HEALTH CARE PLAN NOTICES

This benefit communication includes notices for the Methodist Health System Employee Health Care Plan.

You will find the following notices:

- Special Enrollment Notice
- Medicare Part D Notice
- Women's Health and Cancer Rights Act of 1998
- Notice for Employer-Sponsored Wellness Programs

EMPLOYEE HEALTH CARE PLAN

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment;
- Loss of HMO coverage because the person no longer resides or works within the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in it's place;
- Failing to return from FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

The Children's Health Insurance Program Reauthorization Act of 2009 ("CHIP") provides that the Methodist Health System Employee Health Care Plan must permit special enrollment arrangements for employees related to eligibility under either Medicaid or CHIP. Specifically, the Methodist Health System Employee Health Care Plan must permit an employee, or his or her dependent, who is eligible, but not enrolled, for coverage under the plan to enroll for coverage if either:

(i) the employee or dependent is covered under a Medicaid plan or state CHIP, (ii) coverage of the employee or dependent is terminated as a result of loss of eligibility, and (iii) the employee requests coverage under the group health plan no later than sixty (60) days after the date coverage terminates; or

(ii) the employee or dependent becomes eligible for assistance under a Medicaid plan or state CHIP (including under any waiver or demonstration project conducted under or in relation to those plans), and (ii) the employee requests coverage under the group health plan no later than 60 days after the date the employee or dependent is determined to be eligible for assistance.

To request special enrollment, or obtain more information, contact Methodist Health System Human Resources at 825 S. 169th Street, Omaha, NE 68118, or (402) 354-2280, option 1 for Human Resources.

MEDICARE PART D NOTICE

As part of federal legislation, Medicare offers prescription drug benefits. Because the Methodist Health System Employee Health Care Plan offers prescription drug benefits, the following notice is required.

HEALTH CARE PLAN PARTICIPANTS – INCLUDING SPOUSE AND OTHER COVERED DEPENDENTS:
Important Notice from The Methodist Health System Employee Health Care Plan
About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Methodist Health System Employee Health Care Plan and prescription drug coverage available for people with Medicare.

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

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

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

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

Special Enrollment Period Exceptions to the Late Enrollment Penalty:
There are "special enrollment periods" that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored health coverage that includes "creditable" prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your Methodist Health System Employee Health Care Plan coverage will not be affected. Your Methodist Health System Employee Health Care Plan prescription drug coverage will be primary and will not coordinate with the Medicare drug plan.

If you do decide to join a Medicare drug plan and drop your NMHS prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan's eligibility and enrollment rules. You should review the Plan's summary plan description to determine if and when you are allowed to add coverage.

AN OVERVIEW – PPO OPTION

An overview of the prescription drug benefits available in the Methodist Health System Employee Health Care Plan is shown below. The plan benefits encourage generic products when these are available. The example shown below outlines the plan benefits when a brand or non-formulary brand is purchased and a generic drug is available.

	Retail*	**Mail Service***
	Up to 30 Day Supply	**Up to 90 Day Supply**
Generic	35%, $10 min., $100 max.	35%, $20 min., $200 max.
Brand Name Formulary	35%, $40 min., $120 max.	35%, $70 min., $230 max.
Non-Formulary Brand Name	50%, $60 min., $150 max.	50%, $120 min., $250 max.
Specialty Mail Service –	-----	35%, $100 min., $200 max.

Mail Service Only, Limit up to 30 day supply.

Retail 90 Day Supply – 3x 30-day co-pay applies

*If a generic drug is available and you opt to have your prescription filled with a brand name or non-formulary drug, the Plan will pay only the cost of the generic. You will be responsible for paying the Brand Name co-pay plus the cost difference between the brand-name or non-formulary and the generic drug.

Example: You have a prescription filled at a retail pharmacy for XYZ drug, and there is a generic available. If the prescription is filled as XYZ drug, it is a brand drug. XYZ drug costs $120; the generic substitution costs $41. Below is an example of your costs for generic substitution compared to brand name:

Brand Name Option	**Generic Substitution Option**
$ 42 Brand Co-pay ($120 * 35% = $42)	$14.35 Generic Co-pay
+ $ 79 ($120 cost of XYZ drug - $41 cost of the generic)	($41 * 35%)
$121 for XYZ drug prescription	

If you do decide to join a Medicare drug plan and drop your current Methodist Health System coverage, be aware that you and your dependents may not be able to get this coverage back.

AN OVERVIEW – HIGH DEDUCTIBLE HEALTH PLAN (HDHP) OPTION

An overview of the prescription drug benefits available in the Methodist Health System Employee Health Care Plan – High Deductible Health Plan option are shown below:

The plan benefits encourage generic products when these are available. The example shown below outlines the plan benefits when a brand or non-formulary brand is purchased and a generic drug is available.

Calendar year deductible applies first, then the coinsurance below applies. The deductible is $2,000 if one person is covered on the plan and $4,000 if more than one person is covered on the plan.

	Retail*	**Mail Service***
	Up to 30 Day Supply	**Up to 90 Day Supply**
Generic	35%, $10 min., $100 max.	35%, $20 min., $200 max.
Brand Name Formulary	35%, $40 min., $120 max.	35%, $70 min., $230 max.
Non-Formulary Brand Name	50%, $60 min., $150 max.	50%, $120 min., $250 max.
Specialty Mail Service –	-----	35%, $100 min., $200 max.

Mail Service Only, Limit up to 30 day supply.

Retail 90 Day Supply – 3x 30-day co-pay applies
Insulin Cap - $50 30-day supply, $150 90-day supply
Preventive Medications – Deductible waived, coinsurance applies

*If a generic drug is available and you opt to have your prescription filled with a brand name or non-formulary drug, the Plan will pay only the cost of the generic. You will be responsible for paying the Brand Name co-pay plus the cost difference between the brand-name or non-formulary and the generic drug.

Example: Calendar Year Deductible: The deductible is $2,000 if one person is covered and $4,000 if more than one person is covered. After you have met your calendar year deductible, you have a prescription filled at a retail pharmacy for XYZ drug, and there is a generic available. If the prescription is filled as XYZ drug, it is a brand drug. XYZ drug costs $120; the generic substitution costs $41. Below is an example of your costs for generic substitution compared to brand name:

Brand Name Option	**Generic Substitution Option**
$ 42 Brand Co-pay ($120 * 35% = $42)	$14.35 Generic Co-pay
+ $ 79 ($120 cost of XYZ drug - $41 cost of the generic)	($41 x 35%)
$121 for XYZ drug prescription	

If you do decide to join a Medicare drug plan and drop your current Methodist Health System coverage, be aware that you and your dependents may not be able to get this coverage back.

When will you pay a higher premium (penalty) to join a Medicare drug plan?

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

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

For more information about this notice or your current prescription drug coverage . . .

Contact the Methodist Service Center at 402-354-2280, option 1 for Human Resources, for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Methodist Health System changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage . . .

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

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

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

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

Date:	October, 14, 2024
Name of Entity/Sender:	Methodist Health System
Contact – Position/Office:	Benefits
Address:	825 S. 169th Street, Omaha, NE 68118
Number:	(402) 354-2280, option 1 for Human Resources

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act of 1998 requires specific health care plan coverage related to mastectomies. Our Health Care Plan has provided this coverage for a number of years and continues to provide the coverage. If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

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

The Nebraska Methodist Health System Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

PPO Option	**Tier 1**	**Tier 2**	**Tier 3**
Individual Deductible	$1,200	$2,000	$3,600
Individual + 1 Deductible	$2,400	$4,000	$6,000
Family Deductible	$3,600	$4,000	$9,000
Coinsurance	85%	80%	40%
HDHP Option	**Tier 1**	**Tier 2**	**Tier 3**
Individual Deductible	$2,000	$3,000	$5,000
Individual + 1 Deductible	$4,000	$6,000	$10,000
Family Deductible	$4,000	$6,000	$10,000
Coinsurance	85%	80%	40%

Services received Out-of-Network, from providers that are not Tier 1, Tier 2 or Tier 3, are not covered. If you would like more information on WHCRA benefits, please contact UMR at 1-800-826-9781.

NOTICE FOR EMPLOYER-SPONSORED WELLNESS PROGRAMS

Nebraska Methodist Health System Wellness Program is a voluntary wellness program available to all MHS Health Care Plan participants and their spouses who are covered on the plan as of August 1, 2024. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990 (ADA), the Genetic Information Nondiscrimination Act of 2008 (GINA), and the Health Insurance Portability and Accountability Act, as applicable, among others.

Details about the wellness program, including criteria and incentives, can be found in the 2025 Wellness Incentive Knowledge Article located in the People Portal/Employee Center.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a waiver by contacting the Methodist Service Center at (402) 354-2280, option 1 for Human Resources.

The information from your wellness visit will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as the Wellness Incentive which reduces the amount you pay for Health Plan coverage. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Nebraska Methodist Health System may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to administer the Wellness Incentive or respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who will receive your personally identifiable health information are those designated by the employer to administer the Wellness Incentive and/or to respond to a request from you for a reasonable accommodation needed to participate in the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Methodist Service Center at (402) 354-2280, option 1 for Human Resources.