



 King's
Daughters

2024 NEW HIRE BENEFITS GUIDE

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WELCOME TO UKKD!

A Message to Our Team Members

I would like to take this opportunity to welcome you to UK King's Daughters Medical Center. We have profound gratitude for our team members' unwavering dedication and significant contributions to UK King's Daughters Medical Center. Our team members' commitment and hard work shapes our institution and helps drive our collective vision forward, aiming to make UK King's Daughters the best possible working environment for every team member.

At UK King's Daughters, our dedication extends beyond the health of our community. We are deeply committed to the personal and professional growth, as well as the overall well-being, of all our team members and providers. We understand that for our institution to thrive, our people must flourish. To support this belief, we have curated an exceptional benefits package that's tailored to meet the diverse and unique needs of our team members.

I urge each one of you to take a moment to familiarize yourself with the myriad options available and consider what best aligns with the needs of you and your loved ones. The landscape of healthcare is ever-changing, but our commitment to you remains unyielding. Be assured, as the winds of change blow, we will always strive to provide a competitive and comprehensive benefits package that resonates with your needs.

Best regards,
Jamie Parsons, SHRM-SCP, CHHR, FACHE
Vice President, Chief Human Resources Officer



ELIGIBILITY

You and your family have unique needs, which is why UK King's Daughters Medical Center offers a variety of benefit plans from which you may choose. If applicable, please make sure to consider your spouse's benefits through his or her place of employment and your dependents' eligibility when weighing each option.

Team members who are in a regular full-time or part-time status are eligible to participate in medical, dental, vision, life and many other voluntary benefits.

Retirement plan eligibility requirements for the employer contribution and discretionary match are 1 year of service with semi-annual enrollment, 1,000 hours in a benefit-eligible position, and age 21 or over.

Please visit the individual sections for specific information pertaining to eligibility for our team member benefits.

New Hires

For newly hired team members, welcome to UK King's Daughters Medical Center! At UKKD, we understand that your health and wellbeing is important. That's why we offer you a comprehensive benefits package to support you and your family, with the flexibility to make the choices that best meet your needs.

As a new hire, you have 30 days from your date of hire to elect health care benefits for yourself and your eligible dependents (if applicable). Your next opportunity to change your enrollment will be in the annual open enrollment period unless you experience a qualifying life status change.

Your benefit elections will be effective on the first of the month following one month of employment.

If you are adding dependents to your coverage, you will be required to submit documentation to verify your dependents' eligibility before the enrollment can be approved.

EVALUATE YOUR NEEDS

Consider your prior health care usage and select plans and options that fit your lifestyle and needs before making your elections.

- Take regular prescription medications?
- Anticipating surgery or non-preventive dental care?
- Did you experience a qualifying life event this year?
- Review your current plans to ensure you have the coverage you need.

Review this benefits website to learn about your plan options.

A little bit of planning will help you select the best plans, coverage levels, and financial programs for your unique situation.

Rehires

Rehires must re-enroll unless returning to work within 90 days with 1 year of service.

Rehires have immediate eligibility for retirement benefits if there was participation in the plan previously.

ENROLLMENT DETAILS

UK King's Daughters Medical Center covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Team Member contributions vary depending on the level of coverage you select – typically, the more coverage you have, the higher your portion.

You can choose any combination of medical, dental, and/or vision coverage. You could select medical coverage for yourself, but dental and vision coverage for yourself and your entire family. The only requirement is that as an eligible team member of UK King's Daughters Medical Center, you must elect coverage for yourself in order to elect coverage for dependents on most plans unless otherwise noted.

Take the following situations into account before you enroll to make sure you have the right coverage.

- Does your spouse have benefits coverage available through another employer?
- Did you get married, divorced or have a baby recently? If so, do you need to add or remove any dependent(s) and/or update your beneficiary designation?
- Did any of your covered children reach their 23rd or 26th birthday this year? If so, they may no longer be eligible for certain benefits.
- Additional details can be found in the Eligible Dependents section of this guide.

Want More Information or Assistance to Enroll?

To help support our team members with their enrollments we have partnered with Employee Family Protection (EFP), to provide you with personal, one-on-one benefit consultations.

Eligible team members may schedule a telephonic benefit consultation with an EFP Benefit Counselor who will help answer any questions about your benefit options and can assist you in enrolling by going to <http://www.efpnow.com/UKKD> or by calling 1-833-948-0161. EFP Benefit Counselors are available Monday through Friday 8:00 a.m. ET - 7:00 p.m. ET.

ENROLLMENT ACTION ITEMS

Complete Your Personal Information

Please enter any pertinent information for you and your family members that you plan to cover on any benefits.

Double-check Covered Medications

Consider how your medical plan selection affects any prescriptions you and/or your family members currently take (cost, pharmacy, coverage details).

Review Plan Deductibles

Consider your medical needs for the remainder of the calendar year. You might want a lower deductible. If not, you could enroll in the White Plan and enjoy the advantages of a Health Savings Account (HSA) paired with your High Deductible Health Plan (HDHP).

Consider the HSA or FSA

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.

Check Your Networks

Utilizing UK King's Daughters Medical Center providers and facilities will always save you money. Review the plan details to make sure your go-to providers and pharmacy are still your best option.

HOW TO ENROLL IN BENEFITS

Enrolling in your benefits starts by going to www.ukkdbenefits.com and entering the login information below:

USERNAME: kdmc\team member ID number

PASSWORD: same password utilized to clock in and for accessing your online paystub

If you don't remember this password, please contact the IST Help Desk at (606) 408-4357 for assistance.

Explore Your Options

Explore the site to learn about your benefits.

You'll find lots of helpful information in the Reference Center.

The calendar at the top of the home page lets you know how many days you have to enroll.

Start Your Enrollment

Click the Start Here button to review your personal information and add or edit any dependents you wish to cover.

You will need to provide each dependent's legal name, Social Security Number, and birth date to add them to your coverage.

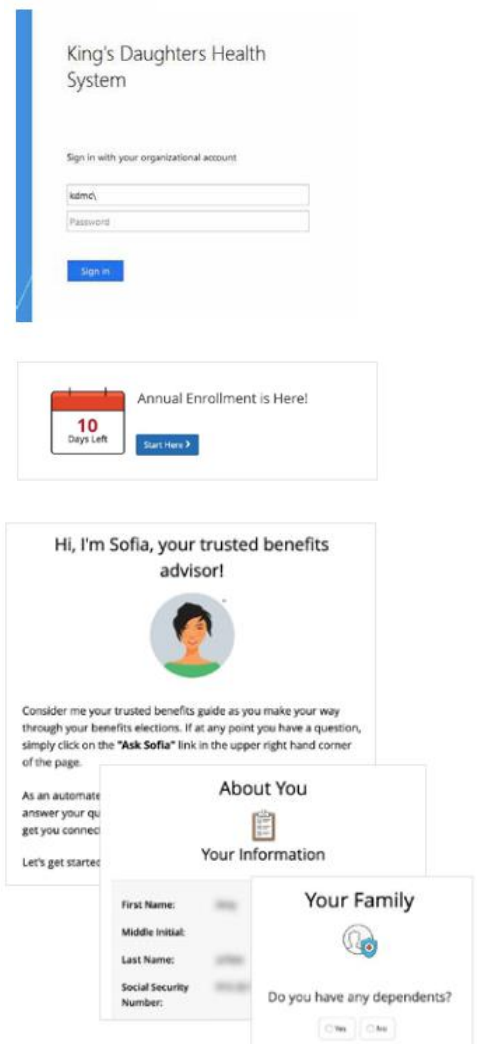
Sofia, your personal benefits assistant, can answer questions and guide you as you enroll.

You will be required to provide documentation to prove your relationship to each dependent.

Team members (and spouses if eligible to enroll) who have been tobacco free for the past six months will be required to attest during the online open enrollment process that they are not - and will not be - a tobacco user for each plan year. Any team member who fails to complete the online attestation confirming non-tobacco status will automatically receive the Tobacco User Surcharge.

If you currently don't meet the tobacco-free requirement but you're trying to quit, you may be eligible to avoid the surcharge. Contact Human Resources at 606-408-HR4U (4748) to complete or enroll in a tobacco cessation program or to submit confirmation of being under a physician's care for tobacco or nicotine use.

Scan for Your Plans!



QUESTIONS?? 606-408-HR4U (4748) / HR4U@kdmc.kdh.us

QUALIFYING EVENTS

What are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

COMMON QLES INCLUDE:

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in a spouse's employment status (resulting in a loss or gain of coverage)
- A change in your legal marital status (marriage or divorce)
- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Eligibility for coverage through the Marketplace
- Taking an unpaid leave of absence
- Entitlement to Medicare or Medicaid

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.

SOME LESSER-KNOWN QUALIFYING EVENTS ARE:

- Getting older and losing coverage through a parent's plan
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Reach out to UK King's Daughters Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!



QUALIFYING EVENTS

Dependent Eligibility Rules

DEPENDENTS ELIGIBLE FOR COVERAGE INCLUDE:

Your legal spouse.

If your spouse has access to healthcare coverage through their employer, they are not eligible to participate in the UK King's Daughters Medical Center health plan. If your spouse does not work, is self-employed, is not eligible for an employer's medical coverage, is enrolled only in Medicare, or is an active team member with UK King's Daughters Medical Center, this exclusion does not apply.

A Spousal Eligibility Request form will be required for a spouse who is not eligible for, or whose employer does not provide, health coverage, as well as for spouses who do not work or are self-employed. The appropriate Spousal Medical Eligibility form will be sent to your UK King's Daughters Medical Center work email for completion based upon your spouse's employment status. Any changes to a spouse's eligibility during the plan year are to be reported to Human Resources.

Children up to age 26 (includes birth children, stepchildren, legally adopted children, and children for whom legal guardianship has been awarded to you or your spouse) are eligible to remain on medical, critical illness, accident protection, dependent life, and vision without a full-time student verification.

Children up to age 23 (includes birth children, stepchildren, legally adopted children, and children for whom legal guardianship has been awarded to you or your spouse) are eligible to remain on dental without a full-time student verification.

Note: UKKD reserves the right to verify whether or not your spouse is provided coverage elsewhere. We expect this information to be consistent with the information you reported during Open Enrollment. Misrepresenting whether your spouse has access to medical coverage may result in disciplinary action, up to termination of employment.

The elections you make are effective based on the new hire rules, and can only be changed if you have a Qualifying Life Event (QLE).

Dependent children, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return and is approved by your medical plan may continue coverage past age 26.

For complete spouse and dependent children eligibility requirements, please refer to each carrier's Certificate of Coverage.

Verification of dependent eligibility will be required upon enrollment.



HEALTH PLANS

MEDICAL

The UKKD medical and pharmacy benefits are administered by Aetna/CVS. They're self-funded plans, which means that rather than paying premiums to an insurance carrier as with fully-insured plans, UKKD pays for members' claims. Self-insured plans allow for more freedom in plan design.

You have a choice of two medical plan options to help you and your family take charge of your health care and find the right fit. These plans have different copayments, coinsurance, deductibles, and out-of-pocket limits.

Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire calendar year unless you have a qualifying life event.

Please make sure to read the information below to better understand how your deductible and out-of-pocket maximums work:

Embedded Deductible

The Blue Plan has an embedded deductible which means each family member has an individual deductible in addition to the overall family deductible. If an individual in the family reaches his or her deductible before the family deductible is reached, then that member's deductible is satisfied. The family deductible amount may be satisfied by a combination of two or more members covered under your medical plan. The same applies for the out-of-pocket maximum.

Non-Embedded Deductible

The White Plan, a Qualified High Deductible Plan, has an aggregate deductible. This type of deductible is when the health care costs for all your covered family members throughout the plan year are added together and applied toward the family deductible. Once your family deductible is met, coinsurance will kick in for each family member, and your plan will help pay their additional health care cost for the plan year. The same will apply for the out-of-pocket maximum.



MEDICAL

Medical Plan Summary

This chart summarizes the medical coverage provided by UK King's Daughters Medical Center. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	BLUE PLAN (PPO)			WHITE PLAN (HDHP) (HSA-ELIGIBLE)		
	UK King's Daughter Facility Network	Aetna Network	Out-of-Network	UK King's Daughter Facility Network	Aetna Network	Out-of-Network
Deductible Type	Embedded	Embedded	No Coverage	Non-Embedded	Non-Embedded	Non-Embedded (please note on the White HDHP plan that all out-of-network services are subject to Reasonable & Customary (UCR) limitations)
DEDUCTIBLE (CALENDAR YEAR)						
Individual	\$1,300	\$2,800	No Coverage	\$1,700	\$3,400	\$5,600
Family	\$2,600	\$5,300	No Coverage	\$3,400	\$6,500	\$10,900
COINSURANCE						
Coinsurance	20%*	50%*	No Coverage	15%*	30%*	60%*
Out of Pocket Maximum (Calendar Year) (Includes Deductible)^						
Individual	\$2,000	\$7,150	No Coverage	\$2,800	\$5,600	\$10,000
Family	\$4,000	\$14,300	No Coverage	\$5,600	\$11,200	\$20,000
COPAYS/COINSURANCE						
Preventative	0%	0%	No Coverage	0%	0%	No Coverage
Primary Care	\$30 Copay	\$70 Copay	No Coverage	15%*	30%*	60%*
Specialist	\$60 Copay	\$120 Copay	No Coverage	15%*	30%*	60%*
Inpatient	\$150/day (\$600 max per admit) then 20%*	**No Coverage	No Coverage	15%*	30%*	60%*
Outpatient	20%*	**No Coverage	No Coverage	15%*	30%*	60%*
Emergency Room	\$250 Copay			15%*		

Note: preventive care offered by an in-network physician, like well-woman exams or annual physicals, is often covered at 100%, no deductible.

*After deductible

**Service Line Carve-outs: will only cover services provided at UK King's Daughters unless not available or approved; exceptions approved will process at the Aetna In-Network Tier

^Includes deductible and copays

MEDICAL

Copay

The fixed amount you pay for healthcare services at the time you receive them. They apply to the out-of-pocket maximum but typically do not apply to the deductible.

Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

Coinsurance

Your percentage of the cost of a covered service. If your covered non-copay service is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.

Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

How to Find a Provider

Visit www.aetna.com or call Customer Care at 866-987-0318 for a list of Aetna network providers.



PREVENTIVE CARE BENEFITS

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:

- Wellness visits, physicals, and standard immunizations
- Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes
- Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women
- Pediatric screenings for hearing, vision, obesity, and developmental disorders
- Iron supplements (for children ages 6 to 12 months at risk for anemia)

Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.



MEDICAL PREMIUMS

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly contributions.

	BLUE PLAN (PPO)	WHITE PLAN (HDHP)
BI-WEEKLY TEAM MEMBER COSTS		
Team Member	\$16.84	\$117.27
Team Member + Spouse	\$55.59	\$261.12
Team Member + Child(ren)	\$33.43	\$197.03
Team Member + Family	\$74.37	\$400.03
BI-WEEKLY TOBACCO SURCHARGE		
Team Member and Covered Spouse (if applicable)	\$62.31	\$62.31

Tobacco User Surcharge

UK King's Daughters Medical Center has a tobacco user surcharge to help control team member medical premium costs. This surcharge applies to any team member and/or spouse enrolled in the medical plan who are users of tobacco.

Team members who have been tobacco free for the past six months will be required to complete attestation during the open enrollment process to attest that they (and their covered spouse if applicable) have not- and will not be - tobacco users for each plan year. If you do not complete the Tobacco Attestation, you will automatically receive the additional tobacco user surcharge of \$62.31 per pay period.

UKKD will perform random cotinine testing throughout the year on team members who have attested they do not use tobacco. Any team member who tests positive for cotinine during a random test who has not completed one of the designated tobacco cessation program alternatives will be subject to disciplinary action, up to and including termination.

Need help quitting? We've got you! UK King's Daughters Medical Center provides tobacco cessation support through Aetna, which includes personal coaching, online tools, an audio health library, and discounts on wellness-related products and services.

WHERE TO GO FOR CARE

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

Care 24/7 Nurse Triage Team

WHEN TO USE

You need quick answers to a health issue that does not require immediate medical treatment or a physician visit.

As part of the UK King's Daughters system, you have access to the nurse triage services any time of the day or night, including weekends and holidays. Just call your local office or toll free 844-324-2200 to speak with one of our triage nurses. You can also request prescription refills, and schedule, cancel or reschedule an appointment using this service.

TYPES OF CARE*

- Answers to questions regarding:
- Symptoms
- Self-care/home treatments
- Medications and side effects
- When to seek care

COSTS AND TIME CONSIDERATIONS**

- Available 24 hours a day, 7 days a week
- Free as a team member or dependent of UK King's Daughters

Primary Care Provider

WHEN TO USE

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

TYPES OF CARE*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

COSTS AND TIME CONSIDERATIONS**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with a scheduled appointment

WHERE TO GO FOR CARE

Telemedicine

WHEN TO USE

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Team members enrolled in medical coverage through Aetna have access to General Medical, Dermatology, and Mental Health telemedicine services through Teladoc.

TYPES OF CARE*

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

COSTS AND TIME CONSIDERATIONS**

- Usually a flat fee/copay for any visit
- Usually immediate access to care
- Prescriptions through telemedicine or virtual visits not allowed in all states

Emergency Room

WHEN TO USE

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

TYPES OF CARE*

- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

COSTS AND TIME CONSIDERATIONS**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting times may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all-inclusive

**Costs and time information represent averages only and are not tiered to a specific condition or treatment

USE YOUR RESOURCES

UKKD Care Triage Team

844-324-2200

Teladoc

855-Teladoc (835-2362)

MyChart

844-324-2200

Medical Member Services

866-987-0318

Pharmacy Member Services

866-987-0318



TELEMEDICINE

Teladoc is an affordable and convenient alternative to receive professional care, 24/7/365 for non-emergency issues, via phone, video, or mobile app, rather than going to urgent care or the ER.

The following conditions can be treated via Teladoc:

- Cold & flu symptoms
- Sinus infections
- Pink Eye
- Allergies
- Skin issues
- Support for stress, anxiety, depression, and other mental health concerns
- And many more!

Teladoc is offered to all team members, regardless of whether you're enrolled in a UK King's Daughters Medical Center medical plan, or not. The price for services if you are enrolled in a UK King's Daughters Medical Center medical plan, or not, is reflected below.

	Not Enrolled in a UKKD Medical Plan	BLUE PLAN (PPO)	WHITE PLAN (HDHP)
	UKKD Facility Network		
SERVICE			
Everyday Care (General Medical / Urgent Care)	\$75	\$30 [^]	\$49 or less*
Dermatology	\$95	\$60 [^]	\$75 or less*
Mental Health Care			
Therapist Visit (Non-MD)	\$99	\$60 [^]	\$85 or less*
Initial Psychiatry Visit (MD)	\$229	\$60 [^]	\$190 or less*
Ongoing Psychiatry Visits (MD)	\$119	\$60 [^]	\$95 or less*

All prices shown reflect a per visit cost.

Any discrepancies between the information provided and the plan document, the plan document will supersede.

Any discrepancies between the information provided and Teladoc's policies, Teladoc's policies will supersede.

[^] Deductible does not apply

*Cost for service, until deductible is met, then subject to co-insurance.

PRESCRIPTIONS

Our Prescription Drug Program is self-insured and coordinated through Aetna. That means you will only have one ID card for both medical care and prescriptions. You will continue to have the option of filling your prescriptions at the UK King's Daughters Medical Center Family Pharmacy, which offers you a lower copay and the convenience of a payroll deduction. You may also access one of Aetna's contracted pharmacies or mail order service.

Your cost is determined by the pharmacy you access and the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred or Specialty. You may find information about your benefits coverage and search for network pharmacies by logging on to www.aetna.com or by calling the Customer Care number on your ID Card.

Is My Drug Covered?

Visit www.aetna.com or call the Customer Care number on your ID Card.

Note: Apps like GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts.

Make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. If you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

The King's Daughters Family Pharmacy offers free delivery. Please reach out by phone to (606) 408-1245 for more information.

NOTE

Mandatory 90-day fills for maintenance prescriptions can only be filled at a UKKD Family Pharmacy or Aetna Rx Mail Order (two thirty-day fills are allowed).

	BLUE PLAN (PPO)		WHITE PLAN (HDHP) (HSA-ELIGIBLE)	
	UKKD Pharmacy	Aetna Pharmacy	UKKD Pharmacy	Aetna Pharmacy
RETAIL RX (30-DAY SUPPLY)				
Generic / Specialty	\$7 copay	\$20 copay	15%*	30%*
Preferred / Specialty	\$25 copay	\$50 copay	15%*	30%*
Non-Preferred / Specialty	\$50 copay	\$80 copay	15%*	30%*
90-DAY SUPPLY (RETAIL / MAIL ORDER)				
Generic	\$15 copay	\$25 copay	15%*	30%*
Preferred (Formulary)	\$60 copay	\$95 copay	15%*	30%*
Non-Preferred (Non-Formulary)	\$120 copay	\$155 copay	15%*	30%*

*After deductible

PRESCRIPTIONS

Q&A: Generic Drugs

Visit www.aetna.com or call the Customer Care number on your ID Card to find out if your drug is covered on the formulary.

WHAT IS A GENERIC DRUG?

Generic drugs are copies of brand-name drugs that have exactly the same dosage, intended use, effects, side effects, route of administration, risks, safety and strength as the original drug. In other words, their pharmacological effects are exactly the same as those of their brand-name counterparts.

ARE GENERIC DRUGS AS EFFECTIVE AS BRAND-NAME DRUGS?

Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used. FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs.

WHAT STANDARDS DO GENERIC DRUGS HAVE TO MEET?

- Health professionals and consumers can be assured that FDA approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:
 - Contain the same active ingredients as the innovator drug (inactive ingredients may vary).
 - Be identical in strength, dosage form, and route of administration.
 - Have the same use indications.
 - Be bioequivalent.
 - Meet the same batch requirements for identity, strength, purity, and quality.
 - Be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products.

ARE GENERIC DRUGS THAT MUCH CHEAPER THAN BRAND-NAME MEDICATIONS?

Yes. On average, the cost of a generic drug is 80% to 85% lower than the brand-name equivalent.

IS THERE A GENERIC EQUIVALENT FOR MY BRAND-NAME DRUG?

To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov to view a catalog of FDA-approved drug products, as well as drug labeling information.

DIABETES PROGRAM

UK King's Daughters Medical Center offers a Diabetes program to our eligible team members. The goal of this program is to increase education and decrease the risk of complications that may be caused by the condition.

To be eligible for the program you must be an active Full-Time or Part-Time team member and/or a dependent on the UK King's Daughters Medical Center health plan diagnosed with Type 1, Type 2 or Gestational Diabetes and receiving treatment for the condition. By participating in this program, you will be eligible for a 90-day voucher for free testing strips and lancets to be redeemed at the UKKD Family Pharmacy.

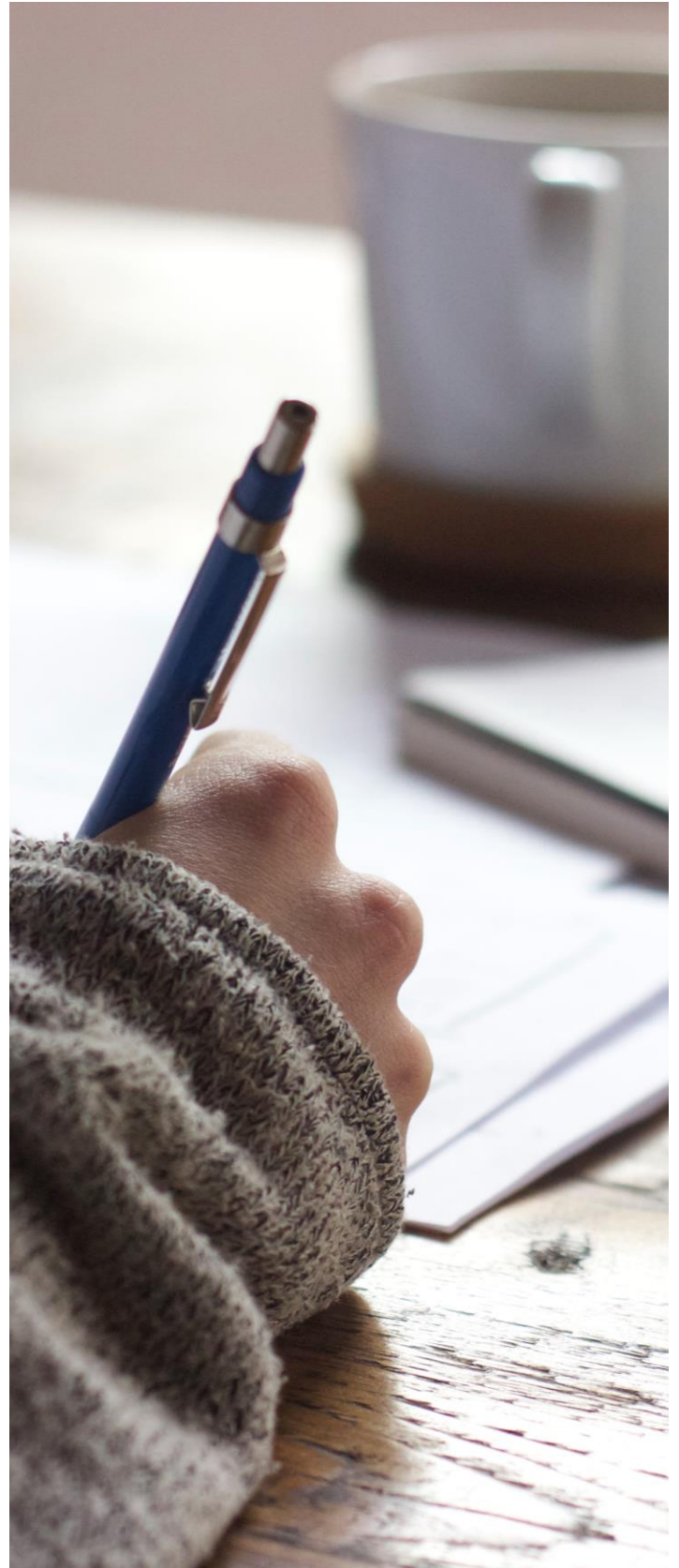
BASIC REQUIREMENTS:

1. Complete initial assessment by nurse educator
2. One visit with dietitian for initial assessment/education
3. One group visit for education on prevention of acute/chronic complications

EXPECTATION OF PARTICIPANTS:

1. Meeting with diabetes educator every 3 months for Diabetes Self-Management Education
2. HbA1C recheck every 3-6 months (or as determined by PCP)
3. Bring blood sugar record or meter each visit with diabetes educator

Contact Center for Healthy Living at Ext 81547 to discuss the program and how it could help you decrease and/or control your blood glucose level.



BENEFITBUMP FAMILY PLANNING CONCIERGE

UK King’s Daughters Medical Center partners with BenefitBump to assist UKKD team members with all aspects of the family planning journey, from before you even decide to add to your family.

BenefitBump Overview



BenefitBump serves as a hub to connect you to benefits and programs when you need them. This includes benefit plan navigation, financial and emotional wellbeing, clinical support, and time off and return-to-work needs.



Utilizes a human-to-human support model with consistent proactive personalized outreach every step along the way through their Masters-level Care Navigators, who can be reached anytime through phone, email, or in-app messaging.



Provides mobile app and website tools for 24/7/365 support for those that like to engage digitally, with checklists, benefits information, articles and resources, and chat access to care navigators.

Adoption

Guidance through the entire adoption process, from picking a path, choosing an agency, preparing for home visits, and comprehensive post-placement support.

Pregnancy

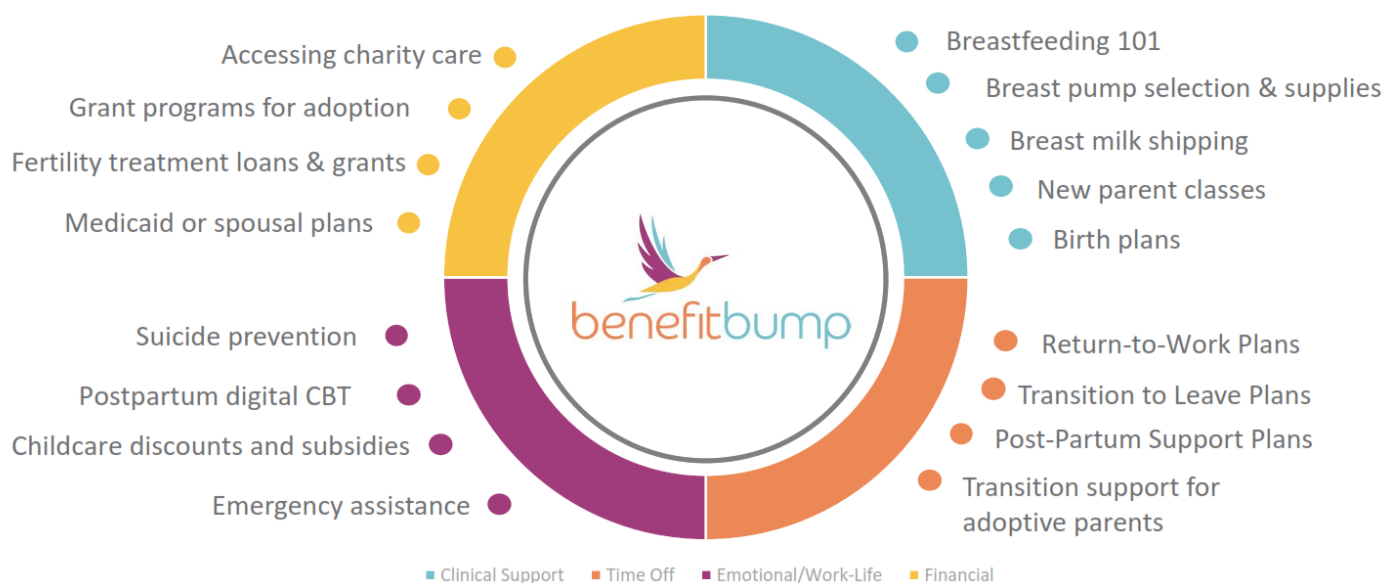
Comprehensive benefit plan navigation, breastfeeding support, leave and return-to-work assistance, and wellbeing support.

Fertility

Education on fertility benefits through UKKD as well as other resources to supplement those benefits. Continued support throughout the pregnancy, post-partum recovery, and return-to-work.

Child Development

Support for working parents on all aspects of family life, including child development, work/life harmony, and relationship support for families with children up to age 5.



DENTAL

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Oral health is about more than just teeth and gums. It's also essential for a range of other health and wellbeing reasons:

- Cardiovascular disease: Some research suggests that heart disease, clogged arteries, and infections may be linked to inflammation and infections from oral bacteria.
- Osteoporosis: Weak and brittle bones may be linked to tooth loss.
- Diabetes: Research shows that people with gum disease find it more difficult to control their blood sugar levels.
- Alzheimer's disease: Tooth loss before the age of 35 may be a risk factor for Alzheimer's disease.

UK King's Daughters Medical Center offers an affordable plan option for routine care and beyond. Your dental coverage is self-insured by UK King's Daughters Medical Center and claims are processed by Guardian.

Stay In-Network

If your dentist doesn't participate in the Guardian's dental network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Guardian at Guardianlife.com and click on "Find a Provider". You will be receiving ID cards in the mail if you enroll.

The chart summarizes the dental coverage provided by UK King's Daughters.

	IN-NETWORK (Guardian DentalGuard Preferred DGP Network)	OUT-OF-NETWORK (70% UCR)
DEDUCTIBLE		
Individual		\$50
Family		\$150
CALENDAR YEAR MAXIMUM		
Per Person		\$1,000
COVERED SERVICES		
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Panoramic X-rays, Fluoride Applications for children, Sealants for children, Space Maintainers	100%	100%
BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	20%*	20%*
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges, Implants	50%*	50%*
ORTHODONTIA		
Dependent Children Under Age 19 Only	50%	50%
Orthodontics Lifetime Maximum	\$1,000	\$1,000

*After deductible

DENTAL

Maximum Rollover Feature

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

HOW MAXIMUM ROLLOVER WORKS*

Submit a preventive claim (without exceeding the paid claims threshold of \$500 for the benefit year) and Guardian will roll over a portion of your unused annual dental maximum to the following year.

Plan Annual Maximum	Threshold	Maximum Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Account Limit
\$1,000	\$500	\$250	\$350	\$1,000
Maximum claims reimbursement	Claims amount that determines rollover eligibility	Additional dollars added to a plan's annual maximum for future years	Additional dollars added if only in-network providers were used during the benefit year	The limit that cannot be exceeded within the maximum rollover account

NOTE

Oral health is linked to your overall health – keeping your mouth healthy can protect you from cardiovascular disease, pregnancy complications, and pneumonia.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your Bi-weekly premium.

DENTAL PPO	BI-WEEKLY CONTRIBUTIONS
Team Member	\$1.42
Team Member + Spouse	\$2.83
Team Member + Child(ren)	\$3.24
Team Member + Family	\$4.65

VISION

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through Guardian, using the Avesis network. The plan is designed to help you and your family with routine eye care costs. Taking care of your eyes is important to your overall health - while the focus is on your vision, routine eye care can uncover early signs of underlying health conditions such as diabetes or high blood pressure.

Get the most out of your benefits and greater savings with an in-network doctor. Log in to Guardianlife.com to find an in-network vision provider. You will be receiving ID cards in the mail if you enroll.

The chart summarizes the vision coverage provided by UK King's Daughters.

	LOW PLAN		HIGH PLAN	
	In-Network (Avesis)	Out-of-Network	In-Network (Avesis)	Out-of-Network
COPAYS	YOU PAY		YOU PAY	
Vision Exam	\$20 copay	Amount over \$59	\$20 copay	Amount over \$59
Materials	\$20 copay (waived for elective contact lenses)	n/a	\$20 copay (waived for elective contact lenses)	n/a
FRAMES	YOU PAY		YOU PAY	
Frames Allowance	20% of amount over \$150	Amount over \$70	20% of amount over \$150	Amount over \$70
Additional Frames	Up to 20% off at most providers	No discounts	Up to 20% off at most providers	No discounts
LENS OPTIONS	YOU PAY		YOU PAY	
Single lenses	Covered with Materials Copay	Amount over \$30	Covered with Materials Copay	Amount over \$30
Lined Bifocal lenses	Covered with Materials Copay	Amount over \$50	Covered with Materials Copay	Amount over \$50
Lined Trifocal lenses	Covered with Materials Copay	Amount over \$65	Covered with Materials Copay	Amount over \$65
Lenticular Lenses	Covered with Materials Copay	Amount over \$100	Covered with Materials Copay	Amount over \$100
Lens Upgrades/Cosmetic Extras	Up to 45% off providers UCR rate	No discounts	Covered in Full for Anti-Reflective Coating Progressives UV Screening Adult Polycarbonate Scratch-Resistant Coating	No discounts
CONTACT LENSES	YOU PAY		YOU PAY	
Elective Contacts (in lieu of frames/lenses)	Amount over \$150	Amount over \$120	Amount over \$150	Amount over \$120
Evaluation/Fitting	Standard-\$50 Custom-\$75	No discounts	Covered in Full	No discounts
Medically Necessary Contacts	Covered with Materials Copay	Amount over \$210	Covered with Materials Copay	Amount over \$210
Laser Surgery	You Pay		You Pay	
Laser Correction Surgery Discount	Up to 25% off the national average and amount over \$300 (one-time benefit)	\$300 allowance No discounts	Up to 25% off the national average and amount over \$300 (one-time benefit)	\$300 allowance No discounts
FREQUENCY LIMITATIONS				
Eye Exam Frequency	Every calendar year		Every calendar year	
Lenses (glasses or contacts)	Every calendar year		Every calendar year	
Frame Frequency	Every two calendar years		Every two calendar years	

Medically Necessary Contact Lenses - contact lenses are defined as medically necessary if the individual is diagnosed with one of the following specific conditions: Anisometropia, High Astigmatism or Keratoconus when the member's vision is not correctable to 20/25 in either or both eyes using standard spectacle lenses.

*Discounts are not insured benefits

**You have option of getting spectacle lenses or contact lenses, once every 12 months

VISION

NOTE

Early detection of vision conditions like diabetic retinopathy leads to more effective treatment and cost savings.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your Bi-weekly premium.

VISION PPO	BI-WEEKLY CONTRIBUTIONS	
	LOW OPTION	HIGH OPTION
Team Member	\$1.84	\$2.96
Team Member + Spouse	\$3.36	\$5.63
Team Member + Child(ren)	\$3.80	\$6.29
Team Member + Family	\$5.04	\$8.29



MYCHART

MyChart from UK King's Daughters Medical Center is a great way to stay connected to your medical care. This tool is available 24/7 over a secure internet connection. And, best of all, it is free.

Signing up is simple!

Call our Care 24/7 service toll free at 844-324-2200 or 606-408-8999. Our team will walk you through the steps to get your MyChart account set up – easy-peasy.

If you prefer, visit our website, KingsDaughtersHealth.com and click on the MyChart icon at the top right of the page to sign up.

Or, next time you visit UK King's Daughters Medical Center, ask your registration clerk to sign you up!

MyChart
King's Daughters

- Communicate with your doctor**
Get answers to your medical questions from the comfort of your own home
- Access your test results**
No more waiting for a phone call or letter – view your results and your doctor's comments within days
- Request prescription refills**
Send a refill request for any of your refillable medications
- Manage your appointments**
Schedule your next appointment, or view details of your past and upcoming appointments

MyChart Username
Password
Sign in
Forgot username? Forgot password?
New User?
Sign up now
Pay Online?
Pay as Guest

Download on the App Store GET IT ON Google Play
Interoperability Guide FAQs Privacy Policy Terms and Conditions High Contrast Theme
MyChart by Epic
MyChart® licensed from Epic Systems Corporation, © 1999-2023.

MENTAL HEALTH RESOURCES

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

UKKD Medical Plan

UKKD team members and families have multiple options to choose from to access resources for mental health. The UKKD medical plan covers behavioral and mental health services. See plan documents for specifics on coverage for inpatient and outpatient services in the Documents section.

Telemedicine

Telehealth mental health services are also available through Teladoc. You can learn more about those services on the Telemedicine page.

Team Member Assistance Program (TMAP)

The Team Member Assistance Program (TMAP) is a multifaceted program designed to provide a specialized counseling service for Team Members and their eligible dependents.

The Team Member Assistance Program offers a range of services to include:

- Mental health and substance misuse assessments
- Confidential individual and family counseling
- Follow-up sessions
- Referrals to the most appropriate resource for the problem
- Training for supervisory personnel
- Critical incidence stress debriefing
- Orientation for Team Members
- Interventions for rapid problem resolution
- Consumer and Team Member education to prevent or reduce problems
- Technical assistance in designing and implementing mental health programs
- Record-keeping that meets state and federal laws regarding confidentiality

There is no charge or cost to the Team Member or the Team Member's family members when utilizing the UK King's Daughters Medical Center Health System TMAP. If the Team Member or the Team Member's family member is referred to a community resource a cost may be involved from utilizing that resource. Often the service is covered by one's health insurance plan or based on a sliding fee scale according to one's ability to pay, or free.

MENTAL HEALTH RESOURCES

BENEFITS OF THE TEAM MEMBER ASSISTANCE PROGRAM

- It can assist with policy development, Team Member education, and supervisor training.
- It can assist supervisors and managers, when Team Member's personal problems affect job performance.
- It offers access to treatment for Team Members with problems that affect their job performance.
- It has been linked to decreases in accidents, workers compensation claims, absenteeism, health benefit utilization, and turnover rates.
- It can assist in development and compliance to the drug-free workplace laws.
- It has been linked with overall improvement in productivity and positive Team Member morale.
- It can enhance the work climate of an organization and promote the health and wellbeing of everyone involved.

Case Management

The UK King's Daughters Medical Center Health System Team Members Assistance program is conducted through the Occupational Medicine Department and managed by David Meade; Program Manager. Appointments can be arranged by calling 606-408-4982 or by email david.meade@kdmc.kdhs.us. Telehealth appointments are now available for Team Members whose service is originated from Kentucky or Ohio.

Confidentiality

Your privacy is an important concern. UK King's Daughters Medical Center TMAP does not provide any information about anyone utilizing the program without a written consent from the individual. In all cases, information discussed is held in the strictest confidence.

Participation in the TMAP is voluntary and based on the individual's decision to receive assistance.



MENTAL HEALTH RESOURCES

The Standard EAP

Additional EAP services are available to UK King's Daughters Medical Center team members through The Standard's Employee Assistance Program (EAP).

This program gives you and your family members access to confidential and personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

HOW IT CAN HELP:

- Three (3) face to face counseling sessions
- Consultative services are available to provide direct support and assistance
- Work/life assistance that can help you save money and balance commitments
- Access legal and financial assistance and resources - including will preparation services

TO ACCESS THIS EMPLOYEE ASSISTANCE PROGRAM, YOU'LL NEED A FEW DETAILS:

- Visit www.healthadvocate.com/standard3
- Phone is 888-293-6948 (24 hours a day, 7 days a week)

Your EAP gives you and your family access to counselors and services to help you and your family through life's challenges, and it is completely confidential.

THROUGH THE EAP, YOU CAN GET HELP WITH PERSONAL, FAMILY, AND WORK ISSUES SUCH AS:

- Stress, depression, anxiety
- Relationship issues, divorce
- Family and parenting problems
- Work-life solutions from finding childcare to hiring a contractor
- Legal guidance on adoption, divorce, wills, and more



MENTAL HEALTH RESOURCES

Other Mental Health Resources

No matter what the situation, whether you're a manager or entry-level team member, don't be afraid to ask for help. There are resources available 24/7.

National Suicide Prevention Lifeline Call 988

The Lifeline is a free, confidential crisis hotline that connects callers to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals. 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline), and is now active across the United States. The previous Lifeline phone number (1-800-273-8255) will remain available to people in emotional distress or suicidal crisis.

Crisis Text Line Text "HELLO" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

Veterans Crisis Line Call 988 and press 1 or text to 838255

The Veterans Crisis Lifeline serves our nation's Veterans, service members, National Guard and Reserve members, and those who support them. Veterans should continue to text the Veterans Crisis Lifeline short code: 838255. The service is available to all veterans, even if they are not registered with the VA or enrolled in VA healthcare.

There is hope. The 988 Suicide and Crisis Lifeline is a national network of more than 200 crisis centers that help thousands of people overcome crisis situations every day. These centers are supported by local and state sources as well as the Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). The 988 Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress. By calling or texting 988, you will connect to mental health professionals within the Lifeline network. Numerous studies have shown that the callers feel less suicidal, less depressed, less overwhelmed and more hopeful after speaking with a Lifeline counselor.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Expenses



VALUABLE BENEFITS

HEALTH SAVINGS ACCOUNT

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax free. You must be enrolled in an HDHP, like the White Plan, to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in an HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

WEX will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses – no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in the White Plan, an HSA-eligible Qualified High Deductible Health Plan.
- You are not covered by your spouse's non-HDHP.
- Your spouse does not have a Healthcare Flexible Spending Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration).

You Own Your HSA

Your HSA is a personal bank account that you own and administer. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements or forfeiture provisions.



HEALTH SAVINGS ACCOUNT

How to Enroll

To enroll in UK King's Daughters Medical Center's HSA, you must elect the White Plan with UK King's Daughters Medical Center. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. UK King's Daughters Medical Center will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with WEX. The money in your HSA (including interest and investment earnings) grows tax free. When the funds are used for qualified medical expenses, they are spent tax free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2024, contributions are limited to the following:

HSA 2024 FUNDING LIMITS	
Team Member	\$4,150
Team Member + Dependents	\$8,300
Catch-Up Contribution (Ages 55+)	\$1,000

HSA contributions over the IRS annual contribution limits (\$4,150 for individual coverage and \$8,300 for family coverage for 2024) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

1. Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed.
2. Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The UK King's Daughters Medical Center HSA is established with WEX. You may be able to roll over funds from another HSA.

For more enrollment information, contact Human Resources 606-408-HR4U (4748) or visit wex.com.

NOTE

Not sure how much to contribute? Think about how much you may need in order to cover any anticipated or emergency medical services this year. Consider contributing the amount of your plan's in-network deductible so you know you're covered.

FLEXIBLE SPENDING ACCOUNT

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$3,050 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them – no waiting for reimbursement.

Limited Use Flexible Spending Account

A Limited Use Flexible Spending Account (LUFSA) works with a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. The contribution limit is \$3,050.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA – even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account. With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.

Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the team member for more than half the year.

Expenses are reimbursable if the provider is not your dependent. You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before- and after-school care
- Day camp
- In-house dependent day care



FLEXIBLE SPENDING ACCOUNT

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

NOTE

Don't forget, the Child Development Center (CDC) located at 2419 Lexington Avenue, Ashland, KY, is an eligible day care provider. You can use your DFSA towards your child's care at the CDC.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact WEX with reimbursement questions. If you need to submit a receipt, WEX will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. We have provided WEX with a list of the acceptable copay amounts associated with the UKKD plans but you will need to substantiate claims as requested by WEX. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2024 plan year.
- Funds cannot be transferred between FSAs.
- You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- You must "use it or lose it" – any unused funds will be forfeited.
- You cannot change your FSA election in the middle of the plan year without a qualifying life event.
- Terminated team members have ninety (90) days following termination to submit FSA claims for reimbursement.
- Those considered highly compensated team members (family gross earnings were \$125,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

FSA VS HSA

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are both ways to save pre-tax money to pay for eligible healthcare costs. Which one is best for you?

FLEXIBLE SPENDING ACCOUNTS

HEALTH SAVINGS ACCOUNTS

	FLEXIBLE SPENDING ACCOUNTS	HEALTH SAVINGS ACCOUNTS
OWNERSHIP	Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	You own your HSA. It is a savings account in your name and you always have access to the funds, even if you change jobs.
ELIGIBILITY & ENROLLMENT	You're eligible for an FSA if it's offered by your employer. You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA. If you are enrolled in the HSA plan you can enroll in the Limited Purpose FSA. See the Other Types section for more information.	<ol style="list-style-type: none"> 1. You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. 2. You can change your contribution at any time during the Plan Year. 3. You are able to enroll in a Limited Purpose FSA. Please see the Other Types section for more information on the Limited Purpose FSA.
TAXATION	Contributions are tax free via payroll deduction. Funds are spent tax free when used for qualified expenses.	For Federal tax purposes, the money in the account is "triple tax free," meaning: <ol style="list-style-type: none"> 1. Contributions are tax free. 2. The account grows tax free. 3. Funds are spent tax free when used for qualified expenses.
CONTRIBUTIONS	You can contribute according to IRS limits. The contribution limit for the Healthcare FSA for 2024 is \$3,050. You have 90 days after the plan year closes to submit for reimbursement from the 2024 plan year. Any funds that you do not use will be forfeited after the 90 days.	You can contribute according to IRS limits. The contribution limit for 2024 is \$4,150 for individuals and \$8,300 for families. This includes the employer contribution (if applicable). If you are 55 or older, you may make an annual "catch-up" contribution of \$1,000.
PAYMENT	Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	Many HSAs include a debit card, ATM withdrawal, or checkbook to pay for qualified expenses directly. You can also use online bill payment services from the HSA financial bank. You decide when to use the money in your HSA to pay for qualified expenses, or you may use another account to pay for services and save the money in your HSA for future expenses or retirement.
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov .	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov .
OTHER TYPES	<ul style="list-style-type: none"> • Dependent Care FSA - Allows you to set aside pre-tax dollars for elder or child dependent care and covers expenses such as day care and before-and after-school care. • Limited Use FSA (LUFSA) - Only covers eligible dental and vision expenses. LUFSA's are typically offered in conjunction with an HSA as the IRS does not allow someone to have a Healthcare FSA and an HSA. 	There is only one type of HSA.

Please refer to your summary plan description for your plan's specific FSA or HSA benefits.

FSA VS HSA

FLEXIBLE SPENDING ACCOUNTS

HEALTH SAVINGS ACCOUNTS

OWNERSHIP	<p>Q: Who owns the account? A: Your employer owns the account.</p>	<p>Q: Who owns the account? A: You own the account.</p>
TYPES OF ACCOUNTS	<p>Q: What are the 3 types of FSA? A: The 3 types of FSAs are: Healthcare-FSA, Limited Purpose (*Note: You may use this type of FSA with a HSA), Dependent Care</p>	<p>Q: Are there different types of HSAs, like there are with FSAs? A: No. There is only one type of HSA.</p>
ELIGIBILITY, ENROLLMENT, AND ELECTION	<p>Q: How do I become eligible for a FSA? A: You must be enrolled in an eligible medical plan. Q: When can I enroll in a FSA? A: You may enroll in a FSA only during Open Enrollment or your New Hire enrollment window, unless you have a Qualifying Life Event. Q: When can I make my election? A: You may only make your election during Open Enrollment or your New Hire enrollment window, unless you have a Qualifying Life Event. Q: Can I change my election mid-year? A: Only if you have Qualifying Life Event.</p>	<p>Q: How do I become eligible for a HSA? A: You must be enrolled in the White Plan, a Qualified High Deductible Health Plan medical plan. You cannot be covered under your spouse's/or another person's plan and not enrolled in Medicare/Tricare. Q: When can I enroll in a HSA? A: You may enroll in a HSA any time during the year. Q: When can I make my election? A: You may make your election during Open Enrollment Q: Can I change my election mid-year? A: Yes. You may change your election during the year.</p>
TAXATION	<p>Q: Are my contributions to the FSA tax-free? A: Yes!</p>	<p>Q: Are my contributions to the HSA tax-free? A: Yes! In fact, they're "triple tax-free." This means, the contributions are tax-free, the account grows in value tax-free, and funds spent are tax-free (when used on qualified expenses.)</p>
CONTRIBUTIONS	<p>Q: What are the FSA contribution limits? A: The 2024 FSA contribution limits are: Healthcare-FSA = \$3,050 Limited Purpose = \$3,050 Dependent Care = \$5,000</p>	<p>Q: What are the HSA contribution limits? A: The 2024 HSA contribution limits are: Single = \$4,150 Family = \$8,300 If you are 55+, you may contribute an additional \$1,000</p>
PAYMENT	<p>Q: How do I pay for my expenses? A: You have two options: 1. Via your debit card, sent to you by WEX. 2. You pay for your expense, request a claim form and then submit for reimbursement to WEX.</p>	<p>Q: How do I pay for my expenses? A: You have two options: 1. Via your debit card, sent to you by WEX. 2. You pay for your expense and then reimburse yourself if you wish.</p>
ROLLOVER	<p>Q: Does my money roll over to the next plan year? A: No. Any unused funds are forfeited.</p>	<p>Q: Does my money roll over to the next plan year? A: Yes! This is your account and you own all the money in the account.</p>
QUALIFIED EXPENSES	<p>Q: What can I use the money for? A: You may use the funds for qualified expenses, such as: Healthcare-FSA = Physician services, hospital services, prescriptions, dental care, and vision Limited Purpose = Dental and vision care Dependent Care = Qualified child/elder care</p> <p>For a complete list of eligible expenses, visit: www.irs.gov</p>	<p>Q: What can I use the money for? A: You may use the funds for qualified expenses, such as: Physician services, prescriptions, hospital services, dental care, vision, and COBRA premiums.</p> <p>For a complete list of eligible expenses, visit: www.irs.gov</p>

Please refer to your summary plan description for your plan's specific FSA or HSA benefits.

WELLNESS PROGRAM

UK King's Daughters wants all team members to be happy and healthy. There are a number of wellness benefits available, including discounts for memberships to many gyms in the area.

UKKD pays 50% of a single adult membership (up to \$192 annually) to the below fitness facilities. The team member portion can be payroll deducted. If you are interested please visit one of the locations listed below. Take your UK King's Daughters ID badge and complete the required form to join.

- YMCA - Ashland, KY and Huntington, WV locations
- Pavilion Gym - Russell, KY
- Anytime Fitness - Ashland, KY
- Eternal Yoga & Pilates - Ashland, KY
- Fitness World - Raceland, KY
- Iron Body Fitness - Portsmouth, OH
- Old Fire House Fitness - Portsmouth, OH
- Pride Athletics - Greenup, KY
- 4U Fitness - Grayson, KY

Outdoor walking path around the UKKD campus

Outdoor walking path at the Pavilion

Central Park's 1.25-mile walking path

Farmers Market program

Healthy Choice options in cafeterias



BENEFIT RESOURCE CENTER (BRC)

As part of our relationship with USI as our employee benefits consultant, our team members and spouses now have access to their Benefit Resource Center (BRC). If you have questions about any of your benefits, such as claims that have been denied, you're trying to get mail order prescriptions set up, you aren't sure whether you need to file an appeal, etc., the USI BRC team is always there to help you.

Why won't they pay my claim?
Services denied?!

How can my claim still be "in process"?
It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?

Call the Benefit Resource Center ("BRC"),
We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Medicare basics with your employer plan
- Benefit plan & policy questions
- Coordination of benefits
- Eligibility & claim problems with carriers
- Finding in-network providers
- Information about claim appeals & process
- Access to care issues
- Allowable family status election changes
- Obtaining case management services
- Transition of care when changing carriers
- Group disability claims
- Claim escalation, appeal & resolution
- Filing claims for out-of-network services



Benefit Resource Center

BRCMidwest@usi.com | Toll Free: 855-874-0829
Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

UK King's Daughters Medical Center provides team members with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through The Standard Insurance, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

These benefits may reduce as you age. See your plan certificate for details.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under The Standard Insurance Company.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18.

Contact Human Resources or your own legal counsel with any questions.



SHORT TERM DISABILITY

Short Term Disability is available to full-time team members. You can elect increments of \$50, from \$100 to \$750, to replace a maximum of 60% of your weekly income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply.

See your plan documents or Human Resources for details.

LONG TERM DISABILITY

Long Term Disability (LTD) benefits are provided by UK King's Daughters Medical Center at no cost after one year in a full-time position. This insurance replaces 60% of the first \$5,000 of your monthly income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations may apply.

See your plan documents or Human Resources for details.

NOTE

Around 30% of Americans ages 35-65 will suffer a disability lasting at least 90 days during their careers. (Source: *Million Dollar Round Table*)



403(B) RETIREMENT PLAN

It's never too early – or too late – to start planning for your retirement. Team members contributing to a retirement account is the first step toward achieving financial security later in life. The UK King's Daughters Medical Center Defined Contribution retirement plan provides you with the tools and flexibility you need to retire comfortably and securely.

All eligible team members can invest for retirement while receiving certain tax advantages. Administrative and record-keeping services for this Plan are provided by Empower Retirement.

Eligibility

You may start making pre-tax contributions into the plan immediately.

Contributing to the Plan

The deferred contribution limit, which is set annually by the IRS, is \$23,000 for 2024. Ages 50 and older may make an additional \$7,500 contribution.

Catch-up Contributions

If you are or will be age 50 or older during the 2024 calendar year and you already contribute the maximum allowed to your 403(b) and/or Roth account, you may also make a "catch-up contribution." This additional deposit of funds accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$7,500 for 2024 for a combined total contribution allowance of \$30,500.

Changing or Stopping Your Contributions

You may change the amount of your contributions at any time. All changes will become effective as soon as administratively feasible and will remain in effect until you modify them. You may also discontinue your contributions at any time. If you stop making contributions, you may start again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer or roll over that account into the plan any time. To initiate a rollover into your plan, contact Empower Retirement at 866-467-7756 for details.

Investing in the Plan

You decide how to invest the assets in your account. The UK King's Daughters Medical Center Defined Contribution retirement plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, contact Empower Retirement at 866-467-7756 or visit the website at www.empowermyretirement.com.

403(B) RETIREMENT PLAN

NOTE

Additional information and educational videos are available at www.ukkdbenefits.com.

Automatic Retirement Enrollment Feature

UK King's Daughters Medical Center is committed to helping you achieve more financial freedom in retirement and made the move to automatically enroll new full-time and part-time team members in the retirement plan.

After one month of employment, you will begin contributing 3% of your salary on a before-tax basis through the convenience of payroll deduction. That 3% of your salary will be invested in an American Funds Target Date Fund according to the number of years remaining until you reach normal retirement age - 65 years.

If you do not want to participate, you can do so by signing the declination form on the following page and then return it to Human Resources. You may stop or change your percentage at any time in the future. Take advantage of services available to you on Empower Retirement's participant website at empowermyretirement.com.

To enroll yourself follow these steps:

1. Visit empowermyretirement.com
2. Select the 'I do not have a Pin' tab
3. Enter your personal information
4. Create a username and password
5. Select 'Sign in' going forward

We also have on-site financial representatives available:

Gino Cox & Carla Adkins
606-326-0203

NOTE

The beneficiary named on your life insurance is not applicable for your retirement accounts. Please remember to elect a beneficiary for your retirement account(s). You are able to enter the beneficiary information through your Empower website account or contact Human Resources if you have questions.



457(b) RETIREMENT PLAN

UK King's Daughters Medical Center also offers a 457(b) Retirement Plan for our team members. As part of our ongoing commitment to supporting your financial well-being, this 457(b) Plan is in addition to the 403(b) Plan.

What is the 457(b) Retirement Plan?

The 457(b) plan is a tax-advantaged retirement savings plan that empowers you to build a secure financial foundation for your retirement years. It offers several key advantages:

- **Tax Savings:** Contributions to the 457(b) plan are made before taxes, potentially lowering your current taxable income.
- **Flexibility:** You have control over how much you contribute and can tailor your savings strategy to fit your unique needs.
- **Retirement Security:** The 457(b) plan is designed to help you achieve a financially secure retirement.

Eligibility:

All UK King's Daughters Medical Center team members have the opportunity to enroll in the 457(b) plan.

What You Need to Know:

- The 457(b) Plan is a tax-advantaged retirement savings plan that allows you to save additional funds for your retirement in addition to the 403(b) Plan.
- Like the 403(b) Plan, the 457(b) Plan offers a range of investment options to help you build a diversified portfolio tailored to your financial goals.
- The 2024 maximum team member contribution amount is \$23,000 for each of the 403(b) and 457(b) Plans.
- This 457(b) Plan now offers a catch-up provision for participants turning age 50 or older in 2024 allowing them to contribute an additional \$7,500 for a total of \$30,500.

You can choose to participate in one or both of these plans, depending on your financial objectives. *Keep in mind employer matching contributions are only made in the 403(b) plan to those eligible participants. There is not an employer matching contribution available under the 457(b) plan.*

We are including a 403(b) vs 457(b) Retirement Plan Comparison Chart for your review. Additional information and educational videos are available at www.ukkdbenefits.com.

Next Steps:

If you wish to enroll in the 457(b) Plan, you can log in at www.empowermyretirement.com with your same Empower credentials and you will see this plan as an option with an "enroll now" button to click. You would simply go into the 457(b) plan and elect your deferral percentage, investment mix and beneficiaries.

If you have any questions or wish to discuss further, please feel free to contact Human Resources or Empower directly at 1-866-467-7756.



457(b) RETIREMENT PLAN

	403(b) Plan	457(b) Plan
Eligible participants	All team members of UKKD are eligible to participate.	All team members of UKKD are eligible to participate.
Contribution limits	In 2024, the maximum contribution amount is 100% of your compensation or \$23,000, whichever is less.	In 2024, the maximum contribution amount is 100% of your contribution or \$23,000, whichever is less.
Special catch-up contributions	n/a	n/a
Age 50+ catch-up contributions	Participants turning age 50 or older in 2024 may contribute an additional \$7,500 ¹ .	Participants turning age 50 or older in 2024 may contribute an additional \$7,500 ¹ .
Loans permitted?	Yes. They must be approved by UKKD. You can borrow the lesser of \$50,000 or 50% of your total account balance. The minimum loan amount is \$1,000.	No.
Distributions ²	Retirement, permanent disability, financial hardship ³ , severance of employment ³ , attainment of age 59½, death (upon which your beneficiary receives your benefits), transfer to purchase service credit.	Retirement, unforeseeable emergency ³ , severance of employment ³ , attainment of age 59½, death (upon which your beneficiary receives your benefits), transfer to purchase service credit.
Rollovers	Approved balances from 401(a), 401(k), 403(b) and governmental 457(b) plans or from IRAs may be rolled over. As with any financial decision, you are encouraged to discuss moving money between accounts, including rollovers, with a financial advisor and to consider costs, risks, investment options and limitations prior to investing.	No.

For more information, visit empowermyretirement.com or call Empower at 866-467-7756 weekdays between 8am and 10pm Eastern time.

¹ This additional contribution is not a combined limit between 457 and/or 403(b) plans. The age 50+ catch-up contribution provision may not be used in the same year as the standard 457 catch-up contribution provision.

² Withdrawals may be subject to ordinary income tax. Withdrawals made prior to age 59½ may incur a 10% early withdrawal penalty. The 10% early withdrawal penalty does not apply to 457 plan withdrawals except for distributions attributable to rollovers from another type of plan or IRA.

³ As defined by the Internal Revenue Code



VOLUNTARY BENEFITS

VOLUNTARY BENEFITS

UK King's Daughters Medical Center offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Optional Life and AD&D Coverage

We also offer the opportunity to purchase additional Life benefits for yourself, your spouse and/or your dependent children.

When you work through your enrollment you will want to review the options available, which are laid out in the chart below.

You do not have to take Optional Life coverage on yourself to purchase Optional Life coverage for your spouse and/or children, but the spouse and/or child life amounts cannot exceed your Basic Life and Additional life amounts combined.

OPTIONAL TEAM MEMBER LIFE AND AD&D	
Coverage Amount Options	1 to 5 times annual earnings in increments of 1x earnings
Guarantee Issue	\$250,000
Maximum Benefit	\$750,000
AD&D Benefit	Matches life amount
Age Reduction Schedule	None
Portability & Conversion Rights	Included
Evidence of Insurability	<p>Team members can increase amount by 1 increment every year at open enrollment without answering health questions until they hit the Guarantee Issue amount. All future increases will require health questions and you can be declined.</p> <p>New enrollees other than new hires can elect 1 increment at this open enrollment only without answering health questions.</p> <p>Newly eligible members can elect up to the Guarantee Issue without answering health questions.</p>
Who Pays	Team Member
Cost of Coverage per Bi-weekly Paycheck	See age banded rates in BenefitSolver Cost is per \$1,000 of coverage

Please note: as a new hire of UK King's Daughters Medical Center you have an opportunity during your initial enrollment period to elect up to the Guarantee Issue amount of \$250,000 without answering health questions. During future years you will only be able to increase your amount by 1 increment each year without answering health questions (up to the Guarantee Issue amount). Increasing by more than 1 increment in future years will subject you to answering health questions and the potential of being denied.

VOLUNTARY BENEFITS

OPTIONAL SPOUSE LIFE	
Coverage Amount Options	Option 1 - \$5,000 Option 2 - \$10,000 Option 3 - \$25,000 Option 4 - \$50,000
Guarantee Issue	\$50,000
Maximum Benefit	\$50,000
Age Reduction Schedule	None
Portability & Conversion Rights	Included
Evidence of Insurability	Required for any changes after initial eligibility period other than allowed qualifying events and family status changes
Who Pays	Team Member
Cost of Coverage per Bi-weekly Paycheck	See age banded rates in BenefitSolver and next page Spouse rates based on spouse age Cost is per \$1,000 of coverage
OPTIONAL CHILD(REN) LIFE	
Coverage Amount Options	Option 1: \$5,000 Option 2: \$10,000 Option 3: \$20,000
Guarantee Issue	\$20,000
Maximum Benefit	\$20,000
Age Reduction Schedule	None
Portability & Conversion Rights	Included
Evidence of Insurability	Not applicable
Cost of Coverage per Bi-weekly Paycheck	See age banded rates in BenefitSolver and next page Cost is per \$1,000 of coverage

VOLUNTARY BENEFITS

OPTIONAL LIFE RATES	
Age-Based Rates (Per \$1,000 Of Benefit)	Bi-Weekly Contributions Team Member / Spouse*
0-24	\$0.029
25-29	\$0.029
30-34	\$0.038
35-39	\$0.043
40-44	\$0.051
45-49	\$0.077
50-54	\$0.117
55-59	\$0.220
60-64	\$0.337
65-69	\$0.649
70-90+	\$1.053

*Spouse rates based on spouse age

OPTIONAL AD&D RATES	
Rates (per \$1,000 of Benefit)	Bi-Weekly Contributions Team Member Only
All ages	\$0.009

RATES	BI-WEEKLY CONTRIBUTIONS CHILDREN (FAMILY UNIT)
\$5,000	\$0.923
\$10,000	\$1.846
\$20,000	\$3.692

ACCIDENT INSURANCE

You can't always prevent accidents, but you can be prepared for them, including readying for any financial impact. Accident coverage through The Standard provides benefits for you and your covered family member for expenses related to an accidental injury that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copay, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.

	LOW PLAN BENEFITS	HIGH PLAN BENEFITS
Fracture Benefit	\$100 - \$8,000	\$200 - \$10,500
Dislocation Benefit	\$150 - \$5,000	\$200 - \$7,000
Second or Third Degree Burn Benefit	\$200 - \$10,000 depending on the degree of the burn and the percentage of burnt skin	\$500 - \$12,500 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	\$150	\$200
Coma Benefit	\$7,500	\$15,000
Laceration Benefit	\$75 - \$500 dependent on the length of cut and type of repair	\$100 - \$800 dependent on the length of cut and type of repair
Ambulance Benefit	Ground: \$300 Air: \$800	Ground: \$600 Air: \$1,500
Emergency Care Benefit	\$150	\$200
Urgent Care Benefit	\$50	\$60
X-Ray	\$150	\$250
Therapy Services Benefit (including physical therapy)	\$50 for up to 3 days	\$75 for up to 4 days
Medical Testing Benefit	\$150	\$250
Medical Appliance Benefit	\$100	\$200
Chiropractic Care	\$50 for up to 2 days	\$60 for up to 2 days
Surgical Repair Benefit	\$150 to \$1,500 depending on surgery	\$250 to \$2,000 depending on surgery
Youth Organized Sports Rider (children 18 or younger)	25% additional of total benefits	25% additional of total benefits
Health Screening (Wellness) Benefit	\$50 per year	\$50 per year

ACCIDENTAL INSURANCE

	LOW PLAN Bi-Weekly Contributions	HIGH PLAN Bi-Weekly Contributions
ACCIDENT COVERAGE		
Team Member	\$2.79	\$4.20
Team Member + Spouse	\$4.12	\$6.60
Team Member + Child(ren)	\$5.24	\$7.98
Team Member + Family	\$6.70	\$12.52

Filing a Claim

You can follow the below instructions to file a claim online:

1. Log in at www.standard.com
2. After logging in, go to the Accident, Critical Illness, and Hospital Indemnity Benefits or Health Maintenance Screening section and click Start a New Claim
3. This will take you to the Set Up Your Claim page. Choose the insurance that applies to your claim and follow the instructions.
4. Don't have an account? You'll need to create an account to file your claim and log in.

OTHER WAYS TO FILE A CLAIM

Completed, signed and dated forms, including supporting documentation can also be filed by:

Mail: The Standard Insurance Company

PO Box 2800

Portland, OR 97208

Email: SupplementalNewClaim@standard.com. Please include, when possible, your Employer Name and Policy Number, Insured's Name and Claim Number.

Fax: You can fax completed forms to them at 833-289-5001.



CRITICAL ILLNESS INSURANCE

Critical Illness coverage through The Standard pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses.

Plan Highlights

- Guaranteed Issue Coverage (no medical questions)
- Team Member: \$15,000 or \$30,000
- Spouse: 100% of team member's initial benefit
- Child(ren): 100% of team member's initial benefit

PRE-EXISTING CONDITIONS: This plan does NOT have a pre-existing condition exclusion; however, your date of diagnosis must be on or after the effective date of your policy for benefits to be paid.

WELLNESS BENEFIT: A \$50 wellness benefit is payable for each covered member for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test.



CRITICAL ILLNESS INSURANCE

	Coverage Percentage
COVERED CONDITIONS	
Cancer	100%
Carcinoma in situ (non-invasive cancer)	100%
End-Stage Renal (Kidney) Failure	100%
Major Organ Failure	100%
Myocardial Infarction (Heart Attack)	100%
Severe Coronary Artery Disease with Recommendation of Bypass	100%
Stroke	100%
Coma	100%
Paralysis	100%
Loss of Sight	100%
Occupational Hepatitis	100%
Occupational HIV	100%
Advanced Alzheimer's Disease	100%
Advanced Multiple Sclerosis	100%
Advanced Parkinson's Disease	100%
Amyotrophic Lateral Sclerosis (ALS)	100%
Benign Brain Tumor	100%
Bone Marrow Transplant	100%
Loss of Haring	100%
Loss of Speech	100%
21 Childhood Diseases	100%

COVERED PROVISIONS	
Team Member Coverage Amount	\$15,000 or \$30,000
Spouse Coverage Amount	\$15,000 or \$30,000
Child Coverage Amount	100% of Team Member Amount at no additional charge
Team Member Guarantee Issue	\$30,000
Spouse Guarantee Issue	\$30,000
Child Guarantee Issue	n/a
Reoccurrence Benefit	100%
Reoccurrence Treatment-Free Period	6 months
Pre-existing Condition Limitations	None
Portability	Included

Spouse coverage cannot exceed 100% of the Team Member's covered amount

CRITICAL ILLNESS INSURANCE

Filing a Claim

You can follow the below instructions to file a claim online:

1. Log in at www.standard.com
2. After logging in, go to the Accident, Critical Illness, and Hospital Indemnity Benefits or Health Maintenance Screening section and click Start a New Claim
3. This will take you to the Set Up Your Claim page. Choose the insurance that applies to your claim and follow the instructions.
4. Don't have an account? You'll need to create an account to file your claim and log in.

OTHER WAYS TO FILE A CLAIM

Completed, signed and dated forms, including supporting documentation can also be filed by:

Mail: The Standard Insurance Company
PO Box 2800
Portland, OR 97208

Email: SupplementalNewClaim@standard.com.
Please include, when possible, your Employer Name and Policy Number, Insured's Name and Claim Number.

Fax: You can fax completed forms to them at 833-289-5001.

Bi-Weekly Contributions	
CRITICAL ILLNESS \$15,000 - ATTAINED AGE	
	Team Member Rates*
18-24	\$2.02
25-29	\$2.57
30-34	\$3.00
35-39	\$3.85
40-44	\$5.51
45-49	\$7.89
50-54	\$11.63
55-59	\$16.27
60-64	\$23.30
65-69	\$32.60
70+	\$61.84
CRITICAL ILLNESS \$30,000 - ATTAINED AGE	
	Team Member Rates*
18-24	\$4.04
25-29	\$5.14
30-34	\$6.00
35-39	\$7.71
40-44	\$11.01
45-49	\$15.78
50-54	\$23.25
55-59	\$32.54
60-64	\$46.61
65-69	\$65.21
70+	\$123.67

*The above rates are for Team member only coverage. Team Member+Spouse rates would be double the amounts above (spouses based on Team member age)

*Children are covered at no additional charge

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity coverage through The Standard pays you cash benefits directly if you are admitted to the Hospital, an Intensive Care Unit (ICU), a Mental Health Facility or a Substance Use Center for a covered stay. You can use the benefits to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

Plan Highlights

- Guaranteed Issue Coverage (no medical questions)
- Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion. Benefits are payable for hospitalizations that occur on or after the effective date of your policy.
- No age reduction

BENEFIT AMOUNT	
Hospital Admission	\$1,000 up to 6 times per year
Hospital Confinement Benefit	\$200 per day for up to 30 days
ICU Admission	\$2,000 up to 6 times per year
ICU Confinement Benefit	\$400 per day for up to 15 days
UKKD Hospital Plus Benefit	20% increase in benefit amounts if claims are in a UKKD facility
Health Maintenance (Wellness) Screening	\$50

No pre-existing conditions
Portability & conversion rights included

	Bi-Weekly Contributions
HOSPITAL IDEMNITY PLAN	
Team Member	\$7.74
Team Member + Spouse	\$13.20
Team Member + Child(ren)	\$11.02
Team Member + Family	\$19.57

HOSPITAL INDEMNITY INSURANCE

Filing a Claim

You can follow the below instructions to file a claim online:

1. Log in at www.standard.com
2. After logging in, go to the Accident, Critical Illness, and Hospital Indemnity Benefits or Health Maintenance Screening section and click Start a New Claim
3. This will take you to the Set Up Your Claim page. Choose the insurance that applies to your claim and follow the instructions.
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Email: SupplementalNewClaim@standard.com. Please include, when possible, your Employer Name and Policy Number, Insured's Name and Claim Number.

Fax: You can fax completed forms to them at 833-289-5001.



PET INSURANCE

UK King’s Daughters Medical Center knows that pets are valued members of the family. This insurance covers everything from preventive care to accidents or illness, including costs of X-rays, office visits, medications, surgeries and hospital stays. You have the option of choosing your own vet or using a licensed in-network vet. Cost depends on your pet’s age, species, and coverage level selected.

Plan Highlights

- Fast claims processing and payment
- Optional direct deposit and direct vet pay options
- Use any veterinarian in the U.S. - including specialty and emergency clinics
- Exclusive team member discount on a BestBenefit plan*
- Optional coverage for routine care
- Access to a 24/7 pet helpline powered by whiskerDocs

Plan Coverage	SILVER	GOLD	PLATINUM
Annual Coverage Limit for Unexpected Accidents and Illnesses	Unlimited	Unlimited	Unlimited
Annual Deductible Options	\$250	\$250	\$250
Reimbursement Percentage Options	90%	90%	90%
Accidents, Illnesses, Cancer, Hereditary Conditions, Emergency Surgeries & Rx Meds	✓	✓	✓
Accident & Illness Exam Fees associated with the diagnosis of your pet for an eligible injury or illness. This is not intended to cover routine exams.		✓	✓
Rehabilitative, Acupuncture & Chiropractic Coverage to treat eligible injuries and illnesses		✓	✓
BestWellness – The BestWellness plan pays up to \$535 per year for routine annual exams, blood work, vaccines and more. No waiting periods or deductibles.			✓
Average Monthly Price – your actual price may be higher or lower depending on your location and your pet’s age and breed.	Dogs \$30 Cats \$21	Dogs \$37 Cats \$24	Dogs \$63 Cats \$50

PET INSURANCE

What's Not Covered

Pre-Existing Conditions - A pre-existing condition is defined as any condition present before the end of the waiting periods, even if not formally diagnosed by a veterinarian. Some conditions heal or are curable requiring no further treatment and are not considered pre-existing conditions.

Non-Veterinary Expenses - Non-veterinary expenses including taxes, administration fees, waste disposal fees, transportation fees, shipping and handling fees, bathing, grooming, vitamins, supplements, and any service not performed under the supervision of a licensed veterinarian. Herbal, holistic, and experimental therapies and medications are not covered.

Accident Only Coverage

If your pet currently has Addison's Disease, Cushing's Disease, Diabetes, Cancer, Feline Leukemia or Feline Immunodeficiency Virus, they can enroll for Accident Only coverage, but will be ineligible for illness coverage. The Accident Only plan does not cover medical issues such as illness or cancer, but also provides up to \$10,000 in annual coverage for things like broken legs, snake bites, accidental swallowing and more.

Coverage starts at \$9 per month for dogs, and \$6 per month for cats.

Please note on BenefitSolver you can only enroll in new coverage. You can call 888-984-8700 for questions about coverage or quoting changes and new plans. Team members should contact Pet's Best directly to make changes or cancel coverage.

If you have questions about your existing coverage, you can contact their Customer Care Center at 877-738-7237.



LEGAL PLAN

UK King's Daughters Medical Center is pleased to offer a legal plan through ARAG. Legal insurance isn't just for the serious issues. It's for your everyday needs, too. Some things are planned, like creating a will, and others are more unexpected - like fighting a traffic ticket or getting your deposit back from a difficult landlord. With legal insurance, network attorney fees are 100% paid-in-full for most covered matters. Enroll today to better navigate life's legal challenges.

Highlights of the plan include:

- Receive 100% paid-in-full coverage on network attorney fees for most covered legal matters.
- On average, save hundreds of dollars per hour on attorney fees.
- Access a nationwide network of thousands of attorneys who average 20+ years of experience.
- Rely on a network attorney near you who can address your legal situation by providing advice, document preparation or review and representation if needed.
- Use DIY Docs® to create a variety of legally valid documents, including state-specific templates.
- Visit the online Learning Center to view articles, guidebooks and videos that cover timely legal and financial topics.

ARAG provides you with the information and resources to easily and confidently select the network attorney you prefer. Members can view in-depth profiles of network attorneys that include details like areas of law, education, licenses and more. They can also see ratings and reviews from other members to help them select an attorney who they feel is the best fit for them.

- 99% of members have access to a local network attorney.
- Their proprietary algorithm matches a member's specific legal matter with local network attorneys, based on 140+ areas of law.
- Members can see in-depth network attorney profiles with ratings and reviews from other members to help them select the attorney they believe is the best fit for them.
- Members decide how they want to work with the attorney.



LEGAL PLAN

The list below reflects some of the covered benefits for the UltimateAdvisor Plus plan. For a complete list of benefits, you can review the full benefit summary.

CONSUMER PROTECTION MATTERS

- Auto repair
- Buying or selling a car
- Consumer fraud
- Consumer protection for goods or services
- Home improvement
- Personal property disputes
- Small claims court

CRIMINAL SITUATIONS

- Juvenile
- Parental responsibility

FAMILY LAW EVENTS

- Adoption
- Domestic partnership
- Guardianship/conservatorship
- Name change
- Pet-related matters and damages
- Pre-marital agreements
- Divorce

GENERAL NEEDS

- Document review
- Credit records correction
- Document preparation

FINANCE, TAX & DEBT-RELATED MATTERS

- Debt collection
- Garnishments
- IRS tax audit
- Personal bankruptcy
- Student loan debt

HOME OWNERSHIP OR RENTER MATTERS

- Buying and selling a home
- Contracts/lease agreements
- Contractor issues
- Deeds
- Foreclosures or evictions
- Disputes with a landlord
- Neighbor disputes
- Real estate disputes

TRAFFIC TROUBLES

- License suspension/revocation
- Traffic tickets

WILLS & ESTATE PLANNING NEEDS

- Funeral directives
- Powers of attorney
- Wills
- Trusts

	Bi-Weekly Contributions
ULTIMATE ADVISOR PLUS	
Family Rate	\$9.62

You can watch the attached video for more information about how a legal plan can help you. <https://vimeo.com/452557486>

WANT MORE INFORMATION?



For specific details about your plan, and to view a complete list of coverages, visit **ARAGlegal.com/myinfo** and enter Access Code: **19120kd**



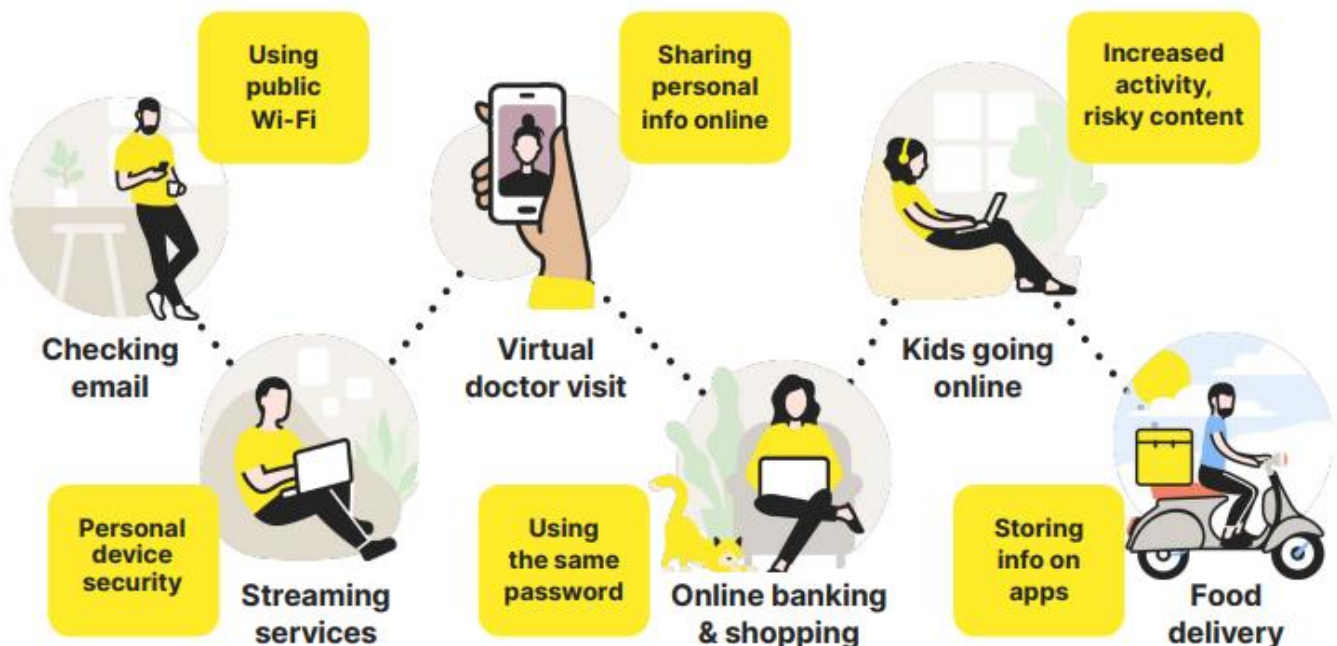
To talk with someone, call ARAG at **800-247-4184**

IDENTITY THEFT PROTECTION

With the ever-changing digital world and new cybercrimes constantly emerging, people should always have the right to feel safe and secure online. Identity theft monitoring can help prevent fraud, detect fraudulent activity daily and resolve any other identity theft issues you may face.

You and your family share all kinds of personal, private, and sensitive information online every day. Your information is valuable to you – and it's also valuable to cybercriminals. Consider your own digital habits:

- How do you protect personal information on your mobile devices?
- Do you ever connect to public, unsecured Wi-Fi?
- Are you using the same password on multiple accounts?
- How does your family engage online?
- Have you been a victim of identity theft before?
- How do you identify phishing texts or emails, and compromised websites?



Plan Overview

Norton LifeLock Benefit Plans provide an all-in-one solution to help protect you and your information from falling victim to identity theft. Get alerts to possible identity threats, the ability to proactively lock accounts, and if your identity is stolen, they work to fix it. Services include:

- Device Security protects your mobile devices, tablets, and computers from hackers, viruses, malware, vulnerable websites, and other online threats.
- Identity Alerts with Credit Monitoring alerts you if there is fraudulent or suspicious activity surrounding any of your personal information, including new account opening, credit card usage, and data breaches.

IDENTITY THEFT PROTECTION

- Social Media Monitoring notifies you of any suspicious links, account takeover attempts, or inappropriate content.
- Norton™ Secure VPN Our Virtual Private Network (VPN) helps protect your Online Privacy so your sensitive information, browsing history, online activities and webcam are more secure.
- Parental Control makes it easy to monitor your child’s online activities and view their search history so they stay safe.
- Million Dollar Protection™ Package to reimburse stolen funds, personal expenses, and provide coverage for lawyers and experts up to \$1 million each.
- Cyber Crime Coverage for cyber attacks such as Cyber Extortion, Social Engineering and Cyber Bullying is now available for up to \$50,000, in addition to the LifeLock Million Dollar Protection Package. Restrictions apply.
- Norton AntiTrack helps keep your personal data and browsing activity private by blocking online trackers and disguising your unique digital fingerprint.

The Norton LifeLock plans provide full-service support to help you restore your identity. Their team of dedicated, U.S.-based Identity Restoration Specialist will work from start to finish to help fix it. Their specialists are all in-house at their Tempe, Arizona, or Plano, Texas locations.

The Norton LifeLock plans also provide up to \$3 million in protection, along with a comprehensive list of services, including:

- Collect Case Details
- White Glove Services
- Preparing Remediation
- Remediate Case
- Insurance Claim
- Legal Rep
- Document
- Verify Closure and Educate
- Spyware and Virus Removal



Their employer-sponsored group benefit plans are 60% less than the retail equivalent. UKKD is offering two levels of coverage so that you can select the plan that fits your needs. Both options offer rates for single and family coverage.

	Bi-Weekly Contributions
ESSENTIALS PLAN	
Team Member	\$2.28
Team Member+Family	\$4.61
PREMIER PLUS	
Team Member	\$4.84
Team Member+Family	\$8.07

IDENTITY THEFT PROTECTION

Once You Enroll

To ensure that your identity, devices and privacy have the protection they need, please activate your membership.

Activate your membership in 3 easy steps.



Step 1

Verify your identity and create login credentials at norton.com/ebsetup.



Step 2

Activate your plan features on your dashboard.



Step 3

Download the Norton 360 and LifeLock Identity apps to receive alerts on-the-go.

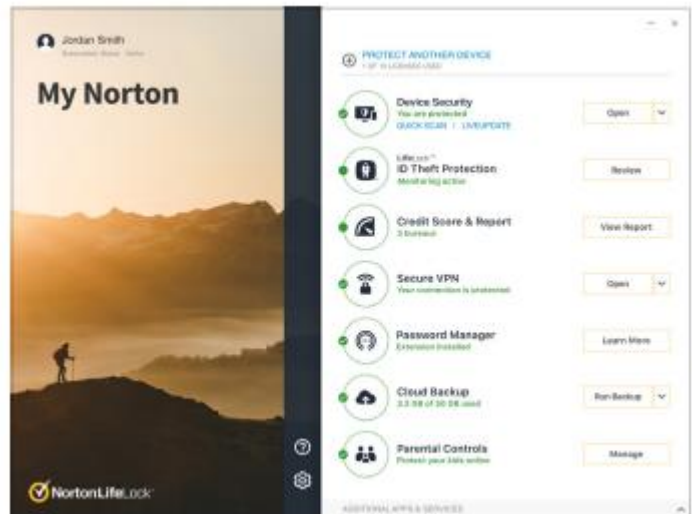
Already a LifeLock member? After activation and logging in with your newly created credentials, your new plan will sync with your previous account.

Already a Norton member? Merge your accounts by clicking on "Sign in" rather than creating a new account.

Your Personalized Dashboard

Your dashboard will walk you through activating the key features of your membership and gives you a quick snapshot of your account. You'll see important notifications that may need your attention at the top.

Use your dashboard to extend these important benefits to your dependents. If you added adult dependents during open enrollment, the activation email can be forwarded for account setup. Any added minor dependents will be reflected on your account.



Learn more about the Norton Lifelock protection plans at <https://vimeo.com/848494507>.

For more details on the plan offering please visit: <https://my.norton.com>

PURCHASING POWER PROGRAM

Get What You Need When It Matters Most


Cash is the best way to make purchases. However, when you need an item now and using cash or credit is challenging, Purchasing Power can help. While not a discount program, they make it easy to get your item now while you enjoy smaller payments over time without credit checks.

Shop over 40,000 brand-name products, from computers and electronics to furniture and appliances, you can get your product up front and then pay over 6 or 12 months directly from your paycheck.

With Purchasing Power you'll always know the total product cost upfront - no down payments, or hidden fees. Purchasing Power pricing includes product warranties and 24/7 tech support.

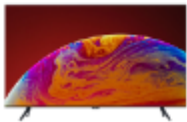
Is Purchasing Power right for you?

We offer a better choice when paying with cash or credit is challenging.

		Buy Now Pay Later	Credit Card	Cash
Pay Over Time	✓	✓	✓	✗
No Credit Check	✓	✗	✗	✗
Payroll Deduction	✓	✗	✗	✗
Fixed Payments	✓	✓	✗	✗
No Interest/ Fees	✓	✗	✗	✓



This is the best program. Payments coming right out of my paycheck, makes it easier to pay on time. I also love that you receive your item before it's fully paid off.
-N.S.



sign up & receive
20% off*
YOUR FIRST ORDER



How it works.

-  Sign up for free online.
-  Shop thousands of brand-name products.
-  Receive your order upfront.
-  Pay over time, directly from your paycheck.



MASA MEDICAL TRANSPORT SERVICES BENEFIT

This benefit can cover out-of-pocket costs for any Emergency Air Ambulance, Emergency Ground Ambulance, Hospital to Hospital Ambulance or Repatriation to a Hospital Near Home, regardless of provider. The premium for this benefit is \$6.47/pay period.

Emergency Air Ambulance Coverage – MASA MTS covers out-of-pocket expenses associated with Emergency Air Ambulance transportation not to exceed \$20,000 per occurrence to a medical facility for serious medical emergencies deemed medically necessary for the Insured and when the Insured Dependents require the same services.

Emergency Ground Ambulance Coverage – MASA MTS covers out-of-pocket expenses associated with Emergency Ground Ambulance transportation not to exceed \$20,000 per occurrence to a medical facility for serious medical emergencies deemed medically necessary for the Insured and when the Insured Dependents require the same services.

Hospital to Hospital Ambulance Coverage – MASA MTS reimburses out-of-pocket expenses that the Insured and the Insured Dependents may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter, fixed-wing aircraft or ground ambulance.

Repatriation to Hospital Near Home Coverage – MASA MTS provides services and covers out-of-pocket expense for the coordination of the Insured and the Insured Dependents’ non-emergency transportation by a medically equipped air ambulance in the event of hospitalization more than one hundred (100) miles from the Insured’s home if the treating physician and MASA MTS’ Medical Director says it is medically appropriate and possible to transfer the Insured to a hospital nearer to home for continued care and recuperation.

COVERAGE BENEFIT	MAXIMUM BENEFIT LIMIT
Emergency Air Ambulance Coverage	\$20,000 per event
Emergency Ground Ambulance Coverage	\$20,000 per event
Hospital to Hospital Ambulance Coverage	Out-of-pocket expenses
Repatriation to Hospital Near Home Coverage	Total costs when arranged by MASA ATA

Disclaimers:

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums and benefits vary depending on the benefits selected. For a complete list of benefits, premiums, and full terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your territory. MASA MTS products and services are not available in AK, NY, WA, ND, and NJ. MASA MTS utilizes third-party transportation service providers for all transportation services. MASA Global, MASA MTS and MASA TRS are registered service marks of MASA Holdings, Inc., a Delaware corporation and an affiliated company with Medical Air Services Association, Inc., Medical Air Services Association of Florida, Inc., and MASA Insurance Services, Inc.

For IA, KY, PA, SC, and WV residents, MASA Insurance Services, Inc., with its principal place of business at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324, offers insurance coverage through Obsidian Insurance Company. Coverage is not available in all states and is subject to the company underwriting guidelines and the issued policy. Policy forms and policy terms may vary by state and territory. National Producer #19897480.

If the insured has a high deductible health plan that is compatible with a health savings account, benefits may become available under the MASA MTS policy for expenses incurred for medical care (as defined under Internal Revenue Code (“IRC”) section 213 (d)) once the Insured satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

Maximum Benefit Amount pays a maximum of \$20,000 per event for up to two (2) events per 12-month period for Emergency Air Ambulance and Emergency Ground Ambulance Coverage.

Out-of-pocket expenses are paid for costs that remain after applying any primary insurance that needs to be paid for by the insured with personal financial resources covered explicitly under the Emergent Plus Insurance Policy for Hospital to Hospital coverage. Total costs are paid for Repatriation to Hospital Near Home Coverage when MASA MTS arranges the transportation service. Please refer to the Emergent Plus Transportation Services Insurance policy documents for complete details.

Maximum Benefit Amount pays out-of-pocket expenses that remain after applying any primary insurance that needs to be paid for by the insured with personal financial resources covered explicitly under the Emergent Plus Insurance policy for Emergency Ground Ambulance Coverage and Hospital to Hospital Ambulance Coverage. Total costs are paid for Repatriation to Hospital Near Home Coverage when MASA MTS arranges the transportation service. Please refer to the Emergent Plus Transportation Services Insurance policy documents for complete details.

TRAVEL ASSISTANCE PROGRAM

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient of times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

You and your spouse are covered with Travel Assistance - and so are your children through age 25 - with your group insurance from The Standard Insurance Company.

The Travel Assistance plan is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Visa, weather and currency exchange information, health inoculation recommendations, country-specific details and security and travel advisories
- Credit card and passport replacement and missing baggage and emergency cash coordination
- Help replacing prescription medication or lost corrective lenses and advancing funds for hospital admission
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the team member's home, including repatriation of remains
- Connection to medical care providers, interpreter services, local attorneys and assistance in coordinating a bail bond
- Return travel companion if travel is disrupted due to emergency transportation services or care of minor children if left unattended due to prolonged hospitalization
- Assistance with the return of your personal vehicle if your emergency transportation services leave it stranded
- Evacuation arrangements in the event of a natural disaster, political unrest and social instability

Get the App

Get the most out of Travel Assistance with the Assist America Mobile App.

Click one of the links below or scan the QR code to download the app. Enter your reference number and name to set up your account. From there, you can use valuable travel resources including:

- One-touch access to Assist America's Emergency Operations Center
- Worldwide travel alerts
- Mobile ID card
- Embassy locator



Reference Number:
01-AA-STD-5201



EDUCATIONAL ASSISTANCE

UK King's Daughters offers multiple educational assistance opportunities to help you grow in our organization. Programs are available to assist you with becoming a PCT, Radiology Technician, LPN, RN, BSN, APRN, and more. Please contact the Human Resources benefit team at 606-408-HR4U for further information.

COLLEGE SAVINGS PLAN

SCHOLARS CHOICE CAN HELP YOUR FAMILY SAVE FOR:

- college
- graduate school
- vocational school

INVESTING WITH SCHOLARS CHOICE PROVIDES A NUMBER OF ADVANTAGES:

- professional money management
- favorable tax treatment
- significant flexibility



DISCOUNT GUIDE

Sam's Club Memberships

New and renewal Sam's Club Basic and Plus memberships are available through payroll deduction online with the Quickcharge website, or mobile app at any time.

The annual membership to Sam's Club is \$50. New memberships will receive a voucher in the mail to obtain their permanent ID card at the South Point Sam's Club location.

- Sam's Club Membership is available in Quickcharge
- Total will be deducted in \$25 installments for eligible team members.
- New memberships will receive a mailing from Sam's Club within 30 days containing a voucher that you will need to take to Sam's Club in South Point, OH to obtain your permanent membership card. You may utilize your team member badge to obtain a daily shopping pass from the service desk at the South Point, OH location until the request is processed. Once processed the permanent membership card is valid at all Sam's Club locations and online.
- New memberships and renewals will both receive an instant savings booklet by mail.
- Renewal memberships are based on phone number, so please enter the same phone number in the quick charge application as your existing membership.

Please visit <https://useast7170.mmhcloud.com/myqc> to enroll.

AAA Membership

Whether it is Emergency Roadside Assistance, Travel, Insurance, or discounts on products and services, AAA members save each time they utilize their benefits. AAA Group Membership is a benefit that can pay for itself time and time again.

Team members and their families can join AAA through the company sponsored Group Membership program. As an AAA group member, you will enjoy substantial savings if joining for the first time, discounted dues each year after, and have the convenience of paying for your AAA membership through payroll deduction. See how being an AAA group member can save you on your dues:

The benefits of a AAA Membership include:

- Free maps and triptiks
- Discounts on theme park and movie tickets
- Hotel and car rental savings
- Leisure travel values from America's largest travel agency
- Show your card to receive savings on shopping, dining and entertainment
- Financial services, insurance services, and more!

Please contact Human Resources with questions regarding enrollment.

DISCOUNT GUIDE

BENEFIT*	CLASSIC	PLUS	PREMIER
Miles free per tow	Up to 5 miles	Up to 100 miles	Up to 100 miles + one (1) tow up to 200 miles
Calls per year per member	4	4	5
Passport photos	Discounted Passport Photos	Discounted Passport Photos	Two (2) free sets of Passport Photos
Free jump starts	Included	Included	Included
Free tire changes	Included	Included	Included
Gas delivery	Member pays for gas	AAA pays for gas	AAA pays for gas
Winching service	1 truck / 1 driver	2 trucks / 2 drivers	2 trucks / 2 drivers
Locksmith services	Up to \$50 in cost	Up to \$100 in cost	Up to \$150 in cost
Trip Interruption Expense Reimbursement	Up to \$500 included	Up to \$1,000 included	Up to \$1,500 included

To have road services coverage on a motorcycle, RV or camper you need AAA Plus/RV or Premier/RV

*Please see Human Resources for additional benefit information

	Normal 1st Year Dues	1st Year Group Dues (with KY taxes)	Group Renewal Dues (with KY taxes)
COVERAGE LEVELS			
Classic Primary	\$97.52	\$71.02	\$71.02
Associates (Additional Drivers)	\$47.17	\$23.59	\$47.17
Plus Primary	\$141.51	\$115.01	\$115.01
Associates (Additional Drivers)	\$75.26	\$37.63	\$75.26
Premier Primary	\$172.25	\$162.71	\$162.71
Associates (Additional Drivers)	\$95.40	\$55.12	\$110.24
Plus/RV Primary	\$205.11	\$178.61	\$178.61
Associates (Additional Drivers)	\$75.26	\$37.63	\$75.26
Premier/RV Primary	\$235.83	\$226.31	\$226.31
Associates (Additional Drivers)	\$95.40	\$55.12	\$110.24

Please complete the form found in the Forms section and submit to:

AAA Club Alliance
Attn: Daphne Corbett
3008 Atkinson Ave
Lexington, KY 40509

Phone: (859) 425-5776

Email: dcorbett@aaa-alliedgroup.com

DISCOUNT GUIDE



Quickcharge Payroll Deduction Benefits

Your team member badge functions much like a credit card. Eligible team members enjoy a considerable and generous payroll deduction credit limit based on a number of factors. But it's important for team members to understand there are limits...and what happens when the limit is reached.

PAYMENT PLANS are offered at special event sales (e.g., book/jewelry sale, computer purchase program); at the Gift Shop; and at the Family Pharmacy for all full-time and part-time team members who have completed their probationary period. PRN team members are not eligible for payment plans and thus, purchases made by PRN team members will be deducted in full during the next pay period.

CHECK YOUR LIMIT. Team members may check their credit limit through the Quickcharge app. Log into the app on your phone or desktop computer and select Current Balance. You will be able to see what you currently owe and the amount of credit available to you.

AT YOUR LIMIT. If your outstanding balance reaches your limit, you won't be able to charge again until the next payroll deduction occurs, and only if that deduction lowers your balance under your limit. You will need to use another form of payment to complete purchases until that occurs.

ALLOTTED DEDUCTIONS. Deductions - both payment plan and regular deductions - are applied to your Quickcharge account each pay period. If your pay is insufficient to meet the allotment, your badge (Quickcharge account) will be frozen until the next pay period in which you are able to pay the amount due.

LEAVE OF ABSENCE. Allotments will continue to be deducted from the pay of team members who are off work due to a leave of absence, FMLA, etc. until such time as the team member's PTO II/TOP has been exhausted or the debt is paid in full.

Vendors include:

- Pour House Coffee Shop with online delivery
- Wendy's
- Family Pharmacy
- Identity Salon
- Sweet Caroline's Bakery
- Gift Shop
- Auxiliary Events
- Parkview Café
- Pavilion Café
- Kingsbrook Café
- Scrubs Store
- Food Trucks for Bucks
- Farmer's Market
- Shop Local Sales.



DISCOUNT GUIDE



Quickcharge Payroll Deduction Benefits

FORGOT YOUR BADGE?

If you have your phone, you can still do payroll deduction using Quickcharge! Here's how:

1. Choose the appropriate QR code for your device (below).
2. Scan the code - you will be taken to the app store.
3. Download MyQuickcharge.
4. Once installed on your device, enter this access code: KDMC556 (not case sensitive). Click Save.
5. At the sign-on page, enter your team member ID in this format: KDMCID #
6. Login using this format every time you use Quickcharge, even though the prompt indicates email address!
7. Enter your Epic/email password.
8. Click on Quick Pay. A QR code will generate, which you can use to complete your payroll deduction purchase.

Forgot your BADGE?



ANDROID

To download My Quickcharge from the Play Store (for Android phones), scan this QR code or visit <https://play.google.com/store/apps/details?id=com.mmhayes.myqc.alpha>



iPHONE

To download My Quickcharge from the App Store (for iPhones), scan this QR code or visit <https://itunes.apple.com/us/app/my-quickcharge/id1059849685?mt=8>

CHILD DEVELOPMENT CENTER AT UK KING'S DAUGHTERS MEDICAL CENTER

Our on-site Child Development Center provides a nurturing, educational environment for children, from newborns to preschool with the convenience of payroll deduction. The Center gives priority placement to the children of full- and part-time UK King's Daughters Medical Center team members. This includes KDMC, KDOH, Kingsbrook, KDMT, Child Development Center and the Integrated Practices.

- For children six weeks to age 5
- Certified lead teachers and assistants
- 8 classrooms, plus indoor and outdoor play areas
- Safe and secure. Front desk monitors access to entrances leading to classrooms
- Seasonal activities, holiday programs and classroom activities that involve families

**OPEN MONDAY - FRIDAY
5:30 A.M. TO 5:45 P.M.**

For enrollment information or to schedule a family tour, contact the center at 606-324-9869. The Child Development Center is located at 2419 Lexington Avenue, Ashland, KY.





RESOURCES

GLOSSARY

BALANCE BILLING

When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

COINSURANCE

Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

COPAY

The fixed amount you pay for healthcare services received, as determined by your insurance plan.

DEDUCTIBLE

The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,300, your plan does not pay anything until you've paid \$1,300 for covered services. This deductible may not apply to all services, including preventive care.

EXPLANATION OF BENEFITS (EOB)

A statement from your insurance plan that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the plan's decision.

FLEXIBLE SPENDING ACCOUNTS (FSAS)

A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost.

HEALTHCARE FSA

A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.

DEPENDENT CARE FSA

A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

LIMITED USE FSA

Designed to complement a Health Savings Account, a Limited Use FSA allows for reimbursement of eligible dental and vision expenses.

GLOSSARY

HEALTHCARE COST TRANSPARENCY

Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

HEALTH SAVINGS ACCOUNT (HSA)

A personal healthcare bank account funded by your tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified team member-paid medical expenses count toward your deductible and out-of-pocket maximum.

NETWORK

A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

IN-NETWORK

Providers that contract with your insurance plan to provide healthcare services at the negotiated carrier discounted rates.

OUT-OF-NETWORK

Providers that are not contracted with your insurance plan. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.

NON-PARTICIPATING

Providers that have declined entering into a contract with your insurance plan. They may not accept any insurance and you could pay for all costs out of pocket.

OPEN ENROLLMENT

The period set by the employer during which team members and dependents may enroll for coverage.

OUT-OF-POCKET MAXIMUM

The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

GLOSSARY

OVER-THE-COUNTER (OTC) MEDICATIONS

Medications available without a prescription.

PRESCRIPTION MEDICATIONS

Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, nonpreferred, or specialty.

GENERIC DRUGS

Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically-identical to corresponding preferred or non-preferred versions, which are usually the most cost-effective version of any medication.

PREFERRED DRUGS

Brand-name drugs on your provider's approved list (available online).

NON-PREFERRED DRUGS

Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.

SPECIALTY DRUGS

Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.

PRIOR AUTHORIZATION

A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.

STEP THERAPY

The goal of a Step Therapy Program is to steer team members to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

REASONABLE AND CUSTOMARY ALLOWANCE (R&C)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

GLOSSARY

SUMMARY OF BENEFITS AND COVERAGE (SBC)

Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

SUMMARY PLAN DESCRIPTION (SPD)

The document(s) that outlines the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.



CONTACTS

Medical

AETNA

Phone: 866-987-0318

Website: www.aetna.com

Telemedicine

AETNA

Phone: 855-TELADOC (835-2362)

Website: www.Teladoc.com/Aetna

Internal Employee Assistance Program (EAP)

DAVID MEADE

Phone: 606-408-4982

david.meade@kdmc.kdhs.us

Employee Assistance Program (EAP)

Phone: 888-293-6948

Website: www.healthadvocate.com/standard3

Family Planning Concierge

BENEFIT BUMP (goes live 2/1/24)

Phone: 888-286-7314

Website: <http://www.mybenefitbump.com> and **use invitation code UKKD**

Email: participantservices@benefitbump.com

Dental

GUARDIAN

Initial Phone: 888-600-1600 if you have questions but are not yet enrolled in the plan

Ongoing Phone: 800-541-7846 once you're enrolled and have received your ID cards

Website: www.guardianlife.com

Vision

GUARDIAN

Initial Phone: 888-600-1600 if you have questions but are not yet enrolled in the plan

Ongoing Phone: 844-557-2646 once you're enrolled and have received your ID cards

Website: www.guardianlife.com

CONTACTS

Health Savings Account

WEX

Phone: 833-CALL-WEX (225-5939)

Website: wex.com

Flexible Spending Accounts

WEX

Phone: 833-CALL-WEX (225-5939)

Website: wex.com

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

THE STANDARD

Phone: 888-937-4783

Website: www.standard.com

Life And AD&D

THE STANDARD

Phone: 888-937-4783

Website: www.standard.com

Disability

THE STANDARD

Phone: 888-937-4783

Website: www.standard.com

Identity Theft Protection

NORTON LIFELOCK

Phone: 800-607-9174

Website: <https://my.norton.com>

Legal Plan

ARAG

Phone: 800-247-4184

Website: www.araglegal.com

CONTACTS

Purchasing Power (goes live 3/1/24)

Phone: 888-923-6236

Website: www.ukkd.purchasingpower.com

Pet Insurance

PET'S BEST

Phone: 877-738-7237 for existing policies

Phone: 888-984-8700 for questions about coverage or quoting changes and new plans

EFP Enrollment Support

Phone: 833-948-0161

Website: www.efpnow.com/UKKD

USI Benefit Resource Center (BRC)

Phone: 855-874-0829

Email: BRCMidwest@usi.com

Travel Assistance

ASSIST AMERICA

Phone: 800-872-1414 for US, Canada, Puerto Rico, US Virgin Islands and Bermuda

Phone: 609-986-1234 for all other countries

Text: 609-334-0807

Email: medservices@assistamerica.com

Retirement

EMPOWER

Phone: 866-467-7756

Website: www.empowermyretirement.com

UK King's Daughters Medical Center Human Resources

2000 Ashland Drive, Suite 100

Ashland, KY 41101-7005

606-408-HR4U (4748)

HR4U@kdmc.kdh.us

LEGAL NOTICES

DISCLAIMER:

In this Guide, we use the term company to refer to Ashland Hospital Corporation dba UK King's Daughters Medical Center Medical Center. This guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

