 |
| 35 - 39 | \$3.98 | \$6.94 | \$5.00 | \$8.22 |
| 40 - 44 | \$6.06 | \$10.48 | \$7.10 | \$11.78 |
| 45 - 49 | \$9.08 | \$15.76 | \$10.10 | \$17.08 |
| 50 - 54 | \$12.74 | \$22.66 | \$13.76 | \$23.98 |
| 55 - 59 | \$17.58 | \$31.90 | \$18.62 | \$33.20 |
| 60 - 64 | \$24.52 | \$45.52 | \$25.54 | \$46.84 |
| 65+ | \$40.94 | \$73.50 | \$42.00 | \$74.82 |

\$40,000 coverage: non-tobacco/nicotine

| age | employee | + spouse | + children | + family |
|---------|----------|----------|------------|----------|
| < 30 | \$2.46 | \$4.40 | \$3.84 | \$6.16 |
| 30 - 34 | \$3.62 | \$6.32 | \$4.98 | \$8.08 |
| 35 - 39 | \$5.30 | \$9.26 | \$6.66 | \$10.96 |
| 40 - 44 | \$8.08 | \$13.98 | \$9.46 | \$15.70 |
| 45 - 49 | \$12.10 | \$21.02 | \$13.46 | \$22.78 |
| 50 - 54 | \$16.98 | \$30.22 | \$18.34 | \$31.98 |
| 55 - 59 | \$23.44 | \$42.54 | \$24.82 | \$44.26 |
| 60 - 64 | \$32.70 | \$60.70 | \$34.06 | \$62.46 |
| 65+ | \$54.58 | \$98.00 | \$56.00 | \$99.76 |

\$10,000 coverage: tobacco/nicotine

| age | employee | + spouse | + children | + family |
|---------|----------|----------|------------|----------|
| < 30 | \$0.92 | \$1.74 | \$1.48 | \$2.42 |
| 30 - 34 | \$1.46 | \$2.66 | \$2.04 | \$3.34 |
| 35 - 39 | \$2.34 | \$4.20 | \$2.94 | \$4.88 |
| 40 - 44 | \$3.88 | \$6.88 | \$4.52 | \$7.56 |
| 45 - 49 | \$6.10 | \$10.84 | \$6.82 | \$11.52 |
| 50 - 54 | \$8.66 | \$15.78 | \$9.48 | \$16.46 |
| 55 - 59 | \$12.14 | \$22.52 | \$13.22 | \$23.22 |
| 60 - 64 | \$17.42 | \$32.94 | \$18.94 | \$33.62 |
| 65+ | \$29.04 | \$52.34 | \$31.86 | \$53.02 |

\$20,000 coverage: tobacco/nicotine

| age | employee | + spouse | + children | + family |
|---------|----------|----------|------------|----------|
| < 30 | \$1.50 | \$2.76 | \$2.30 | \$3.74 |
| 30 - 34 | \$2.52 | \$4.54 | \$3.34 | \$5.52 |
| 35 - 39 | \$4.22 | \$7.52 | \$5.06 | \$8.52 |
| 40 - 44 | \$7.22 | \$12.74 | \$8.12 | \$13.72 |
| 45 - 49 | \$11.50 | \$20.42 | \$12.48 | \$21.40 |
| 50 - 54 | \$16.46 | \$29.98 | \$17.52 | \$30.98 |
| 55 - 59 | \$23.30 | \$43.18 | \$24.48 | \$44.18 |
| 60 - 64 | \$33.60 | \$63.50 | \$35.12 | \$64.50 |
| 65+ | \$56.10 | \$100.88 | \$58.92 | \$101.86 |

\$30,000 coverage: tobacco/nicotine

| age | employee | + spouse | + children | + family |
|---------|----------|----------|------------|----------|
| < 30 | \$2.06 | \$3.76 | \$3.10 | \$5.06 |
| 30 - 34 | \$3.58 | \$6.38 | \$4.64 | \$7.70 |
| 35 - 39 | \$6.10 | \$10.84 | \$7.18 | \$12.14 |
| 40 - 44 | \$10.58 | \$18.60 | \$11.70 | \$19.92 |
| 45 - 49 | \$16.92 | \$29.96 | \$18.12 | \$31.26 |
| 50 - 54 | \$24.28 | \$44.18 | \$25.58 | \$45.50 |
| 55 - 59 | \$34.46 | \$63.82 | \$35.88 | \$65.14 |
| 60 - 64 | \$49.80 | \$94.06 | \$51.40 | \$95.38 |
| 65+ | \$83.18 | \$149.40 | \$86.00 | \$150.72 |

\$40,000 coverage: tobacco/nicotine

| age | employee | + spouse | + children | + family |
|---------|----------|----------|------------|----------|
| < 30 | \$2.74 | \$5.02 | \$4.14 | \$6.74 |
| 30 - 34 | \$4.78 | \$8.50 | \$6.18 | \$10.26 |
| 35 - 39 | \$8.14 | \$14.46 | \$9.58 | \$16.18 |
| 40 - 44 | \$14.10 | \$24.80 | \$15.60 | \$26.56 |
| 45 - 49 | \$22.56 | \$39.94 | \$24.16 | \$41.68 |
| 50 - 54 | \$32.38 | \$58.90 | \$34.10 | \$60.66 |
| 55 - 59 | \$45.94 | \$85.10 | \$47.84 | \$86.86 |
| 60 - 64 | \$66.40 | \$125.42 | \$68.54 | \$127.18 |
| 65+ | \$110.90 | \$199.20 | \$114.66 | \$200.96 |

LIFE INSURANCE

Memorial offers basic life insurance at the rate of one time your annual base pay, plus \$10,000, not to exceed \$50,000, in term life insurance coverage. This is a free benefit to you – paid entirely by Memorial. Limits are determined by your status (full-time, part-time, etc.). The limit for staff and GME residents is \$50,000, the limit for administrative caregivers is \$300,000, and the limit for physicians is \$500,000.

You may also buy supplemental life insurance coverage for yourself, your spouse, and dependent child(ren), not to exceed the total coverage amount you have for yourself.

You may enroll in Life Insurance if you are a regularly scheduled, full- or part-time, benefits-eligible employee who has not elected to waive benefits and once you've completed 30 days of employment.

Call Voya/ReliaStar Life at (800) 955-7736 to learn more.

BUY-UP RATES FOR BASIC AND SUPPLEMENTAL LIFE INSURANCE

Buy-up formula (for you)

You can increase the amount of life insurance you receive through supplemental life insurance in increments of \$10,000, up to \$500,000.

Calculate your biweekly cost:

1. Start with the amount of life insurance you'd like
2. Multiply by the rate for your age (see chart to follow)
3. Divide by 1,000
4. Multiply by 12
5. Divide by 26

Biweekly cost (for you)

| Your age | Cost |
|-------------|--------|
| Under 25 | \$0.04 |
| 25-29 | \$0.04 |
| 30-34 | \$0.05 |
| 35-39 | \$0.07 |
| 40-44 | \$0.08 |
| 45-49 | \$0.12 |
| 50-54 | \$0.18 |
| 55-59 | \$0.33 |
| 60-64 | \$0.51 |
| 65-69 | \$0.98 |
| 70 and over | \$1.58 |

Buy-up formula (for your spouse)

You can also add supplemental life insurance for your spouse in increments of \$5,000, up to \$250,000.

Calculate your cost per pay period:

1. Start with the amount of life insurance you'd like
2. Multiply by the rate for your spouse's age (see below)
3. Divide by 1,000
4. Multiply by 12
5. Divide by 26

Biweekly cost (for your spouse)

| Your spouse's age | Cost |
|-------------------|---------|
| Under 25 | \$0.05 |
| 25-29 | \$0.057 |
| 30-34 | \$0.067 |
| 35-39 | \$0.086 |
| 40-44 | \$0.10 |
| 45-49 | \$0.15 |
| 50-54 | \$0.23 |
| 55-59 | \$0.43 |
| 60-64 | \$0.66 |
| 65-69 | \$1.27 |
| 70 and over | \$2.06 |

Buy-up formula (for your child, up to age 26)

Memorial offers supplemental life insurance for your child(ren) until they turn 26 in increments of \$2,500, up to \$10,000.

Calculate your cost per pay period:

1. Start with the amount of life insurance you'd like
2. Multiply insurance (coverage) amount by \$0.11
3. Divide by 1,000
4. Multiply by 12
6. Divide by 26

Examples:

| Insurance amount | Cost |
|------------------|--------|
| \$2,500 | \$0.13 |
| \$5,000 | \$0.25 |
| \$7,500 | \$0.38 |
| \$10,000 | \$0.51 |



EMPLOYEE DISCOUNTS

PET INSURANCE

Our pet insurance plans offered through Nationwide provide your dog, cat, or other pet with medical coverage for services performed by any veterinarian – even specialists and emergency providers – anywhere in the US.

- Get cash back on your eligible vet bills
- Preferred pricing for Memorial caregivers
- Optional wellness coverage, including spay/neuter, dental cleaning, vaccinations, and more

Visit petinsurance.com/mhs or call (877) 738-7874 for your quote today. You may enroll at any time.

TRANSPORTATION

Memorial has teamed up with South Florida Commuter Services to offer you cost-saving solutions and resources for traveling to and from work. As a Memorial caregiver, you're eligible for a \$25 discount on 12-trip or monthly Tri Rail passes, and for a \$10 discount on 31-day passes for Broward County Transit.

PERKSPOT

PerksSpot is an exclusive discount program for Memorial employees, offering savings on everything from home goods and digital devices to big-ticket items and opportunities to save on your monthly bills. To create an account and view deals and discounts on your portal at any time, visit mhs.perkspot.com. You can also download the PerksSpot app from your app store.

GIFT SHOPS

If you are a full- or part-time Memorial caregiver, you can save 10% off most of your purchases at any of Memorial's gift shops. You can also choose to pay for the items at the time of purchase or pay for them later via convenient payroll deduction. All proceeds from the gift shop go directly back to Memorial.

MEMORIAL EMPLOYEES FEDERAL CREDIT UNION

MEFCU is full-service, offers free checking and savings account services, and provides other benefits such as low-interest rates on home loans, car loans, and credit cards. With locations at all Memorial facilities, MEFCU is always just a few steps away.

Visit www.mefcu.org.



MORE BENEFITS

Working at Memorial brings you even more benefits that support your physical and mental health and your family's security. They also provide resources you may need if times get tough. They're all part of our commitment to your wellness – in body, mind and spirit.

WELLNESS

Our Employee Health Office holds wellness fairs at all Memorial facilities throughout the year, with free blood pressure and cholesterol checks, vision screenings, BMI evaluations, and flu shots. And as our facilities are tobacco-free, we offer nicotine replacement therapy and stop-smoking programs.

LIFEWORKS

Employee Assistance Program (EAP)

LifeWorks, Memorial's new Employee Assistance Program provider, provides personalized services and solutions for issues you encounter in everyday life. For more information, please visit the Human Resources section of Memorial's intranet or contact LifeWorks at (800) 433-7916.

EMPLOYEE RELIEF FUND

Memorial's spirit has always been one of teamwork and having each other's backs.

That's why Memorial has created the Employee Relief Fund, a source of assistance for Memorial employees dealing with financial hardship. With support from community donors and Memorial employees, the Employee Relief Fund serves as an additional resource for us during challenging times.

Interested in making a donation? Contact HR Shared Services at (954) 265-5903, or email HRSharedServices@mhs.net.

LONG-TERM CARE INSURANCE

It's estimated that in Florida, the cost of long-term care can average up to \$100,000 a year. Long-term care insurance can help you and/or your loved ones pay for long-term care needs, such as care received in a nursing home or at home. Memorial offers long-term care insurance through Mutual of Omaha, to cover certain expenses that are not covered by traditional medical or disability insurance.



IDENTITY THEFT PROTECTION

Memorial offers identity theft protection with ID Watchdog. With monitoring of credit reports, social media, the Dark Web, and high-risk transactions, plus theft insurance, fraud remediation, and more, ID Watchdog can help you safeguard the online identities of you and your family.

Biweekly ID Watchdog rates

| | |
|------------------------|--------|
| Platinum single | \$4.11 |
| Platinum family | \$7.62 |

Call ID Watchdog at (866) 513-1518 to learn more.

This coverage will help ensure you can pay for the necessary care in the event of age-related medical needs, a debilitating accident or a disabling health condition – all while protecting your family and the assets that you've worked so hard for.

Our policies feature:

- Discounted rates
- Portable coverage

You can apply at any time.

Since each policy is customized to the participant, you must find a policy that works best for you and your family.

Contact Mutual of Omaha broker Lawrence D. Share Company, Inc. at (954) 473-5011 or send an email to mhcpinfo@ldshare.com.

METLIFE LEGAL

You can enroll in full coverage via Metlife Legal for most personal legal matters, including representation for tax audits, sale or purchase of a home, mortgages, will and living wills, adoption, divorce, civil litigations, driving privileges, and more.

Biweekly Metlife Legal Group Legal Plan rates

| | |
|----------------------|--------|
| Employee only | \$6.23 |
| Family | \$9.00 |

Call Metlife Legal at (800) 821-6400 to learn more.

COMMUNITY SERVICES PROGRAMS

As a Memorial caregiver, you can take advantage of Memorial's Community Services programs, which connect Broward County residents to social supports such as educational and benefits programs, family planning, affordable child care, jobs and financial assistance, and high-quality, preventive healthcare, including behavioral health services.

Employee and Family Services

These programs can help you with a broad range of issues that affect your family's mental and physical health.

For more information, call (954) 276-0822.

Family TIES (Therapeutic Intervention to Empower and Strengthen)

Family TIES works to prevent substance abuse, preserving the family and promoting academic achievement.

Healthy Youth Transitions

(HYT)

HYT promotes the skills that young people need to transition into living independently and productively.

Healthy Start

This program is a care coordination and home visiting program for at-risk moms. Its focus is on at-risk prenatal and postnatal women.

KISS (Kinship Initiative for Supportive Services)

KISS works to strengthen families and reduce risk factors for children in relative or non-relative kinship care.

MOMS (Mothers Overcoming Maternal Stress)

MOMS helps new moms who are experiencing depressions or exhibiting stress-related risk factors.

New Beginnings

This program provides outpatient, individual and group therapy for adolescent substance abuse, helping them improve their functioning and/or prevent their further deterioration.

Parenting Education Services

The following two programs are offered for parents who would like to know more about guiding their kids through life.

Guiding Good Choices (for parents of children age 7 to 12), and Staying Connected to Your Teen (for parents of children 13 and older)

Both programs work to reduce alcohol and drug use, teen suicide, juvenile delinquency, gang involvement, child abuse and domestic violence.

Memorial Senior Partners

Memorial Senior Partners is a social and wellness senior healthcare program designed especially for adults age 50 and older. A one-time fee of \$25 allows participants to choose from a variety of senior activities every month, including exercise classes, health screenings, lectures and special events, yoga, and more.

For more information, call (954) 326-0920.

ALLIES (Adults Living Life Independently, Educated and Safe)

ALLIES provides in-home safety assessments, connections to local resources and preventive education for older adults seeking to maintain their health and independence.



CONTACTS

| | | | |
|--|--------------------------------|---|----------------|
| Accident insurance | Securian | securian.com | (855) 750-1906 |
| Critical illness insurance | Securian | securian.com | (855) 750-1906 |
| Dental plans (DPPO/DHMO) | Cigna | cigna.com | (800) 244-6224 |
| Flexible spending accounts (healthcare & dependent care) | P&A Group | padmin.com | (800) 688-2611 |
| Hospital indemnity insurance | Aetna | Wwww.aetna.com | (800) 607-3366 |
| Identity theft protection | ID Watchdog | IDWatchdog.com | (866) 513-1518 |
| Leaves of absence | FMLASource | fmlasource.com | (844) 242-6747 |
| Legal services | MetLife Legal Group Legal Plan | info.legalplans.com | (800) 821-6400 |
| Life and AD&D claims | Voya/Reliastar Life | VOYA.com | (800) 955-7736 |
| LifeWorks (EAP) | LifeWorks | LifeWorks.com | (800) 433-7916 |
| Long-term care insurance | Mutual of Omaha | Lawrence D. Share Company, Inc. mhcpinfo@ldshare.com | (954) 473-5011 |
| Long-term disability | Symetra | | (877) 377-6773 |
| Medical (MMCP/MCHP) | Community Care Plan | ccpcare.org | (954) 622-3499 |
| MemorialDOCNow | | memorialdocnow.com | (877) 824-5852 |
| Memorial MyChart | MyChart | mhs.net/secure/mychart | (954) 276-7676 |
| Pet insurance | Nationwide | petinsurance.com/mhs | (877) 738-7874 |
| Prescription/Mail Order drug program | Southern Scripts | southernscripts.net | (800) 710-9341 |
| Reproductive medicine | Progyny | Progyny.com | (833) 281-0088 |
| Retirement savings – 403(b), 457(b), and 401(a) | Transamerica | Transamerica.com/portal/mhs | (800) 755-5801 |
| Specialty pharmacy | Memorial Specialty Pharmacy | | (954) 276-6779 |
| Vision plan | Humana | humana.com | (866) 537-0229 |
| All other questions | HR Shared Services | | (954) 265-5903 |

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REQUIRED NOTICES

CREDIBLE COVERAGE NOTICE: YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Memorial Healthcare System and about your options under Medicare's prescription drug coverage (if you are eligible for Medicare).

This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

coverage for a higher monthly premium.

Memorial Healthcare System has determined that the prescription drug coverage offered under the MMCP and MCHP group healthcare plans under the Memorial Healthcare System Group Insurance Plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage.

Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year. You may enroll from October 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

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WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Memorial Healthcare System coverage will not be affected. If you drop your coverage with Memorial Healthcare System and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Memorial Healthcare System and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For more information about this notice or your current prescription drug coverage, contact your Benefits Administrator.

Note: You'll get this notice each year. You may receive this notice at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage, visit medicare.gov.

Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help.

*Call (800) MEDICARE (633-4227).
TTY users can call (877) 486-2048.*

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available from the Social Security Administration (SSA.)

Remember: Keep this notice. If you enroll in one of the Medicare-approved plans offering prescription drug coverage, you may need to provide a copy of this notice when applying for the coverage to show that you are not required to pay a higher premium amount.

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|-----------------|--|
| Date: | October 2022 |
| Entity: | Memorial Healthcare System |
| Contact: | Jacqueline Vaquer |
| Address: | 3501 Johnson Street Hollywood, FL 33021 |
| Phone: | (954) 265-7800 |

WOMEN'S HEALTH AND

CANCER RIGHTS ACT OF 1998

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy; reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prosthesis and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes). The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

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 (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 (866) 444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility.

| | |
|---|---|
| ALABAMA Medicaid | http://myalhipp.com/ 1 (855) 692-5447 |
| ALASKA Medicaid | The AK Health Insurance Premium Payment Program: http://myakhipp.com/ 1 (866) 251-4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx |
| ARKANSAS Medicaid | http://myarhipp.com 1 (855) MyARHIPP (692-7447) |
| CALIFORNIA Medicaid | Health Insurance Premium Payment (HIPP) Program: http://dhcs.ca.gov/hipp (916) 445-8322, Fax: (916) 440-5676 hipp@dhcs.ca.gov |
| COLORADO Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) | Health First Colorado: https://www.healthfirstcolorado.com Health First Colorado Member Contact Center: 1 (800) 221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1 (800) 359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/healthinsurance-buy-program HIBI Customer Service: 1 (855) 692-6442 |
| FLORIDA Medicaid | http://flmedicaidtlprecovery.com/hipp/ 1 (877) 357-3268 |
| GEORGIA Medicaid | A HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp (678) 564-1162, Press 1 GA CHIPRA: https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra (678) 564-1162, Press 2 |
| INDIANA Medicaid | Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/hip/ 1 (877) 438-4479 All other Medicaid: https://www.in.gov/medicaid/ 1 (800) 457-4584 |
| IOWA Medicaid and CHIP (Hawki) | Medicaid: https://dhs.iowa.gov/ime/members 1 (800) 338-8366 Hawki: http://dhs.iowa.gov/Hawki 1 (800) 257-8563 HIPP: https://dhs.iowa.gov/ime/members/medicaida-to-z/hipp 1 (888) 346-9562 |
| KANSAS Medicaid | https://www.kancare.ks.gov 1 (800) 792-4884 |

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| KENTUCKY Medicaid | Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 1 (855) 459-6328 kihipp.program@ky.gov KCHIP: https://kidshealth.ky.gov/Pages/index.aspx 1 (877) 524-4718 Kentucky Medicaid: https://chfs.ky.gov |
| LOUISIANA Medicaid | www.medicaid.la.gov or www.ldh.la.gov/lahipp 1 (888) 342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP) |
| MAINE Medicaid | Enrollment: https://www.maine.gov/dhhs/ofi/applications-forms 1 (800) 442-6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms (800) 977-6740 TTY: Maine relay 711 |
| MASSACHUSETTS Medicaid and CHIP | https://www.mass.gov/masshealth/pa 1 (800) 862-4840 |
| MINNESOTA Medicaid | https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/other-insurance.jsp 1 (800) 657-3739 |
| MISSOURI Medicaid | http://www.dss.mo.gov/mhd/participants/pages/hipp.htm (573) 751-2005 |
| MONTANA Medicaid | http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 1 (800) 694-3084 |
| NEBRASKA Medicaid | http://www.ACCESSNebraska.ne.gov (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178 |
| NEVADA Medicaid | https://dhcfnv.gov 1 (800) 992-0900 |
| NEW HAMPSHIRE Medicaid | https://www.dhhs.nh.gov/oi/hipp.htm (603-) 271-5218 HIPP program: 1 (800) 852-3345, ext 5218 |
| NEW JERSEY Medicaid and CHIP | Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ (609) 631-2392 CHIP: http://www.njfamilycare.org/index.html 1 (800) 701-0710 |
| NEW YORK Medicaid | https://www.health.ny.gov/health_care/medicaid/ 1 (800) 541-2831 |

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| NORTH CAROLINA Medicaid | https://medicaid.ncdhhs.gov/ (919) 855-4100 |
| NORTH DAKOTA Medicaid | http://www.nd.gov/dhs/services/medicalserv/medicaid/ 1 (844) 854-4825 |
| OKLAHOMA Medicaid and CHIP | http://www.insureoklahoma.org 1 (888) 365-3742 |
| OREGON Medicaid | http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html 1 (800) 699-9075 |
| PENNSYLVANIA Medicaid | https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx 1 (800) 692-7462 |
| RHODE ISLAND Medicaid and CHIP | http://www.eohhs.ri.gov/ (855) 697-4347, or (401) 462-0311 (Direct Rlthe Share Line) |
| SOUTH CAROLINA Medicaid | https://www.scdhhs.gov 1 (888) 549-0820 |
| SOUTH DAKOTA Medicaid | http://dss.sd.gov 1 (888) 828-0059 |
| TEXAS Medicaid | http://gethipptexas.com/ 1 (800) 440-0493 |
| UTAH Medicaid and CHIP | Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 1 (877) 543-7669 |
| VERMONT Medicaid | http://www.greenmountaincare.org 1 (800) 250-8427 |
| VIRGINIA Medicaid and CHIP | https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1 (800) 432-5924 CHIP Phone: 1 (800) 432-5924 |
| WASHINGTON Medicaid | https://www.hca.wa.gov 1 (800) 562-3022 |
| WEST VIRGINIA Medicaid and CHIP | https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: (304) 558-1700 CHIP Toll-free phone: 1 (855) MyWVHIPP (1-855-699-8447) |
| WISCONSIN Medicaid and CHIP | https://www.dhs.wisconsin.gov/badgercareplus/p10095.htm (800) 362-3002 |
| WYOMING Medicaid | https://health.wyo.gov/healthcarefn/medicaid/programsand-eligibility/ 1 (800) 251-1269 |

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

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1 (866) 444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1 (877) 267-2323,
Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding

the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

ADDITIONAL NOTICES

Please contact your HR Director for additional information on the Health Insurance Portability and Accountability Act (HIPAA) of 1996, the Family and Medical Leave Act (FMLA) of 1993, and Continuation of Coverage rights under COBRA and other important legal notices.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

You are receiving this notice because you have recently become covered under a health group plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage.

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional 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.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as 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 are an employee, you will become a qualified beneficiary if you lose coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced;

or

- Your employment ends for any reason other than your gross misconduct

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- 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 any of the following qualifying events happen:

- 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"

WHEN IS COBRA 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. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

YOU MUST GIVE NOTICE OF SOME QUALIFYING EVENTS

For the other qualifying events (divorce or legal separation of the employee and spouse or 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: Memorial Healthcare System Human Resources.

HOW IS COBRA 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.

When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare eight months before the date on which his or her employment terminates, COBRA continuation coverage for his or her spouse and children can last up to 36 months after the date of the qualifying event (36 months minus eight months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation of coverage can be extended.

DISABILITY EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If you or anyone in your family covered under the Plan is determined by the SSA to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If your family experiences another qualifying event while receiving 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 notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

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 ERISA, including COBRA, HIPAA, 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 the EBSA website at dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

DISCRIMINATION IS AGAINST THE LAW

Memorial Healthcare System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.



careersatmhs



memorialhealthcaresystemcareers



memorial-healthcare-system



mhscareers