



EMPLOYEE BENEFITS PROGRAM

2025

Welcome to your 2025 Employee Benefits Program!

Our employees are our most valuable resource and your health and welfare is extremely important. We recognize all of our employees are unique, and have differing benefit needs. As such, it is our pleasure to offer our Benefits Program.

The Benefits Program will provide you with a comprehensive, competitive benefits package allowing for customization to your individual needs. Under this approach, you will be provided with bi-weekly “benefit dollar credits” to apply toward a menu of medical, dental, vision, and other voluntary benefit options.

This user-friendly guide and the other information included on the company intranet site give you summary information about your benefit program – information you need to make the best benefit decisions, whether you are making annual enrollment elections, enrolling for the first time, or changing your benefits due to a qualified event. Please take the time to review these materials carefully and keep them as a handy reference guide.

Our employees have been the driving force behind our past success and continue to position us well for the future. We are proud to make these benefits available to you, our Carson Tahoe family. Thank you and Here’s to Your Health!



BENEFITS CREDIT DOLLAR PROGRAM

How does the Benefits program work?

Under our Benefits approach, you may use your benefit credit dollar amount to choose a benefits package that makes the most sense for your individual circumstances and family status. For example, there are three different medical plan options from which to choose, priced according to level of benefits. You will be able to compare the different plan options, along with premium costs, and determine the right plan for your individual needs. If the premium cost at your chosen coverage tier (i.e. single or family coverage) costs more than your benefit dollar credit, you will pay the difference through a bi-weekly payroll deduction. Conversely, if you choose a plan and coverage tier that costs less than the benefit dollar credit amount, you may utilize the remaining benefit dollar credits balance to cover Dental, Vision, or Savings/Spending Accounts. A complete list of available medical, dental, and vision plans, as well as voluntary coverages, and the premium costs of these different plan options will be provided for your review, and will be part of the enrollment process.

How many benefit dollar credits will I receive?

Employees electing health benefits will receive a benefit dollar credit of \$473.46 per bi-weekly pay period for eligible full-time status employees and \$356.02 per bi-weekly pay period for eligible part-time status employees.

BENEFIT ELIGIBILITY

Who Is Eligible?

All full-time and part-time status employees who regularly work a minimum of 20 hours per week, your legal spouse who does not have access to group health insurance through his or her employer, and your children up to their 26th birthday are eligible to participate in the Benefits Program.

When am I Eligible?

An eligible Employee's coverage is effective, subject to timely enrollment, on the first (1st) of the month following thirty one (31) days of active continuous employment.

How Do I Enroll or Make Changes?

New hires must enroll following (31) days of active continuous employment including employees who change into a benefit eligible status. Failure to enroll or waive coverage when first eligible will result in a loss of benefits and/or credits. You may later enroll during an open enrollment period. All enrollments must be completed online using Infor.

Changes to existing participation levels can only be made during the annual Open Enrollment period, which occurs every year prior to the January 1 renewal date. A qualified event occurring mid-year, such as marriage, birth, death, divorce, etc., must be reported to Human Resources and your life event must be entered in Infor within sixty (60) days of the life event.



YOUR BENEFIT OPTIONS

Medical Plans

Choosing the right medical coverage is one of the most important benefit decisions you can make. You have a wide range of choices, each of which offers a comprehensive network of physicians, hospitals, and facilities. Because you are a valued part of the team, when using Carson Tahoe Health System and Affiliated Providers you will have lower costs. You do not need to select a Primary Care Physician in any of the health plans offered and you can elect coverage for yourself, your eligible legal spouse, and your eligible children. All health plans are administered by U of U Health Plans.

As an additional benefit for using services provided by CTHS and Affiliated Providers, you will have lower copayments, a lower deductible, and your coinsurance will be reduced by 10%. To promote good health, the Plan pays 100% for specified preventive care and wellness services. The Plan also pays 100% for one physical exam per person, per year, for all participants age 19 and over. Well-child care for those under age 19 is provided at no charge.

Following are brief descriptions of the three medical/Rx plans available to you:

MEDICAL PLAN NAME	PLUS		CORE		HDHP–HSA	
	CTHS	In-Network	CTHS	In-Network	CTHS	In-Network
Deductible						
Individual	\$500	\$1,000	\$1,000	\$1,500	\$3,300	\$4,100
Family	\$1,000*	\$2,000*	\$2,000*	\$3,000*	\$6,400*	\$8,200*
Hospitalization	20% (d)	30% (d)	20% (d)	30% (d)	20% (d)	30% (d)
Urgent Care	\$40 copay	\$50 copay	\$40 copay	\$50 copay	20% (d)	30% (d)
Office Visits						
Primary Care Physician Office	\$20 copay	\$30 copay	\$25 copay	\$35 copay	20% (d)	30% (d)
Specialty Care Physician Office	\$40 copay	\$50 copay	\$40 copay	\$50 copay	20% (d)	30% (d)
Physical Therapy	20% (d)	30% (d)	20% (d)	30% (d)	20% (d)	30% (d)
Emergency Room	\$200 copay	30% (d)	\$200 copay	30% (d)	20% (d)	30% (d)
Annual Out-of-Pocket Maximum						
Individual	\$4,500		\$6,850		\$5,000	
Family	\$9,000**		\$13,700**		\$10,000**	
HSA Employer Contribution						
Individual	N/A		N/A		\$500	
Family	N/A		N/A		\$1,000	
Prescription Drug Rider						
Calendar Year Deductible	\$50 – Applies to Brand Name				Integrated with Medical	
Copays	Tier 0 (Preventive Drugs required by PPACA) Tier 1 (Preferred Generic Drugs) Tier 2 (Preferred Brand Drugs/Non-Preferred Generic Drugs) Tier 3 (Non-Preferred Brand Drugs) Tier 4 (Preferred Specialty Drugs)		No cost \$15 copay \$30 copay, after CYPD \$60 copay, after CYPD 20% coinsurance, after CYPD		Tier 0 (Preventive Drugs required by PPACA) Tier 1 (Preferred Generic Drugs) Tier 2 (Preferred Brand Drugs/Non-Preferred Generic Drugs) Tier 3 (Non-Preferred Brand Drugs) Tier 4 (Preferred Specialty Drugs) All Tiers, 20%, after CYD (d)	
Enrollment Tier	Bi-Weekly Rates (26 pay periods)					
Employee Only	\$424.03		\$369.28		\$304.23	
Employee + Spouse	\$659.40		\$574.25		\$473.10	
Employee + Child(ren)	\$579.87		\$504.99		\$416.04	
Employee + Family	\$773.85		\$673.92		\$555.22	

(d) – Deductible applies

* No individual in a family will pay more than the individual deductible.

** No Individual in a family will pay more than the individual out-of-pocket maximum.

NOTE: Copays are not included when calculating the annual deductible; Copays are included when determining the annual out-of-pocket maximum.

SPECIAL MAINTENANCE DRUG BENEFIT-Limited Drug Categories Tier 1 M (Limited Preferred Generic Drugs) - No cost

Tier 2 M (Limited Preferred Brand Drugs / Non-Preferred Generic Drugs) - No cost

A limited number of medications fall under the Special Maintenance Drug Benefit. This pharmacy benefit allows certain Tier 1 and Tier 2 prescription drugs to be covered at no cost to members, without meeting deductible and/or maximum out-of-pocket expenses. Medications designated under the Special Maintenance Drug Benefit will show on the preferred drug list/formulary marked with an M indicating Special Maintenance Drug Benefit.

Plus Plan

The Plus Plan is a traditional PPO plan with the greatest amount of coverage when using a CTHS facility or provider. Services will be covered as in-network if you use a Universal Health Network (UNHPPO) provider. The Plus Plan provides the highest level of benefits of all plans, with a lower annual out-of-pocket maximum.

Core Plan

The Core Plan is a traditional PPO plan through which the highest amount of benefits will be paid when using a CTHS facility or provider. Services will be covered as in-network if you use a Universal Health Network (UNHPPO) provider. The Core Plan is a lower premium cost option, but has higher deductibles, copayments and out-of-pocket maximums than the Plus Plan.

High Deductible Health Plan (HSA) Plan

The HSA Plan is a PPO plan, but has different features than the other plans available. As with the other plans, you will receive the greatest amount of coverage when using a CTHS facility or provider. Services will be covered as in-network if you use a Universal Health Network (UNHPPO) provider. Under the HSA Plan, you will have a higher deductible and all services other than preventive care are subject to the deductible and co-insurance. However, you will also receive an employer contribution to a High Deductible Health Plan (HSA) to help offset your cost. A Health Savings Account (HSA) is a tax-exempt savings account that is similar to an individual retirement account, except that the money is used to pay for qualified medical expenses**. An HSA is owned and managed by you, so you have control over how you save for your healthcare expenses. Please note, if you have other health care coverage, are enrolled in Medicare, or can be claimed as a dependent on someone else's tax return, you are not eligible for the HSA. Here is how the HSA works:

- An interest-bearing Health Savings Account (HSA) is established in coordination with the Plan.
- CTHS will contribute \$500 into your HSA if you are enrolled as an individual, and \$1,000 if you are enrolled in a plan with dependent(s). The CTHS contribution is pro-rated based on the coverage effective date if you are not enrolled for the full calendar year.
- For 2025, you may also contribute tax-free contributions into the account through payroll deduction, with total employer/employee contributions up to \$4,300 per year for an individual, and \$8,550 per year if you have one or more dependents enrolled in the Plan. These amounts are indexed annually for inflation by the IRS.
- You may use the monies to pay for any qualified medical expense** on a tax-free basis.
- Additionally, individuals who are age 55 or older may contribute an additional catch-up contribution of \$1,000 for 2025.
- Any unused money carries over to the following year(s), and can be used for future medical expenses, tax and penalty-free, or for retirement income at the age of 65 penalty-free.
- The interest-bearing HSA belongs to you, is portable, and can be used to pay for medical expenses for yourself, your spouse, or your tax dependent children. You can pay for expenses of your spouse and dependent children even if they are not covered by your plan. The HSA account compliance is the employee/account holder's responsibility, and banking fees may be charged by the bank if a minimum balance is not maintained.

**See www.irs.gov/publications/p969 for detailed rules and information on Health Savings Accounts

Dental Plan

There is more to dental health than a toothbrush and floss. That is why regular, professional dental care is an important part of maintaining your overall health. We are pleased to offer you a dental plan that provides coverage for preventive, restorative and major dental services, as well as orthodontic services. The chart below provides a brief overview of your deductibles, annual maximums and what the Plan pays. All services provided, including preventive, are charged towards the annual benefit maximum. You may elect coverage for yourself, your eligible spouse, and your eligible children. The dental plan incorporates a PPO network of providers. Although you are not penalized if you do not use a PPO provider, your out-of-pocket costs may be less if you use a PPO provider. A list of providers can be found on the company intranet site.

DENTAL BENEFITS	SCHEDULE OF BENEFITS
Provider Network:	Diversified Dental
	In-Network
Calendar Year Deductible:	\$75 per Individual \$225 per Family
Services:	
Preventive Services	No Charge
Basic Services	20% (d)
Major Services	50% (d)
Calendar Year Benefit Maximum:	\$1,500
Orthodontia	50% (d)
Ortho Lifetime Benefit Maximum:	\$1,000
Enrollment Tier	Bi-Weekly Rates (26 pay periods)
Employee Only	\$28.47
Employee + Spouse	\$47.13
Employee + Child(ren)	\$41.83
Employee + Family	\$63.96

(d) – Deductible applies



Vision Plan

Carson Tahoe Regional Healthcare and VSP provide you with an affordable eye care plan.

VSP Coverage Effective Date: 01/01/2025 VSP Provider Network: VSPSignature

SERVICES	BASIC VISION PLAN	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
Wellness Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$25 for exam and glasses	Every 12 months
Prescription Glasses			
Frame	<ul style="list-style-type: none"> \$170 allowance for wide selection offrames \$190 allowance for featured framebrands 20% savings on the amount over your allowance 	Combined with exam	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses 	Combined with exam	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 35-40% on other lens enhancements 	\$50 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every 12 months
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. After surgery, use your frame allowance (if eligible) for sunglasses from any VSPdoctor. 		

Your Coverage with Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam – up to \$46 Frame – up to \$50 Single Vision Lenses – up to \$55	Lined Bifocal Lenses – up to \$75 Lined Trifocal Lenses – up to \$95	Progressive Lenses – up to \$75 Contacts – up to \$105	
VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.			
Network	VSP Network (see vsp.com)		
Enrollment Tier	Bi-Weekly Rates (26 pay periods)		
Employee Only	\$4.34		
Employee + Spouse	\$6.25		
Employee + Child(ren)	\$11.20		
Employee + Family	\$11.20		

FIND A PROVIDER

Medical Provider Network

<https://uhealthplan.utah.edu/carsontahoe/providers.php>

TIER 1

To find a Tier 1 provider, go to:

<https://uhealthplan.utah.edu/carsontahoe/pdf/2022/cth-tier-1-2022-printable-directory.pdf>

Carson Tahoe Health Network

Because you are a valued part of the team when using Carson Tahoe Health System (CTHS) and Affiliated providers you will have lower costs. As a reward for using services provided by CTHS and Affiliated providers, you will have lower copayments, a lower deductible, and your coinsurance will be reduced by 10%. Not all medical services are available in tier 1; please refer to your plan document.

CTHS AND AFFILIATED PROVIDER GROUPS

Carson Tahoe Regional Healthcare Carson Tahoe Pain Institute

Carson Tahoe Continuing Care Hospital CTHS Emergency Room Physicians CTHS Contracted Hospitalists

Tahoe Carson Radiology

Carson Tahoe Radiation Oncology Associates Carson Tahoe Medical Group

Carson Tahoe Urgent Care Carson Tahoe Pathology, LTD

CTH Contracted Anesthesiologists



TIER 2

To find a Tier 2 provider, go to: <http://uhnppo.com>



Universal Health Network (UHN)

A network of Nevada Preferred Healthcare Providers practicing throughout the state. This network is available for Carson Tahoe Health employees and their covered family members only.

First Health Network

This nationwide network is available outside of Nevada for Carson Tahoe Health employees and their covered family members.

Dental Network

Diversified Dental Services (DDS)

A dental PPO network with general and specialty dentists practicing throughout the state of Nevada. This dental network is available for Carson Tahoe Health employees and their covered family members only. <https://www.diversifieddental.com/>

For provider lists or links to find a provider go to:

<https://uhealthplan.utah.edu/carsontahoe/providers.php>

For questions or help finding a provider, call Customer Service at 833-661-3915

UNIVERSITY OF UTAH HEALTH CARE AND TRAVEL REIMBURSEMENT BENEFIT

University of Utah Health Care (U of U) is a designated Center of Excellence when services cannot be provided at a Universal Health Network (UNHPPO) provider or facility and services have been pre-certified by the UTILIZATION MANAGEMENT PROGRAM. See Out-of-Network Services and University of Utah Health Care Travel Benefit in the UTILIZATION MANAGEMENT PROGRAM for further information. Eligible expenses from U of U will be processed at the “CTH and Affiliated Providers” benefit level.

Tertiary Care: Highly specialized medical care usually over an extended period of time that involves advanced and complex procedures and treatments performed by medical specialists in state-of-the-art facilities. Examples of **tertiary care** services are specialized cancer care, neurosurgery (brain surgery), burn care and plastic surgery. To qualify for the Utah Travel Benefit, the following must apply:

Covered Person and/or their treating physician has requested a referral to a specific facility/provider for **Tertiary Care** that is not in the primary PPO network and will require travel outside of Nevada.

Utilization Management has determined that the requested services are medically necessary and Tertiary Care cannot be provided in the primary PPO network.

The Utah Travel Benefit is established to offset the cost of travel for patients and/or their support person or family members when Utilization Management provides the physician and/or covered person, as an option for **Tertiary Care** (evaluation and/or treatment), authorization to receive treatment at the University of Utah Medical Center, Intermountain Healthcare providers or Primary Children’s in Utah.

TELEHEALTH – AMWELL

Amwell is a faster, easier way to see a doctor. It lets you have video visits with a doctor 24/7/365. It is easy to use, private, and secure. You are automatically enrolled and there are no copays for medical, nutritional, or therapy visits for medical insured employees and dependents.

Amwell offers:

Your choice of trusted, U.S. board-certified doctors, nutritionists, and therapists
Visits on the app, web, or by phone
Consultation, diagnosis—even prescriptions (when appropriate)

Amwell can be used any time, day or night. It’s perfect when your doctor’s office is closed, you’re too sick or busy to see someone in person or even when you’re traveling.

Spouse and dependents 18 and older need to create their own Amwell accounts.

There are 3 easy ways to Sign-up:

Download the iOS or Android App by searching “Amwell”
Sign-up on the web at www.carsontahoehealth.amwell.com
Sign-up by phone, call 1-844-SEE-DOCS
Enter Service Key: **CarsonTahoeHealth** to make sure you’ll see correct pricing
Select *University of Utah Health Plans*
Enter *Subscriber ID*
Select *Yes* when asked, “Are you the primary subscriber?”

Visits are a covered benefit under your University of Utah Health Plan.

Visit fees for medial eligible employees & dependents:

\$0 Medical Visits
\$0 Therapy Visits (Masters/Doctorate)
\$0 Nutrition/Dietitian Visits

Visit fees for all other Carson Tahoe employees and dependents:

\$64 Medical Visits
\$90-115 Therapy Visits (Masters/Doctorate)
\$65 Nutrition/Dietitian Visits

BASIC TERM LIFE, AD&D, LTD INSURANCE

Basic Term Life:

Protecting your family's future is probably one of your highest priorities. One way to help achieve this goal is through life insurance. That is why the company provides you with a valuable Basic Term Life Insurance plan (at no cost to you), administered by The Standard. The plan will pay a Basic Term Life benefit of \$10,000 for Non-Exempt Employees and \$50,000 for Exempt Employees. At age 70, the Basic Life benefits reduce to 50% of the original amount.

Basic Accidental Death and Dismemberment Insurance (AD&D):

Anyone can be injured in an accident. That is why the company provides Basic Accidental Death & Dismemberment Insurance, administered by The Standard, which helps to provide protection against financial loss from an accidental death or injury on or off-the-job, 24 hours a day, 365 days a year. The amount of your Basic AD&D policy will be the same as your Basic Life policy, up to a maximum of \$50,000. At age 70, the Basic AD&D benefits reduce to 50% of the original amount.

Basic Long Term Disability (LTD):

The company provides a Long Term Disability Plan, at no cost to you, administered by The Standard, to help protect your paycheck and your standard of living if you become disabled. The plan provides benefits that replace a portion of your salary if you are out of work because of an illness or injury. You can use the benefits to help pay for food, housing, or any of your usual expenses—things you would have to pay with savings or severely cut back on if you were unable to work.

Benefits include:

A taxable 40% of the employee's monthly pre-disability base salary, up to a maximum of \$7,500 per month (with offset of the benefit amount by other income received)

LTD benefits are payable from the 181st day of a disability through your social security normal retirement age.



VOLUNTARY BENEFIT OPTIONS

All voluntary benefit options may be purchased through bi-weekly payroll deductions.

For 2025, Carson Tahoe has made the decision to move our Disability Insurance Carrier to The Standard. The Standard is a well-established Disability Insurance Agency and serves various employers locally, including the State.

Our commitment is to ensure there are no disruptions in your STD/LTD/Life insurance plan during the transition period to The Standard. CTH Human Resources is going through an implementation process with The Standard to ensure our launch is successful. Employees will be given detailed instructions on how to navigate The Standard to make your selections during the open enrollment period.

All Employees' UNUM plans will be cancelled effective 1/1/2025. UNUM will be sending out letters to all staff who hold UNUM voluntary policies with instructions on how to keep any UNUM benefits should you choose to. Employer paid coverages will continue to be provided at the same coverage levels, but 1/1/2025 will transition to The Standard.

Voluntary Term Life and Accidental Death and Dismemberment Insurance

The company recognizes the importance of providing you the opportunity to purchase additional life insurance coverage to help meet your family's needs. This is a critical part of planning for the future and as your needs change over time. Since voluntary insurance is an employee-paid option, premiums will be conveniently deducted from your paycheck. At age 70, the Voluntary Term Life and AD&D benefits reduce to 50% of the original amount.

Voluntary Group Term Life Insurance

After carefully considering your lifestyle and your needs, you can decide just how much life insurance coverage is right for you.

What are my options?

You can choose increments of \$10,000.

What is the maximum enrollment amount?

The maximum amount of Voluntary Life coverage that you may enroll in is \$500,000.

Do I need to provide Proof of Good Health?

You may enroll in Voluntary Life Insurance during your initial eligibility period with the company, without providing a Statement of Health form as long as you are actively at work and the following conditions are met:

You are enrolling for coverage that does not exceed \$250,000 (this amount includes Basic Life amount.)

The \$250,000 is reduced by the amount of employer provided Basic Life.

You will need to provide a Statement of Health form if you do not meet the conditions stated above, you are a late entrant, or you are increasing coverage at a subsequent annual Open Enrollment.

Voluntary Dependent Life Insurance

Nothing can replace the emotional loss of losing a dependent. However, there are some steps you can take to ease the financial burden of such a loss. Dependent Life Insurance helps protect against the loss of your spouse's income or could be used to help cover domestic-related expenses, such as childcare or other household duties.

You can elect coverage for your spouse and/or eligible children. Since this coverage is an employee-paid coverage, premiums will be conveniently deducted from your paycheck.

What are my options?

You can elect to cover your eligible dependents by one of the following options*:

Spouse - Coverage from \$10,000 to \$250,000, in increments of \$10,000

Children - \$10,000 per child (\$1,000 for a dependent child who is less than 6 months old)

**To be eligible for Dependent Life Insurance, you must be enrolled in the Employee Voluntary Life Insurance program.*

What are the maximum enrollment amounts for my dependents?

The maximum amount of coverage that your dependent spouse can receive is \$250,000. The maximum amount of coverage that your dependent child can receive is \$10,000.

Do my dependents need to provide a Statement of Health form?

You may enroll your spouse and/or eligible children in Voluntary Dependent Life Insurance during your initial eligibility period with the company, without providing a Statement of Health form as long as you are actively at work and the following conditions are met:

The maximum amount of spouse coverage applied for does not exceed \$30,000.

A Statement of Health form will be needed if the conditions stated above are not met, you are enrolling your dependents as late entrants, or you are increasing dependent coverage at a subsequent annual Open Enrollment.

Voluntary Accidental Death and Dismemberment Insurance (AD&D)

Additional AD&D insurance can be purchased during your initial eligibility period or during any annual Open Enrollment to provide further financial protection over and above the company paid insurance amounts for both you and your dependents. A Statement of Health form is not needed.

What are my options?

You can elect to cover yourself and your eligible dependents by one of the following options:

Employee	Coverage offered in increments of \$10,000
Spouse	Coverage offered in Increments of \$5,000
Child	\$10,000

What are the maximum enrollment amounts?

The maximum amount of Voluntary AD&D coverage that you can receive is \$500,000 for yourself, \$250,000 for your spouse, and \$10,000 for each dependent child.

Voluntary Long Term Disability Buy-Up

The company provides you with the opportunity to purchase (through The Standard) additional Long Term Disability coverage above the amount provided by the employer-paid plan. You have the option to increase your LTD benefit to a taxable 60% of your pre-disability base salary, up to a maximum of \$10,000 per month (with offset of the benefit amount by other income received). Regardless of the buy-up option, the basic 40% monthly benefit remains employer-paid. The balance of the benefit buy-up you elect will be paid through payroll deduction.

You may elect the LTD buy-up without providing a Statement of Health form only during your initial eligibility period with the company. A Statement of Health form will be required if you first elect the buy-up option at any subsequent annual Open Enrollment.

Voluntary Short Term Disability Insurance

The company recognizes the importance of providing you the opportunity to purchase Short Term Disability Insurance (through The Standard). You have the option to purchase STD benefit to a taxable 60% of your pre-disability base salary, up to a maximum of \$1,250 per week (offset by other income received, until you begin receiving LTD benefits). This benefit election will be paid through convenient payroll deduction.

Additional Voluntary Benefit Programs

The company offers additional voluntary benefits that are available only during annual Open Enrollment. In some cases, a Statement of Health form will need to be completed. Benefits include:

Accident Plan

Critical Illness

Hospital Indemnity

Tax Advantage

Section 125 of the Internal Revenue Code governs medical, dental and vision premium contribution amounts, as well as contributions to Flexible Spending Accounts (FSA) and Health Savings Accounts (HSA). The company's Section 125 Cafeteria Plan allows health-related premium contributions to be deducted from your paycheck on a pre-tax basis. Please note, once you elect to participate in the Section 125 Cafeteria Premium Contribution Plan and/or FSA, you will not be able to change your election until the next open enrollment period unless there is a change in insurance coverage or you experience a qualified event. You may, however, make changes to your HSA election amounts throughout the year. Please see the Section 125 Summary Plan Description posted on the company intranet for details on status changes.

The example here illustrates what this means for an employee earning \$45,000 a year.

INCOME	NO PRE-TAX SAVINGS	WITH PRE-TAX SAVINGS
Annual Salary	\$45,000	\$45,000
Less: Health Premiums (assumed at \$250/month)		(\$3,000)
Deductions taken pre-tax		
Taxable Income	\$45,000	\$42,000
Taxes (assumed at 25% based on federal income tax)	\$11,250	\$10,500
Less: Health Premiums (assumed at \$250/month)	(\$3,000)	
Deductions taken post-tax		
Spendable Income	\$30,750	\$31,500
\$750 saved annually with pre-tax deductions!		

NOTE: This example is for illustrative purposes only. The actual amount of your savings will depend on several factors including salary, premium expense, filing status, tax bracket, etc.

Attentive Preventative Care Management Program

The Attentive program is a comprehensive health and wellbeing program. The program includes a suite of benefits that focus on preventative care, chronic care management, mental health, and overall wellbeing. All benefits are available to you and your family members with no copays. The program also includes a variety of tools and resources for diet and nutrition, physical fitness, stress reduction, and much more. Program premiums are deducted pre-tax from your paycheck, which generates paycheck tax savings that covers the cost of the program, and may even increase your net take-home pay. As a pre-tax benefit, once you elect to participate in this program, you will not be able to change your election until the next open enrollment unless there is a qualified event.



FLEXIBLE SPENDING ACCOUNTS

You are not eligible to enroll in the Medical FSA if you have elected the medical HSA Plan. You can save on a tax-advantaged basis through the HSA.

Would you pass up the opportunity to save up to 22% or more – on something you already buy? If you don't participate in the company Flexible Spending Accounts, you may be doing just that. Using your convenient HealthEquity Card®, you can pay for certain IRS-eligible health care and dependent care expenses on a pre-tax basis, thereby lowering your taxable income and increasing your spendable income. Paper claims may also be submitted if your provider or merchant does not accept the HealthEquity Card®. *Please note: If you are enrolled in the HSA, you are not eligible to participate in the FSA plan.*

To determine the right level of participation for you, estimate how much money you will need to cover qualified expenses in the upcoming plan year. This amount will then be deducted from your paycheck on a pre-tax basis, in equal installments each pay period. These funds will be held in an account and reimbursed to you when you submit claims for eligible expenses.

Examples of eligible expenses that are reimbursable under the Flexible Spending Account:

- Medical plan deductibles, copayments, and coinsurance
- Medical expenses not reimbursed by a medical plan
- Dental plan deductibles, copayments, and coinsurance
- Dental expenses not reimbursed by a dental plan
- Artificial limbs
- Chiropractors' fees
- Christian scientist practitioners' fees
- Contact lenses solution
- Eye exams, glasses and contact lenses expenses not reimbursed by a vision plan
- Crutches
- Weight loss programs (prescribed by doctor)
- Artificial teeth
- Insulin
- Lasik Surgery
- Nicotine patches & gum

FSA PLAN	ANNUAL CONTRIBUTION LIMITS
Flexible Spending Account	\$3,200 Maximum \$130 Minimum
Dependent Care Flexible Spending Account <i>*If you are married and filing separately, your Plan Year maximum is \$2,500.</i>	\$5,000 Maximum \$130 Minimum

If you wish to participate in these plans, you must re-enroll each year. Once enrolled, you may not change your election until the next open enrollment period. The IRS requires that all unused portions of FSA accounts will be forfeited 2 1/2 months after the end of each plan year (forfeiture date – March 15th)

NOTE: These pre-tax contributions will not have any effect on benefits relating to your salary (e.g., Life, AD&D, and LTD Insurance). However, they may have a slight effect on your Social Security retirement benefits because you and the company will not be paying Social Security taxes on the amount by which your salary has been “reduced.” This will affect you only if your salary is within the limit (Social Security Wage Base) on which you have to pay Social Security taxes. However, the accumulated tax savings you realize through pre-tax contributions should offset any potential reduction of Social Security benefits. If you have questions regarding your own tax status, you should consult with a tax professional before participating in this plan.

401(K) & ROTH RETIREMENT BENEFITS

All Employees of Carson Tahoe Health System & wholly owned subsidiaries are eligible to participate in 401(k) and or ROTH Option Retirement Savings Plans.

Newly hired employees will receive a welcome enrollment email approximately one month prior to their eligibility. We automatically enroll employees in 401(k) contributions at 2% with an employer match of 2%. Automatic participation begins on the first payday of the month following ninety (90) days of employment unless you login to your account to make changes.

Employees are 100% vested in your contribution and the employer match from the first day of contribution. You may contribute any percentage of eligible compensation up to the maximum deferral allowed by the IRS.

Changes to your 401k contributions during the plan year must be entered by the Tuesday of the week prior to payday.

The company matches your contribution at the following rates:

CARSONTAHOE HEALTH SYSTEM ANDWHOLLY OWNED SUBSIDIARIES CONTRIBUTION SCHEDULE	
Employee Contribution	Company Contribution
1%	1%
2%	2%
3%	3%
4%	4%
5%	4.5%
6% or more	5%

Retirement education & services:

- 1 on 1 meetings in person with a licensed advisor
- Monthly Webinars
- Retirement Plan Account Management App
- Milestone Services:
 - Create a household budget
 - Learn about managing debt
 - Prepare a will or another legal document
 - Watch a short webinar on health savings accounts

- 1 on 1 meetings over the phone
- A full library of webinar replays, “learn on demand”

- Organize & manage your student loan repayment
- Check your Retirement Wellness Score
- Take a course on understanding your credit report

Welcome to Financial Wellness:

To help you take charge of your financial life, we have teamed up with Morgan Stanley at Work to bring you a new benefit: Financial Wellness. Whether you are focused on planning for retirement, managing debt, growing your investment portfolio, or funding your child's education, you will have access to information and resources that can help empower you to meet your goals.

Step 1: Scan the QR code to start your Financial Wellness Journey or go to:

<https://mso.morganstanleyclientserv.com/publiccontent/finwell/welcome.html?c=carsontahoe>

Step 2: Sign up with your work email or log in with your existing Morgan Stanley credentials.

Step 3: Answer a few simple questions about your preferences.

Step 4: Receive your personalized learning plan based on your answers.



Please note if you already have a Morgan Stanley Online or StockPlanConnect Account, sign in using your credentials for that account.

ADDITIONAL BENEFITS

Paid Time Off

The company provides you with a Paid Time Off (PTO) program to allow you the flexibility to schedule time for vacations, holidays, personal days, or short-term illness. You accrue PTO every pay period based on hours worked. The PTO program provides you with great flexibility to design your time off benefits to best meet your needs. You may use your PTO with advance supervisor approval. Please check with your department leadership for specific scheduling requirements.

Holidays

The company recognizes the following eleven (11) holidays: New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Nevada Day, Veteran's Day, Thanksgiving Day, Family Day (the day after Thanksgiving) and Christmas Day.

Tuition Reimbursement

Our employees are offered the most generous reimbursement program of this type in our area to further education. The funds are available for tuition, fees and books. Full-time or part-time status employees meeting specific criteria are eligible to participate in a fantastic opportunity to further your career and have a great job at the same time.

Professional Development

Our Professional Development Program is designed to empower employees through ongoing learning and skill enhancement.



Value Added Programs



ACCESS ASSISTANCE

As a U of T Health Plan member, you can call our Access Assistance Line to help find a provider, transition to an in-network provider or schedule a new appointment. Call 801.581.2851



MENTAL HEALTH SERVICES

In partnership with the U of T Neurosurgical Institute (TJNLI), we offer a 24/7 Crisis Line for crisis intervention, suicide prevention and treatment information. Call 801.581.0866



NURSE LINE

If you would like general information about health resources related to your insurance, our Nurses are here to help 24 hours a day, 7 days a week. Call 801.581.3198



MEMBER PORTAL

Access your email plan information 24/7 with a portable device. Visit uhip.healthtrioconnect.com to set up an account or download the mobile app. Search "UHIP Member" in the App Store or Google Play.

Employee Assistance Program - GuidanceResources

Whether the challenges you face are in your work life or your personal life, you deserve to be as happy and productive as possible. That's why the company offers an Employee Assistance Program through GuidanceResources. The program consists of resources and referral services, counseling and support services. Services are confidential, and are available to you and all members of your immediate family. The program includes, among other things, three free counseling sessions for each family member, per incident, per year. Visit the Carson Tahoe Health Intranet site for further information.

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 844.703.0397

TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com App: GuidanceNowSM

Web ID: CarsonGuidance

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions



Wellness Tools

Making positive lifestyle changes is easier when you have tools and support from HealthyGuidance®, including:

- Online Health Assessment
- Diet and exercise trackers
- Coaching for back care, resiliency, sleep and more

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 844.703.0397

TDD: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: CarsonGuidance

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information



Contact Your GuidanceResources® Program

Call: 844.703.0397

TDD: 800.697.0353

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: CarsonGuidance

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Perks

The following are additional employee perks and opportunities:

- 10% discount at the Sage Café and Midtown Café, our hospital cafeterias
- 10% discount on most items at the Medical Center Gift Shop
- Service recognition
- On-site education and certification programs

HEALTHCARE BLUEBOOK—

DID YOU KNOW

The price of a medical procedure from one facility to another can be different by hundreds or even thousands of dollars? It's true.

Now you have the power to see these price differences and choose where you go for your medical procedures. PLUS, we'll show you quality ratings for inpatient procedures.

In just minutes you can search, find, and save on medical costs and find high-quality care. It doesn't have to be a mystery anymore.



- ✓ Highest Quality
- ✓ At or Below FAIR PRICE
- ✓ Average Quality
- ✓ Slightly Above FAIR PRICE
- ✓ Lowest Quality
- ✓ Highest Price





Free Calm Subscription

The world's #1 app for mental fitness

Millions of people are experiencing lower stress, less anxiety, improved focus and more restful sleep with Calm. Whether you have 30 seconds or 30 minutes, Calm content is made to suit your schedule and needs.

To unlock your free Calm subscription, scan the QR Code and use your normal single sign-on login information

This must be done on a web or mobile browser (not in the app itself).

Once on the page:

1. Create an account or sign in to your existing Calm account.
2. Download the Calm app. And log in to your account to access the premium content.



Need help? Visit calm.com/support for the Calm Help Center or to contact Calm's support team.

ACCESSING YOUR HEALTH PLANS

MYCHART

University of Utah Health Plans

Online Healthy Management Tool

Your Explanation of Benefits (EOBs) are available online through MyChart.

TO ACTIVATE YOUR ACCOUNT VISIT:

- mychart.med.utah.edu
- Click 'Activate Your Account'
- Call MyChart Support at 801.213.5555 to get your activation code.
(Available Monday – Friday (excluding holidays) 7am–6pm PST)
**Note: You will need your own MyChart account if you are 18 years old and over.*

MYCHARTID

PASSWORD

SIGN IN

THE SECURE, ONLINE CONNECTION TO YOUR HEALTH INFORMATION

ACTIVATE YOUR ACCOUNT

How to View and Print Your Explanation of Benefits (EOB)

1. Log in with your MyChart ID and password
(or activate your account if you have not done so already)
2. Click the "Health Plan" link on the right-hand side
3. Select "Coverage Details"
4. Under the applicable plan, click the name of the individual in your family for whom you wish to print an EOB.
5. Click the Explanation of Benefits (EOB) tab.
 - You will not see any adult members of your family (such as a spouse or an adult child) until they log in to their own MyChart account and grant you access.
6. Click the claim number for the visit for which you wish to print an EOB.
 - This will bring up a summary of the claim
7. Click the printer icon in the upper right-hand corner to print an EOB.

uhealthplan.utah.edu



HEALTH PLANS
UNIVERSITY OF UTAH



MOBILE ID CARD APP

You can access your ID Card on the go, anywhere and anytime through the U of U Health Plans ID Card application.

To download the ID Card App search "U of U Healthy Plans ID Card" in iTunes or Google Play. The app will let you download your ID card right to your phone.



HOW TO LOG-IN:

1. In the **Member ID** box enter your member ID number.
2. Your **Pin Code** is the last 4 digits of your Member ID entered above.

Need Help?

Call 1.888.271.5870



PLAN TYPE	CARRIER	PHONE NUMBER	WEB ADDRESS
Medical and Dental	University of Utah Health Plans	(833) 661-3915 Dedicated phone for CTH employees	Medical: www.uhealthplan.utah.edu/carsontahoe Dental: www.ddsppo.com
Pharmacy	University of Utah Health Plans	(866) 236-5930	https://uhealthplan.utah.edu/carsontahoe/pharmacy.php
Flexible Spending Accounts	Health Equity	(866) 346-5800	www.healthequity.com
Health Savings Accounts: Account Management	Optum	(877) 470-1771	www.optumbank.com/health-accounts/hsa.html
Term Life, AD&D, and Long Term Disability Insurance Voluntary Coverage	The Standard	(888) 937-4783	www.standard.com
PPO Network	Prominence – Universal Health Network	(775) 356-1159 (800) 776-6959 Option 1	https://aso.prominenceproviders.com/
Telehealth	AmericanWell	(844) 733-3627	www.amwell.com
VSP Vision Plan	VSP	(800) 877-7195	www.vsp.com
Retirement Plan (401k, Roth)	Principal Financial Group	(800) 547-7754	www.principal.com
Employee Assistance Program	Guidance Resources	(844) 703-0397	www.guidanceresources.com
PCMP	Attentive		carsontahoe@beattentive.com
CTHS or Affiliates Service Discounts	CTH Business Office/ Patient Accounts	(775) 445-7550	N/A
Benefit Information Page	CTHS Human Resources	(775) 445-8010 (775) 888-3207 Fax	CTHS Intranet (CtNet) Departments >Human Resources >Benefits

IMPORTANT NOTICES

Our Medical Plans are subject to state and federal laws including but not limited to:

- No Surprises Act
- Discrimination
- Newborns' and Mothers' Health Protection Act
- Women's Health and Cancer Rights Act
- Rights to appeal denial of claims, and to timely response
- COBRA Continuation
 - Offered through U of U Health Plans
- Health Insurance Portability and Accountability Act (HIPAA)

Important Notice from University of Utah Health Plans About Your Prescription Drug Coverage and Medicare:

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. University of Utah Health Plans has determined that the prescription drug coverage offered by the Carson Tahoe plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Carson Tahoe coverage will not be affected. You may keep this coverage if you elect PartD coverage and this plan will coordinate with PartD.

If you do decide to join a Medicare drug plan and drop your current Carson Tahoe coverage, be aware that you and your dependents will be able to get this coverage back if you are still an eligible employee. The time frame is subject to your employees SEP requirements.

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 Carson Tahoe and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

For More Information About This Notice Or Your Current Prescription Drug Coverage...

For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

For more information about Medicare prescription drug coverage: Visit www.medicare.gov

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

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Effective January 2025



Carson Tahoe Health received the Pathway to Excellence designation
from the American Nurses Credentialing Center

Carson Tahoe Regional Medical Center Emergency Department received the Emergency Nurses Association Lantern Award for 2020-
2023

Only recipient in Nevada to receive a Lantern Award

Carson Tahoe Regional Medical Center was designated as a CIHQ Primary Stroke Center

Carson Tahoe Regional Medical Center is designated as the first Baby-Friendly hospital in Nevada by UNICEF and the World Health
Organization

Carson Tahoe Behavioral Health was designated "Agency of the Year" 2020 by the Human Services Network

Carson Tahoe Regional Medical Center was voted 5th Most Beautiful Hospital in the nation by Soliant Health, the country's leading
healthcare staffing company

Carson Tahoe Cancer Center is an affiliate of Huntsman Cancer Institute, University of Utah, and it is fully accredited by the American
College of Surgeons' Commission on Cancer

NOTES AND DISCLAIMERS

This Benefit Guide highlights the main features of your benefit programs. It is intended to help you choose the benefits that are best
for you. This brochure does not include all plan rules and details, including limitations and exclusions. The terms of your benefit
plans are governed by legal documents, including insurance contracts.

Should there be any inconsistencies between this brochure and the legal plan documents, the plan documents are the final
authority.

The Company reserves the sole and exclusive right to alter, reduce or eliminate any pay practice, policy or benefit at any time and
without advance notice, except for those provisions required by law. Employees and eligible former employees will be entitled to
only those benefits in place at the time of termination of employment.

Health and welfare benefits are not vested benefits and are subject to change at the sole discretion of the Company.

Every effort has been made to assure that the information provided in this summary is accurate. In all cases, however, the benefit
plans will be administered in accordance with the governing plan documents, insurance contracts, or company policies. These
documents are available to participants upon request by contacting the Human Resources Department.

Frequently Asked Questions

Effective January 2025

Q: Why didn't I have to do anything last year during Open Enrollment but this year I do?

A: As a self-insured employer, this helps with our overall compliance as well as engagement for employees – ensuring they are educated and allowed to make informed decisions about their benefits on an annual basis.

Q: Why is there a spousal attestation in the Enrollment when there wasn't last year?

A: This helps ensure accuracy and eligibility for participation in our benefit plans. This is also a standard enrollment practice in many organizations.

Q: What is Attentive?

A: Attentive is a new benefit program this year. It is a Preventative Care Management Program that provides you and your family with a suite of benefits for preventative care, chronic care management, mental health, and overall wellbeing. Program premiums are deducted pre-tax from your paycheck, which generates paycheck tax savings that covers the cost of the program, and may even increase your net take-home pay.

Q: Why don't we have UNUM anymore?

A: At Carson Tahoe, we're committed to ensuring our employees are receiving the best level of service and with the most up to date technology. With that being said, Carson Tahoe has made the decision to move our Disability Insurance Carrier to The Standard. The Standard is a well-established Disability Insurance Agency and serves various employers locally, including the State.

Q: What if I want to keep my UNUM plan(s)?

A: UNUM will be sending out letters to all staff who hold UNUM voluntary policies with instructions on how to keep any UNUM benefits should you choose to. To contact them prior to the transition, please use www.unum.com or 800-635-5597.

Q: Why are my "flex credits" not adjusting?

A: The benefit credits will be the same as current 2024 contribution dollar amounts. \$473.46 per bi-weekly pay period for full-time status and \$356.02 per bi-weekly pay period for part-time status. This would mean that the benefit credit would no longer adjust upward or downward in order to allow for employee and employer contributions whereas this was not always the case.

Q: Why can I not cash out leftover "flex credits"?

A: The benefit credit is intended to assist with coverage for health, vision and/or dental insurance or other voluntary benefits.

Q: Why do I not get a credit for benefit non-election?

A: This was stopped already for exempt staff in May 2023. This is in an effort to be equitable across all work groups.

Q: Why does it look like my deductions are different?

A: Please refer to questions regarding "flex credits" and "Attentive" – Additionally, in the event there are increases to insurance Premiums, the cost of the Premium increase will be allocated on the following basis: (i) the Hospital - 50% of the cost of the increase to the Premium; and, (ii) the employee – 50% of the cost of the increase to the Premium, to be paid via automatic payroll deduction.