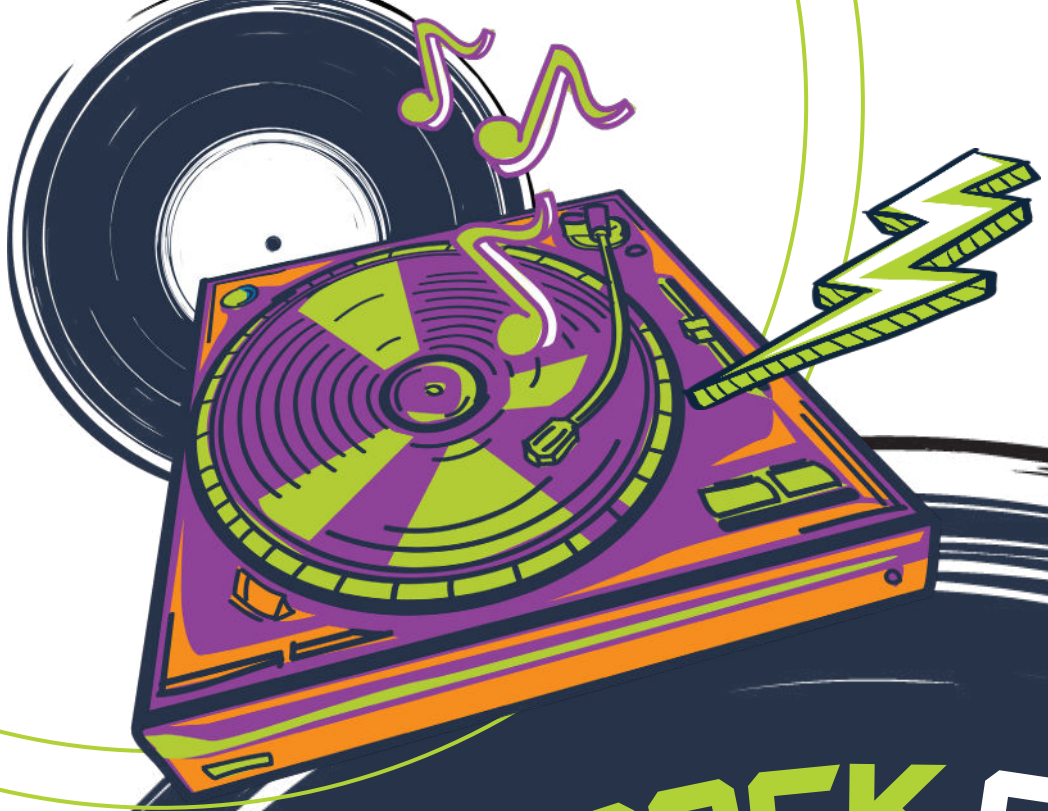
Medical Solutions™

AUREUS® MEDICAL GROUP
A Medical Solutions Company

HOST HEALTHCARE

Clinician Benefits Guide | 2024



WE ROCK CARE

Just as you bring your whole selves to work, we've created our employee benefits package with the whole person in mind. We offer a suite of benefits to meet your health and financial needs, along with amenities that complete the total employee experience. You'll find choices in medical plans and voluntary benefits that provide extra peace of mind and security.

We heart you. We've got you.
And we're glad you're part of us.

If you have any questions about your benefits package, reach out to our Benefits department.

Plan information is subject to change as needed, but will be communicated at least annually upon Open Enrollment. This guide is only a summary of benefits. The plan SBC and SPD are governing documents and will prevail in case of discrepancy.

What's Inside

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How to Enroll

	TIMELINE	ENROLLMENT PROCESS
NEW HIRE ENROLLMENT	You have 14 days after your actual contract start date to elect or waive your benefits.	
2024 OPEN ENROLLMENT MONDAY, OCTOBER 30 AT 8 A.M. CT. – MONDAY, NOVEMBER 13 AT 6 P.M. CT.	Open Enrollment starts **Monday, October 30 at 8 a.m. CT.** and ends **Monday, November 13 at 6 p.m. CT.** This is an ACTIVE enrollment for all benefits. This means you must complete your enrollment in order to have benefits in 2024. **If you do not complete Open Enrollment, all benefits will terminate effective December 31, 2023.**	
LIFE EVENT ENROLLMENT	Complete steps and provide proof of life event within 30 days of event.	

FOR MEDICAL SOLUTIONS CLINICIANS

STEP 1: Log in to your portal at at medsolutions.ultipro.com
STEP 2: Click on “Pay and Benefits”
STEP 3: Click on “Medical, Dental, Vision and/or Voluntary Insurance Benefits”
STEP 4: Upload dependent documentation in UKG or email documents to benefits@medicalsolutions.com

FOR AUREUS MEDICAL CLINICIANS

STEP 1: Log in to your portal at: https://secure01.ca-industries.com
STEP 2: Click on “Payroll/Benefits”
STEP 3: Log in to UKG
STEP 4: Click “Manage My Benefits”
STEP 5: Follow the steps to verify beneficiary and dependent information
STEP 6: Make your medical, dental, vision and voluntary benefit elections
STEP 7: Upload dependent documentation in UKG or email documents to benefits@medicalsolutions.com

FOR HOST HEALTHCARE CLINICIANS

STEP 1: Log in to ADP at https://workforcenow.adp.com
STEP 2: Click on Myself > Benefits > Enrollments
STEP 3: Make your medical, dental, vision, and voluntary benefit elections.
STEP 4: Make sure to submit your benefit elections when finished.

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Rock Enroll Set List

Your 2024 benefits are an important financial decision! Remember, you can't revoke your selections until the next Open Enrollment unless you experience a qualifying life event. Factors to consider when selecting your health plan include:

- Your current health needs
- Doctors
- Prescriptions
- Anticipated life events

Below is a checklist to help you prepare for your 2024 benefits enrollment:

- Do you have eligible dependents to add to your coverage?
  If so, please have the following documents and information ready:
  - Name (as stated on Social Security card)
  - Date of birth
  - Social Security number
  - Proof of eligibility (required for all dependents, even those enrolled in 2023 benefits), such as birth certificates, marriage certificates, or tax-dependent domestic partner documentation
- Have you designated beneficiaries for your benefits? You will need their full legal name, permanent address, and phone number.
- How often do you get sick or visit the doctor? Knowing this can assist with estimating out-of-pocket expenses.
- Who are the doctors you see the most? Do you see any specialists?
- Do you currently take prescription drugs? Check your pharmacy coverage to see if you can save money by ordering 90-day refills.
- Do you anticipate any major life changes in the next year such as gaining new dependents through birth or marriage or are you anticipating any surgeries?

Benefit Plan Selection Terms

When selecting your benefit plan, important information to consider in addition to premiums include:

- **Deductible:** The amount you will pay up front for health services before the insurance begins to pay their portion of the co-insurance. Anything considered Preventive is covered 100% without having to meet your deductible.
- **Coinsurance:** Your portion of insurance costs after meeting your deductible. The Platinum, Gold, and Silver/HSA plans have a 20% coinsurance for in-network providers which means once you've met your deductible, then the plan pays 80% of health services and you pay 20%.
- **Out-of-Pocket:** The most you will pay for your health expenses for the plan year. This amount includes your deductible, coinsurance and copays. Once you have met your out-of-pocket, then the plan pays 100% of your health services until the next plan year starts.
- **Copay:** A fixed amount you pay for a covered health care service, usually when you receive the service. This amount typically does not count toward the deductible but does count toward the out-of-pocket.

***A note about the Silver/HSA plan:** You must meet your deductible for health services before the plan begins to pay their portion of the coinsurance for all services, including prescription. The only exception is anything considered preventive and the in-network PCP-Child visits outlined below. This plan has the benefit of an optional HSA to help pay for health services with pre-tax dollars.

Who is Eligible For Benefits

- **You:** All full-time Medical Solutions, Aureus Medical, and HostHealthcare clinicians are eligible to enroll in benefits.
- **Your Spouse/Domestic Partner:** Must be a legally married spouse or tax dependent domestic partner (requires affidavit, tax declaration form, and two forms of supporting documentation).
- **Your Child(ren):** Your children, stepchildren, adopted children, or children for whom you are the legal guardian. Covered children must be under age 26 (marital and student status do not matter). You can also cover any children you're required to cover under a Qualified Medical Child Support Order. Any unmarried children of any age that are incapable of self-care due to a physical or mental disability may also be covered.*
- To meet federal guidelines, you'll need to provide supporting documentation, such as marriage certificates and birth certificates, to enroll your dependents even if they were enrolled in benefits in 2023. Their coverage can't become active until the Benefits team has received and accepted these documents! You'll also need to provide Social Security Numbers (SSNs) for all your covered dependents. Don't worry, your personal information will be securely submitted to the IRS and remains confidential.

Changes to Your Benefits/Open Enrollment

Generally, you may only make or change your existing benefit elections as a new hire or during the annual Open Enrollment period. However, you may change your benefit elections during the year if you experience a qualifying life event such as:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Loss of other coverage by the employee or dependent
- Obtaining other coverage through a group plan.
  - Choosing to enroll in a private plan, such as a Marketplace plan, is not a qualifying event to drop coverage
- Eligibility for Medicare or Medicaid
- Moved in/out of Hawaii, Guam, or Puerto Rico work location

You have 30 days from the qualified life event to make changes to your coverage. Depending on the type of event, you may need to provide proof of the event, such as a marriage certificate. If you don't make the changes within 30 days of the qualified event, you'll have to wait until the next Open Enrollment period to make changes (unless you experience another qualified life event).

Subject to UHC approval.

The Health Plans

We Offer First Day Health Insurance!

Health insurance benefits are effective for all employees beginning your first day of employment.

Note: Your benefits might not be active on day one! If you incur any expenses before you can access your ID cards, you can submit a manual claim with a payment receipt.

Nothing is more important than good health, and we know that everyone has different needs when it comes to selecting a medical plan. That's why we give you the choice of four comprehensive health insurance plans offered through United Healthcare (UHC), if you work on the Mainland. If you work in Hawaii, we have a UHC plan for you, too. All plan options are PPOs and provide access to the same network of physicians - the benefits just vary between each plan.

- If you work in Hawaii, visit member.uhc.com/myuhc for Optum Rx cost-savings options.

A Little More About a PPO

A PPO Plan offers a network of providers who have agreed to discount fees for their services. You have the choice of visiting an in-network PPO provider and may receive a higher level of benefit with potentially lower out-of-pocket costs to you. You may also choose to go outside the network, but benefits are generally reimbursed at a lower level and you'll have higher out-of-pocket costs. If you do visit an out-of-network provider, they may require you to pay at the time of service and submit a claim for reimbursement, whereas an in-network physician will file a claim directly with UHC.

Prescriptions

Our Hawaii medical plan option includes Prescription Drug Coverage through Optum RX. For more information, visit myuhc.com

All mainland medical plan options include Prescription Drug Coverage through CVS Caremark. Here are the basics:

- You can get up to a 30-day supply at any retail pharmacy
- For cost-saving options, visit caremark.com

How To Find a Doctor

Log in to your account at member.uhc.com/myuhc and click "Find a Doctor" to search doctors available in your plan network.

Coverage Transparency

Get the benefit of transparency in coverage with UHC. For self-funded plans, you can review the following information: UnitedHealthcare creates and publishes the machine-readable files on behalf of Medical Solutions and its affiliated brands. Access the machine-readable files at transparency-in-coverage.uhc.com and search for Medical Solutions. Note: The file format is prescribed by the government. A member friendly consumer price transparency tool is available at myuhc.com. Contact UHC directly at 855.293.9774 with any questions.

Virtual Doctor Visit

This program is included in all medical plans and is available to enrolled employees and their enrolled dependents.

UHC Virtual Care offers you a quick and easy at-home alternative to visiting a doctor's office! A virtual visit lets you see and talk to a doctor from your mobile device or computer. Most visits take 10-15 minutes and doctors can write prescriptions, if needed, that you can pick up at your local pharmacy.

Virtual visits are available in:

- Behavioral health care
- Primary care
- Urgent care
- Specialist care

Here's How To Access Virtual Visits:

1. Log into your account at member.uhc.com/myuhc or download the United Healthcare app.
2. Choose from provider sites where you can register for a virtual visit. You may need to schedule appointments for primary, behavioral, and specialty virtual visits.
3. After registering and requesting a visit you'll pay your portion of the service costs, according to your medical plan, and then you'll enter a virtual waiting room.
4. During your visit you'll be able to talk to a doctor about your health concerns, symptoms, and treatment options.

Log in to your account at member.uhc.com/myuhc to learn more.

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Silver Plan Health Savings Account (HSA)

Why Choose the Silver Plan HSA?

- A health savings plan (HSA) lets you save money for qualified medical expenses, both anticipated and unexpected.
- The money is yours until you spend it. You keep it, even if you change jobs, health plans, or retire.
- Deposits are federal income tax-free, plus savings grow income tax-free and withdrawals for qualified medical expenses are income tax-free.
- Your HSA rolls over from year to year, so you can continue to grow your savings for future use — even into retirement.
- Once you've contributed to your account, you can use the funds in your HSA to pay for qualified medical expenses like:
  - Dental care, including extractions and braces
  - Vision care, including contacts, prescription sunglasses, and LASIK
  - Prescription medications

Who Can Open a Silver Plan HSA?

To be eligible for an HSA, you must choose the Silver high-deductible health plan (HDHP), because it meets IRS guidelines for the annual deductible and out-of-pocket maximum. On this plan, all non-preventive care and prescriptions as determined by insurance carriers are subject to deductible.

Additionally, you must:

- Not be covered by any other health coverage except what is permitted (dental, vision, disability, and some other types of additional coverage are permissible).
- Not be enrolled in Medicare, TRICARE, or TRICARE for Life.
- Have not received Department of Veterans Affairs (VA) benefits within the past three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply.
- Not be claimed as a dependent on someone else's tax return.
- Other restrictions and exceptions also apply. Consult your recruiter or our benefits team to discuss your personal circumstances.

Contribution Limits

Contribution limits are set by the IRS and adjusted annually.

HSA Limits

- $4,150 max for individual coverage
- $8,300 max for family coverage
- $1,000 extra if you're 55 or older

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Clinician Medical Benefits

Clinician Plan Year 01.01.24 — 12.31.24

	PLATINUM		GOLD		SILVER/HSA*		BRONZE	
	In Network	Non-Network	In Network	Non-Network	In Network	Non-Network	In Network	Non-Network
Deductible – Single/Family	$750 / $1,500	$1,500 / $3,000	$2,250 / $4,500	$4,500 / $9,000	$3,500 / $7,000	$5,000 / $10,000	$5,000 / $12,500	$10,000 / $25,000
Coinsurance	20%	50%	20%	50%	20%	50%	30%	50%
Out-of-Pocket – Single/Family	$2,250 / $4,500	$10,000 / $20,000	$6,750 / $13,500	$10,000 / $20,000	$5,000 / $10,000	$10,000 / $20,000	$7,500 / $15,000	$15,000 / $30,000
PHYSICIANS SERVICES								
PCP – Adult	$25	Ded. then 50%	$30	Ded. then 50%	Ded. then 20%	Ded. then 50%	$35	Ded. then 50%
PCP – Child (Under age 19)	$0	Ded. then 50%	$0	Ded. then 50%	$0	Ded. then 50%	$0	Ded. then 50%
Specialist – Designated	$45	Ded. then 50%	$50	Ded. then 50%	Ded. then 20%	Ded. then 50%	$60	Ded. then 50%
Specialist – Non-Designated	$70	Ded. then 50%	$80	Ded. then 50%	Ded. then 20%	Ded. then 50%	$80	Ded. then 50%
HOSPITAL SERVICES								
Inpatient	Ded. then 20%	Ded. then 50%	Ded. then 20%	Ded. then 50%	Ded. then 20%	Ded. then 50%	Ded. then 30%	Ded. then 50%
Outpatient Surgery	Ded. then 20%	Ded. then 50%	Ded. then 20%	Ded. then 50%	Ded. then 20%	Ded. then 50%	Ded. then 30%	Ded. then 50%
OTHERS								
Emergency Room	$250 copay		$300, then Ded.		Ded. then 20%		Ded. then 30%	
Urgent Care	$100	Ded. then 50%	$75	Ded. then 50%	Ded. then 20%	Ded. then 50%	$100	Ded. then 50%
PHARMACY								
Retail – Tier One	$10	N/A	$10	N/A	Ded. then 20%	N/A	$20	N/A
Retail – Tier Two	$40	N/A	$50	N/A	Ded. then 20%	N/A	$50	N/A
Retail – Tier Three	$70	N/A	$100	N/A	Ded. then 20%	N/A	$100	N/A
Retail – Tier Four	Brand: 20% Generic: 20%, max $375	N/A	Brand: 20% Generic: 20%, max $375	N/A	Brand & Generic: Ded. then 20%, max $375	N/A	Brand: 20% Generic: 20%, max $375	N/A
Mail Order – Tier One	$25	N/A	$25	N/A	Ded. then 20%	N/A	$40	N/A
Mail Order – Tier Two	$100	N/A	$125	N/A	Ded. then 20%	N/A	$100	N/A
Mail Order – Tier Three	$175	N/A	$250	N/A	Ded. then 30%	N/A	$200	N/A
Mail Order – Tier Four	Brand: 20% Generic: 20%, max $375	N/A	Brand: 20% Generic: 20%, max $375	N/A	Brand & Generic: Ded. then 20%, max $375	N/A	Brand: 20% Generic: 20%, max $375	N/A

* All non-preventive care and prescriptions as determined by insurance carriers are subject to deductible. ** Once you have chosen the HSA, you will be provided with a URL to complete your enrollment directly with WEX.

2024 MEDICAL INSURANCE WEEKLY PREMIUMS

	PLATINUM	GOLD	SILVER/HSA	BRONZE
Clinician Only	$96.46	$65.54	$50.08	$18.46
Clinician/Spouse	$230.31	$183.46	$108.00	$77.31
Clinician/Child(ren)	$198.00	$153.00	$86.77	$57.23
Family	$353.77	$259.62	$160.15	$118.15

If you are starting a contract in Guam or Puerto Rico, please reach out to your recruiter for information on how your coverage may be affected

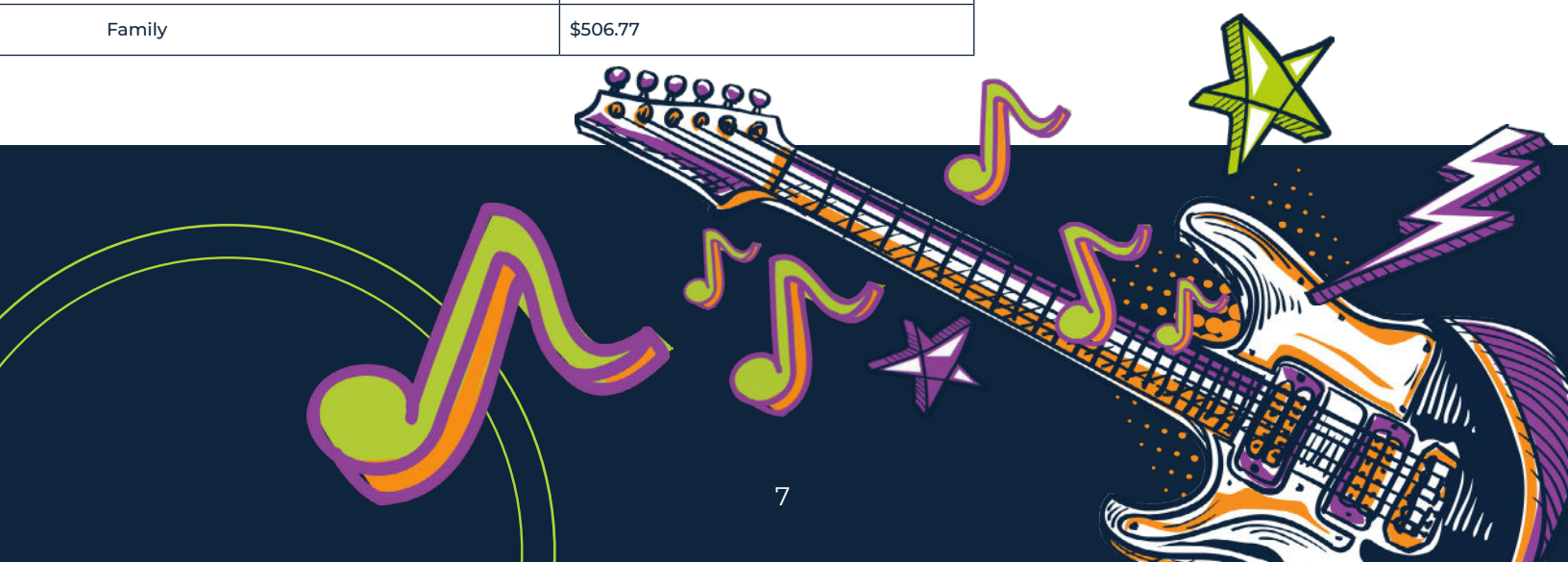
Hawaii Clinician Medical Benefits

Plan Year 01.01.24 - 12.31.24

HAWAII CLINICIAN		
	In Network	**Non-Network**
Deductible – Single/Family	$100/$300	$100/$300
Coinsurance	10%	30%
Out-of-Pocket – Single/Family	$2,500/$7,500	$2,500/$7,500
PHYSICIANS SERVICES	IN-NETWORK	NON-NETWORK
PCP – Adult	10% coinsurance	30% coinsurance
PCP – Child (Under age 19)	10% coinsurance	30% coinsurance
Specialist – Designated	10% coinsurance	30% coinsurance
Specialist – Non-Designated	10% coinsurance	30% coinsurance
HOSPITAL SERVICES	IN-NETWORK	NON-NETWORK
Inpatient	10% coinsurance	30% coinsurance
Outpatient Surgery	10% coinsurance	30% coinsurance
OTHERS	IN-NETWORK	NON-NETWORK
Emergency Room	10% coinsurance	10% coinsurance
Urgent Care	10% coinsurance	30% coinsurance
PHARMACY	IN-NETWORK	NON-NETWORK
Retail – Tier One	$10 copay	$10 copay
Retail – Tier Two	$30 copay	$30 copay
Retail – Tier Three	$50 copay	$50 copay
Mail Order – Tier One	$30 copay	N/A
Mail Order – Tier Two	$90 copay	N/A
Mail Order – Tier Three	$150 copay	N/A

2024 MEDICAL INSURANCE **WEEKLY** PREMIUMS	
	HAWAII CLINICIANS
Clinician Only	$8.31
Clinician/Spouse	$269.08
Clinician/Child(ren)	$236.54
Family	$506.77

Any clinicians working in Hawaii will be disenrolled from the mainland plan and must complete the benefits election process to move to the Hawaii plan. Another application will be required upon return to the mainland.



Clinician Plan Year
01.01.24 - 12.31.24

The Dental Plan

Dental benefits are effective for employees beginning your first day of employment.

We know that good dental health is more than just a bright smile. That's why we're offering two plans through United Healthcare. Individuals and families can choose between the high-deductible Base Plan or the low-deductible Buy-Up Plan. Each plan gives you the freedom to choose your preferred dentist, but your costs will be lower if you visit a network provider.

To find a network dentist, you can search UHC's online directory at myuhc.com.

	BUY-UP PLAN		BASE PLAN	
	In Network	**Non-Network**	**In Network**	**Non-Network**
Calendar Year Deductible - Individual/Family	$50/$150	$50/$150	$100/$300	$100/$300
Calendar Year Maximum - Per Member	$1,500	$1,500	$1,000	$1,000
PREVENTIVE & DIAGNOSTIC CARE (DEDUCTIBLE WAIVED)				
Routine Exams, Teeth Cleaning, Bitewing, X-rays	No Charge		No Charge	
BASIC CARE (AFTER DEDUCTIBLE)				
Oral Surgery, Endodontics, Fillings, Surgical/Non-Surgical Periodontics	20%	30%	20%	40%
MAJOR CARE (AFTER DEDUCTIBLE)				
Inlays, Onlays, Crowns, Dentures, Bridges, Implants	50%	60%	60%	80%
ORTHODONTIC CARE				
Coinsurance	50% ($1,500 lifetime max)		None	
Coverage	Child + Adult			

2024 DENTAL INSURANCE WEEKLY PREMIUMS	BUY-UP PLAN	BASE PLAN
Clinician Only	$6.85	$4.26
Clinician+Spouse	$13.24	$9.41
Clinician+Child(ren)	$15.72	$10.85
Family	$22.45	$15.97

When using an out-of-network provider, you pay your coinsurane plus any amount over the usual, customary, and reasonable rate (UCR), which is the price most providers in the geographic area charge for a specific service.

The Vision Plan

Vision benefits are effective for employees beginning your first day of employment.

We know that every one has different eye health needs. That's why were offering two vision plans through United Healthcare vision. Individuals and families can choose between the Base Plan or the Buy-Up Plan. Each plan gives you the freedom to choose your preferred eye doctor, but your costs will be lower if you visit a network provider.

To find a network eye doctor, you can search UHC's online directory at myuhc.com.

* If you are starting a contract in Guam, please reach out to your recruiter for information on how your vision coverage may be affected.

	BUY-UP PLAN		BASE PLAN	
	In Network	**Non-Network**	**In Network**	**Non-Network**
Exam: Once every 12 months	$10 Copay	Up to $40	$20 copay	Up to $40
FRAMES:				
Frequency	Once every 12 months		Once every 24 months	
Frame Allowance	Up to $180	Up to $45	Up to $130	Up to $45
LENSES: ONCE EVERY 12 MONTHS				
Single Vision	100% after copay	$40	100% after copay	$40
Bifocals		$60		$60
Trifocals		$80		$80
CONTACT LENSES: ONCE EVERY 12 MONTHS				
Elective	Up to $180	Up to $180	Up to $130	Up to $130
Necessary	100% after copay	Up to $210	100% after copay	Up to $210

2024 VISION INSURANCE WEEKLY PREMIUM	BUY-UP PLAN	BASE PLAN
Clinician Only	$1.47	$0.92
Clinician+ Spouse	$2.72	$1.70
Clinician + Child(ren)	$3.40	$2.12
Family	$4.76	$2.97

Company-Provided Benefits

Employee Assistance Program

Today, more than ever, the stressful environment in which we live can affect our ability to balance the demands of work and life. When we have difficulty with this balancing act, it can have a broad and negative impact. Here, we focus on the whole person. As an employee, you have access to the Employee Assistance Program (EAP), offered by our partner, Cigna. The EAP is dedicated to supporting the emotional health and wellbeing of you and your family.

Cigna — Call 877.622.4327, 24 Hours a Day/7 Days a Week

Our EAP is a free, confidential program for all employees and household members. Cigna offers unlimited access online and over the phone, including 24/7 crisis response by licensed counselors. EAP benefits include up to five sessions per incident per calendar year* and can help with:

- Marital/Relationship Issues
- Parenting Issues
- Substance Abuse
- Depression/Anxiety
- Stress Management
- Bereavement or Grief
- Work Conflict
- Child & Elder Care Consulting
- Legal Consultation
- Personal Financial Counseling and Tax Advisory
- Business Travel Insurance
- Health Advocacy Services

You and your household can also access comprehensive information at:
MyCigna.com | Employer ID: medicalsolutions

Business Travel Insurance

You're automatically covered on our Business Travel Insurance plan through AIG while on assignment or traveling for work. This coverage provides peace of mind while traveling on company business. Visit aig.com/us/travelguardassistance for more details

Health Advocacy Services

New York Life Group Benefit Solutions (NYL GBS) offers you expert assistance with a wide range of healthcare and health insurance issues. Let us help you – your spouse, dependents, parents, and parents-in-law – get the answers you need, when you need them, 24/7, at no additional cost to you. Call New York Life at: 866.799.2725 for more information.

Clinician Voluntary Benefits

Clinician Plan Year 01.01.24 - 12.31.24

Because we want to provide you with as many options and benefits as possible. We offer multiple voluntary benefits for you to opt into if you choose. Here's a little bit about each of these voluntary benefits to help you make an informed decision!

Critical Illness Insurance

When facing a critical illness or one in the family, there's enough emotional toll that worrying about finances is just one more burden in an already difficult situation. Our Critical Illness Insurance through Voya helps financially protect you and your dependents when faced with a critical illness by providing:

- Income and gap protection to cover out-of-pocket expenses and lost wages
- A lump-sum payment made directly to you
- The option to spend the benefit as you see fit, whether that's on medical equipment, daily expenses, bills, or caregiving assistance
- A portable policy

EMPLOYEE COVERAGE MONTHLY RATES
Includes Wellness Benefit Rider

ATTAINED AGED		
Under 25	$15,000 $7.05	$30,000 $14.10
25-29	$7.50	$15.00
30-34	$8.25	$16.50
35-39	$10.05	$20.10
40-44	$14.55	$29.10
45-49	$20.70	$41.40
50-54	$28.95	$57.90
55-59	$38.70	$77.40
60-64	$46.05	$92.10
65-69	$61.65	$123.30
70+	$73.35	$146.70

SPOUSE COVERAGE MONTHLY RATES
Includes Wellness Benefit Rider

ATTAINED AGED		
Under 25	$7,500 $4.65	$15,000 $9.30
25-29	$4.73	$9.45
30-34	$4.88	$9.75
35-39	$5.55	$11.10
40-44	$8.03	$16.05
45-49	$11.70	$23.40
50-54	$17.63	$35.25
55-59	$25.65	$51.30
60-64	$33.45	$66.90
65-69	$37.80	$75.60
70+	$48.83	$97.65

CHILDREN COVERAGE MONTHLY RATES
INCLUDES WELLNESS BENEFIT RIDER

COVERAGE RATES	RATE
$7,500	$2.18
$15,000	$4.35

Short-term Disability Insurance

Suffering a disabling injury is no fun — especially because even when the paychecks stop, the bills keep on coming. Our short-term disability insurance through NY Life helps financially protect you and your dependents when faced with a short-term disability by providing:

- Income protection to cover out-of-pocket expenses and lost wages after a 7-day waiting period
- Payments made directly to you
- The option to spend the benefit as you see fit, whether that's on medical costs, daily expenses, bills, or caregiving assistance
- Portable if you become disabled and are unable to return to work

Clinician Voluntary Benefits cont.

Long-term Disability Insurance

After a 180-day waiting period, our long-term disability insurance through NY Life helps financially protect you and your dependents when faced with a long-term disability by providing:

- Income protection to age 65 (reduced benefit duration after age 65)
- Monthly payments made directly to you (up to 60% of your monthly salary)
- The option to spend the benefit as you see fit, whether that's on medical costs, daily expenses, bills, or caregiving assistance

Please contact your recruiter with any questions about these voluntary benefits!

Hospital Indemnity Insurance

An unexpected hospital stay can really take a financial toll. Our Hospital Indemnity Insurance through Voya helps reduce the financial impact on you and your dependents when unexpected health-related events occur by providing:

- Income and gap protection to cover out-of-pocket expenses and lost wages
- A lump-sum payment made directly to you
- The option to spend the benefit as you see fit, whether that's on medical equipment, daily expenses, bills, or caregiving assistance
- A portable policy

COMPOSITE MONTHLY RATES	ALL ELIGIBLE EMPLOYEES	
Clinician	$15.73	$31.46
Clinician+Spouse	$32.05	$64.10
Clinician+Children	$24.64	$49.27
Family	$40.96	$81.91

Accident Insurance

While you take precautions to protect your health, be sure to protect your wallet too. Our Accident Insurance through Voya helps financially protect you and your dependents when unexpected accidents occur by providing:

- Gap protection to cover out-of-pocket expenses due to unforeseen events
- A lump-sum payment made directly to you
- The option to spend the benefit as you see fit, whether that's on medical equipment, daily expenses, bills, or caregiving assistance
- A portable policy

MONTHLY ACCIDENT INSURANCE RATES	LOW OPTION	HIGH OPTION
Clinician	$5.84	$8.36
Clinician+Spouse	$9.71	$13.91
Clinician+Children	$11.19	$16.02
Family	$15.06	$21.57

Clinician Voluntary Benefits cont.

Voluntary Life Insurance

What would happen to your loved ones if you died tomorrow? In the event of your death, our Voluntary Life Insurance through NY Life financially protects your loved ones by providing:

- Income protection to help your family cover your lost future wages
- A lump-sum payment made directly to your beneficiaries
- The option to spend the benefit however your loved ones see fit
- A portable policy

Depending on the type and amount of coverage you select, you may need to provide evidence of insurability.

Pet Insurance

Like human health insurance, pet insurance helps alleviate some of the costs of keeping your pet healthy. Medical Solutions, Aureus Medical, and Host Healthcare employees can enroll directly with Nationwide. Visit the custom site at benefits.petinsurance.com/medicalsolutions. You'll see the site is Medical Solutions branded. You're in the right place.

You answer three questions, choose what plan works best for you, and enter your payment information. This benefit is only available on a direct bill basis and is not payroll deducted.

Planning for Retirement

401(k) Retirement: Fidelity

- We offer a 401(k) Plan through Fidelity Investments.
- You're eligible for 401(k) immediately, as long as you are 18 years old. There is no waiting period to contribute!
- You can defer from 1% to 75% of eligible compensation with catch-up contributions allowed.
- Our Safe Harbor Plan includes Employer Match!
    - Matching of 100% up to the first 3% and 50% on the next 2% of all eligible compensation. So, if you contribute at least 5%, you will receive the full 4% match.
    - Employer Match eligibility is 6 months and 500 hours of employment.
- All employer match contributions are 100% vested immediately!
- Both pre-tax & Roth contribution options.
- No new loans are permitted on the Plan.

For more information, visit netbenefits.com or call Fidelity at 800.835.5095.

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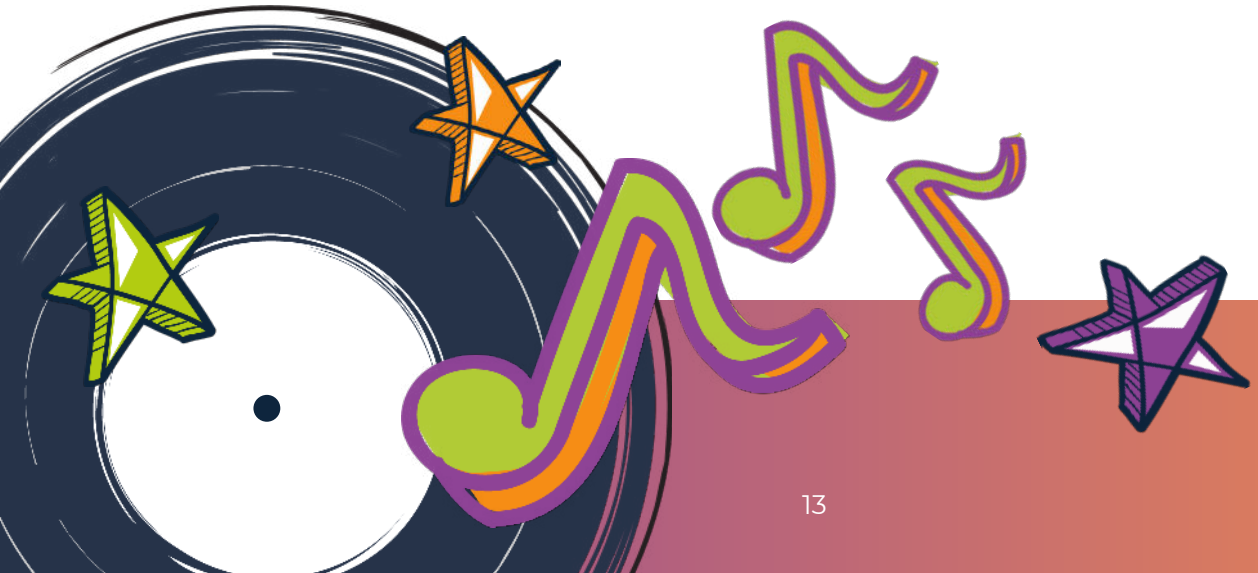
401(k) Enrollment

- Log in at netbenefits.com and select **"Register as new user"**.
- Set up your username and password to access your account. If you have an account with Fidelity already, use your existing login.
- If new to the plan, you will be prompted to enroll after logging in to NetBenefits. Medical Solutions, Aureus Medical, and Host employees should select the Medical Solutions plan. There will be an option to use the Easy Enroll method, which allows for selection from one of three pre-selected contribution amounts, and an option to enroll using the standard method, which allows for specific contribution amount selection.
- Enrollment elections and contribution changes can also be made by calling Fidelity Client Service Center at 800.835.5095.



Contact Information

When contacting a carrier directly, Medical Solutions, Aureus Medical, and Host Healthcare employees should reference Medical Solutions as the employer and plan sponsor (as applicable).

BENEFITS CONTACT INFORMATION

	COMPANY	GROUP NUMBER	PHONE NUMBER	WEBSITE
Medical	United Healthcare	744274	855.293.9774	myuhc.com
Dental	United Healthcare	744274	855.293.9774	myuhc.com
Vision	United Healthcare	744274	855.293.9774	myuhc.com
EAP	Cigna	N/A	800.538.3543	mycigna.com
Business Travel Insurance	AIG	9161731	877-244-6871	aig.com/us/travelguardassistance
Life Insurance/Short-term-Disability/Long-term Disability	New York Life	N/A	800.362.4462	mynylgbs.com
Health Advocate Services	New York Life	N/A	866.799.2725	mynylgbs.com
401K Retirement	Fidelity Investments	91946	800.835.5095	netbenefits.com
ACC, HI, CI	Voya	70280-3	800.955.7736	voya.com
Pharmacy	CVS	Rx20HM	866.284.9231	caremark.com
Pharmacy (Hawaii Employees)	Optum Rx	744274	855.293.9774	myuhc.com
Pet Insurance	Nationwide	N/A	877.738.7874	http://benefits.petinsurance.com/medicalsolutions
Health Savings Account	WEX	16567	866.451.3399	wexinc.com

Helpful Insurance Terms

Below is a list of commonly used insurance terms. While not a comprehensive list, the terms are intended to be educational and may differ slightly from the terms and definitions in your plan or health insurance policy. Additionally, some of these terms may not have the same meaning when used in your policy or plan, and in any case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)

Allowed Amount
Maximum payment the plan will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

Balance Billing
When a provider bills you for the balance remaining on the bill your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is $200 and the allowed amount is $110, the provider may bill you for the remaining $90. This happens most often when you see an out-of-network provider (non-preferred provider). A network provider (preferred provider) may not bill you for covered services.

Claim
A request for a benefit (including reimbursement of a healthcare expense) made by you or your health care provider to your health insurer or plan for items or services you think are covered.

Cost Sharing
Your share of costs for services a plan covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are copayments, deductibles, and coinsurance. Family cost sharing is the share of cost for deductibles and out-of-pocket costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your premiums, penalties you may have to pay, or the cost of care a plan doesn't cover usually aren't considered cost sharing.

Durable Medical Equipment (DME)
Equipment and supplies ordered by a health care provider for everyday or extended use. DME may include oxygen equipment, wheelchairs, and crutches.

Emergency Medical Condition
An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you don't get medical attention right away. If you don't get immediate medical attention, you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

Network
The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Premium
The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it through payroll deduction monthly, quarterly, or yearly.

Prescription Drug Coverage
Coverage under a plan that helps pay for prescription drugs. If the plan's formulary uses "tiers" (levels) prescription drugs are grouped together by type or cost. The amount you'll pay in cost sharing will be different for each "tier" of covered prescription drugs.

Preventive Care (Preventive Service)
Routine health care, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

Provider
An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.