

2023 BENEFITS GUIDE

Benefit Plan Options and Total Rewards for
United Health Services Employees and Providers



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INTRODUCTION

United Health Services is committed to offering meaningful, competitive benefits to its workforce.



As the region's leading healthcare system and one of the Southern Tier's largest employers, UHS aims to provide competitive Total Rewards, which include our insurance and benefits offerings in addition to wellness programming, compensation, and paid time off.

Our goal is to provide meaningful and affordable benefits options, which are a key component of our Total Rewards program at UHS. Eligible employees can not only enroll in medical, dental, and vision insurance, but also take advantage of our HealthierU wellness program and various financial benefits. Each year, UHS invests around \$500 million on Total Rewards initiatives, which are inclusive of compensation and benefits. As part of this investment, UHS pays a large portion of the cost of benefits.

What's new in 2023?

For 2023, we've focused on two areas: simplification and customization. This year we are removing barriers and giving all employees and providers the best possible rates for their personal and family situations. Here are some highlights:

- You'll no longer have to complete biometric and cotinine screenings to receive the best rates—everyone gets the best rates without needing to take extra steps
- Spouses can be added to medical plans—in years' past, spouses could not be added to medical plans if they were offered insurance from their employer
- The addition of a coverage tier for parents with a child or children—previously, families in this situation were required to enroll in a more costly plan for families with a spouse

Benefits as outlined in this guide are effective January 1, 2023 through December 31, 2023.

Benefit Basics

UHS PLAN ELIGIBILITY

Who is eligible for benefits?

At UHS, you are considered "benefits eligible" if you work at least 20 hours per week as a full-time, part-time 1, or part-time 2 employee. Your spouse can be enrolled in your plan, as well as your dependent children who can be covered through age 26. You will need to provide documentation to verify eligibility for each family member you cover (e.g. birth certificate, marriage certificate, proof of joint ownership, etc.).

When does coverage begin?

Coverage for medical, dental, and vision plans begins the day you are hired into a benefits-eligible role. Benefit offerings outlined in this guide are effective January 1, 2023 through December 31, 2023.

If you were hired in November or December 2022, you'll need to review and enroll in 2022 benefits so you're covered through the end of the year, **in addition to** selecting benefits that will become effective in January 2023 (those outlined in this guide). Human Resources can help you through this process.

Voluntary Benefits Coverage Timeline

Voluntary benefits are available after you have been in a benefits-eligible role for 90 days. If you've passed the 90-day waiting period, you can enroll in voluntary benefits during Open Enrollment 2022 or at any time our voluntary benefits provider holds enrollment sessions. Voluntary benefits are offered through our partner, Farmington Company, and include critical illness insurance, accident insurance, hospital indemnity insurance, and more.



Benefit Basics

ENROLLING IN BENEFITS

When can I enroll in benefits?

Current employees can enroll in new benefits and make changes during Open Enrollment, typically in November. In 2022, Open Enrollment will be held November 7–18. Elections made during Open Enrollment will go into effect in January. New hires should enroll in benefits as soon as possible, since coverage is effective right away.

The only other time you'll be able to make changes to your benefits is if you experience a "qualified life event" during the year.

Qualified life events can include:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of your spouse or dependent child
- Placement of a dependent child into adoption
- Change in employment status
- Child support order for medical coverage
- New entitlement to Medicare or Medicaid

If you experience a qualified life event, you will need to notify the HR Connect team within 30 days so you can make changes to your coverage. You will need to provide proof of the event (such as court documents or a marriage or birth certificate). If you do not take action within 30 days, you will have to wait until the next annual Open Enrollment period to make changes.

What if I don't take action during Open Enrollment?

If you do not take action during Open Enrollment, your current benefit selections will carry over at the new rates beginning in January 2023. Your plan may also have a new name due to the addition of the Employee + Child(ren) plan—see the chart below. You are **STONGLY ENCOURAGED** to review your options.

Current 2022 Medical Plan Name		2023 Medical Plan Name
Individual		Employee Only
Employee + 1	If your +1 is a spouse	Employee + Spouse
	If your +1 is a child	Employee + Child(ren)
Employee + Family	No covered spouse	Employee + Child(ren)
	With covered spouse & children	Employee + Family

As an exception, you must re-enroll in your flexible spending accounts if you wish to keep this benefit, as these elections do not carry over.

Where do I access my benefits?

You can access your benefits information in HR Access:
<https://tinyurl.com/UHSHRAccessOnline>.

FOR QUESTIONS ABOUT ELIGIBILITY AND ENROLLMENT

UHS Human Resources
HRConnect@nyuhs.org
607-763-6186



Insurance Coverage

MEDICAL PLANS

United Health Services offers two medical plan options: the UHS preferred provider organization plan (PPO) and the high deductible health plan (HDHP). Both plans are administered by Excellus BlueCross BlueShield, include prescription drug coverage, and determine out-of-pocket costs based on a tiered provider structure.

Plan Coverage Options

UHS offers FOUR (previously three in 2022) levels of medical coverage. You must provide acceptable documentation to prove your relationship if you decide to add dependents.

- Employee Only
- Employee + Spouse
- Employee + Child(ren) — **NEW for 2023**
- Employee + Family (Self, Spouse, and Children)

Tiered Providers

If you live within the UHS healthcare service area, you will save money on your out-of-pocket costs if you choose to receive medical care and treatment from a Tier 1 UHS provider/facility or otherwise designated practice. The tiered provider structure is as follows:

- **Tier 1** — UHS providers and hospitals and select non-UHS physicians/practices listed on page 22
- **Tier 2** — All other providers not included in Tier 1; this includes those who participate in the Excellus BCBS network and those who do not

If you live outside of the UHS healthcare service area and it's not possible for you to receive care from a Tier 1 UHS provider, your plan's Tier 1 will include all Excellus BCBS in-network providers. Out-of-network BCBS providers will be considered Tier 2. [Refer to the Excellus BCBS website](#) for an updated list of BCBS in-network providers.

Paying for Medical Care

Both the PPO plan and HDHP offer substantial medical coverage. You might weigh factors such as your health, age, and financial situation when choosing a plan. As you review your options, keep these definitions in mind:

- **Premium** — The amount that is deducted from your paycheck every other week; varies based on your plan, the UHS entity for which you work, and your employment status (FT or PT 1 vs PT 2)
- **Deductible** — The annual amount you must pay before your insurance benefits kick in; some services are subject to your deductible and others are not
- **Copay** — A flat dollar amount you pay for medical services or prescription drugs regardless of the actual amount the healthcare provider charges
- **Coinsurance** — When a copay does not apply to services, coinsurance is a percentage of the actual cost of care that you are responsible for
- **Out-of-pocket maximum** — Once you reach this amount by paying deductibles, copays, and coinsurance (not premiums), your care will be covered at 100%

Preferred Provider Organization (PPO) Plan Highlights

- PPO premiums deducted from your paycheck are up to 70% higher than those for the HDHP
- The PPO plan deductible is lower than that of the HDHP
- This plan may be best suited for those who have ongoing medical needs since you'll pay less in coinsurance after your deductible is met
- The PPO uses a copay structure for some medical services while the HDHP does not
- You will pay copays for prescriptions; they are not subject to the PPO deductible
- If you participate in the HealthierU wellness rewards program, reward dollars will be deposited into a health reimbursement account (HRA) and can be used for qualified medical expenses ([see a complete list here](#)); funds in this account do NOT roll over annually

High Deductible Health Plan (HDHP) Highlights

- With the HDHP, you'll pay lower premiums and have a higher deductible
- This plan may be best suited for financially secure individuals/families who are generally healthy; if your deductible is not met, you'll be responsible for paying more out of pocket as medical needs arise
- Prescription drugs are counted toward your deductible with the HDHP; you'll pay copays for medications once your deductible is met
- The HDHP includes the use of a health savings account (HSA) administered by Voya



About Health Savings Accounts

In 2023, UHS will provide a lump sum annual contribution to your HSA at \$250 for the Employee Only plan and \$500 for all other Employee+ plans.

You can contribute to your HSA by having pre-tax funds deducted from your paychecks. If you choose to participate in wellness activities, HealthierU wellness reward dollars will be deposited into your HSA as well.

HSA funds stay with you, roll over each year, and earn interest—even if you leave UHS. Funds in your HSA can be used to pay for medical expenses, including out-of-pocket costs toward your deductible, coinsurance, some over-the-counter medications and products, glasses or contacts, dental care, and more. [See a complete list of qualified expenses here.](#)

More details about HSAs, including IRS contribution limits and other restrictions, can be found on page 14.

FOR QUESTIONS ABOUT
MEDICAL PLANS AND COVERAGE

Excellus Customer Service

www.excellusbcbs.com

1-800-594-5899



Medical Plan Cost Comparison

The chart below summarizes patient responsibility for some common services and procedures. For specific questions related to coverage for services, you can contact Excellus BCBS directly at 1-800-594-5899.

	PPO		HDHP	
	Tier 1	Tier 2	Tier 1	Tier 2
Deductible (Employee Only / Employee+ Plans)***	\$700 / \$1,400	In: \$2,000 / \$4,000 Out: \$2,000 / \$4,000	\$1,600 / \$3,200	In: \$3,000 / \$6,000 Out: \$3,000 / \$6,000
Out-of-Pocket Maximum***	<u>Employee Only</u> UHS Pharmacy: \$550 Medical: \$1,600	<u>Employee Only</u> In Network: \$5,000 Out of Network: \$5,000	<u>Employee Only</u> \$3,000	<u>Employee Only</u> In Network: \$6,000 Out of Network: \$6,000
	<u>Employee+ Plans</u> UHS Pharmacy: \$1,100 Medical: \$3,200	<u>Employee+ Plans</u> In Network: \$10,000 Out of Network: \$10,000	<u>Employee+ Plans</u> \$6,000	<u>Employee+ Plans</u> In Network: \$12,000 Out of Network: \$12,000
Preventive Care	\$0	In BCBS Network: \$0 Out of Network: 30%*	\$0	In BCBS Network: \$0 Out of Network: 40%*
Primary Care Visit	\$20 copay	30%*	20%*	40%*
Specialist Visit	\$40 copay	30%*	20%*	40%*
X-Ray / Lab	10%*	30%*	20%*	40%*
Inpatient Hospital Services**	10%*	30%*	20%*	40%*
Outpatient Hospital Services	10%*	30%*	20%*	40%*
Urgent Care	\$40 copay	30%*	20%*	40%*
Emergency Room	\$150 - waived if admitted		20%*	
Mental Health Visit	\$20 copay (any provider)		20%* (any provider)	
Substance Abuse Visit	10%*	30%*	20%*	40%*
Maternity Office Visit	10%*	30%*	20%*	40%*
Allergy Shots	\$0	30%*	20%*	40%*
Well Baby/Child Visit (with immunizations)	\$0	30%*	\$0	40%*
Vision Exam (1 per 2 years; 1 per year under 19)	\$40 copay	30%*	20%*	40%*
Nutritional Counseling (limited to 20 sessions)	\$20 copay	30%*	20%*	40%*
Physical, Occupational, & Speech Therapy	\$20 copay	30%*	20%*	40%*
Rehabilitation (60 days per calendar year)	\$0	30%*	20%*	40%*
Skilled Nursing Facility Care (120 days per year)	10%*	30%*	20%*	40%*
Chiropractic Services	\$40 copay	30%*	20%*	40%*
Durable Medical Supplies & Home Care**	10%*	30%*	20%*	40%*
Hospice Care**	10%*	30%*	20%*	40%*
Ambulance Services	\$0		20%*	

*After deductible | **Prior authorization is required | ***Tier 1 deductible and out-of-pocket spend applies toward Tier 2 deductible and out-of-pocket maximums. Tier 2 spend aggregates separately and does not apply to Tier 1. For Employee +1 and Family coverage, the deductible and out-of-pocket maximum can be met at the individual level. After this a higher level of cost coverage applies.

Medical Plan Prescription Drug Coverage

The chart below summarizes patient responsibility for prescription drugs. With the exception of diabetic supplies, prices are the same for both plan options. You'll pay less when you use a UHS Pharmacy. UHS Pharmacy also offers the convenience of 90-day supplies of preventive medications.

UHS Pharmacy Locations

You can have prescriptions filled at Binghamton General Hospital (Summit Building), UHS Vestal, UHS Endicott, Wilson Medical Center (Wilson Place, open 24/7), and at UHS in Walton (Delaware Valley Hospital). Easily refill and manage your prescriptions using MyChart.

HDHP Copays and Preventive Medications

For HDHP participants, copays do not apply until **after your deductible is met**; however, some preventive medications are not subject to your deductible and will always follow the copay structure. [See the complete list of designated preventive medications here.](#)

Generic Prescription Requirement

To receive your full prescription benefit and pay the copay designated below, covered individuals will be required to take a generic equivalent as an alternative to a brand name medication when one is available. If you choose to take a brand name medication instead of its generic equivalent, you will pay your copay **plus** the difference in cost between the brand and generic.

	PPO Plan and HDHP	
	UHS Pharmacy	Excellus BCBS Network
Up to a 30-Day Supply		
Generic	\$5	\$20
Brand Preferred	\$25	\$60
Brand Non-Preferred	\$40	\$95
Diabetic Supplies	Not Offered*	PPO: \$25 HDHP: Not Covered
Specialty Medications	\$75	Not Covered
90-Day Supply		
Generic	\$10	Not Covered
Brand Preferred	\$50	Not Covered
Brand Non-Preferred	\$80	Not Covered
Diabetic Supplies	Not Offered*	\$75
Specialty Medications	Not Covered	Not Covered

*The UHS Pharmacy does not carry diabetic supplies. Participants will need to order through a durable medical equipment supplier. The list of Excellus in-network supply organizations can be found on page 22.

Important Definitions

Please contact the UHS Pharmacy if you are not sure which category your prescription(s) belong to.

- **Generic Drugs:** Less expensive than brand-name prescriptions yet have the same intended use, dosage, side effects, risks, and strength as regulated by the FDA
- **Brand Preferred:** Brand-name drugs selected by Excellus that typically do not have a generic equivalent
- **Brand Non-Preferred:** A brand-name drug that costs more than generic equivalents or brand preferred drugs
- **Specialty Medications:** Drugs that require special preparation, storage, or delivery and are prescribed to people with chronic, complex, or rare medical conditions

**FOR QUESTIONS ABOUT
FILLING PRESCRIPTIONS**

UHS Pharmacy
607-352-5950



Insurance Coverage

DENTAL PLANS

United Health Services offers two dental plan options, both administered by Excellus BlueCross BlueShield. Depending on your anticipated dental expenses, you may opt for the standard plan, which has lower premiums and covers basic dental services. Alternatively, you can choose the high-option plan with slightly higher premiums and more extensive coverage.

Dental Plan Comparison

The chart below outlines patient responsibility for common dental procedures. With these plans, Excellus does not charge differently for in-network versus out-of-network providers.

	Standard Plan	High-Option Plan
Deductible (individual / family)	\$25 / \$50	\$50 / \$100
Annual maximum per covered individual	\$1,500	\$2,000
Diagnostic and Preventive Care: Cleanings, fluoride treatments, bite-wing x-rays, and sealants**	100%	100%
Basic Services: Periapical treatment, panoramic x-rays, fillings, periodontics, root planing, and oral surgery	50%*	80%*
Major Services: Crowns, bridges, and full and partial dentures	Not Covered	50%*
Orthodontia; child and adult	Not Covered	50% with \$2,000 lifetime max

*After deductible

**Sealants are only covered as part of the high-option plan for children 15 and under



FOR QUESTIONS ABOUT
DENTAL PLANS AND COVERAGE

Excellus Dental Customer Service

www.excellusbcbs.com

1-800-499-1275



Insurance Coverage

VISION PLAN

United Health Services offers one vision insurance plan through Davis Vision. With this plan, you will spend less when you visit a Davis Vision in-network provider. Davis offers an Exclusive Collection of frames and contacts available at most Visionworks locations—you'll save even more when you choose frames or contacts from this collection. Visit the [Davis Vision website](#) to find in-network and Exclusive Collection providers.

The chart below outlines copays, discounts, and allowances for vision care under the Davis Vision plan. Several upgrades—like polycarbonate lenses, UV and anti-reflective coating, blue light filtering lenses, and more—are available at discounted rates from in-network providers.



	Davis Vision Exclusive Collection	In-Network Provider Without Choosing from the Exclusive Collection
Eye Exam	\$15 copay	
Lenses	\$25 copay single-vision, bifocal, or trifocal	
Frames Allowance	Covered in Full	\$180* plus 20% off any overage
Contact Lens Exam	Covered in Full	15% discount
Contact Lens Allowance (in lieu of glasses)	Covered in Full	\$200 plus 15% off any overage
Medically Required Contact Lenses	Covered in Full with Approval	

*\$180 allowance at Visionworks and \$130 at other in-network locations

Out-of-Network Reimbursement Rates	
Exam Exam: \$40	Frames: \$55
Single-Vision Lenses: \$40	Elective Contacts: \$200
Bifocal Lenses: \$60	Required Contacts: \$210
Trifocal Lenses: \$80	

If you choose to see a provider that does not belong to the Davis Vision network, you will need to submit claims to be reimbursed up to the amounts listed to the left.

**FOR QUESTIONS ABOUT
THE DAVIS VISION PLAN**

Davis Vision Customer Service

www.davisvision.com

1-877-923-2847 (code 3710)



PRE-TAX CONTRIBUTIONS

Why opt for a pre-tax spending/savings account?

So you can keep more of the money you've earned! When you make contributions to your HSA or FSA before taxes are taken out of your paycheck, your bring-home income ends up being less; therefore, you'll pay lower taxes on your lower income (even if your contributions are not substantial). If you know that you'll incur medical or dependent care expenses throughout the year, setting money aside for them on a pre-tax basis helps you keep more of the money that's yours. Choosing which type of account is best for you will depend on several factors, especially your anticipated healthcare costs and current financial state.

United Health Services offers four different financial accounts with varying eligibility requirements and features. Three of these accounts allow for pre-tax contributions. The chart on page 14 of this guide details components and requirements for each type of account.

All of your financial accounts will be administered by Voya Financial, the same company that manages our 403(b) retirement savings plan. Now you can easily access all of your financial benefits in one place.



FOR QUESTIONS ABOUT YOUR
403(B) RETIREMENT ACCOUNT

Voya Financial Customer Service

nyuhs.voya.com

1-833-266-7526



FOR QUESTIONS ABOUT
YOUR PRE-TAX ACCOUNTS

Voya Health Account Solutions

myhealthaccounts.voya.com

1-833-232-4673



Financial Benefits

FLEXIBLE SPENDING ACCOUNTS

When you enroll in your benefits, you will have the opportunity to set up flexible spending accounts (FSAs) for healthcare and/or dependent care expenses. You must enroll in your FSA each year during open enrollment—your previous FSA elections do not carry over.

FSAs are administered by Voya, the same company that manages our 403(b) retirement savings plan, so all your financial accounts will be accessible in the same place.

If you know you'll likely have healthcare or dependent care expenses, you may consider setting money aside ahead of time. When you pay for expenses, you can either use your account's debit card or submit claims for reimbursement. You also have the option of setting up direct deposit for your reimbursement payments.



	Healthcare FSA	Dependent Care FSA
Eligible Expenses	Medical, dental, and vision expenses that are not covered by your insurance; see a complete list here	Childcare (under 13) and elder care expenses for qualified individuals; see a complete list here
Maximum Contributions*	\$3,050	\$5,000
Expense Timelines**	Claims for expenses incurred Jan. 1 - Dec. 31, 2023 must be submitted by April 15, 2024	Claims for expenses incurred Jan. 1 - Dec. 31, 2023 (grace period through March 15, 2024) must be submitted by April 15, 2024

*Maximum contributions are determined annually by the IRS and are subject to change.

**Funds not claimed by the deadline are forfeited. If you leave UHS, you will have 60 days from your termination date to use your funds for expenses incurred since Jan. 1. You will have the option of continuing only your healthcare FSA through COBRA.

FOR QUESTIONS ABOUT YOUR
FLEXIBLE SPENDING ACCOUNT

Voya Health Account Solutions

myhealthaccounts.voya.com

1-833-232-4673



Financial Benefits

ACCOUNT COMPARISON

	Health Savings Account (HSA)	Health Reimbursement Account (HRA)	Healthcare Flexible Spending Account (FSA)	Dependent Care Flexible Spending Account (FSA)
Eligibility for Accounts	Participants in the UHS high deductible health plan (HDHP)	Participants in the UHS PPO health plan who earn wellness rewards	Participants in the UHS PPO health plan	Participants enrolled in either the UHS PPO plan or the HDHP
You are Ineligible if...	You are enrolled in Medicare, including Medicare Part A, or if you can be claimed as a dependent	You are enrolled in the UHS HDHP	You or your spouse have an HSA or if your spouse has a general purpose FSA	None; you can have a dependent care FSA in conjunction with another account
Personal Contributions	Pre-tax deduction of your choice	You cannot contribute	Pre-tax deduction of your choice	Pre-tax deduction of your choice
UHS Contributions	Funding at \$250 for Employee Only plans and \$500 for Employee+ plans; earned wellness rewards	Earned wellness rewards up to \$400	UHS does not contribute	UHS does not contribute
IRS Annual Contribution Maximum	Combined personal and UHS contributions* cannot exceed \$3,850 for individuals and \$7,750 for families	N/A; maximum contribution from UHS is \$400	\$3,050	\$5,000
How to Enroll and Set Contributions	Choose your contribution amount when you enroll in the HDHP; selections carry over each year if you do not make changes**	When you're enrolled in the PPO health plan, an HRA will be created for you in case you choose to participate in wellness activities	Choose your contribution amount when you enroll in your benefits; must be re-elected each year	Choose your contribution amount when you enroll in your benefits; must be re-elected each year
Qualified Expenses for Using Funds***	Medical expenses not covered by insurance including payments toward your deductible, vision/dental expenses, prescriptions, and some over-the-counter products; see a complete list here			Childcare for children under 13; care for elderly dependents; see a complete list here
Timeline for Expenses	No timeline; funds can be used for expenses incurred at any time	Jan. 1 - Dec. 31, 2023	Jan. 1 - Dec. 31, 2023 (grace period through March 15, 2024)	Jan. 1 - Dec. 31, 2023
Deadline for Using Funds	No deadline; funds contributed in 2023 can be used at any time	Funds earned in 2023 must be claimed by April 15, 2024 or they are forfeited	Funds contributed in 2023 must be claimed by April 15, 2024 or they are forfeited	Funds contributed in 2023 must be claimed by April 15, 2024 or they are forfeited
If You Leave UHS	Your HSA account goes with you; the money is yours and continues to earn interest	You have 60 days from your date of termination to use your funds; any money remaining in your account after that time is forfeited (you may choose to extend your healthcare FSA through COBRA)		

*Those older than 55 can contribute an additional \$1,000 to their HSA

**If you intend to enroll in the HDHP with HSA for 2023 and currently have a healthcare FSA, your FSA must have a zero balance at the end of this year, otherwise you'll need to wait until April 1, 2023 to open your HSA

***You can pay for expenses directly with your Voya-issued debit card or you can submit claims for reimbursement; direct deposit for reimbursement is recommended; keep all receipts and document your transactions for IRS reporting purposes

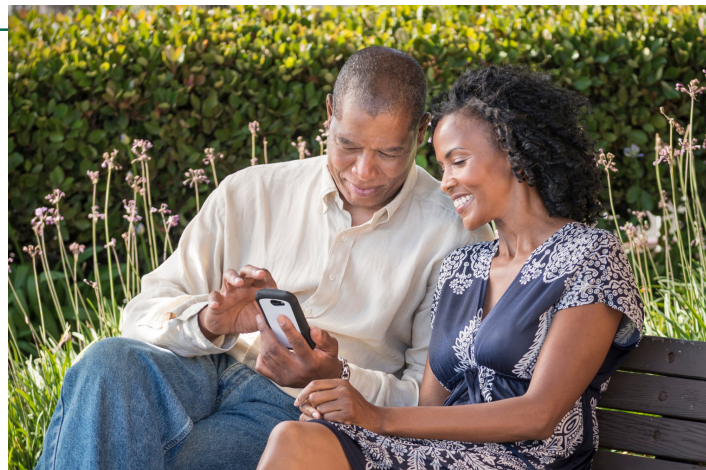
Financial Benefits

403(B) RETIREMENT PLAN

Retirement Plan Options

UHS employees can participate in a 403(b) or Roth 403(b) retirement plan.

- **Standard 403(b)** — Contributions are made pre-tax (before taxes are taken out of your paycheck, see page 12); you'll save now, but pay taxes on your retirement income later
- **Roth 403(b)** — Contributions are made after taxes are deducted from your paycheck, which means that you won't have to pay taxes on your retirement funds when you are eligible* to withdraw them



Contributions and Limits

New UHS employees who do not choose to set their contributions within 60 days of hire will automatically be enrolled in a standard 403(b) at a contribution rate of 3%. You can adjust this amount at any time. UHS employer contributions vary depending on the entity for which you work—details can be found on the UHS employee intranet.

The IRS sets annual contribution limits that take into account contributions to both 403(b) and Roth 403(b) accounts. For 2023, if you are under age 50, the maximum contribution is \$22,500. If you are age 50 or older the maximum is \$30,000, which includes a catch-up contribution of \$7,500.

You do not have to wait until Open Enrollment to change your contributions to your 403(b). You can increase or decrease your contributions at any time at nyuhs.voya.com. In order for those changes to be reflected in your paycheck, you must submit them by 4 p.m. on the Wednesday prior to the close of the pay period on Saturday.

Managing Your Accounts with Voya Financial

You retirement accounts can be easily managed online at nyuhs.voya.com. You can change your contributions at any time, choose your investments, and use Voya's financial wellness tools and planner. You'll also have access to Voya's investment advisors. Some services are free of charge, while other times you'll pay a fee to have investments managed for you.

Additionally, UHS works closely with HANYS, the Healthcare Association of New York State, whose retirement advisors can help you plan for retirement and get the most out of your 403(b). Details are on the UHS employee intranet.

*Eligible withdrawals are when you are age 59½. Roth 403(b) account holders must also have had the account for at least five years.

FOR QUESTIONS ABOUT YOUR
403(B) RETIREMENT ACCOUNT

Voya Financial Customer Service

nyuhs.voya.com

1-833-266-7526



Additional Insurance

VOLUNTARY BENEFITS

United Health Services offers a selection of additional insurance plans to help you prepare for the unexpected. UHS works with The Farmington, a company that helps to administer and enroll employees in the voluntary benefits programs listed below. Note that you'll only be able to enroll in these benefits after 90 days of employment in a benefits-eligible position. **These benefits are not available to DVH employees.**

Permanent Life Insurance

Permanent life insurance completes your family's protection and provides a cost-effective benefit for final expenses such as funeral costs, credit card debt, and medical bills.

Short-Term Disability Insurance

This insurance provides an additional percent of your weekly compensation as a supplement to NYS Disability.

Critical Illness Insurance

This plan pays a lump sum benefit for costs associated with treating covered critical illnesses like cancer, heart attacks, stroke, kidney failure, and more.

Hospital Indemnity Insurance

Supplements your health insurance and pays additional benefits to cover out-of-pocket costs for planned and unplanned hospital stays including childbirth, joint replacement, or ICU admissions.

Accident Insurance

This plan pays benefits to cover both medical and non-medical expenses for specific injuries and events resulting from on- or off-the-job accidents including fractures, burns, lacerations, and more.

Identity Theft & Device Protection

Includes proactive identity, credit, and social media monitoring, data breach notifications, device protection for laptops and smartphones, and resolution services should you ever become a victim of identity theft.

Legal Plan

This plan provides discounted services for residential and real estate transactions, civil litigation, estate planning and documentation, traffic/misdemeanor citations, and more. It also includes consultation on a variety of common legal matters and simple will preparation.

Pet Insurance

Insurance for your non-human family members! Reimbursements for a comprehensive list of veterinary services are paid directly to pet owners. Choose your own veterinarian. No pre-authorization is required.



**FOR QUESTIONS ABOUT
VOLUNTARY BENEFITS & RATES**

The Farmington
1-800-621-0067



HEALTHIERU WELLNESS PROGRAM

The UHS HealthierU wellness team comprises representatives from Total Rewards, the UHS Wellness and Resilience Subcommittee, and the Employee Health Office. The HealthierU team provides wellness resources and programming, develops UHS wellness initiatives and challenges, and partners with external service providers to offer a full suite of benefits in support of employees' health and well-being.

HealthierU maintains a monthly wellness calendar complete with events, challenges, fitness and nutrition resources, and other well-being offerings.



HealthierU Wellness Rewards

If you're enrolled in a UHS medical insurance plan, you're eligible to earn up to \$400 per year by completing wellness activities, including team walks, fitness tracking challenges, webinars, workshops, cooking courses, community gardening, annual physicals, and more.

If you participate in the PPO plan, your funds will be deposited into your health reimbursement account (HRA). For those in the HDHP, your funds will be deposited into your health savings account (HSA). Money in these accounts can be used for qualified medical expenses. Keep in mind that HRA do NOT roll over each year while HSA funds do!

Wellness activity completion forms are available on the UHS employee intranet. Keep on eye on the annual wellness calendar and the intranet homepage for upcoming events throughout the year.

Wellness activities can include:

- Completing an annual wellness visit with your primary care provider
- Downloading and using the Wellframe app
- Completing courses through NextGen EAP (mindfulness, smoking cessation, health coaching, etc.)
- Attending community events like cooking courses or wellness seminars
- Attending online UHS webinars on financial wellness/planning, Excellus tools, and more
- Participating in Active & Fit Direct online workouts
- Enrolling in and using a gym membership, including your discounted YMCA Broome County membership
- Completing HealthierU challenges like sleep tracking, step tracking, and water intake
- Participating in Team UHS community walks or runs

DISCOUNTED BROOME COUNTY YMCA MEMBERSHIPS CONTINUE!

No new member fee! Just show your badge.

Single: \$37/month (annual savings of \$158)

Family: \$56/month (annual savings of \$218)



MENTAL HEALTH RESOURCES

24/7 Confidential Counseling

In partnership with NexGen EAP and Bree Health, UHS employees, their spouses, and children can receive counseling and mental health support in the form of short-term therapy for anxiety, grief, depression, or stress. Counselors can refer you to other providers for long-term, continued care. Counseling is confidential. You can connect by phone, online chat, and even text messaging.

**FIRST TIME REGISTERING
FOR NEXGEN EAP?**

UHS NexGen EAP Benefits Access

nexgeneap.com/loginv2

Company Code: 9822



Virtual Mental Health Support

Access thousands of free resources online including self-guided tools and life assessments through Bree Health. Artificial intelligence creates a custom pathway with recommended action items based on your actual life events. You'll begin using the pathway tool by taking a self-assessment and complete action items like coaching or reviewing articles, videos, and tools.

Self by Design Mindfulness Training

Activity is eligible for HealthierU rewards

Access the Self by Design program free through UHS (typically \$19.99/month). With your membership, you'll benefit from quarterly mindfulness masterclasses, guided audio meditations, live streamed group meditations, live coaching Q&As, and a library of mind training videos. Train your mind for greater awareness, stronger resilience, and higher mental well-being.



Calm App – Sleep, Meditate, Relax

New in 2023

Employees will have free access to a paid subscription (usually \$14.99/month) of the Calm app. Calm is the #1 app for sleep, meditation, and relaxation with over 100 million downloads and over 1.5 million 5-star reviews. Listen to guided audio to improve sleep quality, reduce stress or anxiety, improve focus, and more. Registration details will be posted on the intranet when they become available.



OTHER NEXGEN TOOLS

Wellness Coaching

Eligible for HealthierU Rewards

Wellness coaches can work with you one-on-one to set goals and improve your well-being. Coaches provide guidance and consultation in areas such as clinical and financial wellness, sleep and restoration, emotional/spiritual needs, nutrition, stress management, and fitness.

FIRST TIME REGISTERING
FOR NEXGEN EAP?



UHS NexGen EAP Benefits Access

nextgeneap.com/loginv2

Company Code: 9822

Virtual Concierge Services

Connect with a virtual personal assistant who can provide research, referrals, or information on a number of topics so you are free to spend more time doing the things you want to do. Research topics include childcare, travel, education, hobbies and sports, shopping or gift ideas, automotive needs, and more.

Health Advocacy

Health advocates at NexGen can explain your UHS medical, dental, and vision plans and assist with provider research, claims and appeals, coverage questions, and medical billing resolution. These combined services can help you navigate through the healthcare system.

Legal Consultation and Tools

NexGen provides access to a comprehensive library of legal documentation and forms and can connect you with local attorneys and mediators who offer free or discounted consultations. You can also request help researching different legal situations, such as identity theft, bankruptcy, civil/criminal litigation, estate planning, or real estate transactions.

Financial Consultations

NexGen EAP offers 45 financial calculators and a financial wellness assessment tool. You can also connect one-on-one with a financial coach or request assistance from the virtual concierge to research your options for investing, debt, budgeting, mortgages, taxes, and other financial opportunities.

Professional Development and E-Learning

This e-learning benefit provides access to more than 100 courses on topics such as communication, safety, leadership, customer service, business, pandemic response, compliance, management, and more. You'll earn certificates for completing classes.

Entertainment/Shopping Discounts

Get up to 60% off through the Working Advantage discount program on things like movie tickets, zoo or museum admission, hotels, attractions, concerts, family events, apparel, flowers, food, electronics, office supplies, and more.

HealthierU Wellness Program

EXCELLUS EXTRAS

The HealthierU team has worked with Excellus BlueCross BlueShield to provide additional tools and resources for employees who are enrolled in UHS insurance plans. If you participate in any of the UHS medical plans, you'll have access to these tools.

Wellframe

The Wellframe care management app connects you with an Excellus care team and nurse care manager that can answer questions about your health conditions or help you manage your medications. Together, you can set reminders and checklists to complete daily tasks that can help you improve your health and wellness. Your Wellframe care team is available through chat right in the app. ***Certain activities within the app are eligible for HealthierU rewards.***

Active & Fit Direct

With your Excellus BCBS benefits, you can enroll in the Active & Fit Direct program, which gives you access to an online library of 200+ at-home workout videos for free (usually \$29/month). For an additional \$25/month, you can access 8,700+ videos and take advantage of select local gym partnerships.

Active & Fit activity is eligible for HealthierU rewards.

Blue365

Blue365 is a discount program for Excellus BCBS members that offers more than 75 deals on fitness (including apparel and trackers), hearing and vision care, family and home products, nutrition, personal care, and travel. Top discount products have included brands like Nutrisystem, Sunbasket, Skechers Direct, Reebok, and Fitbit.



FOR QUESTIONS ABOUT
EXCELLUS EXTRAS

Excellus Customer Service

www.excellusbcbs.com

1-800-594-5899



Total Rewards

CONTACT INFORMATION

To enroll in and access your benefits information, log into HR Access: <https://tinyurl.com/UHSHRAccessOnline>

Organization	Associated Benefits	Contact
UHS Human Resources HR Connect	General Questions Qualified Life Events HealthierU Wellness Program	HRConnect@nyuhs.org 607-763-6186
Excellus BlueCross BlueShield	Medical Insurance Dental Insurance HealthierU Excellus Extras	www.excellusbcbs.com 1-800-594-5899
UHS Pharmacy	Prescription Drug Coverage Ordering and Refilling Prescriptions	www.nyuhs.org 607-352-5950
Davis Vision	Vision Insurance	www.davisvision.com 1-800-999-5431
Voya Financial	403(b) Retirement Plans	nyuhs.voya.com 1-833-266-7526
Voya Health Account Solutions	Health Savings Account (HSA) Health Reimbursement Account (HRA) Flexible Spending Account (FSA)	myhealthaccounts.voya.com 1-833-232-4673
The Farmington	Voluntary Benefits Enrollment/Rates	1-800-621-0067
NexGen EAP	Employee Assistance Program Concierge and 24/7 Counseling	nexgeneap.com 1-800-445-3569

ADDITIONAL TIER 1 PROVIDERS

While enrolled in a UHS medical plan, you are encouraged to see Tier 1 UHS providers. However, in order for our employees to be able to afford and receive the comprehensive care they need, UHS has designated the list of non-UHS providers and practices below as part of Tier 1.

Asthma and Allergy

- Allergy & Asthma Consultants PC
- Asthma & Allergy Associates PC
- Allergy, Asthma, & Immunology Associates

Dermatology

- Anew Dermatology
- Joseph M. Newmark, MD, PC

Family Medicine

- Endwell Family Physicians
- Karen R. Banks-Linder, DO, PLLC
- Khalid R. Butt, MD, Bainbridge Family Medical
- Sae J. Park, MD, Family Practice

Mental Health Services

You will pay either \$20 (PPO) or 20% (HDHP, after deductible) for visits with ANY social worker, counselor, psychologist, or psychiatrist

Obstetrics and Gynecology

- Broome OB/GYN PC
- Comprehensive Women's Health Care
- Greater Binghamton Obstetrics & Gynecology
- Women's OB/GYN Associates
- Nicholas Balaci, MD
- Melinda B. Rupp, MD, Women2Women

Ophthalmology

- Binghamton Eye Associates
- Binghamton Ophthalmology Associates PC
- Chenango Eye Associates
- Ophthalmologic Associates of the Southern Tier
- Pecora Ophthalmology Practice PLLC
- Retina-Vitreous Surgeons of Central New York
- Southern Tier Optical
- Twin Tiers Eye Care Associates
- David E. Sperber, MD, Ophthalmology

Pediatrics

- Broome Pediatrics PC
- Neonatal Associates of CNY PC
- Pediatric Cardiology Associates LLC (Golisano)
- Upstate Golisano providers (various locations)

Podiatry

- Foot and Ankle Care Center
- Mario Silvestri, DPM, PC
- David A. Joseph, DPM, Podiatry
- Elizabeth J. Weber, DPM, Podiatry

Surgical Services

- Rilloraza Plastic Surgery PLLC
- Armando B. Mata, MD, Plastic Surgery
- Southern Tier Surgical Clinic
- Susquehanna Anesthesia Affiliates PC

Durable Medical Equipment/Diabetic Supplies

- Byram Healthcare
- CCS Medical Inc.
- Edgepark Medical Services
- Hanger Prosthetics & Orthotics Inc.
- Minimed Distribution Corporation
- Tandem Diabetes Care Inc.

Other Specialty Practices

- Broome Gastroenterology Associates
- Broome Nurse Practitioners Skincare
- Broome Oncology LLC
- Diabetic Care Associates
- Neuro Medical Care Associates
- Neurosciences and Spine Group
- Park Avenue Associates in Radiology
- Regional Rheumatology Associates
- Southern Tier Pulmonary & Critical Care
- Tier ENT Associates PC

REQUIRED NOTICES

This section includes notices that UHS is required to provide to employees, including:

- Women's Health and Cancer Rights Act Notice
- HIPAA Notice of Privacy Practices
- CHIPRA Notice

Women's Health and Cancer Rights Act of 1998 Notice

As required by the Women's Health and Cancer Rights Act of 1998, each medical plan sponsored by UHS provides coverage for the following breast reconstruction procedures in connection with mastectomies:

- Reconstruction of the breast that was operated on;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Coverage is provided in a manner determined in consultation with the attending physician and the patient. The deductible and the co-payment requirements that apply to other covered services also apply to these post-mastectomy reconstructive and treatment services.

United Health Services Hospitals, Inc. Employee Medical Benefits Plan HIPAA Notice of Privacy Practices

Effective: October 27, 2021

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

United Health Services Hospitals, Inc. ("UHS") sponsors the United Health Services Hospitals Employee Medical Benefits Plan (the "Plan") for the benefit of its employees, employees of certain participating employers and their dependents (collectively "Covered Participants"). This notice describes the Plan's privacy practices. In this notice, the word "Employer" means UHS and all other entities. The term "Plan Sponsor" means UHS solely in its capacity as the Plan Sponsor.

Background

The Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act of 2009 (collectively "HIPAA") and the regulations issued in connection with HIPAA regulate the use and disclosure of protected health information ("PHI") by an employer group health plan. HIPAA requires group health plans to maintain the privacy of your personally identifiable PHI.

In general terms, health information is PHI if it (1) relates to a past, present or future physical or mental health or condition (including genetic information), the provision of health care or the past, present or future payment for the provision of health care, and (2) identifies the individual (or when a reasonable basis exists to believe that the applicable information can be used to identify the individual).

The Plan is required under HIPAA to maintain the privacy of your PHI. It is also required to provide you with this notice describing the Plan's legal obligations and privacy practices with respect to your PHI. This notice provides important information about: (1) the Plan's uses and disclosures of your PHI; (2) your individual rights with respect to your PHI; and (3) the Plan's legal duties with respect to your PHI. This notice applies to the PHI the Plan maintains, uses or discloses. The Plan is required to comply with this notice. Your personal doctor or health care provider also may have policies or notices regarding use and disclosure of your PHI. The rules set forth in this notice apply to the Plan only and not to the Employer in its capacity as an employer or as a health care provider. Different policies may apply to other Employer benefit programs or data unrelated to the Plan.

NOTICE OF PHI USES AND DISCLOSURES

A. How the Plan May Use or Disclose Your PHI

The Plan and its properly authorized business associates are required to disclose PHI to you upon your request and to the U.S. Secretary of Health and Human Services ("HHS") whenever the Secretary is investigating compliance with HIPAA. The Plan also will use and disclose PHI as HIPAA permits.

When using or disclosing PHI or when requesting PHI from another covered entity, the amount used, disclosed or requested typically will be limited to the minimum necessary to accomplish the purpose underlying the disclosure request. This "minimum necessary" standard, however, does not apply in all circumstances.

Specifically, the “minimum necessary” standard does not apply to: (1) uses or disclosures made to you, (2) uses or disclosures made pursuant to your prior authorization, (3) disclosures made to the HHS Secretary, (4) uses or disclosures required by law, (5) disclosures to or requests by a health care provider for your treatment and (6) uses or disclosures required for the Plan’s compliance with HIPAA’s “privacy rule.”

B. Uses and Disclosures that Do Not Require Your Permission

HIPAA allows the Plan to use or disclose your PHI under certain circumstances without your permission. The following are brief descriptions of these uses and disclosures.

For Treatment. PHI may be used or disclosed to facilitate medical treatment or services by providers, including, coordination or management of health care and consultations and referrals between one or more of your providers. For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

For Payment. PHI may be used and disclosed for payment purposes, such as obtaining premiums, facilitating payments from a health insurer, making coverage determinations, coordinating coverage or determining or fulfilling the Health Plan’s responsibilities for providing benefits. For example, the Plan may tell a provider whether you are eligible for specific Plan health benefits or share PHI with another entity to assist with coordination of benefits.

For Health Care Operations. PHI may be used and disclosed for health plan operations such as: underwriting, premium rating and other activities relating to your Plan coverage; conducting quality assessment and improvement activities; conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs; business planning and development such as cost management; and business management and general administrative activities. Genetic information, however, shall not be used for underwriting purposes.

To Business Associates. The Plan contracts with non-Plan entities known as “business associates” to directly provide, or to assist the Plan with providing, certain services or with performing various functions. To accomplish these tasks, business associates may be required to access, maintain, use and/or disclose Covered Participants’ PHI. Such access, however, never shall occur unless the business associates first execute a written business associate agreement with the Plan obligating the business associate to implement and to maintain appropriate PHI protections and to strictly comply with the same HIPAA privacy obligations as the Plan Sponsor.

For example, the Plan contracts with an independent company, Excellus, to facilitate the “Wellness Plan,” the Plan program under which you can reduce your Plan premiums by participating in solely voluntary activities, such as the (a) cotinine (tobacco) testing (and, if applicable, a smoking cessation program) and/or (b) biometric testing. Prospectively, an application within Excellus, called Wellframe and UHSH’s own care managers also will assist Covered Participants with their personal health strategies by reviewing your PHI and using it to design and to implement a health improvement approach specific to you. Wellframe and UHSH care managers may contact Covered Participants to enroll them in such Population Health Management services.

In these capacities, Excellus and UHSH care managers are Plan “business associates” and, accordingly, the Plan may disclose PHI to them as necessary to implement the Wellness Plan.

To the Plan Sponsor. PHI may be disclosed to certain employees of Plan Sponsor to carry out Plan administrative functions. Those employees only will use or disclose PHI as necessary to perform plan administration functions or as HIPAA otherwise requires, unless you authorize further disclosures. Also, information regarding whether you have enrolled in or dis-enrolled from a Plan option may be disclosed to your Employer. In addition, “summary health information” (i.e., claims information from which names and other identifying information are removed) also may be disclosed to your Employer for purposes of obtaining premium bids or for modifying, amending or terminating the Plan. PHI cannot be used for employment purposes without your specific authorization.

As Required By Law, Law Enforcement, Lawsuits & Disputes. PHI may be disclosed when required by federal, state or local laws, regulations or courts’ of government agencies’ orders, for example, when required by law enforcement (e.g., to identify or locate a suspect), a court or administrative order, a subpoena or a discovery request.

For Workers’ Compensation. PHI may be released for workers’ compensation or similar work-related injury or illness programs to the extent necessary to comply with such laws.

For Organ and Tissue Donation. PHI may be released to organizations that handle organ or tissue procurement as necessary to facilitate organ or tissue donation and transplantation.

For Military Activity or National Security. PHI may be disclosed to authorized military authorities and to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

For Health or Safety, Public Health Risks, Health Oversight Activities. PHI may be released when necessary to prevent a serious threat to health and safety, for public health activities as required or authorized by law or to a health oversight agency for the government to monitor the health care systems, government programs, and compliance with civil rights laws, such as audits, investigations, inspections and licensure.

To Coroners, Medical Examiners and Funeral Directors. The Plan may release PHI to coroners, medical examiners or funeral directors as necessary to carry out their duties.

For Research. PHI may be disclosed to researchers when individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information.

To Family and Friends. In certain cases, PHI can be disclosed to a family member or to another person you identify as involved in your care. Information about your location, general condition or death may be provided to a similar person (or entity authorized to assist in disaster relief). You generally will be given the chance to agree or to object (although exceptions may be made, for example, if you are not present or you are incapacitated). In addition, your PHI may be disclosed to your legal representative. With only limited exceptions, the Plan will send all mail to the employee, including mail relating to the employee's spouse and other family members.

C. Other Uses of Your PHI That Require Your Authorization

Other uses and disclosures of your PHI not covered by this notice or applicable law will be made only with your written authorization. You may revoke your authorization to disclose your PHI in writing at any time. Once your revocation is received and recorded, no further use or disclosure of your PHI included in the authorization will be made. Any use or disclosure made prior to the effective date of your authorization revocation will not be effective. The Plan is required by HIPAA to retain records of such use and disclosure.

YOUR INDIVIDUAL RIGHTS

This Section outlines your individual rights regarding your PHI and how you can exercise those rights. In exercising your rights, you generally will be required to make a written request directly to the appropriate business associate. Please contact the UHSB Director of Total Rewards at (607) 763-6186 to obtain the appropriate business associate's contact information. To exercise your rights directly with the Plan, please submit your request or complaint in writing to UHSB's Director of Total Rewards at 33 Lewis Road, Total Rewards Office, Binghamton, New York 13903.

Right to Inspect and Copy. You may inspect and copy certain of your PHI maintained by the Plan. If the information you request is maintained electronically and you request an electronic copy, the Plan will provide a copy in the electronic form and format that you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, the Plan will work with you to agree on a form and format. If you and the Plan are unable to agree on an electronic form and format, the Plan will provide you a paper copy.

To inspect and copy your PHI, you must submit your request in writing as described above. If you request a copy of the information, you may be charged a reasonable fee for the costs of copying, mailing and/or other supplies associated with your request. Your request to inspect and to copy your PHI may be denied, in certain limited circumstances. If your request is denied, you will be notified of the denial and of your rights, including your right to appeal the denial and the procedure for making such an appeal.

Right to Amend. If you believe that your Plan PHI in a designated record set is incorrect or incomplete, you may request that it be amended. You have the right to request an amendment for as long as the Plan maintains the PHI. To request your PHI's amendment, you must submit your request in writing as described above. Your request for an amendment must include a reason that supports your request. Your request may be denied if it does not include a reason supporting the request. In addition, your request may be denied if you ask to amend PHI (1) neither maintained by the Plan nor by any party on its behalf, (2) not created by the Plan unless the person or entity that created the applicable PHI no longer is available to make the amendment, (3) not part of the PHI that you are permitted to inspect and to copy or (4) is accurate and complete. If your request is denied, you may file a statement of disagreement with the Plan and any future disclosures of the disputed PHI will include your statement.

Right to an Accounting of Disclosures. You may request an accounting of disclosures made by the Plan for up to six (6) years prior to your request. Your request must state the period of time for which you want the accounting of disclosures and indicate the form (e.g., paper or electronic) in which you want the accounting. Such accounting, however, is not required to include disclosures made (1) to carry out treatment, payment or health care operations; (2) to you about your own PHI; (3) pursuant to your authorization; (4) to friends or to family in your presence or because of an emergency; (5) incident to a permitted or required use or disclosure; (6) for national security or intelligence purposes; and (7) under certain circumstances, to correctional institutions or to law enforcement officials. Your request for an accounting must be in writing as described above. The first list you request within a twelve (12) month period will be free, however, you may incur charges for additional PHI requests. If there are any charges, you will be notified in advance and you may modify or withdraw your request before any costs are incurred.

Right to Request Restrictions on PHI Uses and Disclosures. You may request, in writing, that the Plan restrict uses and disclosures of your PHI. Except as provided below, however, the Plan is not required to comply with your request in order to appropriately manage your benefits.

The Plan will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of pursuing payment or assisting health care operations (and not for the purpose of providing treatment) and (2) the PHI pertains solely to a health care item or service for which the involved health care provider has been fully paid by you or by another source.

Should you wish to request restrictions, submit a written request as described above.

Right to Request Confidential Communications. You may request to receive communications involving your PHI by alternative means or at alternative locations (e.g., at work or a P.O. Box), if the disclosure of all or part of that PHI could endanger you. Requests for confidential communications must be made in writing as described above. You will not be asked the reason for your request. The Plan will accommodate all reasonable requests. You must specify how or where you wish to be contacted.

Right to be Notified of a Breach. You may be notified if the Plan, or a business associate, discovers a breach of unsecured PHI.

Your Right to File a Complaint with Plan or with the HHS Secretary. If you believe your privacy rights have been violated, you may file a complaint in writing with the Plan in care of the HIPAA Compliance Officer c/o United Health Services Hospitals, Inc., 33 Lewis Road, Total Rewards Office, Binghamton, New York 13903. You also may file a complaint with the HHS Secretary through the appropriate Office for Civil Rights. Further information may be obtained on the web at www.hhs.gov. The Plan will not retaliate against you for filing a complaint.

Right to a Paper Copy of this Notice. You may obtain a copy of this notice at both United Health Services Hospitals' intranet at www.intranet.nyuhs.org. You have the right to a paper copy of this notice. To obtain a paper copy of this notice, contact the Plan's Total Rewards Manager at (607) 763-6186.

Who to Contact at the Plan for More Information. If you have any questions about this Notice or about the subjects addressed herein, please contact the Plan's Total Rewards Administrator at (607) 763-6186.

D. Plans Reservation of its Right to Change This Notice

The Plan reserves the right to amend or to revise or change its privacy practices and this notice. Any updated or revised notice of privacy practices will apply to any PHI received or maintained prior to the updated or revised notice's effective date and to any PHI received or maintained after such date. If this notice is revised it will be posted on the Plan Sponsor's intranet at www.intranet.nyuhs.org. You also shall receive a copy of the revised notice in the Plan's next annual mailing.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

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

ALABAMA - Medicaid	CALIFORNIA - Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA - Medicaid	COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS - Medicaid	FLORIDA - Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA - Medicaid	MASSACHUSETTS - Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102

INDIANA - Medicaid	MINNESOTA - Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA - Medicaid and CHIP (Hawki)	MISSOURI - Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPPI Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hippi HIPPI Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hippi.htm Phone: 573-751-2005
KANSAS - Medicaid	MONTANA - Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHSHIPProgram@mt.gov
KENTUCKY - Medicaid	NEBRASKA - Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA - Medicaid	NEVADA - Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE- Medicaid	NEW HAMPSHIRE - Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofl/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofl/applications-forms Phone: -800-977-6740 TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY - Medicaid and CHIP	SOUTH DAKOTA - Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK - Medicaid	TEXAS - Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493

NORTH CAROLINA - Medicaid	UTAH - Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA - Medicaid	VERMONT - Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA - Medicaid and CHIP	VIRGINIA - Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON - Medicaid	WASHINGTON - Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA - Medicaid	WEST VIRGINIA - Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND - Medicaid and CHIP	WISCONSIN - Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA - Medicaid	WYOMING - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



About this Guide

This benefit summary provides selected highlights of the United Health Services employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. United Health Services reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.