Northern Arizona Healthcare

2025 BENEFITS GUIDE

BENEFIT PLANS EFFECTIVE JANUARY 1–DECEMBER 31, 2025

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At Northern Arizona Healthcare (NAH), we are invested in you. That's why we've designed a benefits package that helps to support your total wellbeing—physically, emotionally, and financially.

Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2025 plan year (January 1–December 31, 2025). The information inside this guide can help you review your health coverage options, check out tax savings opportunities, and learn about voluntary benefits options.

ELIGIBILITY

You are eligible for most benefits on the first day of the month coinciding with or following your date of hire or eligibility date.

- **If you are a full-time employee budgeted to work at least 30 hours per week:** you and your dependents are eligible to enroll in all offered benefit programs.
- **If you are a part-time employee budgeted to work at least 24–29 hours per week:** you and your dependents are eligible to enroll in the medical, dental, vision, health savings account (HSA), flexible spending accounts (FSAs), basic life and AD&D, short-term disability, long-term disability, and pet insurance.
- **If you are classified as a temporary full-time employee, you are eligible to enroll in medical coverage only.** You may also be eligible to open a health savings account. Please note you will not be eligible for the NAH HSA contribution.
- **If you are budgeted to work less than 24 hours per week:** you are not eligible to enroll in benefits.*

*If you are not currently eligible for benefits as defined above, you may be eligible to enroll in the medical plan if you worked an average of 30 or more hours per week during the preceding 12 months (from October 15 through October 15 of the following year). An email from NAH Benefits will be sent to those employees who qualify. All NAH employees are eligible to participate in the 401(k) retirement savings plan.

Many of the plans allow you to cover your eligible dependents, which include:

- **Your legal spouse:** If you are legally separated, then your spouse is not eligible for enrollment. Domestic partners are not eligible.
  - » Dependent spouse will be removed from the plan if documentation is not received within 60 days of your benefit eligibility date. Acceptable documentation for spouse includes a copy of the state or county issued marriage certificate received after the date of the ceremony with a recorded file date.
- **Your child under age 26 or disabled child age 26 or older:** Dependent children will be removed from the plan if the following documentation is not received within 60 days of your benefit eligibility date.
  - » **Your natural child, legally adopted child, or child placed with you for adoption:** State or county issued birth certificate showing your name or signed court order. If the birth certificate lists your maiden name, also provide your marriage certificate.
  - » **Your stepchild:** State or county issued birth certificate showing parents' names, and a copy of your marriage certificate.
  - » **A child under your legal guardianship:** Copy of the signed court order.
  - » **A child who is the subject of a Qualified Medical Child Support Order (QMCSO) issued to you:** Copy of the signed court order.

Note: A Social Security number is required for all dependents for Affordable Care Act (ACA) reporting.

WHO PAYS

Some benefits are 100% paid by NAH, while others require that you contribute.

Benefit	You Pay	NAH Pays
Medical Insurance	X	X
Dental Insurance	X	X
Vision Insurance	X	
Health Savings Account	X	X
Flexible Spending Accounts	X	
Basic Life and AD&D Insurance		X
Supplemental Life, AD&D, and Whole Life Insurance	X	
Short-Term and Long-Term Disability Insurance		X
Supplemental Long-Term Disability Insurance	X	
Accident, Critical Illness, and Hospital Indemnity Insurance	X	
Pet Insurance and Legal Assistance	X	
Medicare Assistance Program		X
401(k) Retirement Savings Plan	X	X
Employee Assistance Program		X

ENROLLMENT

You can only sign up for benefits or change your benefits at the following times.

Within 31 days coinciding with or following the benefit eligibility date.

Enroll online or complete the required paperwork.

During the annual benefits enrollment period.

See “How to Enroll” below.

Within 60 days of a qualifying life event.

Submit a Benefits Inquiry through the **HR Hub**.

The choices you make at this time will remain in place through December 31, 2025, unless you experience a qualifying life event as described below. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

HOW TO ENROLL

Schedule an appointment with a Benefits Enrollment Specialist by going to **go.oncehub.com/nahealth** or calling 800-441-2038.

CHANGING YOUR BENEFITS

Due to IRS regulations, once you have made your elections for 2025, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Birth or adoption of an eligible child.
- Marriage, divorce, or legal separation.
- Spouse’s work status changed affecting their benefits.
- Death of your spouse or covered child.
- Child’s eligibility for benefits changed.
- Qualified Medical Child Support Order.

To request a benefits change, notify Human Resources within 60 days of the qualifying life event. Change requests submitted after 60 days cannot be accepted. You will need to provide proof of the event, such as a marriage certificate or birth certificate. Refer to page 5 for details.

DOCUMENT REQUIREMENTS

In order to request a benefits change due to a qualifying life event, you must provide proof of the event.

Important Note Regarding Your Dependents!

Dependents will be removed from the plan if documentation is not received within 60 days of your benefit eligibility date.

BIRTH OR ADOPTION/PLACEMENT FOR ADOPTION

- **Birth:** A copy of your child's birth certificate showing you as their parent.
- **Adoption/Placement for Adoption:** A copy of a court approved adoption order, placement order, or modified birth certificate showing your name as their parent.

DEATH OF SPOUSE OR CHILD

- A copy of your dependent's death certificate.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT–CHANGE IN DAY CARE RATES

- A letter from your day care on their company letterhead stating the date that your rate changed, or will change, and the new rate.

CHANGE IN YOUR SPOUSE OR CHILD'S WORK STATUS THAT AFFECTS THEIR BENEFITS

- **Terminated employment:** A document from the employer on their letterhead indicating employment termination date for your spouse or child and date their medical, dental, or vision coverage ended.
- **Change in eligibility for benefits:** A document from the employer on their letterhead indicating the date your spouse or child became eligible or ineligible for medical, dental, or vision coverage and the date their coverage began or ended.

Note: When adding your spouse to the plan, a copy of your marriage certificate is required. When adding your dependent child to the plan, a copy of their birth certificate or adoption paperwork is required.

ENTITLEMENT TO OR LOSS OF ELIGIBILITY FOR GOVERNMENT-SPONSORED PROGRAMS

- Government documents showing the entitlement to, or loss of, eligibility for government-sponsored programs.

JUDGMENT, DECREE, OR ORDER CHANGING LEGAL CUSTODY

- A copy of the court document confirming:
  - Your name or your spouse's name as a responsible party.
  - The date of the change of eligibility.
  - The name(s) of minor child(ren).
  - A judge's stamp or signature.

MARRIAGE, DIVORCE, OR ANNULMENT

- **Marriage:** A copy of the state or county issued marriage certificate received after the date of the ceremony with a recorded file date.
- **Divorce, Annulment, or Legal Separation:** A copy of the portions of the court documents (i.e., divorce decree, annulment) confirming:
  - Names of both parties.
  - Date of the divorce or annulment.
  - Judge's stamp or signature.

MEDICAL BENEFITS

UMR | umr.com | 844-614-8433

NAH offers two medical plan options through UMR.

At NAH, we self-fund our medical plans, meaning we use NAH funds to pay each claim for care received by an NAH employee or dependent. We partner with a vendor, UMR, to process our claims. It is important to understand that the amount you pay out of your paycheck for medical insurance is largely determined by the actual claims that occur within our health plan. Please keep this in mind when making your health care decisions, and when possible, choose a Tier 1 provider to keep costs lower for you and NAH. The medical plan designs are determined by the NAH Benefits Committee.

The NAH medical plans have up to three tiers (levels) of network coverage:

- **Tier 1:** Includes exclusively NAH providers, facilities, and pharmacies. This means colleagues and their beneficiaries covered by NAH health care plans will continue to receive discounts for choosing NAH facilities. Your coinsurance and out-of-pocket maximums are also reduced when receiving care from Tier 1 NAH providers and NAH-owned facilities, including: Flagstaff Medical Center, Verde Valley Medical Center, Sedona Medical Center, Northern Arizona Healthcare Orthopedic Surgery Center, EntireCare Sports & Rehab Medicine outpatient and imaging services.
  Domestic discounts are automatically removed from your billed charges by UMR when processing claims, so you don't have to do anything to get them. In 2025 those discounts are:
  - **FMC and NAHOSC:** 65%
  - **VVMC and SMC:** 72%
  - **EntireCare outpatient and imaging services:** 35%
- **Tier 2:** Includes all other in-network UnitedHealthcare Choice Plus providers and facilities including non-employed Pathfinder providers. Find a UHC Choice Plus provider **HERE**. Find a behavioral health provider at **liveandworkwell.com**.
- **Tier 3:** Providers who are not contracted with UnitedHealthcare Choice Plus network and are not in Tier 1.

Download the UMR mobile app to view your digital ID card, look up network providers, view claims and keep track of your year to date expenses.

BEFORE YOU CHOOSE A PLAN, CONSIDER THIS:

Are you able to budget for your deductible by setting aside pre-tax dollars from your paycheck in a health savings account (HSA)? Do you take preventive medications on the HDHP preventive drug list?

Consider the HDHP Medical Plan.

Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care? Do you prefer to pay copays for prescriptions?

Consider the EPO Medical Plan.

MEDICAL BENEFITS

MEDICAL COSTS

Listed below are the per paycheck costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	HDHP Medical Plan			EPO Medical Plan		
	Full-Time Employees	Part-Time Employees	ACA	Full-Time Employees	Part-Time Employees	ACA
Employee Only	$0.00	$116.51	$45.20	$62.06	$173.04	$173.04
Employee + Spouse	$51.32	$256.60	N/A	$212.20	$431.34	N/A
Employee + Child(ren)	$34.56	$206.89	$236.82	$118.52	$305.35	$302.88
Employee + Family	$68.03	$335.45	N/A	$256.99	$541.99	N/A

COMPARING YOUR MEDICAL PLAN OPTIONS

Choosing the right medical plan is an important decision. Take the time to learn about your options to ensure you select the right plan for you and your family.

HDHP MEDICAL PLAN VS. EPO MEDICAL PLAN

HDHP Medical Plan

- Lower cost per paycheck.
- Tier 1, 2, and 3 coverage
- Higher deductible.
- You pay the network discounted price until you meet your deductible and then coinsurance applies.
- You can fund a health savings account (HSA) and a limited purpose health care flexible spending account (FSA).
- NAH contributes $500 to your HSA upon enrollment plus $20 ongoing per paycheck. This is equivalent to $1,000 per year that NAH contributes!

Note: Temporary full-time employees and those receiving medical benefits as an ACA full-time equivalent employee are not eligible for the NAH HSA Contribution.

EPO Medical Plan

- Higher cost per paycheck.
- Tier 1 and 2 coverage only (except for Tier 3 coverage on behavioral health, emergency room, urgent care, and walk in clinics)
- Lower deductible.
- You pay a copay for most services. Some services require you to meet the deductible and then pay coinsurance.
- You can fund a health care flexible spending account (FSA).

DID YOU KNOW? NAH contributions to your health savings account (HSA) are not taxed. HSA balances carry over from year to year.

MEDICAL BENEFITS

NUMBERS TO KNOW

Deductible

The amount you must pay for medical services before the insurance plan will begin to pay. However, your preventive care is covered 100% in-network by the plan.

HDHP Deductible:

- **Tier 1:** $3,300 individual; $6,600 family

EPO Deductible:

- **Tier 1:** $1,500 individual; $3,000 family

Coinsurance

A form of cost-sharing where you and the insurance plan share expenses in a specified ratio after you meet the deductible (until you reach the OOP max.).

HDHP Coinsurance:

- **Tier 1:** 20%
- **Tier 2:** 30%
- **Tier 3:** 50%

EPO Coinsurance:

- **Tier 1:** 10%
- **Tier 2:** 30%
- **Tier 3:** 50%

Out-of-Pocket Maximum

The max amount you will pay for services during the plan year. The out-of-pocket (OOP) max is the sum of your deductible and coinsurance payments.

HDHP OOP Max:

- **Tier 1:** $4,500/$9,000
- **Tier 2:** $6,500/$13,000
- **Tier 3:** $8,500/$17,000

EPO OOP Max:

- **Tier 1:** $4,000/$8,000
- **Tier 2:** $6,000/$12,000
- **Tier 3:** $8,000/$16,000

To learn more about the differences in the HDHP and EPO medical plans, you can watch a recorded presentation **here** or scan the QR code.

MEDICAL BENEFITS

The table below summarizes the benefits of each medical plan.

The coinsurance and copay amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions

Summary of Covered Benefits	HDHP Medical Plan			EPO Medical Plan		
	Tier 1	Tier 2	Tier 3[1]	Tier 1	Tier 2	Tier 3[1]
Calendar Year Deductible		Embedded[2]			Embedded[2]	
Individual/Family	$3,300/$6,600	$3,300/$6,600	$3,300/$6,600	$1,500/$3,000	$1,500/$3,000	$3,000/$6,000
Out-of-Pocket Maximum	Includes deductible, copays, and coinsurance					
		Embedded[2]			Embedded[2]	
Individual/Family	$4,500/$9,000[2]	$6,500/$13,000[2]	$8,500/$17,000[2]	$4,000/$8,000[2]	$6,000/$12,000[2]	$8,000/$16,000
Preventive Care	Plan pays 100%	Plan pays 100%	50% after ded.	Plan pays 100%	Plan pays 100%	Not covered
Most Covered Services	20% after ded.	30% after ded.	50% after ded.	10% after ded.	30% after ded.	Not covered
Physician Services						
Primary Care Physician (PCP)	20% after ded.	20% after ded.	50% after ded.	$20 copay	$20 copay	Not covered
Specialist	20% after ded.	20% after ded.	50% after ded.	$40 copay	$40 copay	Not covered
Walk-In Retail Clinics	20% after ded.	20% after ded.	20% after ded.	$25 copay	$25 copay	$25 copay
Urgent Care	20% after ded.	20% after ded.	20% after ded.	$35 copay	$35 copay	$35 copay
Virtual Visits						
Teladoc (General Medicine, Dermatology, Behavioral Health)	N/A	0% after ded.	N/A	N/A	Plan pays 100%	N/A
Telehealth (PCP/Specialist)	0% after ded.	20% after ded.	50% after ded	Plan pays 100%	$20/$40	Not covered
Telehealth (Behavioral Health)	0% after ded.	0% after ded.	0% after ded.[1] (See footnote)	Plan pays 100%	Plan pays 100%	Plan pays 100%[1] (See footnote)
Behavioral Health						
Inpatient	20% after ded.	20% after ded.	50% after ded.	10% after ded.	10% after ded.	50% after ded.
Outpatient	20% after ded.	20% after ded.	50% after ded.	10% after ded.	10% after ded.	50% after ded.
Office Visit	0% after ded.	0% after ded.	0% after ded.[3]	Plan pays 100%	Plan pays 100%	$20 copay
Diagnostic Lab	0% after ded.	0% after ded.	50% after ded.	Plan pays 100%	Plan pays 100%	Not covered
Diagnostic X-Ray						
Outpatient Setting	20% after ded.	30% after ded.	50% after ded.	10% after ded.	30% after ded.	Not covered
Office Setting	20% after ded.	30% after ded.	50% after ded.	Plan pays 100%	Plan pays 100%	Not covered
MRI, CT, PET	20% after ded.	30% after ded.	50% after ded.	10% after ded.	30% after ded.	Not covered
Hospital Services						
Inpatient	20% after ded.	30% after ded.	50% after ded.	10% after ded.	30% after ded.	Not covered
Outpatient	20% after ded.	30% after ded.	50% after ded.	10% after ded.	30% after ded.	Not covered
Emergency Room		20% after ded.			10% after ded.	
Occupational/Physical/ Speech Therapy	20% after ded.	30% after ded.	50% after ded.	$20 copay	$30 copay	Not covered
Pregnancy and Delivery	20% after ded.	30% after ded.	50% after ded.	10% after ded.	30% after ded.	Not covered
Chiropractic Care	20% after ded.	30% after ded.	50% after ded.	10% after ded.	30% after ded.	Not covered
Durable Medical Equipment	20% after ded.	20% after ded.	50% after ded.	10% after ded.	10% after ded.	Not covered
Hospice	20% after ded.	30% after ded.	50% after ded.	Plan pays 100%	Plan pays 100%	Not covered

(1) Tier 3 (out-of-network) claims can be subject to balance billing by providers. (2) If you have family coverage, any combination of covered family members may help meet the maximum family deductible and out-of-pocket maximum; however, no one person will pay more than his or her embedded individual deductible or out-of-pocket maximum amount. (3) After Tier 2 deductible.

Note: For both the HDHP and EPO plans, Tier 1 and Tier 2 deductibles are the same and apply towards the same deductible. Tier 3 is a separate deductible.

MEDICAL BENEFITS

OptumRx | optumrx.com | 800-797-9791

PRESCRIPTION DRUG BENEFITS

Prescription drug benefits provided by the Flagstaff Pharmacy and the VVMC Retail Pharmacy may be the lowest cost for NAH employees; both in-house pharmacies provide 90-day supplies. Prescriptions can also be filled at OptumRx network pharmacies, such as Walgreens and Target (this includes 90-day supplies). 90-day supplies are also available via mail order through OptumRx.

The table below summarizes the key features of the prescription drug benefits. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	HDHP Medical Plan			EPO Medical Plan		
	Tier 1: NAH In-House Pharmacy	Tier 2: OptumRx In-Network Pharmacies	Tier 3: Out-of-Network Pharmacies	Tier 1: NAH In-House Pharmacy	Tier 2: OptumRx In-Network Pharmacies	Tier 3: Out-of-Network Pharmacies
30-Day Supply Generic Preferred Brand-Name Non-Preferred Brand-Name	20% after ded.; $5 minimum	25% after ded.; $7 minimum	Apply for reimbursement	$10 copay $25 copay $45 copay	$15 copay $60 copay $120 copay	Not covered
90-Day Supply Generic Preferred Brand-Name Non-Preferred Brand-Name	20% after ded.; $5 minimum	25% after ded.; $7 minimum	Apply for reimbursement	$20 copay $50 copay $90 copay	$30 copay $120 copay $240 copay	N/A
Specialty Generic Preferred Brand-Name Non-Preferred Brand-Name	20% after ded.; $7 minimum	25% after ded.; $7 minimum	Apply for reimbursement	$75 copay $100 copay $125 copay	$80 copay $110 copay $150 copay	N/A

NO COST PREVENTIVE MEDICATIONS

The Affordable Care Act requires that certain medications such as contraceptives or vaccines be covered 100% for all medical plans. NAH also provides you coverage for additional preventive medications that can be found on the NAH Medical Preventive Medication List. Preventive medications under the ACA list and NAH's Medical Preventive Medication List will be covered 100% on both plans regardless of whether the deductible or out-of-pocket maximum has been met or not.

This coverage applies to prescriptions filled at NAH in-house pharmacies or OptumRx in-network pharmacies. When these medications are purchased at an out-of-network pharmacy, standard prescription benefits with applicable deductible and coinsurance will apply.

FLAGSTAFF PHARMACY AND VVMC RETAIL PHARMACY

The NAH in-house pharmacies may provide the lowest cost prescription fills for NAH employees and their family members. Members on the EPO plan can receive 90 day prescriptions at the cost of 60 days. Both pharmacies offer an employee discount of 15% for over-the-counter items.

MEDICAL BENEFITS

PRESCRIPTION DRUG BENEFITS

PRIOR AUTHORIZATION

Prescriptions for certain medications or circumstances require clinical approval before they can be filled, even with a valid prescription. Prescriptions may be limited to quantity, frequency, dosage, or may have age restrictions. The authorization process may be initiated by the plan participant, the local pharmacy, or the physician by calling OptumRx at 800-797-9791.

GENERIC FIRST AND STEP THERAPY

Most medical conditions have multiple medication options. Although their clinical effectiveness may be similar, prices can vary widely. With the step therapy program, you get the treatment you need, usually at a lower cost. This program requires you to try a level 1 medication first before a level 2 medication may be covered.

When you bring a prescription to the pharmacy, the system will automatically screen the medication for step therapy requirements. If your prior pharmacy claims show that you have tried a level 1 medication in the recent past, the level 2 medication may be processed. If not, the pharmacist will contact your doctor for further explanation.

There are some drugs that require three steps before a medication is covered. This means that you must try level 1 and level 2 medications before receiving benefit coverage for a level 3 medication. We encourage you to discuss your treatment and medication options with your doctor.

If you have questions about the program, call 800-797-9791.

OPTUMRX MOBILE APP

Download the OptumRx mobile app and access your pharmacy benefits and prescription information from anywhere, anytime.

Use the mobile app to:

- Access a complete profile of your medications and prescription history for all family members.
- Set up home delivery, fill, transfer, or renew prescriptions.
- Set up reminders to take, refill, or renew a prescription.
- Find lower-cost medications to save money.
- Prevent delays, release holds, and start prior authorizations without contacting your doctor.
- Locate the nearest in-network pharmacy.

ONE PASS SELECT

Members enrolled in an NAH medical plan will have access to One Pass Select—a discount gym program.

When you enroll in One Pass Select, you and your eligible family members (18 years or older) gain access to a large nationwide network of gym brands and local fitness studios all under one convenient membership.

Visit **onepassselect.com** or access through **umr.com** to view pricing and information on membership plans.

Note: An enrollment fee may apply.

MEDICAL BENEFITS

TOTAL WELLBEING 2025

Welcome to Northern Arizona Healthcare's employee wellbeing programs. This year our key focus areas are mental resilience, financial fitness, and social wellbeing. See below to find valuable information on ways to save money, earn rewards, and optimize your health, happiness, and wellbeing.

LIFEPATH—DISCOVER YOUR PATH

Lifepath is a unique employee wellness program that puts the compass in your hands. This NAH program offers employees endless paths and tools to both personal and professional fulfillment. In partnership with Virgin Pulse, you will uncover healthy habits, nutrition assessments, sleep guides, financial smarts, stress management, and new ways to move. Life is a journey and you hold the map.

As a participant of the Lifepath program, each quarter you have the opportunity to earn raffle prizes and up to $800/year toward your medical premium or health savings account ($200/quarter) when insured with NAH.* If you are not insured by NAH, you have the opportunity to earn raffle prizes and up to $100/year ($25/quarter) in PulseCash.

*If you are enrolled in the NAH HDHP and are not eligible for an HSA, you have the opportunity to earn up to $200/year ($50/quarter) in PulseCash.

Questions about the Lifepath program can be sent to **lifepath@nahealth.com**.

Details are available on NAH Link which can be accessed **here**.

MEQUILIBRIUM

meQuilibrium (meQ) is a resilience building app to empower you to handle the demands and challenges of the workplace and your personal life. This personalized experience can help you tap into your unique thinking styles so you can feel good and live with purpose.

meQ includes:

- 160+ activities to release stress in the moment, learn powerful breathing techniques, and take control of your day.
- 80+ interactive skills to aid in your personal and professional development.
- 50+ guided meditations for peace, concentration, sound sleep, and more.
- Lots of new ways to earn Lifepath points.

Details are available on NAH Link which can be accessed **here**.

HEALTH COACHING

Having trouble finding time for you? NAH Health Coaching is a great opportunity to take time for yourself and be empowered to initiate change. Set personal goals to address concerns such as stress, diet, exercise, nutrition, relationships, or job satisfaction. Coaching is free to all employees, their spouses, and dependents 18 and older. It is confidential and there is no charting in your medical record. To reach Health Coaching, please email **healthcoach@nahealth.com**.

Details are available on NAH Link which can be accessed **here**.

COMMUNITY CARE MANAGEMENT

Community Care Management provides comprehensive services and support to help employees and dependents living with chronic or acute conditions. Free services include a comprehensive assessment to identify individual needs, development of a collaborative care plan with measurements, goals, and sustainable results, intensive one-on-one support, scheduled home visits and/or phone support, and self-management classes. Participation in this program can be arranged by your physician, or you may refer yourself by calling 928-213-6326.

NAH BEYOND THE BADGE FACEBOOK PAGE

Being social with coworkers has a multitude of benefits including powerful thinking, creativity, collaboration, and innovation. Science also has uncovered we are less vulnerable to premature death, more likely to survive fatal illness, and less likely to fall prey to stressful events. And having a friend at work is one of the strongest predictors of employee engagement. We might not be able to predict who you will like, but we can at least create a space for you to find those awesome friends, roommates, playmates, teammates, and travel companions.

Scan the QR code to join the NAH Beyond the Badge Facebook page today.

MEDICAL BENEFITS

TELADOC AND NAHMG VIRTUAL CARE

All employees enrolled in one of the NAH medical plans have 24/7/365 access to licensed physicians, psychiatrists, psychologists, and therapists through Teladoc. Teladoc offers access to primary care, as well as specialty services including dermatology and behavioral health. NAHMG Virtual Care also provides you with the same convenient telephonic or virtual access to your local primary care providers.

These programs save you time and money by allowing you to seek information, advice, and treatment without having to face waiting lines at your doctor's office or an urgent care center. In many cases, you can even request prescriptions without an office visit.

Here's what you'll pay for Teladoc:

- **EPO:** No cost
- **HDHP:** Fees below are charged until you meet your deductible. After you meet your deductible, there is no cost:
  - **General Medical Access:** $54
  - **Mental Health Access:** First Psychiatrist Visit: $235, Subsequent Psychiatrist Visits: $105, Psychologist and Masters Level Visits: $95
  - **Dermatology Access:** $85

Use Teladoc when:

- Your primary care physician is unavailable, or you need treatment after normal business hours.
- You or a family member over the age of 18 needs confidential counseling with a counselor or psychologist, without waiting weeks for an opening.

Use NAHMG Virtual Care when:

- You feel sick and want to speak to a provider from the comfort of your home.
- You need help with non-emergent medical issues.

To get started with Teladoc, you must complete your medical history online or by phone prior to requesting a consultation. Call 800-835-2362 (800-TELADOC) or visit **teladoc.com**. You will earn 500 Lifepath points for registering.

TALKSPACE

If you are enrolled in an NAH medical plan, you have access to Talkspace—an online therapy service that connects you to a dedicated, licensed therapist from anywhere, anytime you need.

With Talkspace, you can connect with a licensed therapist in your area via unlimited, private, text, video, or audio messages. Therapists engage everyday during business hours, five days a week, so assistance is always available. Best of all, Talkspace providers are included in the UHC Choice Plus Network.

You can also access Talkspace Psychiatry to schedule live video sessions with a psychiatrist trained in mental health care and prescription management for a tailored treatment plan.

Here's what you'll pay:

- **EPO:** Plan pays 100% (deductible waived)
- **HDHP:** 0% after deductible is met

Get started by registering at **talkspace.com/connect**.

Please note: Talkspace will require a credit card to be entered to protect Talkspace from missed appointments.

MEDICAL BENEFITS

PREVENTIVE CARE

In-network preventive care is free for medical plan members.

The NAH medical plans pay 100% of the cost of preventive care when received from a Tier 1 or Tier 2 provider. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

Preventive care helps keep you healthier long-term.

An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and detect issues early when care is more manageable and potentially more effective.

Preventive care helps keep your costs low.

With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.

Preventive care keeps your health up to date.

Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.

Some services, such as refilling a prescription, are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. When scheduling a preventive visit, you can ask your provider for a breakdown of how the visit will be billed, as every provider handles this differently.

SAVE MONEY ON YOUR HEALTH CARE

Choose an in-network provider.
Choose an in-network provider and you'll pay less out of your pocket. Why? Because in-network doctors and facilities contract with the UHC network and agree to charge a lower price for services.

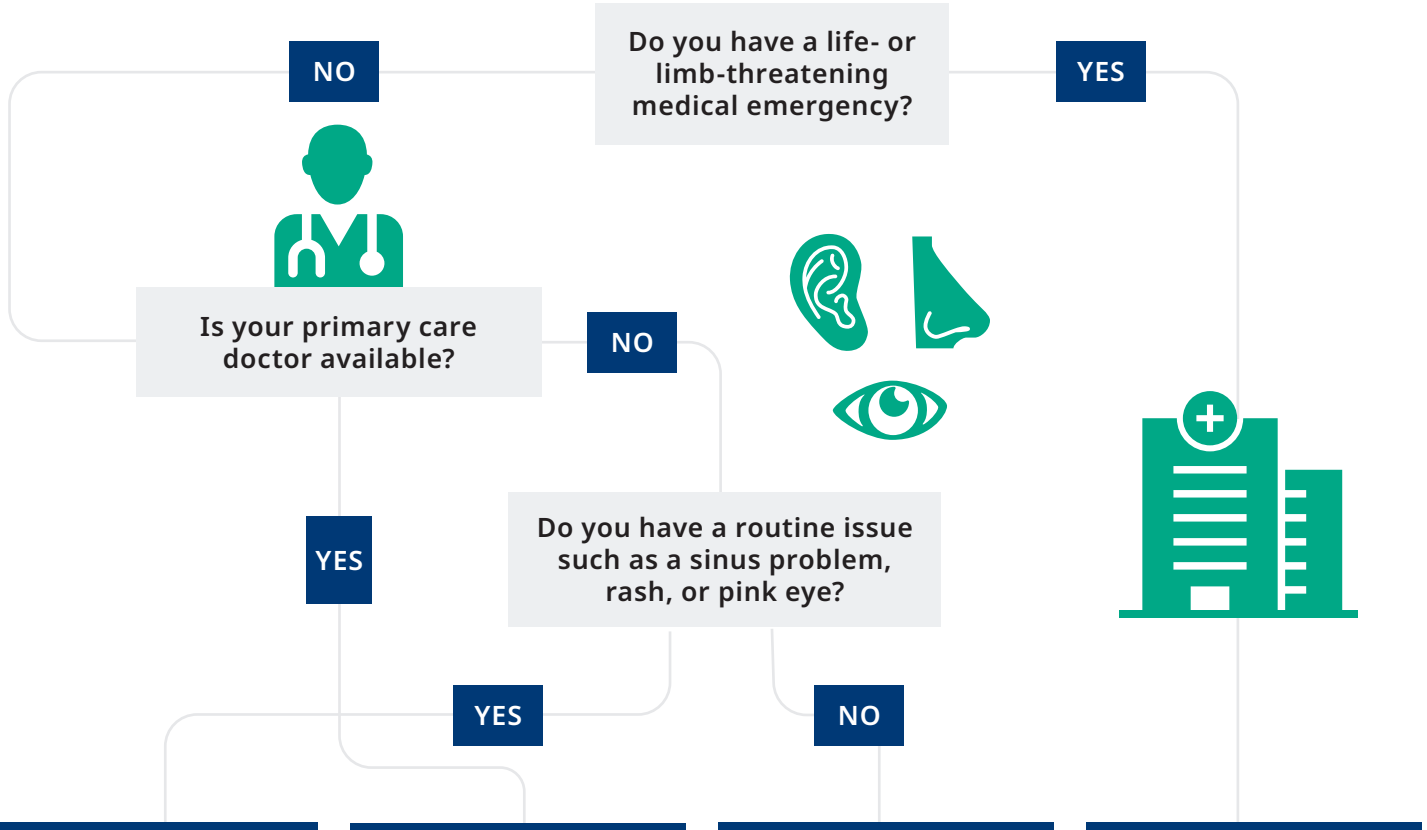
Request an in-network lab.
When your doctor orders a test, confirm that an in-network lab will be used. If your tests are sent to an out-of-network lab, you may incur additional out-of-pocket expenses.

Check your explanation of benefits.
After your appointment, review your explanation of benefits (EOB) and provider bill to confirm you were billed correctly.

MEDICAL BENEFITS

Know where to go for care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



Use Teladoc and NAHMG Virtual Care

Get care without leaving your house. An appointment with a physician is available from your phone or computer.

To make an appointment, log into **teladoc.com** or make an appointment online with your local NAHMG provider.

$

Go to Your Primary Care Doctor

For care during normal office hours, it's usually best to see your primary care doctor. He or she can provide follow-up care and refer you to a specialist, if needed.

$$

Go to an Urgent Care Center

Urgent care centers typically don't require an appointment and are often open after normal business hours. Plus, in-network urgent care centers provide faster and much less expensive care than the ER.

$$$

Go to the Emergency Room

In the case of a true medical emergency, go to the ER. At the ER, true emergencies are treated first. Other cases must wait—sometimes for hours—and it will cost a lot more to get care at the ER.

$$$$

DENTAL BENEFITS

Delta Dental | deltadentalaz.com | 800-352-6132

NAH offers two dental insurance plan options through Delta Dental.

The plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Delta Dental network provider.

The table below summarizes key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Delta Dental Low Plan			Delta Dental High Plan		
	PPO	Premier	Out of Network	PPO	Premier	Out of Network
Plan Year Deductible Individual/Family	$50/$100			$25/$75		
Plan Year Benefit Maximum	$1,500			$2,500		
Preventive Care (Oral exams, cleanings, x-rays, fluoride)	Plan pays 100%			Plan pays 100%		
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	20% after deductible			20% after deductible		
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after deductible			50% after deductible		
Orthodontia Services	Not covered			50%		
Orthodontia Lifetime Maximum[1]	N/A			$1,500		

(1) Benefit for children ages 8–26. Children must be banded prior to age 24. Payable in two payments–upon initial banding and 12 months after. The orthodontic maximum is separate from the annual maximum for your other dental benefits.

DENTAL COSTS

Listed below are the per paycheck costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Delta Dental Low Plan		Delta Dental High Plan	
	Full-Time Employees	Part-Time Employees	Full-Time Employees	Part-Time Employees
Employee Only	$5.17	$7.86	$15.09	$20.72
Employee + Spouse	$20.64	$27.45	$52.26	$53.95
Employee + Child(ren)	$20.64	$27.45	$52.27	$53.95
Employee + Family	$34.67	$40.73	$68.27	$68.62

Your dentist can tell a lot about your overall health during your dental visit, including whether or not you may be developing diabetes, heart disease, kidney disease, and even some forms of cancer.

VISION BENEFITS

VSP | vsp.com | 800-877-7195

NAH offers two vision insurance plan options through VSP.

The plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a VSP network provider.

The table below summarizes key features of the vision plans. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	VSP Low Plan		VSP High Plan	
	In Network	Out of Network	In Network	Out of Network
Eye Exam (Once per calendar year)	$15 copay	Up to $35	$10 copay	Up to $35
Standard Plastic Lenses (Once per calendar year) Single/Bifocal/Trifocal	$15 copay	Up to $25/$40/$55 allowance	$10 copay	Up to $25/$40/$55 allowance
Progressive Lenses (Custom and premium)	$20 copay	Up to $55	$20 copay	Up to $55
Frames	(Once every other calendar year) Covered 100% up to plan allowance of $130	Up to $45	(Once per calendar year) Covered 100% up to plan allowance of $200	Up to $45
Contact Lens Exam and Fitting	Up to $60 copay	Not covered	Up to $60 copay	Not covered
Contact Lenses (Once per calendar year in lieu of standard plastic lenses)	Plan pays up to $130	Plan pays up to $105	Plan pays up to $200	Plan pays up to $105
Laser Vision Correction	15% off regular price or 5% off promo price	Not covered	15% off regular price or 5% off promo price	Not covered
LightCare[1]	$130 allowance	Not covered	$200 allowance	Not covered
Easy Option (Choose one upgrade per year)	Not covered		$50 additional frame allowance, fully covered light-reactive lenses, fully covered anti-glare coating, or an additional $50 contact lens allowance (in lieu of standard lenses).[2]	

(1) Use your frame and lens benefit towards the purchase of ready-to-wear non-prescription sunglasses or non-prescription blue light filtering glasses from your VSP network provider (in lieu of prescription lenses and frames). (2) Not covered out of network.

VISION COSTS

Listed below are the per paycheck costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	VSP Low Plan		VSP High Plan	
	Full-Time Employees	Part-Time Employees	Full-Time Employees	Part-Time Employees
Employee Only	$4.53	$4.53	$8.11	$8.11
Employee + Spouse	$8.97	$8.97	$16.06	$16.06
Employee + Child(ren)	$9.06	$9.06	$16.22	$16.22
Employee + Family	$10.16	$10.16	$18.19	$18.19

BUDGETING FOR YOUR CARE

NAH offers two types of pre-tax accounts: a health savings account (HSA) and flexible spending accounts (FSAs).

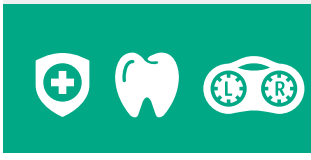
When you put money into a pre-tax account, you can save up to 20%* on your care and increase your take home pay. This is because you don't pay tax on your contributions.

Enrolled in the HDHP Medical Plan?

Health Savings Account

Consider funding a health savings account (HSA).

- **NAH contributes up to $1,000 per year**
- Roll over all funds each year
- Funds you contribute are deposited per pay period
- Invest funds for long-term savings
- Spend funds penalty-free after age 65

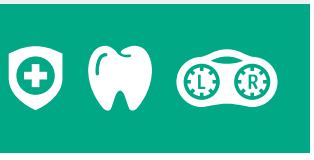


Enrolled in the EPO Medical Plan?

Health Care Flexible Spending Account

Consider funding a health care flexible spending account. **If you fund an HSA, you cannot fund a health care FSA.**

- No NAH contribution
- You may roll over up to $660 each year
- Your election is available on the first day of the plan year



Enrolled in the HDHP Medical Plan?

Limited Purpose Flexible Spending Account

Consider funding a limited purpose flexible spending account. **You can choose to fund both a limited purpose FSA and an HSA.**

- No NAH contribution
- You may roll over up to $660 each year
- Your election is available on the first day of the plan year
- Dental and vision expenses only

Paying for child or elder care expenses?

Dependent Care Flexible Spending Account

You may fund a dependent care flexible spending account.

- No NAH contribution
- No roll over allowed
- Your election is available on the first day of the plan year
- Dependent care expenses only

*Percentage varies based on your tax bracket.

HEALTH SAVINGS ACCOUNT

WEX | wexinc.com | 866-451-3399

If you enroll in the HDHP Medical Plan, you may be eligible to open and fund a health savings account (HSA) through WEX.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

NAH CONTRIBUTION

If you enroll in the HDHP medical plan, NAH will help you save by contributing an initial $500 to your account on your initial paycheck after you enroll, then $20 per pay period thereafter in 2025.

2025 IRS HSA CONTRIBUTION MAXIMUMS

Contributions to an HSA (including the NAH contribution) cannot exceed the IRS allowed annual maximums.

- **Individuals:** $4,300
- **All other coverage levels:** $8,550

If both spouses are contributing to an HSA through their employer, the combined limit is $8,550. If you are age 55+ by December 31, 2025, you may contribute an additional $1,000.

After you enroll in the HSA, log into WEX and accept the terms and conditions. You will not have access to your HSA funds or receive the NAH contribution until the agreements are accepted and submitted.

HSA ELIGIBILITY

You are eligible to fund an HSA if:

- You are enrolled in the HDHP Medical Plan.

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA (including a health care FSA your spouse may have enrolled in), or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life. To avoid tax issues, you should stop contributing to your HSA up to six months before enrolling in Medicare or starting Social Security retirement benefits.
- You have received medical services from the Veterans Administration or Indian Health Services in the last three months, unless the care was preventive, dental or vision care, or VA hospital or medical services of a "service-connected" disability.

Refer to **IRS Publication 969** or **wexinc.com** for additional eligibility details. If you are over age 65, please contact the NAH Benefits Team.

MAXIMIZE YOUR TAX SAVINGS WITH AN HSA

Spend.

Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.

Save.

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.

Invest.

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.

FLEXIBLE SPENDING ACCOUNTS

WEX | wexinc.com | 866-451-3399

NAH offers three flexible spending account (FSA) options through WEX.

HEALTH CARE FSA (NOT ALLOWED IF YOU FUND AN HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars.

The health care FSA maximum contribution is $3,300 for the 2025 calendar year. The health care FSA minimum contribution is $250 for the 2025 calendar year.

LIMITED PURPOSE HEALTH CARE FSA (IF YOU FUND AN HSA)

If you fund an HSA, you can also fund a limited purpose health care FSA. The limited purpose health care FSA can only be used for dental and vision expenses.

The limited purpose health care FSA maximum contribution is $3,300 for the 2025 calendar year. The limited purpose health care FSA minimum contribution is $250 for the 2025 calendar year

DEPENDENT CARE FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

You may contribute up to $5,000 to the dependent care FSA for the 2025 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect $2,500 for the 2025 calendar year.

HOW TO USE AN FSA

1

Contribute.

Decide how much to contribute to your FSA on a calendar year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods and deducted on a pre-tax basis from your paycheck.

2

Pay.

Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at **wexinc.com**. Keep all receipts in case WEX requires you to verify the eligibility of a purchase.

3

Use it or lose it.

Use your health care FSA funds before the end of the year—any funds in excess of $660 will be forfeited. Dependent care FSA dollars are use it or lose it (no roll over allowed). However, you have an additional two and a half months to incur and be reimbursed for expenses after the end of the plan year.

LIFE AND AD&D BENEFITS

The Hartford | abilityadvantage.thehartford.com | 888-563-1124

NAH's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death.

BASIC LIFE AND AD&D INSURANCE

NAH automatically provides basic life and AD&D insurance through The Hartford to all benefit eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. **Please log into myHR (Lawson) > My Benefits > Beneficiaries to keep your beneficiary designations up to date.**

- **Full-time employee (budgeted to work 30+ hours per week) life and AD&D benefit:** 1x annual earnings up to a maximum of $700,000 (minimum of $50,000)
- **Part-time employee (budgeted to work 24–29 hours per week) life and AD&D benefit:** 1x annual salary up to a maximum of $700,000 (minimum of $10,000)

SUPPLEMENTAL LIFE AND AD&D INSURANCE

NAH provides full-time employees the option to purchase supplemental life and AD&D insurance for themselves, their spouse, and their dependent children through The Hartford.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded for employees and spouses.

- **Employee:** $10,000 increments up to $1,000,000 or 5x annual salary, whichever is less—guarantee issue: $1,000,000
- **Spouse:** $10,000 increments up to $100,000 or 100% of the employee's election, whichever is less—guarantee issue: $50,000[1]
- **Dependent children:** 15 days to 6 months: $1,000; 6 months to age 26: $5,000 or $10,000—guarantee issue: $10,000

(1) Any enrollment or increase over $50,000 will require evidence of insurability

If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount you elect over $10,000. Coverage will not take effect until approved by The Hartford.

WHOLE LIFE INSURANCE

NAH provides full-time employees the option to purchase whole life insurance for themselves, their spouse, their dependent children, and their grandchildren through Boston Mutual.

Whole life insurance protects your family for an entire lifetime. At an affordable premium, you can have the added financial protection your family may need during times of uncertainty.

In addition to providing death benefits, the policy can build cash value, which can be used during your working years. As long as your premium continues to be paid, the rate is guaranteed to never increase and benefits can never decrease.

Contact a Benefits Enrollment Specialist to enroll in whole life insurance by visiting **go.oncehub.com/nahealth** or calling 800-441-2038.

DISABILITY BENEFITS

The Hartford | thehartford.com | 888-277-4767

Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.

SHORT-TERM DISABILITY/SALARY CONTINUATION

NAH automatically provides short-term disability (STD)/salary continuation **AT NO COST** to all benefit eligible employees who work 24 hours or more in a budgeted position and who have completed at least six months of service. STD/salary continuation is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

- **Benefit:** 66⅔% of base weekly pay
- **Elimination period:** 7 days
- **Benefit duration:** Up to 180 days

Short-term disability/salary continuation is administered by The Hartford. To submit a claim, call 888-301-5615 or visit **thehartford.com/mybenefits** (policy number: 073030).

LONG-TERM DISABILITY INSURANCE

NAH automatically provides long-term disability (LTD) insurance through The Hartford to all benefit eligible employees **AT NO COST**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 60% of base monthly pay up to $5,000
- **Elimination period:** 180 days
- **Benefit duration:** Benefit ends upon Social Security normal retirement age

SUPPLEMENTAL LONG-TERM DISABILITY INSURANCE

NAH provides full-time employees the option to purchase supplemental long-term disability coverage through The Hartford.

- **Benefit:** 66⅔% of pre-disability earnings up to $10,000 per month
- **Elimination period:** 180 days
- **Benefit duration:** Benefit ends upon Social Security normal retirement age

VOLUNTARY BENEFITS

The Hartford | thehartford.com/benefits/myclaim | 866-547-4205

NAH offers the following voluntary benefits to support your financial wellbeing.

ACCIDENT INSURANCE

NAH provides full-time employees the option to purchase accident insurance through The Hartford. Accident insurance helps protect against the financial burden that accident-related costs can create. This means that you will have added financial resources to help with expenses incurred due to an injury, to help with ongoing living expenses, or to help with any purpose you choose. Claims payments are made in flat amounts based on services incurred during an accident.

CRITICAL ILLNESS INSURANCE

NAH provides full-time employees the option to purchase critical illness insurance through The Hartford. Critical illness insurance provides a financial, lump-sum benefit upon diagnosis of a covered illness.* These covered illnesses are typically very severe and render the affected person incapable of working. Critical illness insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose—from expenses related to treatment, to deductibles or day-to-day costs of living such as your mortgage or utility bills.

- **Employee:** Minimum of $5,000 to a maximum of $50,000 in $5,000 increments
- **Spouse:** Minimum of $5,000 to a maximum of $50,000 in $5,000 increments, equal to the approved employee amount
- **Dependent children:** $5,000

* Pre-existing limitations apply to any diagnosis and treatment in the prior 12 months.

Note: Any election over $30,000 will require evidence of insurability. You must be enrolled in order to enroll your spouse or child(ren).

HOSPITAL INDEMNITY INSURANCE

NAH provides full-time employees the option to purchase hospital indemnity insurance for themselves, their spouse, and their dependent children through The Hartford. Hospital indemnity insurance is designed to help provide you financial protection by paying a benefit due to hospitalization. You can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to the individual based on the amount of coverage listed, regardless of the actual cost of treatment.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance.

- This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.
- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **healthcare.gov** or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- For more information on your health insurance options, please refer to page 6, or contact the NAH Benefits Team.

Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments."
- To speak with HR, please contact the NAH Benefits Team at 928-773-2039 or ext 12039.

ADDITIONAL BENEFITS

TUITION ASSISTANCE

NAH encourages and supports a learning environment. If you are in a part- or full-time status and have completed 90 days of employment with NAH, you are eligible to apply for participation in the Tuition Assistance Program. Full-time approved participants are eligible for up to $5,250 per calendar year. Part-time approved participants are eligible for up to $2,625 per calendar year.

A two-year employment commitment is required from the end date of each course. For complete details, refer to the Tuition Assistance Policy.

Questions about the tuition assistance program can be sent to **tuition@nahealth.com**.

Details are available on NAH Link which can be accessed **here**.

PET INSURANCE

Nationwide | benefits.petinsurance.com/northern-arizona healthcare | 877-738-7874

NAH provides you the option to purchase pet insurance directly through Nationwide. You will pay your pet insurance premiums through a payroll deduction. Enroll in a voluntary pet insurance plan and choose a pet health plan to fit your needs. You will receive a welcome packet once enrolled.

MEDICARE ASSISTANCE

SGIA | info@sgiainc.com | 888-284-3314

NAH provides you with a Medicare Assistance Program through SGIA **AT NO COST**. Talk to a licensed and certified Benefits Consultant who can help you identify better health care benefits options by evaluating your personal needs, comparing plans, and assisting with enrollment.

LEGAL AND IDENTITY THEFT

LegalShield and IDShield | shieldbenefits.com/nah/overview | 800-654-7757

LEGALSHIELD

NAH provides full-time employees the option to purchase a legal protection plan through LegalShield. Access to a dedicated law firm who can review legal documents and assist with personal legal matters such as speeding tickets and neighbor disputes.

LegalShield Plan Benefits:

- Dedicated law firm
- Legal consultation and advice
- Legal document review
- Trial Defense
- Trust and will preparation
- 24/7 emergency legal access
- Mobile app

For details, please refer to the plan contract.

Note: Restrictions may apply.

IDSHIELD

NAH provides full-time employees the option to purchase identity theft protection through IDShield. IDShield provides comprehensive identity and credit monitoring, and direct access to dedicated, licensed private investigators who will restore your identity.

IDShield Plan Benefits Include:

- Identity consultation and advice
- Identity and credit monitoring
- Identity/credit threat alerts
- Complete identity restoration
- Direct access to licensed private investigators
- Monthly credit score tracker
- Social media monitoring
- Mobile app

Note: Restrictions may apply.

LEGALSHIELD AND IDSHIELD COSTS

Listed below are the per paycheck costs for legal assistance and identity theft protection. Coverage is deducted from your paycheck on a post-tax basis.

Level of Coverage	LegalShield	IDShield	Combined
Employee Only	$7.85	$3.90	$11.28
Employee + Family	$7.85	$7.15	$14.08

RETIREMENT

Transamerica | transamerica.com/portal | 800-755-5801

The 401(k) plan offered by NAH to employees is administered by Transamerica Retirement Services. Recordkeeping, quarterly statements, and website information are all provided by Transamerica.

ELIGIBILITY

NAH employees are eligible to participate in our 401(k) retirement plan from date of hire. The 401(k) plan allows you to make a pre-tax contribution, a Roth after-tax contribution, or both.

MATCHING CONTRIBUTION

NAH will make a matching contribution each payroll period equal to 100% of the first 5% of your deferral contributions. You are immediately 100% vested in any employer match contributions.

GETTING STARTED

You can start saving by logging into **nah.trsretire.com** to create your account and set up deferrals. If you don't make an election, you will automatically be enrolled with a 5% pre-tax contribution on the first payroll following 45 days of employment.

ANNUAL CONTRIBUTION LIMITS

The annual contribution limit is the lesser of 80% of pay or $23,500. Depending on your age, the IRS limits how much you can contribute to your 401(k).

Age	Annual Contribution Limit
Under 50	$23,500
50–59 and 64+	$31,000
60–63	$34,750

PROFESSIONAL PLANNING AVAILABLE

NAH provides all employees access to our dedicated Transamerica retirement planning consultant, Martha Reynoso. Martha can help you understand your 401(k) and Roth contributions, select investments, improve your overall financial wellness, transfer in funds from a previous employer's retirement plan, and enjoy a smooth transition as you near retirement. Martha can be reached at **martha.reynoso@transamerica.com** or 319-355-9518.

Schedule an appointment.
Scan the QR code to the left to schedule a planning appointment.

Attend a webinar.
Scan the QR code to the left to attend a retirement webinar.

PERSONAL TIME OFF/PAID SICK TIME

Paid time off (PTO) is a benefit accrued each week. Accrued PTO can be used for personal days off, sick days and vacation time. PTO hours may not be taken until after they have been accrued—all accruals are pro-rated based on hours paid for less than 40 hours per week. Available PTO hours can be viewed in **myHR (Lawson) > My Payroll > PTO & STD Balances** and on paychecks.

Length of Service	Non-Exempt Employees (Budgeted 16 hours or more per week)		
	PTO Accrual Per 40 Hour Work Week	PTO Accrual 52 Weeks	Maximum PTO Accrual
0–less than 4 years	3.54 hours (.0885)	184 hours (23 days)	450 hours (56.25 days)
4–less than 5 years	4.31 hours (.1078)	224 hours (28 days)	
5–less than 6 years	4.465 hours (.1117)	232 hours (29 days)	
6–less than 7 years	4.615 hours (.1154)	240 hours (30 days)	
7–less than 8 years	4.77 hours (.1193)	248 hours (31 days)	
8–less than 9 years	4.925 hours (.1232)	256 hours (32 days)	
After 9+ years	5.235 hours (.1309)	272 hours (34 days)	

Length of Service	Exempt Employees (Budgeted 16 hours or more per week)		
	PTO Accrual Per 40 Hour Work Week	PTO Accrual 52 Weeks	Maximum PTO Accrual
0–less than 4 years	4.31 hours (.1078)	224 hours (28 days)	450 hours (56.25 days)
After 4 years	5.235 hours (.1309)	272 hours (34 days)	

Length of Service	Executive Employees		
	PTO Accrual Per 40 Hour Work Week	PTO Accrual 52 Weeks	Maximum PTO Accrual
Date of Hire	5.235 hours (.1309)	272 hours (34 days)	450 hours (56.25 days)

Accrual Per 30 Hours Worked	All Employees (Budgeted less than 16 hours per week or non-budgeted)	
	PTO Accrual 52 Weeks	Maximum PTO Accrual
1 hour	40 hours	40 hours

EMPLOYEE DISCOUNTS

NAH partners with the companies in our communities that generously offer discounts to our employees. These discounts are provided at the company's discretion and may change without notice. Please contact any company on the **Employee Discounts page** directly to verify the offer information.

NAH also has contracted with Access Perks, a vendor who offers both local and national discounts for NAH employees. Sign up for the Access Perks discount program at **nahealth.accessperks.com**. Use registration code NAH and create an account.

Discounts include, but are not limited to:

- Auto services
- Rental cars
- Hotels
- Spa and beauty services
- Child care
- Entertainment
- Gyms
- Restaurants
- Technology

EMPLOYEE ASSISTANCE PROGRAM

Optum | liveandworkwell.com | 866-248-4096
FMC Behavioral Health Services | 928-213-6415

Employee assistance program (EAP) services are provided to you and your household members AT NO COST through Optum and FMC Behavioral Health Services (FMC BHS).

These are confidential programs available 24 hours a day, seven days a week, to help you and your family members handle the stresses involved with everyday issues and/or crisis situations.

- The services are accessible through toll-free phone calls and online access.
- Each member can receive up to **eight free face-to-face** counseling sessions, per incident, per year.
- No personal information is ever shared with NAH.

OPTUM EAP SERVICES

- Eight free in-person counseling sessions for each individual issue.
- Unlimited access to a telephonic counselor—available 24 hours a day, year round.
- Message board access for a safe and friendly environment to support one another and share information.
- Self-assessments, tools, and calculators on a variety of topics ranging from work/life balance to weight loss.

To schedule an appointment or receive more information, please call 866-248-4096 or visit **liveandworkwell.com** (access code: NAH).

FMC BEHAVIORAL HEALTH SERVICES OUTPATIENT OFFICE

- FMC BHS employs experienced counselors with graduate degrees in the fields of counseling, psychology, and social work.
- Office visits are available in a confidential setting with special attention to ensure a good match between client and counselor, and to ensure privacy.
- Eight free in-person counseling sessions are offered for each individual issue.
- Counselors can assist with family or relationship issues, drug or alcohol use concerns, grief, loss or trauma, depression or anxiety, anger management, interpersonal issues, communication issues, and stress at work or home.

To schedule an appointment or receive more information, please call 928-213-6415.

CONTACTS

If you have any questions regarding your benefits or the material contained in this guide, please contact the NAH Benefits Team.

NAH Benefits: 928-773-2039 or ext. 12039

Submit a Benefits Inquiry through The HR HUB

Provider/Plan	Phone Number	Website
Medical | UMR	844-614-8433	umr.com
Pharmacy |		nahealth.com/pharmacy-services/flagstaff-pharmacy/
Flagstaff Pharmacy	928-773-2565	
WMC Retail Pharmacy	928-639-6635	N/A
OptumRx	800-797-9791	optumrx.com
Teladoc	800-835-2362	teladoc.com
NAH Wellness Program | Lifepath	928-773-2464; Virgin Pulse login issues: 888-671-9395	lifepath@nahealth.com
Dental | Delta Dental	800-352-6132	deltadentalaz.com
Vision | VSP	800-877-7195	vsp.com
Health Savings Account | WEX	866-451-3399	wexinc.com
Flexible Spending Accounts | WEX	866-451-3399	wexinc.com
Life and AD&D Insurance | The Hartford	888-563-1124	abilityadvantage.thehartford.com
Whole Life Insurance | Boston Mutual	800-669-2668 English: ext: 222; Spanish: ext: 223	bostonmutual.com
Short- and Long-Term Disability Insurance | The Hartford	888-277-4767	abilityadvantage.thehartford.com
Accident, Critical Illness, Hospital Indemnity Insurance | The Hartford	866-547-4205	thehartford.com/benefits/myclaim
Tuition Assistance	N/A	tuition@nahealth.com
Pet Insurance | Nationwide	877-738-7874	benefits.petinsurance.com/northern-arizona-healthcare
Medicare Assistance Program | SGIA	888-284-3314	info@sgiainc.com
Legal Assistance and Identity Theft Protection | LegalShield IDShield	800-654-7757	shieldbenefits.com/nah/overview
401(k) Retirement Savings Plan | Transamerica	800-755-5801	transamerica.com/portal/home
NAH Pension Plan (For Employees Hired Prior to July 1, 2000) | The Principal	800-547-7754	login.principal.com/login
Employee Assistance Program | Optum	866-248-4096	liveandworkwell.com (access code: NAH)
FMC Behavioral Health Services (available to all NAH employees)	928-213-6415	N/A

This benefits guide is not intended to be a complete description of the terms and NAH insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although NAH maintains its benefit plans on an ongoing basis, NAH reserves the right to terminate or amend each plan, in its entirety or in any part at any time. Images © 2024 Getty Images. All rights reserved.