



2024 Benefits Guide

Version 2.1

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The information provided in this Benefits Guide highlights the key provisions of each benefit plan. You should always read the summary plan description, insurance certificate or booklet certificate for more information. If there is a conflict between this Guide and the governing plan document(s), the plan document(s) will control.

All benefits in this Guide are subject to change. This is a Benefits Guide and not a contract. All benefits are subject to the provisions and exclusions of the master contract.

This Guide is interactive, which is a feature that allows you to use the arrows at the bottom to page forward and back through the Guide. You can also click on any website address to be taken directly to that website.

Print this document in portrait format for optimal viewing experience.

Welcome to your Inova benefits!

We are proud to offer a comprehensive benefits program portfolio aimed to support the health and wellbeing of our team members and their families.

Inova's provides world-class healthcare to Northern Virginia communities. As such, we have a unique opportunity for our team members and their families to utilize award-winning healthcare services to support the needs of their own health. Enrolled team members may experience reduced cost when utilizing Inova's primary and urgent care, outpatient services, hospital-based care, and onsite pharmacies. When you seek care with Inova providers and partners, you are not only choosing excellent clinical services, you are also helping Inova keep the costs of our overall benefit program manageable so that we can invest in other benefit programs that support our team members.

For our valued team members that live and work outside of Inova's service areas, we have worked to ensure you have access to excellent healthcare options.

This guide will provide you with an overview of the benefit options available to you and your family members. We hope you utilize your benefits to their fullest extent to support you and your family's physical health, emotional wellbeing, financial security, and family support services. These benefit programs are a strong statement of our appreciation for the energy and dedication that our team members contribute to our Mission, Vision, and Values. Your work is invaluable, and we will continue to work to create a culture in which you, and all our team members, can thrive.

Your enrollment opportunities

You have limited opportunities to enroll, change or cancel your benefit elections, as mandated by the IRS. Your opportunity to make benefit elections is based on your benefits event date, which is your:

- Hire date, or
- Qualifying life event date, or
- Work status change date (e.g., change from PRN to full-time status or vice versa)

Other opportunities

You may also enroll, change or cancel your benefit elections without a benefits event for the following circumstances.

- **Annual Enrollment period:** This is your annual opportunity to change your benefits. Annual Enrollment is typically conducted in November for the next calendar year beginning on January 1.
- **Voluntary Change:** Some plans allow you to make voluntary election changes at any time:
 - › Health Savings Account (HSA)
 - › Supplemental Life—subject to Evidence of Insurability to enroll or increase coverage*
 - › Long Term Disability Buy-Up—subject to Evidence of Insurability to enroll*
 - › Commuter Benefits
 - › Identity Theft
 - › Pet Care Discount Program
 - › Pet Insurance Program
 - › 401(k) retirement savings plan

**Evidence of Insurability (EOI) is the process when an insurance company requires medical information to review before approving or denying a team member's requested coverage amount.*

Qualifying life events

A qualifying life event is an event that allows you to change your benefit elections during a year. Qualifying life events include, but are not limited to:

- Marriage, divorce or legal separation
 - Birth, adoption or legal guardianship of an eligible child
 - Death of your spouse or covered child
 - Change in your spouse's work status that affects his or her benefits (gain or loss of coverage)
 - Change in your child's eligibility for benefits (gain or loss of coverage).
- Note: Medical, dental and vision coverage for a dependent child will automatically cancel on the last day of the month in which the child reaches age 26. No action is required by you.*
- Qualified Medical Child Support Order
 - You or your dependent's eligibility for Medicare or Medicaid

Limited enrollment opportunities

Because you have the tax advantage of paying your medical, dental and vision premiums on a pre-tax basis, the IRS limits your opportunities to change your benefit elections during the year.

You cannot change your coverage until the next Annual Enrollment period unless you experience a qualifying life event or work status change event approved by the IRS and make your benefit elections by the applicable deadline.

If you experience a qualifying life event, you must submit your benefit elections and documentation of your qualifying event by the applicable deadline dates in the [Enrollment Deadlines](#) section. Qualifying life event documentation includes, but is not limited to, marriage certificate, divorce decree, gain/loss of coverage statement from another employer, etc. Your benefit election changes must be consistent with your qualifying life event. Contact the Inova Benefits Center at 1-877-466-8201 if you have any questions about qualifying life events.

If you enroll a dependent, you must also submit dependent documentation for each dependent you enroll, such as a birth certificate and marriage certificate. Information on dependent documentation is described in the [Dependent Documentation Requirements](#) document. A hospital souvenir birth announcement will be accepted as **temporary** documentation. You must submit the government-issued birth certificate within 60 days of the child's enrollment to continue your child's coverages. Coverage will cancel on the 61st day if the government-issued birth certificate is not submitted.

Supporting documents must be loaded to your account at the Inova Benefits Center. From the benefits portal, myinovabenefits.org, select the link TAKE ACTION AT THE INOVA BENEFITS CENTER. After logging in, click **My Profile** on the top menu bar, and then select **Employee File**. Select **View and Upload Documents** to the right of your name in the middle of the page and follow the prompts.

If your dependent's coverages were canceled because you failed to submit dependent documentation or if your qualifying life event was canceled because you failed to submit supporting documentation, you may submit an appeal and request that the dependent's coverage be reinstated or the qualifying life event be processed. You must submit the missing documentation with your appeal.

Appeals must be received within 60 days of the date the dependent's coverages were canceled or the qualifying life event was canceled. No appeals will be accepted after 60 days have elapsed, and you must wait until the next Annual Enrollment period or a subsequent qualifying life event to re-enroll your dependent or change your benefit elections. Contact the Inova Benefits Center at 1-877-466-8201 for information.



Eligibility

You

Your eligibility depends on how many hours you are budgeted to work.

Work Schedule	Work Schedule Description	Benefit Plan Eligibility
Full-time	60 hours or more per pay period	All plans
Part-time	40–59 hours per pay period	All plans except Long Term Disability (LTD)
Less than part-time, including PRN	Fewer than 40 hours per pay period	<ul style="list-style-type: none">• 401(k) retirement savings plan• Employee Assistance Program (EAP)• Lyra Health mental health benefit• Certain voluntary benefits (via direct debit deduction)

Your dependents

Your dependents' eligibility depends on whether they meet the following general requirements.

- Your legal spouse is eligible. Domestic partners and common law spouses are also eligible.
- Your child(ren) are eligible to participate in the medical, dental and vision plans if they are under age 26, or any age if disabled and their disability occurred before age 26. A child's disability status must be approved by the medical insurance carrier. Note that there is a different definition of a child for the Health Savings Account (HSA).

Double coverage not permitted

Double-coverage is not permitted for Team Members in a Married or Parent/Child Relationship.

Inova offers health and welfare benefits to eligible team members (typically full or part-time team members); however, there are restrictions for two Inova team members who are married (legal marriage or domestic partnership) to each other or two Inova team members who have a parent/child relationship. They cannot have double-coverage for medical, dental, vision, supplemental life insurance and voluntary accident, critical illness and hospital indemnity insurance, and they cannot double-cover their spouse and children as noted below.

- **Medical, Dental and Vision Insurance**

A married couple may each enroll at the Team Member Only coverage level or one team member may enroll at the Team Member Plus Spouse or Family coverage level and cover the other team member as a dependent spouse. Only one team member may cover their dependent children. Reduced couple premium rates are available for medical and dental insurance. Read the [Premium Deductions](#) section for information.

Imputed income for domestic partners

A domestic partnership is not a relationship recognized by federal law. As a result, the fair market value of the health coverage Inova provides to a domestic partner will be imputed as taxable income and shown as Imputed Earnings on your pay stub and Wages on your W-2 form.

In a parent/child relationship, a team member may be covered as a team member or a dependent child, but not both. For example, a team member who is under age 26 may elect Team Member Only coverage or be covered as a child of a parent team member, but not both.

- **Voluntary Accident, Critical Illness and Hospital Indemnity Insurance**

A team member cannot be covered as both an employee and a dependent (spouse or child). Each team member may enroll with Employee coverage or one team member may enroll with Family coverage and cover the spouse or children as dependents. Only one team member may cover their children.

- **Supplemental Life Insurance (employee, spouse or child)**

Full and part-time team members are eligible for Basic Life and AD&D coverage (company-paid) in their own right. Team members may elect supplemental life insurance; however, a team member cannot be enrolled as both a team member and a dependent (spouse or child) for supplemental life insurance. For example, Team Member A may elect Employee Supplemental Life insurance, but Team Member B (the spouse) cannot elect Spouse Supplemental Life insurance to cover Team Member A. Only one team member of a married couple may elect Child Supplemental Life insurance.

! Enroll your newborn child. A newborn or adopted child or child gained by a new legal guardianship is not automatically enrolled in medical coverage. You must enroll the child and provide supporting documentation within 60 days of their enrollment, adoption or gain of legal guardianship by calling the Inova Benefits Center at 1-877-466-8201 or processing a Birth/Adoption qualifying event on the Inova Benefits Center enrollment system. You cannot enroll a dependent through the medical insurance company.

A hospital souvenir birth announcement will be accepted as temporary documentation. You must submit the government-issued birth certificate within 60 days of the child's enrollment to continue your child's coverages. Coverage will cancel on the 61st day if the government-issued birth certificate is not submitted.

Enrollment Deadlines

Generally, you have 31 days from your event date to enroll in the coverage you want and 45-days to submit dependent and benefits event documentation, except as noted in the table below.

The table below shows the deadlines to enroll and submit supporting documentation for your benefits event. Contact the Inova Benefits Center at 1-877-466-8201 if you have any questions.

Event	Due Date to Enroll	Due Date to Submit Documentation	Documentation Required	
			Dependent Documentation	Event Documentation
New Hire	31-days after event date	45-days after enrollment date	Yes	No
Qualifying Event <i>all <u>except</u> birth/adoption/guardianship of child</i>	31-days after event date	45-days after enrollment date	Yes	Yes
Qualifying Event <i><u>only</u> birth/adoption/guardianship of child</i> <i>Enrollment is <u>not</u> automatic. You must enroll the child within 60 days of birth/adoption for your child to have medical, dental or vision coverage by calling the Inova Benefits Center at 1-877-466-8201.</i>	60-days after event date	60-days after enrollment date <i>A hospital souvenir birth announcement will be accepted as temporary documentation. You must submit the government-issued birth certificate within 60 days of the child's enrollment to continue your child's coverages. Coverage will cancel on the 61st day if the government-issued birth certificate is not submitted.</i>	Yes	No, requirement satisfied by dependent documentation
Work Status Change Event	31-days after event date	45-days after enrollment date	Yes	No
Annual Enrollment	End of Annual Enrollment period	45-days after enrollment date	Yes	No

The enrollment and documentation periods are determined by the type of benefits event. The enrollment and documentation periods are system-driven, and you will be unable to enroll or submit documentation online after the applicable enrollment period closes.

! Your call to action. Use this Guide to understand your benefit options, so you can make the best choices for yourself and your family. Be sure to enroll by the enrollment deadline and support required documentation to ensure you and your dependents receive coverage.

Coverage Effective Dates

Your benefits event determines the effective date of your benefit election changes as noted in the table below.

Event	Effective Date	Comments
New Hire	First day of the month following or coinciding with event date ¹	Elections that require medical Evidence of Insurability (EOI) will be effective on the date EOI is approved by the insurance company
Qualifying Event	Event date	
Work Status Change Event – Change to a Benefits Eligible Class	First day of the month following or coinciding with event date ¹	
Work Status Change Event – Change to an Ineligible Benefits Class	<p>Medical, dental and vision coverage ends on the last day of the month in which the team member becomes ineligible for benefits. Payroll deductions continue for coverage through the end of the month and may be reflected on the first paycheck in the next month.</p> <p>All other benefits end on the day the team member becomes ineligible for benefits.</p>	Read the If You Terminate Employment section for information on each benefit plan.
Annual Enrollment	January 1 of the next calendar year	Elections that require medical Evidence of Insurability (EOI) will be effective on the later of January 1 of the next calendar year or the date EOI is approved by the insurance company
Voluntary Change	Later of the first day of the month following your election or the date insurance company approves election	<p>The following benefit plans allow you to change your coverage at any time:</p> <ul style="list-style-type: none"> • Health Savings Account (HSA) • Supplemental Life (subject to EOI) to enroll or increase coverage² • Long Term Disability Buy-Up insurance (subject to EOI)² to enroll • Commuter Benefits • Identity Theft • Pet Care Discount Program • 401(k) retirement plan

Event	Effective Date	Comments
<p>Child reaches maximum age (26)</p>	<p>Medical, dental and vision coverage ends on the last day of the month in which the child reaches age 26. Payroll deductions continue for coverage through the end of the month and may be reflected on the first paycheck in the next month.</p> <p>All other benefits end on the child's 26th birthday.</p>	<p>Canceling coverage is an automatic event; no action is necessary by the team member.</p> <p>Medical, dental and vision coverage may be continued through COBRA for up to 36 months.</p>
<p>Team member terminates employment</p>	<p>Medical, dental and vision coverage ends on the last day of the month in which the team member terminates employment.</p> <p>All other benefits end on the day the team member terminates employment.</p>	<p>Read the If You Terminate Employment section for information on each benefit plan.</p>

¹ Example: If event date is June 1, coverage is effective June 1. If event date is June 2, coverage is effective July 1.

² Evidence of Insurability (EOI) is when an insurance company requires medical information to review before approving or denying a team member's requested coverage amount.

Premium deductions

Your insurance premiums will apply as of the date of your benefits event date, regardless of the date you actually make your benefit elections during your benefits enrollment period. You may have retroactive deductions if you make benefit election changes after your coverage effective date and within your benefits enrollment period.

Your insurance premiums are deducted from your biweekly paychecks (26 paychecks per year) on a pre-tax or post-tax basis.

- **Pre-tax deductions:** Medical, dental, vision, Health Savings Account (HSA), Healthcare Flexible Spending Account, Limited Healthcare FSA, Dependent Care FSA, 401(k) contributions
- **Post-tax deductions:** All other benefit plans, including 401(k) Roth contributions

View the [Payroll Schedule](#) for information on the pay periods and pay dates.

Married Inova couple premium

Inova offers a discounted premium rate for medical and dental insurance for two benefits-eligible Inova team members who are married (legal marriage or domestic partnership) to each other. Read the [Your Dependents](#) section for eligibility criteria. The married couple premium rates are shown in the [Team Member Contributions](#) section.

Call the Inova Benefits Center at 1-877-466-8201 to request the married couple premium rate. The new premium rate will be effective on the first day of the following month. Effective dates will not be retroactive, and a refund will not be made for premiums already paid.

Vendor ID cards

The table below describes the ID card policies for the vendors that issue ID cards.

Benefit Plan	Vendor	Vendor's ID Card Policy
Medical^{1,2}	Aetna	<ul style="list-style-type: none"> An ID card is mailed to the home address of enrolled team members. Two ID cards are mailed for the Family coverage level. ID cards are available in PDF format by establishing an account on aetna.com and selecting your profile name at the top right and ID Cards from the dropdown menu. A digital ID card is available on the Aetna mobile app. Replacement or additional ID cards may be obtained by calling Aetna customer service at 1-800-862-5441 or by logging into your account and selecting Request ID Card.
Dental^{1,2}	Aetna	<ul style="list-style-type: none"> ID cards are not mailed to team members' homes. An ID card in PDF format is available on the Aetna website. A digital ID card is available on the Aetna mobile app.
Prescription Drugs^{1,2}	Capital Rx	<ul style="list-style-type: none"> Two ID cards are mailed to the home address of team members who are enrolled in an Inova medical plan. ID cards are available in PDF format by establishing an account on https://app.cap-rx.com/register. A digital ID card is available on the Capital Rx mobile app, which is available in the App Store. Replacement ID cards may be obtained by calling Capital Rx customer service at 1-844-306-7605.
Vision	VSP	<ul style="list-style-type: none"> ID cards are not issued for vision insurance. Eligibility for in-network providers is confirmed using a member's name and birth date. Team members may establish an account on vsp.com and create, download and print an ID card by selecting Member Details at the top of the screen. ID cards for dependents can be viewed and printed by selecting the dependent's name.
Flexible Spending Account^{1,2}	Inspira Financial	<ul style="list-style-type: none"> A debit card is mailed to the home address of team members who are enrolled in the Healthcare FSA and Health Savings Account. A debit card is not available for the Dependent Care FSA. A new debit card will be issued upon its expiration (every five years). Replacement debit cards may be obtained by calling Inspira Financial customer service at 1-888-678-8242. PayFlex rebranded as Inspira Financial in January 2024. The PayFlex branded debit card will remain active until the card expires.
Health Savings Account^{1,2}	Inspira Financial	

¹ ID card issued to team member (subscriber) only.

² ID card issued to newly-enrolled team member and if team member's name changes.

Four easy steps to enroll

Follow these steps to make sure you have the coverage you want.

1. Cover the right people

Enrolling yourself

Your eligibility to enroll in a benefit plan depends on how many hours you are budgeted to work. See [Eligibility](#) section. Only the benefit plans available to you will show in the enrollment system.

Enrolling a dependent

You must elect coverage for yourself to enroll a dependent. Dependent Only coverage is not available.

If you plan to add a dependent to your coverage, make sure he or she is eligible for benefits. You must enroll the dependents and provide the required documentation by the applicable due date. See [Enrollment Deadlines](#) section. If documentation is not received within the established deadline, the dependent will not have coverage. Information on dependent documentation is described in the Dependent Documentation Requirements document.

Double coverage is not permitted in the benefit plans. If you and your spouse or child work for Inova, your spouse or child cannot be covered as both a team member and a dependent. Also, you and your spouse cannot both claim your children as dependents.



2. Use the tools

Your go-to website

Go to myinovabenefits.org to get the information you need to make a wise choice. This is your go-to site for benefits information and updates. Click on the Health, Income Protection, Work/Life, Resources, Contacts and Video Library drop down menus for helpful plan information, vendor contacts and videos. Then click on the TAKE ACTION AT THE INOVA BENEFITS CENTER tile, located on the home page, log in, and click Start Your Enrollment.

Ask Emma™

Go to myinovabenefits.org, click on the TAKE ACTION AT THE INOVA BENEFITS CENTER tile, located on the home page, log in, click Start Your Enrollment and use Ask Emma, an interactive decision support tool that can help you compare plans, estimate how much you'll pay for care and provide personalized recommendations.

Find participating providers

Log in to your Aetna account to access Aetna's search tool for our health plans' participating providers. From your Homepage, click on "Find Care & Pricing" and enter a provider name, facility, or specialty in the search bar to find in-network providers. The Innovation Health Performance Network provides the deepest discounts and will be designated "Standard Savings Plus" and "Maximum Savings." Other network providers will be designated "Standard Savings."

IMPORTANT: *If you are not a registered member with Aetna, you can use www.aetna.com/dse/custom/inova to access providers within the Inova health plans, including those with the Maximum Savings designation.*

3. Decide what coverage you need

For a new hire or work status change event, you must actively enroll if you want to:

- Elect coverage for a benefit plan
- Cover dependents
- Enroll in a Flexible Spending Account (FSA) or Health Savings Account (HSA)

For a qualifying life event, you must make benefit elections changes if you want to:

- Enroll or increase coverage for a benefit plan
- Cover or remove dependents
- Enroll or change your annual goal amount for a Flexible Spending Account (FSA) or Health Savings Account (HSA)

For an Annual Enrollment event, all of your benefit elections will carry over from the previous year, except a Flexible Spending Account (FSA).

The IRS requires that you actively enroll in a Healthcare FSA or a Dependent Care FSA each year.

Need help choosing your benefits?

How often you see the doctor, the types of services you receive and medications you take can all have a big impact on your total annual cost—the total amount you pay throughout the year. To compare plans and estimate your personalized costs, use Ask Emma. You'll find her when you visit myinovabenefits.org, click on the TAKE ACTION AT THE INOVA BENEFITS CENTER tile, located on the home page, log in and click "Start Your Enrollment." Ask Emma is a private, personalized tool that can integrate your previous Inova claims data to provide personalized estimates and recommendations based on your previous and anticipated health needs.

4. Enroll online

Step one

Go to myinovabenefits.org and click on the TAKE ACTION AT THE INOVA BENEFITS CENTER tile, located on the home page to access the enrollment site where you can make benefit elections and access important forms.

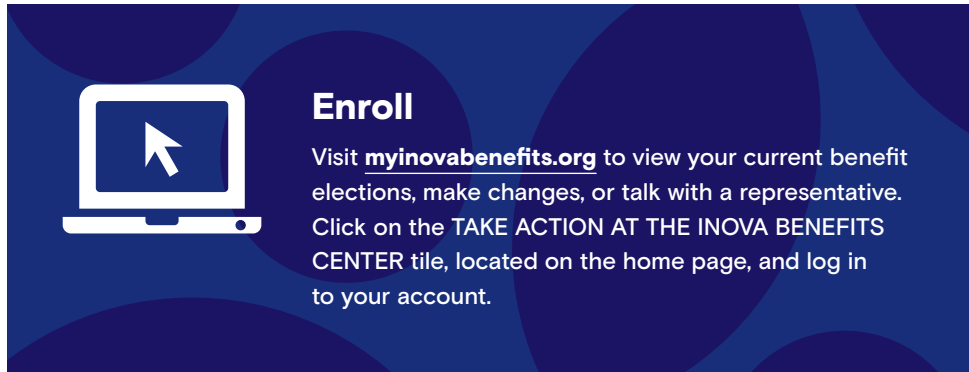
Step two

Make your selections carefully. You can only make changes to certain benefits if you have a qualifying life event.

Step three

Be sure to click on the Save Elections button at the bottom of the Review Benefits tab, print your confirmation sheet and keep a copy.

You can view your benefit elections at any time during the year at myinovabenefits.org. Click on the TAKE ACTION AT THE INOVA BENEFITS CENTER tile, located on the home page, log in, and click on My Benefits on the top of the page.

A dark blue graphic with a white laptop icon on the left. The laptop screen shows a white mouse cursor. To the right of the laptop, the word "Enroll" is written in white. Below "Enroll" is a paragraph of white text: "Visit myinovabenefits.org to view your current benefit elections, make changes, or talk with a representative. Click on the TAKE ACTION AT THE INOVA BENEFITS CENTER tile, located on the home page, and log in to your account." The background of the graphic features several overlapping circles in shades of blue.

Enroll

Visit myinovabenefits.org to view your current benefit elections, make changes, or talk with a representative. Click on the TAKE ACTION AT THE INOVA BENEFITS CENTER tile, located on the home page, and log in to your account.

! No internet access? If you don't have internet access, you can enroll by calling the Inova Benefits Center at 1-877-466-8201 Monday–Friday, 8 a.m. to 8 p.m. ET.

First time enrolling?

Your initial login user ID will be your Team Member numeric ID. Your initial password will be your date of birth (MMDDYYYY). After you first login, you'll be asked to change your password and select a security question with an answer.

Forgot your password?

You can reset your password on the enrollment site if you know your user ID and the answer to your security question. Simply follow the instructions online to reset your password.

Healthcare

Inova offers two medical plans, and neither plan is better than the other plan. It's all about making the choices that best fit your needs and budget.

Medical

You have two medical plan options, Health Savings Account High Deductible Plan (HSA HDP) and Preferred Provider Organization (PPO) plan, administered by Innovation Health, a health insurance company formed through a partnership between Inova and Aetna.

Plan Options	Plan Type
Innovation Health HSA HDP	Health Savings Account High Deductible Plan
Innovation Health PPO	Preferred Provider Organization

If you live in Virginia, Maryland or the District of Columbia, you will receive an ID card from Innovation Health. If you live in any other state, you will receive an ID card from Aetna.

Find a provider

To find a Provider in the Innovation Health Performance Network, go to www.aetna.com/dse/custom/inova and log in or Continue as a Guest. You'll find the best providers and facilities under the "Maximum Savings" indicator for each provider listing.

Inova's board-certified adult and pediatric Primary Care Physicians (PCPs) are part of the Innovation Health Performance Network. They offer:

- Lower out-of-pocket costs for you –10% savings in the HSA HDP medical plan option and \$25 savings in the PPO option.
- Personalized care for you and your family.
- Office locations close to home and work.

Summaries of benefits and coverage

You have access to benefits summaries called Summaries of Benefits and Coverage (SBCs). These documents include important information about your health coverage options in a standard format to help you compare and select the plan that is best for you and your family.

The SBCs are available on myinovabenefits.org. Click on the TAKE ACTION AT THE INOVA BENEFITS CENTER tile, located on the home page, log in, and click Library at the top of the page. You can also request paper copies free of charge by calling the Inova Benefits Center at 1-877-466-8201.

Your Inova advantage: better service, more savings

High quality, low-cost care

The Innovation Health Performance Network is a network of physicians and hospitals that work together to provide high quality, lower-cost care by coordinating clinical services. As a result, the Innovation Health Performance Network is able to offer you a wide variety of high value in-network providers.

Medical Plan Options

Plan Options	Plan Details
<p>Innovation Health HSA HDP <i>(High Deductible Plan)</i></p> <p>or</p> <p>Outside NOVA¹ HSA HDP</p> <p>LOWEST PREMIUMS</p>	<p>With these plans you pay the full price for non-preventive care and prescription drugs until you meet your annual deductible.</p> <p>After you meet your deductible for medical services and copays for prescription drugs, you pay coinsurance (fixed percent), and the plan pays the rest. Once you meet your annual out-of-pocket maximum, the plan pays 100% of eligible expenses for the rest of the year.</p> <p>You can choose to receive care in- or out-of-network. For in-network care, you pay less when you use providers with the Maximum Savings designation, which includes Inova facilities and providers. Go to www.aetna.com/dse/custom/inova to find providers with the Maximum Savings designation.</p> <p>! You can use an HSA and Limited Healthcare FSA with these plans.</p>
<p>Innovation Health PPO or Outside NOVA¹ PPO</p> <p>LOW DEDUCTIBLES AND PREDICTABLE COPAYS</p>	<p>With these plans, you pay a copay (fixed dollar amount) for certain services. For other services, you pay the full price until you meet your deductible. (Copays do not count toward your deductible). After meeting your deductible, you pay coinsurance (fixed percent) or a copay (fixed dollar amount) for those services. Once you meet your annual out-of-pocket maximum, the plan pays 100% of eligible expenses for the rest of the year. Medical and prescription drug copays do not count toward your deductible but do count toward your out-of-pocket maximum.</p> <p>You can choose to receive care in- or out-of-network. For in-network care, you pay less when you use providers with the Maximum Savings designation, which includes Inova facilities and providers. Go to www.aetna.com/dse/custom/inova to find providers with the Maximum Savings designation.</p> <p>! You can use a Healthcare FSA with these plans.</p>

Basic hospital indemnity insurance

Team members and their families who enroll in the HSA HDP receive FREE Basic Hospital Indemnity Insurance coverage, which provides reimbursement for some out-of-pocket expenses.

Preventive care

ALL Innovation Health medical plans cover in-network preventive care, per healthcare reform guidelines, at 100%. Copays and deductibles do not apply.

Supplemental medical benefits

Interested in even more help with medical expenses? See the **Supplemental Medical Benefits** section to learn about Hospital Indemnity, Critical Illness and Accident insurances.

¹ Outside NOVA plans are available to team members living outside of the following counties or cities in Virginia: Arlington, Fairfax, Prince William, Loudoun, City of Alexandria, Fairfax City, Falls Church City, Manassas Park City, and Manassas City.

Inova Medical Plan Tier Descriptions

Tier	Tier Name	Description
1	Maximum Savings	Inova providers, facilities and hospitals
2	Standard Savings Plus	Custom network by Innovation Health using Signature Partners, Valley Health, Privia, Loudoun Medical Group, Lyra Health, and certain Aetna Behavioral Health providers
3	Standard Savings	Providers, facilities and hospitals contracted with Aetna
4	Out-of-Network	<p>Providers, facilities and hospitals <u>not</u> contracted with Aetna</p> <p>The following hospitals in northern Virginia are out-of-network, except for emergencies:</p> <ul style="list-style-type: none"> • Reston Hospital Center • StoneSprings Hospital • Virginia Hospital Center

Medical Plan Comparison—Innovation Health Network

Benefit Tier	Innovation Health HSA HDP ¹				Innovation Health PPO ¹			
	In-Network			Out-Of-Network	In-Network			Out-Of-Network
	Maximum Savings ²	Standard Savings Plus ³	Standard Savings		Maximum Savings ²	Standard Savings Plus ³	Standard Savings	
Annual Deductible								
Team Member Only		\$1,700			\$500			\$1,000
Team Member + Family		\$3,400			\$1,000			\$2,000
Annual Out-of-Pocket Maximum								
Team Member Only		\$3,500		\$6,000	\$3,500			\$6,000
Team Member + Family		\$7,000 ⁴		\$13,000	\$7,000			\$13,000

Office Visits: Your coinsurance (fixed percent) or copay (fixed dollar amount)⁵

	Innovation Health HSA HDP ¹	Innovation Health HSA HDP ¹	Innovation Health HSA HDP ¹	Innovation Health HSA HDP ¹	Innovation Health PPO ¹	Innovation Health PPO ¹	Innovation Health PPO ¹	Innovation Health PPO ¹
Preventive Care	\$0	\$0	\$0	Not covered	\$0	\$0	\$0	Not covered
Primary Care Office Visit	0% ¹⁰	10%	20%	50%	\$0	\$15	\$25	50%
Specialist Office Visit	20%	20%	20%	50%	\$20	\$20	\$50	50%
Urgent Care	20%	20%	50%	50%	\$35	\$35	\$50	50%
GoHealth Urgent Care	20%	20%	50%	50%	\$5	\$5	\$50	50%

Inpatient Services⁸

	Innovation Health HSA HDP ¹	Innovation Health HSA HDP ¹	Innovation Health HSA HDP ¹	Innovation Health HSA HDP ¹	Innovation Health PPO ¹	Innovation Health PPO ¹	Innovation Health PPO ¹	Innovation Health PPO ¹
Hospital	20%	20%	50%	50%	\$100 per admission, then 20%	\$100 per admission, then 20%	\$500 per admission, then 50%	\$1,000 per admission, then 50%
Mental Health/ Behavioral Health/ Substance Abuse	20%	20%	50%	40%	\$100 per admission, then 20%	\$100 per admission, then 20%	\$500 per admission, then 50%	\$1,000 per admission, then 40%

Outpatient Services

	Innovation Health HSA HDP ¹	Innovation Health HSA HDP ¹	Innovation Health HSA HDP ¹	Innovation Health HSA HDP ¹	Innovation Health PPO ¹	Innovation Health PPO ¹	Innovation Health PPO ¹	Innovation Health PPO ¹
Emergency Room (ER)		20%			\$200 waived if admitted, then 20%			
Outpatient Surgery Facility Fees	10%	20%	50%	50%	10%	20%	50%	50%

Benefit Tier	Innovation Health HSA HDP ¹				Innovation Health PPO ¹			
	In-Network			Out-Of-Network	In-Network			Out-Of-Network
	Maximum Savings ²	Standard Savings Plus ³	Standard Savings		Maximum Savings ²	Standard Savings Plus ³	Standard Savings	
Outpatient Services, continued								
Outpatient Surgery Professional Fees	10%	20%	20%	50%	10%	20%	20%	50%
Physical Therapy	20%	20%	50%	50%	20%	20%	50%	50%
Radiology	20%	20%	50%	50%	\$25 x-ray \$100 complex imaging	\$25 x-ray \$100 complex imaging	\$100 x-ray \$400 complex imaging	50%
Outpatient Diagnostic Lab Tests	0% ¹⁰ Must be an Inova Diagnostic Lab ⁶	20%	20%	50%	0% Must be an Inova Diagnostic Lab ⁶	20%	20%	50%
Hearing Exam and Hardware	Hearing exam benefit: 1 exam every 12 months			Hearing exam benefit: 1 exam every 12 months				
	Hearing aid benefit: 1 hearing aid per ear / per calendar year			Hearing aid benefit: 1 hearing aid per ear / per calendar year				
Durable Medical Equipment	20% after deductible			50% after deductible		20% after deductible		50% after deductible
Infertility⁷	Covered same as any other expense			Covered same as any other expense				

¹ These plans apply to members who reside inside the following Virginia counties: Arlington, Fairfax, Loudoun and Prince William, or who reside in the following Virginia cities: City of Alexandria, Fairfax City, Falls Church City, Manassas City and Manassas Park City. For team members who reside outside these areas, please see the Outside NOVA network plan comparison.

² Maximum Savings are found by using Inova providers, facilities and hospitals.

³ Standard Savings Plus are found by using Signature Partners, Valley Health, Privia, Loudoun Medical Group and certain Aetna Behavioral Health providers. Go to www.aetna.com/dse/custom/inova to find providers with the Standard Savings Plus designation.

⁴ If any individual in the plan has \$6,850 in eligible out-of-pocket expenses before the out-of-pocket maximum is met, the cost of that individual's in-network, eligible care will be covered for the rest of the plan year.

⁵ Coinsurance of 10% will be added to the office copay for infusion or injection drugs provided by an Aetna (non-Inova) network physician for the Innovation Health PPO plan. However, for the Innovation Health HSA HDP, the coinsurance will be 30% (rather than 20%) when these drugs are provided by an Aetna (non-Inova) network physician in the office. These additional coinsurances will not apply to the Outside NOVA plans.

⁶ The \$0 copay does not apply to inpatient or outpatient lab work at an Inova facility that is not a specifically designated Inova Lab location. Inova Diagnostic Labs are stand alone facilities and are not located in an Inova hospital. To view the locations of specifically designated Inova Labs, go to www.inova.org/our-services/inova-laboratories/locations.

⁷ Artificial insemination, ovulation induction and advanced reproductive technology are subject to a combined \$25,000 lifetime maximum. There is a separate \$20,000 lifetime maximum on IVF drugs. You must contact WINFertility at 1-833-204-2756 to initiate the fertility benefits.

⁸ Reston Hospital Center, StoneSprings Hospital and Virginia Hospital Center are out-of-network hospitals, except for emergencies.

⁹ The annual deductible must be satisfied before these services have 0% coinsurance.

Medical Plan Comparison—Outside NOVA Network

Benefit Tier	Outside NOVA HSA HDP ¹				Outside NOVA PPO ¹			
	In-Network			Out-Of-Network	In-Network			Out-Of-Network
	Maximum Savings ²	Standard Savings Plus ³	Standard Savings		Maximum Savings ²	Standard Savings Plus ³	Standard Savings	
Annual Deductible								
Team Member Only		\$1,700			\$500			\$1,000
Team Member + Family		\$3,400			\$1,000			\$2,000
Annual Out-of-Pocket Maximum								
Team Member Only		\$3,500		\$6,000	\$3,500			\$6,000
Team Member + Family		\$7,000 ⁴		\$13,000	\$7,000			\$13,000

Office Visits: Your coinsurance (fixed percent) or copay (fixed dollar amount)⁵

	Maximum Savings ²	Standard Savings Plus ³	Standard Savings	Out-Of-Network	Maximum Savings ²	Standard Savings Plus ³	Standard Savings	Out-Of-Network
Preventive Care	\$0	\$0	\$0	Not covered	\$0	\$0	\$0	Not covered
Primary Care Office Visit	0% ⁹	10%	20%	50%	\$0	\$15	\$25	50%
Specialist Office Visit	20%	20%	20%	50%	\$20	\$20	\$50	50%
Urgent Care	20%	20%	20%	50%	\$35	\$35	\$35	50%
GoHealth Urgent Care	20%	20%	20%	50%	\$5	\$5	\$50	50%

Inpatient Services⁸

	Maximum Savings ²	Standard Savings Plus ³	Standard Savings	Out-Of-Network	Maximum Savings ²	Standard Savings Plus ³	Standard Savings	Out-Of-Network
Hospital	20%	20%	20%	50%	\$100 per admission, then 20%	\$100 per admission, then 20%	\$250 per admission, then 20%	\$1,000 per admission, then 50%
Mental Health/ Behavioral Health/ Substance Abuse	20%	20%	20%	40%	\$100 per admission, then 20%	\$100 per admission, then 20%	\$250 per admission, then 20%	\$1,000 per admission, then 40%

Outpatient Services

	Maximum Savings ²	Standard Savings Plus ³	Standard Savings	Out-Of-Network	Maximum Savings ²	Standard Savings Plus ³	Standard Savings	Out-Of-Network
Emergency Room (ER)		20%			\$200 waived if admitted, then 20%			
Outpatient Surgery Facility Fees	10%	20%	20%	50%	10%	20%	20%	50%

Benefit Tier	Outside NOVA HSA HDP ¹				Outside NOVA PPO ¹			
	In-Network			Out-Of-Network	In-Network			Out-Of-Network
	Maximum Savings ²	Standard Savings Plus ³	Standard Savings		Maximum Savings ²	Standard Savings Plus ³	Standard Savings	
Outpatient Services, continued								
Outpatient Surgery Professional Fees	10%	20%	20%	50%	10%	20%	20%	50%
Physical Therapy	20%	20%	20%	50%	20%	20%	20%	50%
Radiology	20%	20%	20%	50%	\$25 x-ray \$100 complex imaging	\$25 x-ray \$100 complex imaging	\$25 x-ray \$100 complex imaging	50%
Outpatient Diagnostic Lab Tests	0% ⁹ Must be an Inova Diagnostic Lab ⁶	20%	20%	50%	0% Must be an Inova Diagnostic Lab ⁶	20%	20%	50%
Hearing Exam and Hardware	Hearing exam benefit: 1 exam every 12 months			Hearing exam benefit: 1 exam every 12 months				
	Hearing aid benefit: 1 hearing aid per ear / per calendar year			Hearing aid benefit: 1 hearing aid per ear / per calendar year				
Durable Medical Equipment	20% after deductible			50% after deductible		20% after deductible		50% after deductible
Infertility⁷	Covered same as any other expense			Covered same as any other expense				

¹ These plans apply to members who reside outside the following Virginia counties: Arlington, Fairfax, Loudoun and Prince William, or who do not reside in the following Virginia cities: City of Alexandria, Fairfax City, Falls Church City, Manassas City and Manassas Park City. For team members who reside inside these areas, please see the Innovation Health network plan comparison.

² Maximum Savings are found by using Inova providers, facilities and hospitals.

³ Standard Savings Plus are found by using Signature Partners, Valley Health, Privia, Loudoun Medical Group and certain Aetna Behavioral Health providers. Go to www.aetna.com/dse/custom/inova to find providers with the Standard Savings Plus designation.

⁴ If any individual in the plan has \$6,850 in eligible out-of-pocket expenses before the out-of-pocket maximum is met, the cost of that individual's in-network, eligible care will be covered for the rest of the plan year.

⁵ Coinsurance of 10% will be added to the office copay for infusion or injection drugs provided by an Aetna (non-Inova) network physician for the Innovation Health PPO plan. However, for the Innovation Health HSA HDP, the coinsurance will be 30% (rather than 20%) when these drugs are provided by an Aetna (non-Inova) network physician in the office. These additional coinsurances will not apply to the Outside NOVA plans.

⁶ The \$0 copay does not apply to inpatient or outpatient lab work at an Inova facility that is not a specifically designated Inova Lab location. Inova Diagnostic Labs are stand alone facilities and are not located in an Inova hospital. To view the locations of specifically designated Inova Labs, go to www.inova.org/our-services/inova-laboratories/locations.

⁷ Artificial insemination, ovulation induction and advanced reproductive technology are subject to a combined \$25,000 lifetime maximum. There is a separate \$20,000 lifetime maximum on IVF drugs. You must contact WINFertility at 1-833-204-2756 to initiate the fertility benefits.

⁸ Reston Hospital Center, StoneSprings Hospital and Virginia Hospital Center are out-of-network hospitals, except for emergencies.

⁹ The annual deductible must be satisfied before these services have 0% coinsurance.

Additional notes:

- Out-of-network services are paid based on the reasonable and customary (R&C) charge. You are responsible for paying any amount above the R&C charge, even after you reach your out-of-pocket maximum.
- Your deductible counts toward the out-of-pocket maximum. Deductible and other limits are not prorated for partial year participation.
- Medical plans are provided by Innovation Health. Outside NOVA HSA HDP and Outside NOVA PPO plans, for members who reside outside of Virginia, Maryland and the District of Columbia, are administered by Aetna.
- Double-coverage is not permitted. Read the [Double Coverage Not Permitted](#) section for information.

More medical details

Deductible

A deductible is the amount you must pay each year before the plan pays benefits for services that don't require a copay. If you and at least one family member are enrolled in the **PPO** plan, the plan begins to pay benefits for a family member once that member reaches the individual deductible or the family deductible has been satisfied.

However, if you and at least one family member are enrolled in the **HSA HDP**, **the entire family deductible of \$3,400 must be satisfied** before the plan starts to pay benefits for any family member. The deductible may be met by one or several covered family members.

Copay

This is the fixed dollar amount you pay for medical services at the time of care. Your medical plan pays the rest of the cost. Depending on your plan, for example, a set copay may apply every time you see a specialist or visit the ER.

Coinsurance

This is the fixed percentage you pay for medical services after your deductible is met, with the rest paid by your medical plan. For example, if you have met your deductible and have 20% coinsurance for an in-network service, you pay 20% of the bill and your medical plan will cover 80%. Note: Coinsurance for out-of-network services only applies to the "usual and customary rate" for that service.

Out-of-pocket maximum

This is the maximum amount you have to pay in a calendar year for your medical care. After you reach this maximum, your plan generally covers 100% of your bill.

- ! Federal Form 1095-C is issued annually in the first quarter, which provides information on your Inova healthcare coverage for the previous year. When the form arrives, keep it with your W-2 statement. You may need it when you file your tax return.

Nurse concierge program

Clinical care management staff from the Innovation Health Nurse Concierge Program may reach out to members upon discharge from an inpatient setting or emergency room admission, and provide education, help with follow-up appointments and service referral assistance. Call 1-571-421-2810 M-F between 9:00 a.m-4:30 p.m. ET if you need help getting medical care.

Informed Health® line

This 24-hour nurse line (1-800-556-1555), available at no cost to you if you are enrolled in an Innovation Health medical plan, offers toll-free telephone access to registered nurses who can provide information on a variety of health topics. You can get answers to health questions, learn more about getting and staying healthy, and communicate more effectively with healthcare providers. You can also get help deciding whether or not you need to go to the doctor.

Recommended screenings

Screening tests are done periodically to both ensure optimal health and for early detection of possible diseases, including cancer, heart disease, and more. Under the Affordable Care Act (ACA), many preventive screenings (like the annual physical) are free to the patient. The Inova [Find a Doctor](#) search tool can be a great way to find a new primary care provider (PCP) or specialist. Please note that the following are general guidelines, and based on your unique health and family history, your doctor may want you to have additional screenings or a modified timeline.

Exam or Screening	Frequency
Annual Physical	Once per year
Cholesterol/HbA1c, Other Labs	Typically annually, unless your provider specifies otherwise
Dental Cleanings	Recommended twice per year for most adults
Vision Screening	Recommended once per year
Well Woman Visit*	Annually, usually includes a cervical cancer screening
Cardiac Stress Test, Coronary Calcium Scan	Recommended if signs or symptoms of heart disease are present or if 40+ years old with family/health history
Dermatology Screening	Annually, unless your dermatologist specifies otherwise
Vaccinations	As needed, your PCP will generally let you know when you need a booster or new vaccination at your annual physical. Flu shot annually.
Colonoscopy, Mammogram, and Other Screenings	Colonoscopy: Every 5-10 years starting at age 50 Mammogram: Generally annually starting at age 40 Other Screenings: As needed based on family/health history

**For individuals assigned female at birth*

Due to unique circumstances of each individual's health and family health history, team members should always seek and follow the advice of their own physician or care team in completing the screenings most appropriate to their own needs. Regular self-examinations can be helpful to fill in the gaps between appointments.

Prescription Drugs

Prescription drug coverage is included in the premiums you pay for medical coverage. The copays or coinsurance (collectively referred to as “cost sharing”) in the table below show how much you’ll pay for a prescription. Cost-sharing counts toward your out-of-pocket maximum. If the cost of a drug is less than the copay indicated in the table, you will pay the lesser amount.

The prescription drug benefit is managed by Capital Rx, a pharmacy benefit manager. Depending on the drug type and quantity, drugs are dispensed by Capital Rx, Optum Home Delivery, Inova Pharmacy Plus and network retail pharmacies.

Up to a 30-day supply from retail pharmacy

Drug Type	Inova Pharmacy Plus	Retail Pharmacy
Generic	\$5	\$10
Preferred Brand ¹	20% (\$20 minimum/ \$50 maximum)	20% (\$25 minimum/ \$80 maximum)
Non-Preferred Brand	30% (\$55 minimum/ \$100 maximum)	35% (\$75 minimum/ \$120 maximum)

! If you are enrolled in the HSA HDP, you will pay the full price for all prescriptions until you meet your medical plan deductible. Once you’ve met your deductible, you will be charged the copays shown.

Note that the deductible will be waived for drugs on the Preventive Therapy List. This list can be found on myinovabenefits.org in the Resources section.

Participants in the PPO plan do not have to meet their deductible before copays apply for prescription coverage. Prescription copays do not apply toward the deductible for the PPO plan.

Up to a 90-day supply from mail order or network pharmacy

Drug Type	Inova Pharmacy Plus	Mail Order or Network Retail Pharmacy
Generic	\$15	\$30
Preferred Brand ¹	20% (\$50 minimum/ \$125 maximum)	20% (\$65 minimum/ \$200 maximum)
Non-Preferred Brand	30% (\$150 minimum/ \$250 maximum)	35% (\$190 minimum/ \$300 maximum)

Specialty Drugs²

Drug Type	Inova Pharmacy Plus
Specialty Generic	30% (\$100 maximum)
Specialty Preferred Brand	30% (\$100 maximum)
Specialty Non-Preferred Brand	30% (\$200 maximum)

Note: There is a \$20,000 lifetime maximum benefit for fertility drugs. Footnotes follow on the next page.

¹ If you elect to purchase a brand-name drug when a generic alternative is available, you will be required to pay the brand cost sharing, plus the difference between the cost of the brand-name drug and its generic equivalent. There are no exceptions.

² Specialty medications (typically injectable and oral drugs) must be filled through Inova Pharmacy Plus locations and are dispensed in 30-day quantities via mail order. First fills are not available through retail, except in emergencies. For more information, contact Inova Pharmacy Plus directly.

Maintenance medications

You are required to receive a 90-day supply of a maintenance medication after your second fill of a 30-day supply. Your cost is cheaper on a per unit basis for a 90-day prescription than a 30-day prescription. You can fill these prescriptions through Inova Pharmacy Plus, Optum Home Delivery or a network retail pharmacy.

Specialty medications

Specialty medications are high-cost prescription drugs used to treat complex, chronic conditions, such as rheumatoid arthritis, multiple sclerosis, and cancer, and they are dispensed in 30-day quantities. Team members who reside in Virginia, Maryland or the District of Columbia must have their specialty drugs filled through Inova Pharmacy Plus. Team members who reside outside of Virginia, Maryland or the District of Columbia will have their specialty medications filled through Optum Specialty Pharmacy, a unit of Capital Rx.

Due to manufacturer restrictions, some specialty medications will be available only through Optum Specialty Pharmacy. For more information, please contact Inova Pharmacy Plus at 1-571-472-1100.

Drug formulary

Capital Rx, the pharmacy benefit manager, utilizes a drug formulary, which is a list of generic, brand-name and specialty drugs covered by the medical plan. The purpose of a drug formulary is to provide safe, effective high-quality care using the most cost-effective medications.

The formulary is updated quarterly on first day of January, April, July and October. The pharmacy benefit manager will notify members by mail at least 30 days in advance if they are affected by a formulary change.

The drug formulary can be viewed on the Capital Rx website using this link: <https://enrollment.cap-rx.com/liberty>. Registration is not required. From the home page, click on the "View Formulary" at the bottom of the site. All Inova medical plan options use the same drug formulary list.

! The specialty pharmacy team will help obtain insurance approvals, financial assistance, side effect management, refill coordination, home delivery and on call or scheduled conversations with a clinical pharmacist to coordinate your care. All services are provided at no extra charge to you!

Inova Pharmacy Plus

Inova Pharmacy Plus is a retail pharmacy with all the services of a neighborhood pharmacy at four convenient Inova locations in northern Virginia. Inova Pharmacy Plus is staffed by Inova employees who are trained and licensed pharmacists. Your prescription costs filled through Inova Pharmacy Plus are cheaper than prescriptions filled through Capital Rx. For more information, go to: www.inova.org/our-services/inova-retail-pharmacy-services.

As an Inova team member, you get the best benefit by using Inova Pharmacy Plus versus using outside pharmacies.

Benefits of Inova Pharmacy Plus for Inova team members include:

- Lower copays on your medications
- Walk-in immunizations—\$0 copay on flu, Covid, pneumonia and Tdap, low copay on shingles
- 90-day maintenance medications may be mailed to your home at no charge to you
- Improved patient education and support – access to assistance programs/copay assistance
- Text messaging—refill reminders/auto refill/prescription ready reminders and Refill Pro App
- One Team—nurses, physicians, pharmacy, case managers, financial aid
- Specialty pharmacy on-call pharmacist support 24/7

Inova pharmacy plus locations

Inova Pharmacy Plus—IFOH

3600 Joseph Siewick Dr
Fairfax, VA 22033
*Inside Inova Fair Oaks Hospital
1st floor across from gift shop*

Phone: 1-703-391-3080
Fax: 1-703-391-4064

Monday – Friday:
9am to 6pm Eastern
Saturday:
9am to 3pm Eastern
Closed Sundays

Inova Pharmacy Plus—IHVI

3300 Gallows Rd
Falls Church, VA 22042
*Inside Inova Fairfax Hospital
at the Heart and Vascular
Institute ground floor*

Phone: 1-703-776-8250
Fax: 1-703-776-8232

Open 7 days a week:
8am to 8pm Eastern

Inova Pharmacy Plus—ILH

44045 Riverside Pkwy
Suite N1112
Leesburg VA 20176
Inside Inova Loudoun Hospital

Phone: 1-703-858-6020
Fax: 1-703-858-6007

Monday – Friday:
9am to 7pm Eastern
Saturday & Sunday:
9am to 3pm Eastern

Inova Retail and Specialty Pharmacy

8081 Innovation Park Dr
Fairfax, VA 22031
*Inside the Cancer Institute
2nd Floor across street from
Inova Fairfax Hospital*

Phone: 1-571-472-1100
Fax: 1-571-472-1101

24/7 Specialty Pharmacy after hours emergency contact line:
571-200-7583

Monday – Friday:
8am to 6pm Eastern
Closed Saturdays and Sundays

One team

Fill your prescriptions through Inova Pharmacy Plus. It saves you money!

Ordering 30-Day Prescriptions through Inova Pharmacy Plus

Advise your physician to fill your 30-day prescription at one of the Inova Pharmacy Plus locations by e-prescribing, calling or faxing a script.

Ordering 90-Day Prescriptions through Inova Pharmacy Plus

Simply call one of the Inova Pharmacy Plus locations and request to change your 30-day prescription to a 90-day prescription. Inova Pharmacy Plus will contact your physician for an updated script. You can pick up your prescription at one of the Inova pharmacies or have it mailed to your home.

Dental Plans

Dental coverage is separate from medical coverage. You can choose from the Aetna Dental Maintenance Organization (DMO) plan or the Aetna High plan, which is a Dental Preferred Provider Organization (DPPO) plan.¹

Dental Benefits ¹	Aetna DMO	Aetna High
Annual Deductible	No deductible	\$25 per person \$50 per family
Preventive Care	0%	0%, no deductible ²
Minor Restorative Care <i>Oral surgery, extractions, fillings, endodontic treatment (including root canals: 20% for anterior and bicuspid teeth and 50% for molar teeth).</i>	20%	20%
Major Restorative Care <i>Inlays, gold fillings, crowns/bridges, dentures and implants.</i>	50%	20%
Periodontal	20%	50%
Orthodontic	\$2,400 copay, no deductible	50%, lifetime maximum benefit is \$2,500
Annual Benefit Maximum <i>(excludes orthodontia)</i>	None	\$3,000 per person
Surgical Periodontal Services	50%	N/A

The Aetna DMO only covers services provided by dentists who participate in Aetna's Dental Maintenance Organization (DMO). The Aetna DMO may not be available in certain geographic areas. Check your ZIP code for coverage. If you move outside the eligible area, you will not be allowed to continue in the DMO, and you will be automatically enrolled in the Aetna High plan at the same coverage level.

If you are enrolled in the Aetna High plan and you visit a dentist who does not participate in Aetna's Dental Preferred Provider Organization (DPPO), the plan pays benefits based on the reasonable and customary (R&C) charge. You are responsible for paying any amount above the R&C charge. A pre-treatment estimate is required for dental care that's expected to be more than \$250.

There are no waiting periods for periodontal and orthodontic services in progress for the Aetna High plan. The DMO plan will not provide benefits related to a pre-existing missing tooth.

Double-coverage is not permitted. Read the [Double Coverage Not Permitted](#) section for information.

¹ Your coinsurance (or copay) amounts are shown.

² The cost of your preventive care under the Aetna High plan counts toward your annual maximum benefit.

Vision Plans

Vision coverage is separate from your medical coverage. Core coverage is available at no cost to you (although you must elect the benefit to be covered), or you can also choose Buy-Up or Buy-Up Plus coverage. All plans are administered by VSP.

Double-coverage is not permitted. Read the [Double Coverage Not Permitted](#) section for information.

VSP Vision Plan Benefits	Core	Buy-Up	Buy-Up Plus
Routine WellVision Exam¹	\$10 copay	\$10 copay	
Prescription Glasses¹ <i>(instead of contacts)</i>	Discounts available	\$10 copay <i>(includes frames and lenses)</i>	
Frames¹	Discounts available	\$170 allowance for a wide selection 20% off amount over your allowance \$95 Costco frame allowance <i>Frame allowance may be used for non-prescription sunglasses or non-prescription blue light filtering glasses</i>	
Eyeglass Lenses¹	Discounts available	Included in prescription glasses copay: Single vision, lined bifocal and lined trifocal Polycarbonate lenses for dependent children	
Lens Enhancements¹	Discounts available	Standard Progressive: Covered in Full Premium/Custom Progressive: \$95-\$175 copay Average 30% discount off others	
Contact Lenses¹ <i>(instead of prescription glasses)</i>	N/A	\$170 allowance; copay does not apply Up to \$60 copay	
VSP Easy Options	N/A	N/A	You and each enrolled member can choose one of these enhanced eyewear options when purchasing glasses or contacts: an additional \$100 frame allowance, an additional \$50 contact lens allowance, fully covered premium or custom progressive lenses, fully covered light-reactive lenses or fully covered anti-glare coatings.

VSP Vision Plan Benefits	Core	Buy-Up	Buy-Up Plus
Essential Medical Eyecare	N/A	Retinal screening: \$0 for diabetics and up to \$39 for non-diabetics <i>Additional exams and services for members with diabetes, glaucoma or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details: \$20 per exam.</i>	
Glasses and Sunglasses <i>(second pair)</i>	20% off, including lens options, from any VSP doctor within 12 months of your last WellVision Exam		
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price		

NOTE: Coverage with a participating retail chain may be different. If you plan to see a provider other than a VSP network provider, visit or call VSP Member Services at 1-800-877-7195 for coverage details.

¹ Every calendar year.

² Reflects coverage with VSP network providers, including participating retail chains.



2024 Team Member Contributions (per biweekly pay period)

Medical

Plan	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
HSA HDP	\$47	\$107	\$90	\$140
PPO	\$85	\$220	\$195	\$295

Plan (Married Inova Couples)	Team Member + Spouse	Family
HSA HDP	\$91	\$116
PPO	\$127	\$217

Dental

Plan	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
High	\$8	\$27	\$24	\$41
DMO	\$3	\$5	\$5	\$10

Plan (Married Inova Couples)	Team Member + Spouse	Family
High	\$15	\$30
DMO	\$4	\$7

Vision

Plan	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
Core	\$0	\$0	\$0	\$0
Buy-Up	\$3.48	\$7.48	\$7.02	\$11.95
Buy-Up Plus	\$5.64	\$12.11	\$11.36	\$19.35

- Deductions are taken over 26 pay periods on a pre-tax basis for medical, dental and vision coverage.
- Medical, dental and vision coverage is offered to full-time team members (60+ hours/pay period) and part-time team members (40-59 hours/pay period)
- Contact the Inova Benefits Center at 1-877-466-8201 to request the Married Inova Couples premium rate.

Get the most from your benefits

Maximize your pre-tax benefits to save on income taxes

Enroll in a plan that allows pre-tax deductions or contributions. You'll save money because you won't pay taxes on the deductions or contributions (except Pennsylvania taxes 401(k) contributions). The pre-tax plans are:

Medical, Dental, Vision, Health Savings Account (HSA), Healthcare Flexible Spending Account (FSA), Limited Healthcare FSA, Dependent Care FSA, Commuter Benefits, and 401(k) Retirement Savings Plan

Save money

- Use the Inova network, including facilities, providers and Inova Pharmacy Plus whenever possible.
- Enroll in the 401(k) Retirement Savings Plan and contribute at least 5%. You'll receive matching contributions of 100% on the first 5% of contributions, up to the IRS limit. If your salary is \$75,000, that equates to \$3,750 added to your 401(k) balance, and taxes are deferred until you withdraw it.
- Did you know that Critical Illness and Accident Insurance plans offer a reimbursement for obtaining an annual health screen? It's \$75 for Critical Illness and \$50 for Accident Insurance. And, you can double-dip if you participate in both plans.
- If you enrolled in the HSA High Deductible Plan, you are automatically enrolled in the Basic Hospital Indemnity plan at no cost. The Basic Hospital Indemnity plan pays cash benefits if you have a hospital stay for a covered accident, sickness or maternity. You can use it to pay your out-of-pocket medical expenses or keep it for yourself.

! Utilize your benefits to their fullest extent to get the most from your benefits.



Consider Roth contributions

If you contribute after-tax contributions to the 401(k) Retirement Savings Plan, you pay taxes, but any money you withdraw in retirement will be tax free—both your contributions and investment earnings. This is a huge tax advantage, although you'll have to wait until you retire to enjoy it.

Watch your deadlines

Watch your FSA deadlines carefully. The last day to incur an FSA claim is March 15 of the next calendar year, and the last day to file an FSA claim is March 31 of the next calendar year. Any unclaimed money will be forfeited, per IRS regulations.

Participate in education benefits

It's never too late to pursue your educational aspirations. Inova offers a tuition reimbursement plan that reimburses you up to \$5,250 annually for a wide variety of educational courses. You can also apply to receive a monthly student loan assistance payment, made payable to your lender, for any student loan debt in your name. The annual \$5,250 maximum includes tuition reimbursement and student loan assistance payments.



Savings & spending accounts

You have the opportunity to make pre-tax contributions to a tax-advantaged account, depending on which medical plan you enroll in. The HSA and FSAs are administered by Inspira Financial.

Health Savings Account (HSA)

If you enroll in the HSA HDP, you have the option to fund an HSA with your own money.

An HSA is a tax-free savings account you can use to pay for qualified medical (including prescription drugs), dental and vision expenses anytime, even in retirement.

Your pre-tax dollars can yield savings of 15% to 35%, depending on your tax bracket. Unlike a Flexible Spending Account, any unused funds remaining in your account will roll over to the next year and are yours to keep if you leave Inova.

Inova pays the monthly administrative fee for your participation in the HSA.

IRS HSA contribution maximum

- **\$4,150 for Team Member Only**
- **\$8,300 for all other coverage levels**
- **If you are age 55+ by December 31, 2024, you may contribute an additional \$1,000.**

How an HSA works

Your Health Savings Account (HSA) can be used to pay for **eligible healthcare expenses** for you and your eligible dependents, including your spouse and children. It's important to understand the definition of "eligible dependent" in the context of this account to make sure your claims are processed and you are reimbursed for your expenses quickly.

While federal laws allow for dependent children to be covered by an individual's High Deductible Health Plan until age 26, tax laws for Health Savings Accounts are slightly different. According to the IRS definition, an eligible HSA dependent is a qualifying child who meets these three criteria:

- Has the same principal place of abode as the covered team member for more than one-half of the taxable year, and
- Has not provided more than one-half of his or her own support during the taxable year, and
- Is not yet 19 (or, if a student, not yet 24) at the end of the tax year or is permanently and totally disabled

HSA eligibility

You are eligible to enroll in an HSA if

- You are enrolled in Inova's High Deductible Plan

You are **not** eligible to enroll in an HSA if:

- You are enrolled in a non-HSA medical plan or health reimbursement account
- Your spouse is enrolled in a Healthcare Flexible Spending Account, and you file your taxes jointly
- 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

One way around this is for an adult child to set up their own HSA. As long as they are covered on the family qualified HDHP, adult children can contribute the full family HSA amount into their HSA account. The dependent's contributions will not reduce the amount their parents can deposit into their accounts.

A domestic partner is not considered a spouse under federal law, so a domestic partner's medical expenses cannot be reimbursed under your HSA unless the domestic partner is a "qualifying relative" of the participant. A qualifying spouse must be legally married.

A complete and more specific description of who qualifies as an eligible dependent is defined in [Internal Revenue Code Section 152](#).

Once your HSA balance reaches \$1,000, you're eligible to invest your contributions.

Healthcare Flexible Spending Account (FSA)

The Healthcare FSA allows you to set aside pre-tax dollars to pay for out-of-pocket medical, prescription drugs, dental and vision expenses. You choose your annual contribution or "goal amount", and it will be divided equally among the remaining pay periods for the calendar year and deducted from your paycheck on a pre-tax basis. Up to \$640 in remaining funds can roll over to the next calendar year.

IRS Healthcare FSA Contribution Maximum: \$3,200 per employer per year

Limited healthcare FSA

If you are enrolled in the Innovation Health HSA HDP, you can also enroll in a Limited Healthcare FSA, which allows you to pay for dental and vision expenses. Otherwise, it works just like the Healthcare FSA. If you enroll in both the Limited Healthcare FSA and the Health Savings Account (HSA), you can pay your current dental and vision expenses through the Limited Healthcare FSA and pay your medical expenses through the Health Savings Account (HSA). Your unused Health Savings Account (HSA) funds will remain in your account and may accrue investment earnings (if your balance exceeds \$1,000). You can continue to fund the Health Savings Account (HSA) and use those funds for medical expenses in future years or after you retire.

IRS Limited Healthcare FSA Contribution Maximum: \$3,200 per employer per year

Dependent care FSA

The Dependent Care FSA allows you to set aside pre-tax dollars to pay for day care expenses so that you and your spouse can work full-time. Your contributions are deducted on a pre-tax basis from each paycheck. Qualified expenses include adult and child day care center, preschool, and before/after school care for eligible children and adults.

Eligible dependents include:

- A child under the age of 13, or
- A child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least 8 hours a day in your household.

Save your receipts

You may be required to submit receipts to substantiate an HSA or FSA expense, per IRS regulations. Save your itemized receipts for future use. If you are unable to substantiate an expense, your debit card may be suspended, and you will have to repay the expense to the Plan on an after-tax basis.

Use it or lose it!

Estimate your Healthcare FSA annual goal amount carefully so you can be sure you will use all of your funds by the end of the year! You may rollover \$640 to the next calendar year for your Healthcare FSA or Limited Healthcare FSA. All remaining contributions will be forfeited.

! File timely! The last day to incur an expense for the Healthcare FSA or Limited Healthcare FSA is December 31 of the current calendar year. The last day to file a claim is March 31st of the next calendar year. Up to \$640 of unclaimed money will rollover to the next calendar year, and any unclaimed money in excess of \$640 will be forfeited, per IRS regulations.

Estimate your Dependent Care FSA annual goal amount carefully so you can be sure you will use all of your funds by the end of the year! The Dependent Care FSA has a grace period that allows you to rollover your remaining contributions to the next calendar year. You may use the grace period to incur claims for eligible expenses and pay for them with current year contributions. Claims must be incurred by March 15 of the next year and filed by March 31 of the next year. All remaining funds from the current year will be forfeited on March 31 of the next year.

IRS Dependent Care FSA Contribution Maximum: \$5,000 per household per year (or \$2,500 if you are married and file separate tax returns)

Reimbursement from the HSA or FSA

You can receive reimbursement from your Healthcare FSA and Limited Healthcare FSA at any time during the year for eligible expenses up to the total annual amount you elect to contribute (goal amount). The Dependent Care FSA and HSA reimburse only the available funds that have been deducted (pre-tax) from your paycheck. If you request a reimbursement that exceeds the amount currently in your account, the remaining balance will be reimbursed when your contributions reach the amount needed. All reimbursement claims must be filed by March 31 of the next calendar year. Any funds not claimed for the FSA will be forfeited.

Debit card

You will receive an HSA debit card or an FSA debit card, depending on your election. Your HSA or FSA debit card can be used for medical, prescription, dental and vision expenses—we suggest you use it for services with a flat dollar copay at the point of service or to pay a provider after a visit, once the claim has been processed and you receive an invoice. If you have an HSA you will not receive another debit card if you also have a Limited Healthcare FSA. **Your HSA and FSA debit card will be good for a period of 5 years, and the expiration date appears on the back of your card. If you have an HSA and a Limited FSA, both benefits are loaded on the same debit card for your use.** The FSA debit card cannot be used for day care expenses.

Under the CARES Act of 2020, over-the-counter medications and feminine care products, such as pads and tampons, are reimbursable without a prescription. Visit www.irs.gov/publications/p502 for a complete list of eligible expenses.

The HSA debit card has a daily spending limit equivalent to the Healthcare FSA annual maximum, which is \$3,200 for 2024. If you anticipate an expense greater than the daily maximum, call the HSA administrator to request a temporary increase that can be used for 24 hours.

The table below explains the basics about contributions for these accounts, and when and how you can use the money.

Plan Provision	Health Savings Account (HSA)	Healthcare FSA	Limited Healthcare FSA
Eligible Medical Plans	HSA HDP Outside NOVA HSA HDP	PPO Outside NOVA PPO	All plans, HSA participants can only enroll in a Limited Healthcare FSA
Eligible Expenses	Medical, dental, vision, and prescription drugs	Medical, dental, vision, and prescription drugs	Dental and vision
Maximum Annual Contribution	Up to \$4,150: Team Member Only Up to \$8,300: Team Member + Family <i>If you are age 55 or older, you can contribute an additional \$1,000 in catch-up contributions</i>	Up to \$3,200 per employer per year.	
Funds can be used for	You, your spouse and your tax dependents (including children up to age 26)	You, your spouse and children up to age 26	
Annual Goal Amount is Available on January 1	No. You will only be reimbursed up to the amount that has been deducted from your paycheck	Yes. The entire Healthcare FSA election is available to you on the first day coverage is effective.	
Election Rolls Over to Next Calendar Year	Yes	No. You must re-enroll each year, per IRS regulations	
Funds Roll Over to Next Calendar Year	Yes. Your money remains in your account and belongs to you, including if you leave Inova.	Partially. Up to \$640 not used for eligible expenses incurred by December 31 of the current year will rollover if you are still employed by Inova. Any remaining amounts above \$640 will be forfeited. If you enroll in an HSA for the current year, you will no longer have access to your remaining FSA carryover funds, unless they are in a Limited Healthcare FSA, per IRS regulations.	
Claims Filing Date	None	Claims incurred on or before December 31 of the current calendar year must be submitted by March 31 of the next year.	
Opportunity to Change Election	At any time <i>Changes made during the Annual Enrollment period will be effective the next January 1.</i>	During initial benefit eligibility period, qualifying life event, work status change or Annual Enrollment. Changes made during the Annual Enrollment period will be effective the next January 1.	

Plan Provision	Health Savings Account (HSA)	Healthcare FSA	Limited Healthcare FSA
Funds Accrue Investment Earnings	Your money may accrue investment earnings after you accrue at least \$1,000 and select your investment funds. You will be responsible for paying any investment fees.	No	No
Do I Need to Report this Account to the IRS?	Yes. The IRS requires that you include Form 8889 with your federal income tax return each year that you have an HSA	No	No

¹ With an HSA, unlike an FSA, you generally can change your election anytime during the year without a Qualifying Life Event.

² You cannot contribute to an HSA if you have commenced Medicare coverage.

³ Keep all your receipts for healthcare expenses. If Inspira Financial needs more information to confirm a debit card purchase, they will notify you.



Plan Provision	Dependent Care FSA all participants
Eligible Expenses	<p>Eligible dependent care expenses incurred so you and/or your spouse can work, including:</p> <ul style="list-style-type: none"> • Day care (including adult day care) • Preschool • Before- and after-school care (if not included in tuition) • Summer day camps, but not overnight camps
Maximum Annual Contribution	Up to \$5,000 ¹ per household per year; \$2,500 if married and filing separately from your spouse. The maximum contribution is combined for all of your employers in a calendar year.
Funds can be used for	<p>Dependents under age 13 who you claim on your federal tax return (or for whom you are the custodial parent, if divorced)</p> <p>A spouse or dependent who is physically or mentally incapable of self-care and lives in your home for more than eight hours per day</p>
Annual Goal Amount is Available on January 1	No, You will only be reimbursed up to the amount that has been deducted from your paycheck
Election Rolls Over to Next Calendar Year	No. You must re-enroll each year per IRS regulations
Funds Rolls Over to Next Calendar Year	No. You have a grace period that allows you to incur claims for eligible expenses in the next year and pay for them with current year contributions. All funds not used for eligible expenses incurred by March 15 of the next year will be forfeited. Claims must be filed by March 31 of the next year.
Opportunity to Change Election	<p>During initial benefit eligibility period, qualifying life event, work status change or Annual Enrollment.</p> <p>Changes made during the Annual Enrollment period will be effective the next January 1.</p>
Funds Accrue Investment Earnings	No
Do I Need to Report this Account to the IRS?	No, but you can't claim the dependent care tax credit for any expenses reimbursed from this account

¹ Limit will be less for highly paid team members earning more than the IRS highly compensated employee limit (\$155,000 for 2024). The contribution limit is \$2,100 for 2024.

Supplemental medical benefits

Aetna offers three plans (Hospital Indemnity, Critical Illness and Accident) to supplement your medical coverage and help protect you from the financial consequences of a serious health event.

Cash benefits are paid directly to you and can be used any way you choose. Use your benefits to pay out-of-pocket medical costs, ongoing bills or unexpected expenses. Supplemental Medical benefits aren't reduced by medical or disability insurance benefits, or other sources of income.

Look at some of the features of the Hospital Indemnity, Critical Illness and Accident Plans:

- Coverage available for team members, spouses, and dependent children
- Guaranteed acceptance—no medical questions asked
- No pre-existing conditions are excluded
- No benefit waiting period (first day coverage)
- No benefit reductions after a certain age
- Portable—you can continue coverage if you are no longer an eligible team member
- Simplified claims process. No paperwork is generally required if you are enrolled in an Innovation Health medical plan

Choose between Hospital Indemnity, Critical Illness and Accident Plans. Remember, **Inova pays for the Basic Hospital Indemnity coverage if you are enrolled in the HSA HDP.**

An overview of the plans is shown on the next page.



Aetna Supplemental Medical Benefits Overview

Supplemental Medical benefits are available to team members budgeted to work at least 40 hours per pay period and their eligible dependents. You buy these benefits with post-tax, biweekly contributions through your paycheck. An overview of your options is below. For more information, visit myinovabenefits.org or call the Inova Benefits Center at 1-877-466-8201.

Plan Provision	Hospital Indemnity Insurance	Critical Illness Insurance	Accident Insurance
Plan Benefit	<p>This plan pays cash benefits if you have a hospital stay for a covered accident, sickness or maternity. The plan pays higher benefits if you choose care in an Inova-designated facility.</p> <p>Inova pays the premium for the Basic Hospital Indemnity plan for team members and their families enrolled in the HSA HDP plan.</p> <p>You have two options to choose from. Some of the benefits this plan pays:</p> <ul style="list-style-type: none"> • Hospital admission <ul style="list-style-type: none"> —Annual benefit • Inpatient hospital stay—Daily • Intensive care unit (ICU) stay—Daily • Rehabilitation unit stay—Daily • Newborn routine care • Observation unit • Substance abuse—Daily • Mental disorder stay—Daily 	<p>This plan pays cash benefits when you are diagnosed with a covered critical illness such as cancer, heart attack or stroke. The plan also pays benefits for a recurrence of the same or an additional diagnosis of a covered illness or condition. (Diagnoses must be separated by at least 180 days). Enrolled dependents receive 50% of the team member's benefit choice. (You can cover your children at no additional cost). You have three options to choose from. Some of the benefits this plan pays:</p> <ul style="list-style-type: none"> • Heart attack and stroke • Invasive cancer • End stage renal failure • Occupational HIV • Benign brain tumor • Third-degree burns • Coma • Loss of sight, hearing or speech • A \$75 health screening benefit paid once per calendar year per member 	<p>This plan pays benefits for injuries related to an accident that happens when you are on or off the job. The plan pays benefits for a long list of minor to serious injuries, including loss of life, resulting from an accident. You have two options to choose from. Some of the benefits this plan pays:</p> <ul style="list-style-type: none"> • Ambulance service • Initial care—Doctor's office, urgent care or ER • Hospital admission • X-rays and medical imaging • Fractures and dislocations • Serious burns • Follow up care • Physical therapy • A \$50 health screening benefit paid once per calendar year per member
Coverage Options	Basic Coverage or Enhanced Coverage	\$10,000; \$20,000 or \$30,000 Coverage	Basic Coverage or Enhanced Coverage
Vendor	Aetna https://www.aetnaresource.com/n/Inova_SuppHealth 1-800-607-3366 (TTY:711)	Aetna https://www.aetnaresource.com/n/Inova_SuppHealth 1-800-607-3366 (TTY:711)	Aetna https://www.aetnaresource.com/n/Inova_SuppHealth 1-800-607-3366 (TTY:711)

Aetna Supplemental Benefits

Hospital Indemnity, Critical Illness and Accident Insurance benefits are offered by Aetna. There are no waiting periods, pre-existing conditions limitations, age restrictions or benefit reductions based on age. For more details, including premium amounts, exclusions and limitations that apply, please review your enrollment materials posted on the enrollment website. If you enroll in any of these Supplemental Benefits options, you will be prompted to select a beneficiary for the plan.

Double-coverage is not permitted. Read the [Double Coverage Not Permitted](#) section for information.

Income protection

Inova offers several benefits to help protect you financially when things don't go according to plan. Inova pays for basic coverage for benefit eligible team members, and you can buy additional protection for you and your family.

Life insurance

Life Insurance pays a benefit to your beneficiary if you die. Inova provides Basic Life Insurance at no cost to you. You can purchase supplemental coverage for yourself, as well as for your dependents.

Your Basic Life Insurance coverage amounts will reduce at age 70 to 50% of the original amount.

Accidental Death and Dismemberment (AD&D) insurance

AD&D Insurance pays a benefit if you die or are seriously injured in an accident. Inova provides Basic AD&D Insurance at no cost to you.

Business Travel Accident (BTA) insurance

Inova also provides BTA Insurance coverage of \$100,000 if you are full-time and \$50,000 if you are part-time. You are automatically enrolled in this coverage.

Disability insurance

Inova provides Short-Term Disability (STD) and Long-Term Disability (LTD) Insurance, which replaces a portion of your income if you become disabled and are not able to work. Basic coverage is free for eligible team members. You may purchase additional LTD Buy-Up coverage to increase your LTD coverage from 60% to 70% of eligible earnings.

Dependent life coverage—children

Children up to age 19 are eligible for Dependent Life Insurance. Children between ages 19 and 26 are eligible if they are unmarried and wholly dependent on you for support and maintenance. Read the Group Life Insurance Certificate for more information.

Imputed income

The value of your Basic Life Insurance over \$50,000 is considered taxable income to you and will be reported as Imputed Earnings on your paystub and Wages on your W-2 form.

Supplemental life Insurance Evidence of Insurability (EOI) rules

Evidence of Insurability (EOI) is when an insurance company requires medical information to review before approving or denying a team member's requested coverage amount. EOI is required if a team member:

- Elects supplemental life insurance coverage above the guaranteed issue during the team member's initial benefits eligibility period (new hire)
- Enrolls in a supplemental life insurance coverage after the team member's initial benefits eligibility period (new hire), including during the Annual Enrollment period

If you elect a coverage amount above the guaranteed issued, you will be enrolled at the guaranteed issue coverage amount. The coverage amount above the guaranteed issued will be effective when approved by the insurance company.

Enrollment opportunity

You may change your supplemental life insurance coverage at any time. Your election to enroll or increase your coverage amount will require EOI. Your election to decrease or cancel coverage will not require EOI.

Beneficiary designation form

Be sure to complete a beneficiary designation for your life insurance coverages.

If you designated your spouse as a beneficiary and later divorce, the designation of your ex-spouse will be invalid, and the proceeds will be payable to the remaining beneficiary(ies). You must complete a new beneficiary designation form if you marry and want your current spouse to be a beneficiary.

The Hartford death services

The Hartford offers you resources that can help while you're actively at work—whether making big decisions, traveling, handling confusing paperwork or struggling emotionally. And for your loved ones, The Hartford offers support and resources when the unexpected happens.

The Hartford tools help with pre-planning and navigation of funeral arrangements and offer price comparisons. Real people are ready to answer the phone to help you create a simple last will and testament online or guide you and your loved ones through a loss.

- **Travel Assistance & Identity Theft Protection**—24/7 support when you are far from home or if you've just clicked the wrong link
- **EstateGuidance Will Preparation**—Tools to create a simple will in the convenience of your home
- **Funeral Concierge**—Tools to help with pre-planning and people to help after a loss
- **Beneficiary Assist Counseling**—Face-to-Face Support for beneficiaries after a loss

Contact info for:

- Travel Assistance & Identity Theft: 800-243-6108; Outside US: 202-828-5885
- Estate Guidance: www.estateguidance.com
- Funeral Concierge: 1-866-854-5429; everestfuneral.com/hartford, Code: HFEVLC
- Beneficiary Assist: 800-411-7239

Quick facts

You purchase LTD Buy-Up on a post-tax basis, and the benefits you receive are not subject to income tax. Taxes are withheld from STD and basic LTD benefit payments.

Life, AD&D and Disability benefits are provided by The Hartford. The Booklet Certificate for the coverage contains all the details, including exclusions, restrictions and limitations that may apply. The Booklet Certificate can be found on myinovabenefits.org.

LTD buy-up coverage

This coverage provides an additional benefit of up to 10% of your eligible base pay for a total LTD benefit of 70% (subject to the maximum dollar limit). Your premiums are deducted on a post-tax basis, and the benefits you receive will be non-taxable.

LTD Evidence of Insurability (EOI) rules

Evidence of Insurability (EOI) is when an insurance company requires medical information to review before approving or denying a team member's requested coverage amount.

EOI is required if a team member:

- Enrolls in LTD Buy-Up coverage after the team member's initial benefits eligibility period (new hire), including during the Annual Enrollment period

Enrollment opportunity

You may change LTD Buy-Up insurance coverage at any time. Your election to enroll will require EOI. Your election to cancel coverage will not require EOI.



Life and Accidental Death & Dismemberment (AD&D)

The table below shows your options for Life and Accidental Death & Dismemberment (AD&D) benefits. Keep in mind that coverage and eligibility may differ for certain executives. More information about the plans can be found on myinovabenefits.org.

Plan Provision	Basic Life and AD&D (Company-paid premium)	Supplemental Life and AD&D (Team member paid premium)
Eligibility	<ul style="list-style-type: none"> • Full-time team members budgeted to work 60 hours or more per pay period • Part-time team members budgeted to work 40–59 hours per pay period 	<ul style="list-style-type: none"> • Full-time team members budgeted to work 60 hours or more per pay period • Part-time team members budgeted to work 40–59 hours per pay period
Available Coverage Options	<p>Full-time: 1 x base pay (up to \$500,000) provided by Inova</p> <p>Part-time: ½ x base pay (up to \$50,000) provided by Inova</p> <p><i>(Coverage amounts apply separately to life and AD&D insurance; i.e., you have one life insurance benefit and one AD&D benefit).</i></p> <p>Your Basic Life coverage will reduce to 50% of your coverage amount at age 70.</p>	<p>Full-time: 1–8 x base pay (up to \$1,500,000 combined basic and supplemental maximum)</p> <p>Part-time: 1–8 x base pay (up to \$300,000 combined basic and supplemental maximum)</p> <p><i>(Coverage amounts and maximums apply separately to life and AD&D insurance; i.e., you have one life insurance benefit and one AD&D benefit. AD&D insurance is available to team member coverage only.)</i></p>
Guaranteed Issue	N/A	<p>You: The lesser of 3 x base pay or \$500,000</p> <p>Spouse: \$50,000</p> <p>Child of FT/PT team member: \$10,000</p>
Spouse/Domestic Partner Coverage Options¹	None	<p>Full-time: \$25,000–\$250,000 in increments of \$25,000 (life insurance only)</p> <p>Part-time: \$25,000 (life insurance only)</p> <p><i>Spouse coverage cannot exceed team member coverage.</i></p>
Child Coverage¹	None	Full-time/Part-time: \$10,000 (life insurance only)
Premiums Paid By	Inova	You, with post-tax dollars
Evidence of Insurability (EOI) Requirements	No	Sometimes, for you and your spouse; not for your children
If You Terminate Employment	Coverage may be portable or convertible depending on your circumstances	Coverage may be portable or convertible depending on your circumstances

¹ Double-coverage not permitted. Read the [Double Coverage Not Permitted](#) section for information.

Disability

The table below shows a snapshot of the Short-Term and Long-Term Disability plans. Keep in mind that coverage and eligibility may differ for Inova physicians and certain executives. Contact the Inova Benefits Center for more information.

Plan Provision	Short-Term Disability (STD)	Long-Term Disability (LTD)
Eligibility	<ul style="list-style-type: none"> • Full-time team members budgeted to work 60 hours or more per pay period • Part-time team members budgeted to work 40–59 hours per pay period 	<ul style="list-style-type: none"> • Full-time team members budgeted to work 60 hours or more per pay period
The Plan Pays	100% of pay for the first six weeks and 66⅔% for the remaining weeks. You must use your PTO for the one week elimination period before STD benefits commence.	60% of monthly base pay <i>(if LTD Buy-Up is elected, the plan pays an additional 10% for a total benefit of 70% of monthly base pay)</i> \$8,500 maximum monthly benefit
Premiums Paid By	Inova	Inova pays for basic coverage, but you pay for LTD Buy-Up
What is Covered?	Non work-related disability <i>(includes childbirth)</i>	Non work-related and work-related disabilities <i>(benefit will be coordinated with any workers' compensation or Social Security disability benefits that are payable)</i>
When do Benefits Begin?	On the 8th day of disability	The later of 180 days or end of Short-Term Disability benefits
When do Benefits End?	No longer disabled or your employment terminates <i>(26-week maximum)</i>	No longer disabled, or normal Social Security retirement date <i>(depending on your year of birth, with modification if your disability starts after age 63)</i>

Voluntary benefits

Inova offers additional insurances to protect your income and personal property.

Benefit Plan	Available Benefit	Cost	Contact
<p>Auto/Home Insurance <i>(Farmers Insurance or Travelers)</i></p>	<p>This program offers you and your family auto, homeowners and renters insurance with special savings.</p> <p>Contact vendor to enroll.</p>	<p>You buy this benefit on your own, with post-tax payroll deductions. Cost varies.</p>	<p>Farmers Insurance: 1-800-438-6388 www.myautohome.farmers.com</p> <p>Travelers: 1-888-695-4640 travelers.com/inova</p>
<p>Identity Theft Protection <i>(ID Watchdog)</i></p>	<p>Two plan options help you better protect and monitor the identities of you and your family. You'll be alerted to potentially suspicious activity and enjoy the peace of mind that comes with the support of dedicated identity resolution specialists.</p> <p>Enroll anytime by calling the Inova Benefits Center at 1-877-466-8201.</p>	<p>You buy this benefit on your own, with post-tax payroll deductions.</p>	<p>1-800-240-7122 http://idwatchdog.com/myplan/inova</p>
<p>Legal Services <i>(MetLife Legal)</i></p>	<p>This plan offers access to a network of attorneys and pays the fees for routine personal or family legal matters, including: wills and estate matters, divorce, contested guardianship, debt matters, and more.</p> <p>Enroll online. Enroll during your initial eligibility period or Annual Enrollment period online at myinovabenefits.org. Click on the TAKE ACTION AT THE INOVA BENEFITS CENTER tile, located on the home page, log in, and click Start Your Enrollment.</p>	<p>You buy this benefit on your own, post-tax.</p>	<p>1-800-821-6400 legalplans.com</p>
<p>Long-Term Care Insurance <i>(Chubb)</i></p>	<p>The Chubb Life Insurance with Long-Term Care (LTC) Benefits program offers life insurance coverage for your family and LTC benefits if you need them.</p> <p>Contact vendor to enroll.</p>	<p>The amount you pay depends on your age and coverage level requested.</p>	<p>1-844-898-1178 www.getltci.com/inova-chubb</p>
<p>Long-Term Care Insurance <i>(Life Secure)</i></p>	<p>The offering through LifeSecure provides standalone LTC coverage, along with options to automatically increase your benefit in the future. As of January 2023, enrollment in this plan is temporarily suspended.</p> <p>Not currently accepting applications.</p>	<p>The amount you pay depends on your age and coverage level requested.</p>	<p>1-844-595-2340 groupitci.com/inova</p>

Value added benefits

Additional benefits are available to help you stay healthy, care for your family and save money on everyday expenses.

Benefit Plan	Available Benefit	Cost	Contact
Adoption Assistance Plan	<p>This program reimburses you up to \$7,500 to pay for approved, eligible adoption expenses. See Adoption Assistance Policy for more details.</p> <p>Submit applicable forms to Inova Benefits Center.</p>	<p>Program participation is free to team members budgeted to work 40 hours or more per pay period.</p>	<p>Inova Benefits Center: 1-877-466-8201</p>
Bright Horizons Daycare at Inova	<p>These onsite childcare facilities offer early education for your eligible children.</p> <p>Contact vendor to enroll.</p>	<p>You pay the fees for the childcare center.</p>	<p>Bright Horizons at Inova Fairfax: 1-703-207-2010</p> <p>Bright Horizons at Inova Fair Oaks: 1-703-391-4700</p>
Back-up Care <i>(Bright Horizons)</i>	<p>This program offers up to 30 days/family/ year of temporary, back-up child and elder care for your eligible dependents, provided through Bright Horizons. Care is available at Bright Horizons day care centers or at home. Also included is a subscription to Sittercity. Portions of the 30-day back-up child care allocation may be used for tutoring for your children. See Tutoring for Children.</p> <p>Contact vendor to enroll.</p>	<p>Center-based care: \$25/day for one child. \$35/day for multiple children.</p> <p>In-home care: \$6/caregiver/hour</p>	<p>1-877-BH-CARES (1-877-242-2737) https://clients.brighthouse.com/inova</p>
College Coach <i>(Bright Horizons)</i>	<p>This program provides:</p> <ul style="list-style-type: none"> • Direct Coaching: Personalized help with admissions, essay reviews, college finance and more • Insider Workshops: Sharing strategies and debunking myths for every phase of a child's education • Powerful Tools: Videos, cost calculators and FAQs available for the whole family <p>Contact vendor to enroll.</p>	<p>Program participation is free to team members budgeted to work 40 hours or more per pay period.</p>	<p>1-877-BH-CARES (1-877-242-2737) https://clients.brighthouse.com/inova</p>

Benefit Plan	Available Benefit	Cost	Contact
<p>Commuter Benefits (Inspira Financial)</p>	<p>This program lets you pay for your eligible commuting costs through automatic, pre-tax payroll deductions.</p> <p>Contact vendor to enroll.</p>	<p>You buy this benefit on your own, pre-tax up to \$315/month. Enroll anytime.</p>	<p>1-844-729-3539 inspirafinancial.com</p>
<p>Discount Program (BenefitHub)</p>	<p>This Employee Discount Program provides you with discounts and perks from top national retailers, online stores and local shops for a variety of products and services.</p> <p>Automatically covered. You do not need to enroll.</p>	<p>Program participation is free.</p>	<p>1-866-664-4621 https://inova.benefitHub.com customerCare@benefithub.com</p>
<p>Educational Assistance Program (Guild)</p>	<p>This program allows you to take courses for undergraduate and graduate courses for degree programs and certifications. You will be reimbursed up to \$5,250 per year (when combined with Student Loan Assistance payments).</p> <p>You must complete 90 days of satisfactory employment and be budgeted to work at least 40 hours per pay period to be eligible. See the Educational Assistance Program Policy for more details on this benefit.</p> <p>To enroll, submit applicable forms to vendor.</p>	<p>Program participation is free.</p>	<p>1-800-985-4027 toll free between 9 a.m.–9 p.m. ET inova.guideducation.com</p>
<p>Employee Assistance Program (EAP) (Inova EAP)</p>	<p>You and members of your household can receive confidential counseling to manage problems like stress and substance abuse. Plus, get referrals for child care, house cleaning and other useful services.</p> <p>Automatically covered. You do not need to enroll.</p>	<p>Program participation is free and assistance is available 24/7.</p>	<p>1-800-346-0110 https://www.inova.org/our-services/corporate-health-services/employee-assistance-program Username: Inova Password: EAP</p>

Benefit Plan	Available Benefit	Cost	Contact
<p>Family Scholarship Program for Team Members' Children (Edcor)</p>	<p>This program awards annual scholarships of \$5,000 to eligible child dependents who are enrolled in post-secondary 2- or 4-year undergraduate degree program in a healthcare related field. The lifetime maximum is \$10,000 per child.</p> <p>Applications are due in late May, and funds are disbursed in early August.</p> <p>Contact vendor to enroll.</p>	<p>Program participation is free to team members budgeted to work 40 hours or more per pay period <u>and</u> have at least five years of <i>consecutive</i> service as of the application date.</p>	<p>1-800-326-0780 Inova Family Scholarship Program – Edcor (smapply.us)</p>
<p>Inova Well</p>	<p>This wellness program for Inova team members supports you at all health and fitness levels. The offerings and events are focused on seven dimensions of health: Be Aware, Get Active, Healthy Mind, Eat Well, Live Green, Health Coaching and Be Connected.</p> <p>Automatically covered. You do not need to enroll.</p>	<p>Program participation is free.</p>	<p>https://www.inova.org/our-services/inova-well inovawell@inova.org</p>
<p>Joan and Russell Hitt Center for Healthy Living</p>	<p>A fitness center located on the Inova Center for Personalized Health campus; dedicated to using clinical expertise to create healthy individuals, community and planet. Fees apply. Includes BurnAlong, a virtual fitness platform free for all Inova team members. Massage Therapy and Inova Well Acupuncture are also located at the Center for Healthy Living.</p>	<p>Fees apply.</p>	<p>Hours: M-F, 6am – 8:30 pm Eastern</p> <p>1-571-472-1440 https://www.inova.org/locations/inova-joan-and-russell-hitt-center-healthy-living healthlifestyles@inova.org</p>
<p>Mental Health Benefits (Lyra Health)</p>	<p>This program offers up to 25 free coaching or therapy sessions per calendar year for mental health issues.</p> <p>Care continues after the free sessions are exhausted by integrating with the Inova medical plans, subject to applicable office visit copays or coinsurance (depending upon the medical plan). Claims will process at the Standard Savings Plus benefit tier.</p> <p>Contact vendor to make appointments.</p>	<p>Program participation is free to all Inova team members, spouses/ domestic partners, and children under age 26.</p>	<p>1-877-331-5685 care@lyrahealth.com https://inova.lyrahealth.org</p>

Benefit Plan	Available Benefit	Cost	Contact
<p>Pet Care Discount Program <i>(Pet Benefit Solutions)</i></p>	<p>This program offers discounts for medical care and/or products, prescriptions and maintenance supplies for your pets.</p> <p>Enroll anytime by calling the Inova Benefits Center at 1-877-466-8201.</p>	<p>You buy this benefit on your own, post-tax payroll deductions.</p>	<p>1-888-789-PETS (1-888-789-7387) petbenefits.com/land/inova</p>
<p>Pet Insurance <i>(Nationwide)</i></p>	<p>The My Pet ProtectionSM suite of pet insurance plans pays 50% or 70% of qualified veterinary costs, offers a wellness plan option and includes unlimited 24/7 access to a veterinary professional. Enroll or cancel at anytime. Policy changes can be made in the 60-day period before your policy renewal date. Contact the vendor for all changes.</p> <p>Contact vendor to enroll, change or cancel your election.</p>	<p>You buy this benefit on your own, post-tax. Cost varies depending on species (type of pet) and state of residence. Payments are paid through your bank account or credit card.</p>	<p>1-877-738-7874 petinsurance.com/inova</p>
<p>Purchasing Program <i>(Purchasing Power)</i></p>	<p>While not a discount program, this employee purchasing program helps you buy brand-name computers, electronics, appliances and furniture via payroll deduction when cash is not an option. No credit check or down payments.</p> <p>Team members with less than one year of service are eligible for purchases up to \$250. Team members with more than one year of service are eligible for purchases up to 7-10% of their salary.</p> <p>Contact vendor to purchase an item.</p>	<p>You can buy products on your own, post-tax.</p> <p>Payments are payroll-deducted on a post-tax basis.</p>	<p>1-888-923-6236 https://inova.purchasingpower.com</p>

Benefit Plan	Available Benefit	Cost	Contact
<p>Student Loan Assistance Program <i>(Guild)</i></p>	<p>This program helps you pay your student loans by making monthly payments of \$150 (if you have less than three years of service) or \$250 (if you have three or more years of service) directly to your loan service provider. The lifetime maximum is \$10,000.</p> <p>Student Loan Assistance payments may be taxable to you if the total annual benefit exceeds \$5,250 when combined with Educational Assistance (tuition reimbursement) payments. The amount over \$5,250 will be included in your wages as imputed earnings and on your W-2 form as wages.</p> <p>Contact vendor to enroll.</p>	<p>Program participation is free to team members budgeted to work 40 hours or more per pay period <u>and</u> have at least 90 days of service.</p>	<p>1-800-985-4027 toll free between 9 a.m.–9 p.m. ET inovaguideducation.com</p>
<p>Tutoring for Children <i>(Bright Horizons)</i></p>	<p>Bright Horizons offers individual tutoring for school age children from kindergarten through 12th grade.</p> <p>Contact vendor to enroll.</p>	<p>You may convert one day of backup child/elder care to four hours of tutoring at no cost to you. See Back-up Care benefit.</p>	<p>1-877 BH-CARES (1-877-242-2737) https://clients.brighthouse.com/inova</p>
<p>VIP 360° Concierge Medicine Membership</p>	<p>Membership offers a high-level, personal service approach to healthcare on your schedule.</p> <p>Contact vendor to enroll.</p>	<p>Team members, spouses and parents receive an approximate 30% discount on annual membership. Regular cost \$2,100 a year. Inova team members, their spouses and/or parents pay \$1,500 annually or \$125 a month.</p>	<p>www.inovavip360.org</p>

Retirement benefits

Inova provides a 401(k) plan to help you save for retirement. Team member contributions to this plan are subject to the IRS annual deferral limit (\$23,000, or \$30,500 if age 50 or over). Inova matching contributions do not count toward this limit.

Investment options and administration are provided by Fidelity. Enroll, review your account and make other changes at netbenefits.com or contact Fidelity at 1-877-694-6682. You may change your deferral elections and investment options at any time.

401(k) plan features

- All team members are eligible to participate immediately upon hire.
- You may elect to contribute up to 50% of eligible pay and can change your contribution election at any time.
- Your contributions may be made on a pre-tax, post-tax (Roth 401(k)) or after-tax basis.
- A variety of plan investments are available, including target date funds
- Inova's matching contribution is dollar for dollar on the first 5% of pay you contribute on a pre-tax or Roth basis, up to the applicable IRS limit.
- The plan has a cliff vesting schedule, and you are 100% vested in the matching contributions after three years of service. You are always fully vested in your own contributions and investment earnings on those contributions.

Plan Provision	401(k) Retirement Savings Plan
Eligibility	All team members, including PRNs
Deferral Percent	Up to 50% of eligible pay
Deferral Limit	\$23,000 for pre-tax plus Roth (\$30,000 if age 50 or over.) \$28,750 for after-tax.
Deferral Options	Pre-tax, post-tax (Roth) and after-tax. Pre-tax and after-tax deferrals may be converted to Roth by contacting Fidelity.
Employer Matching Contributions	Inova's matching contribution is dollar for dollar on the first 5% of pay you contribute (up to the annual IRS limit) and is made each pay period in which you make a contribution.
Vesting Schedule	The matching contribution is subject to a three-year cliff vesting schedule (100% vested after three years of service). You are always fully vested in your own contributions and investment earnings on those contributions.

Inova makes it easy to save for your retirement.

If you do not take any action, you will automatically be enrolled in the 401(k) plan:

- 5% deferral percent on a pre-tax basis
- Your deferral percent will increase by 1% annually until it reaches 10%, beginning on the second paycheck in January.
- Your payroll deductions will be invested in the target date fund that corresponds with the year you attain age 65

All you need to do is complete a beneficiary designation form!

Rollovers

The 401(k) plan accepts rollovers from another employer's qualified retirement plan. Log into netbenefits.com and select Rollovers from the Quick Links menu. Follow the prompts to continue the process.

Beneficiary designation form

Be sure to complete a beneficiary designation form for your 401(k) retirement account. Federal law states that your legal spouse must be the beneficiary of your 401(k) retirement account, unless he or she waives their right in writing. **If you designated your spouse as the beneficiary of your retirement plan, and later divorce, your beneficiary designation will be invalid**, and you should complete a new beneficiary designation form. If you do not complete a new form, your retirement plan assets will be paid to your new spouse, if applicable, or your estate.



Annual IRS limits

The IRS sets limits for certain benefit plans for the amount you may contribute to each benefit plan.

Benefit Plan	IRS Regulation	Limit
Health Savings Account (HSA)	Maximum employee contribution	<ul style="list-style-type: none"> • \$3,850 per employer per year for Team Member Only coverage • \$7,750 per employer per year for other coverage levels
Healthcare Flexible Spending Account (FSA)	Maximum employee contribution Maximum annual carryover	\$3,200 per employer per year \$640
Dependent Care Flexible Spending Account (FSA)	Maximum employee contribution Highly compensated employee (HCE) earnings limit	\$5,000 combined for all of your employers per year \$155,000. Team members earning more than \$155,000 will have their contributions reduced to \$2,100 to pass the IRS non-discrimination test
Commuter Benefits	Maximum employee contribution	\$315 per month
401(k) Retirement Savings Plan	Maximum employee contribution	<ul style="list-style-type: none"> • \$23,000 per year (combination of pre-tax and post-tax contributions combined for the 401(k) Retirement Savings Plan. • Additional \$7,500 per year (combination of pre-tax and post-tax contributions) if team member is age 50 or more as of last day of current calendar year, for a total of \$30,500.
401(k) Retirement Savings Plan	Annual compensation limit	<p>The IRS annual compensation limit determines the maximum employer matching contributions. The annual compensation limit of \$345,000 means that all employer matching contributions will stop when a team member's compensation reaches \$345,000 for the current calendar year.</p> <p>If a team member contributes 5% or more of compensation to the 401(k) retirement savings plan, the maximum employer matching contribution will be \$17,250 (\$345,000 x 5% maximum employer matching contribution).</p>

Other benefits/leave

Holidays

Inova provides seven stated holidays separate from your Paid Time Off (PTO).

These holidays are:

- New Year's Day
- Dr. Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas Day

Paid time off

The Inova Paid Time Off (PTO) program provides flexibility in how your time off will be used. Instead of separate days for vacation, personal days or incidental sick time, you have a pool of PTO hours to use for these purposes, as well as for any other approved leave. Separate policies apply to physicians and certain executive positions.

For scheduling purposes, you must request planned absences in advance. In all events, you should be responsible in using your PTO hours so you have adequate PTO leave for unplanned absences due to illness, injury or an emergency.

PTO hours accrue on an hourly basis during the calendar year and begin with your first hour of work. Your accrual rate is based on your position and tenure (these rate schedules can be found at InovaConnect, where the other policies noted herein also can be found). PTO is paid at the straight-time base hourly pay rate in effect when you take PTO leave. PTO hours are not considered hours worked, so they are not included in the calculation of overtime. Certain management positions and physicians are not eligible for PTO.

You can begin using accrued PTO leave after completing 30 days of continuous employment.

PTO accrual is capped at a maximum level based on a budgeted 80 hours per pay period. Once your PTO maximum is reached, accruals stop until you use PTO and drop below your applicable maximum.

If you are exempt under Fair Labor Standards Act (FLSA) rules, PTO generally must be applied in full day increments in accordance with your daily work schedule. You generally cannot take leave without pay if you have accrued PTO.

If you transfer to an ineligible status or terminate employment, provided you have more than 90 days of continuous employment, your accrued PTO will be paid out at 100% of your base hourly rate. In the absence of department director approval, you may not extend your term of employment by using PTO accruals after your last day of work.

You can donate PTO hours to another team member to help cover an unexpected event that would cause a colleague great hardship. To be eligible to donate or to receive a PTO donation you must meet certain conditions. Read more about these conditions in the Time Away Programs Policy.

Paid Time Off Accrual Schedules

Team Member Accrual Schedule

Years of Service ¹	Hourly Accrual	Maximum Accrual (Hours Per Pay Period) ²	Maximum Accrual (Hours Per Year) ²	Days Per Year (Assuming 8-Hour Day Schedule)
< 4 years	0.0923	7:23	192	24
4 to 9 years	0.1076	8:36	224	28
10 to 14 years	0.1269	10:09	264	33
15 to 19 years	0.1307	10:27	272	34
20+ years	0.1346	10:45	280	35

Management Positions of Director and Above Accrual Schedule

Please note that some management positions are ineligible for PTO, including Associate Vice Presidents, Executive Director, and above. Additionally, Physicians, including Hospitalists and Intensivist are ineligible for PTO.

Years of Service ¹	Hourly Accrual	Maximum Accrual (Hours Per Pay Period) ²	Maximum Accrual (Hours Per Year) ²	Days Per Year (Assuming 8-Hour Day Schedule)
< 5 years	0.1115	8:55	232	29
5 to 9 years	0.1269	10:09	264	33
10 to 14 years	0.1307	10:27	272	34
15 to 19 years	0.1346	10:45	280	35
20+ years	0.1385	11:04	288	36

¹ The accrual rate changes at the beginning of the applicable year of service. For example, the 10-year accrual rate will change at the beginning of your tenth year of service.

² The PTO accrual per pay period illustrates the PTO accumulation for 80 budgeted hours per pay period. Part-time team members accrue PTO on a pro-rated number of hours. Maximum accrual is shown in minutes and seconds based on the Kronos time-keeping system accrual

Family & medical leave

Family & Medical Leave Act (FMLA) can be requested in accordance with the requirements of applicable state and federal laws. You must notify your supervisor as soon as you become aware of the need for FMLA. To be eligible for FMLA, you must have worked for Inova for (i) a total of at least 12 (non-consecutive) months within a seven (7) year period, and (ii) at least 1,250 hours over the prior 12 months. The maximum amount of FMLA Leave generally is twelve (12) workweeks in any 12-month period. In some circumstances you may take FMLA Leave intermittently. Read the [Family and Medical Leave Act](#) policy for more details.

Paid parental leave

Paid Parental Leave provides 100% of base pay for up to four (4) weeks to enable eligible team members to care for and bond with a newborn or a newly adopted child under age 18. Team members, including physicians and APPs, must be employed by Inova and be regularly scheduled to work 40 hours or more per pay period. Read the [Time Away Programs](#) policy for more details.

Bereavement leave

Paid leave of up to three days may be approved, without regard to length of Inova service, when a death occurs in your immediate family. Family members considered for the purpose of bereavement are Spouse, Child, Parent, Sibling, Grandparent/Grandparent-in-law, Grandchild, Aunt/Uncle, Niece/Nephew, Cousin, Parent-in-law, Brother-in-law, Sister-in-law, Daughter-in-law, Son-in-law, Domestic partner (and associated immediate family members as identified above), other in-laws and/or relatives who permanently reside in a team member's home. You must be budgeted to work 40 hours or more per pay period to be eligible for this benefit. Read the [Time Away Programs](#) policy for more details.

Inova compassion fund

Team members budgeted at least 0.5 FTE are eligible for assistance from the Inova Compassion Fund. The Fund is sustained solely by philanthropic donations made by Inova team members and established specifically to provide financial assistance during times of need. Assistance from the Compassion Fund does not have to be repaid. Refer to the full policy on InovaConnect for more information and instructions on how to complete an online application.

High Fives recognition program

High Fives is Inova's singular, system-wide, values-based recognition program that allows team members to celebrate and recognize each other for extraordinary daily contributions. Visit InovaConnect for additional resources.

If you terminate employment

Coverage ends for medical, dental and vision benefits at midnight on the last day of the month in which you terminate or change to an ineligible status. All other benefits terminate at midnight on the last day worked in an eligible status.

Benefit Plan	Coverage Ends	Continuation Options
Medical, Dental, Vision	On the last day of the month in which you terminate employment, or your work schedule reduces to less than 40 hours per pay period (0.5 FTE).	May be continued through COBRA for up to 18 months. The Inova Benefits Center at 1-877-466-8201 will mail a COBRA Election Notice to you within 14 days of your termination date.
Auto & Home Insurance <i>(Farmers & Travelers)</i>	Payroll deductions end on the day you terminate employment.	Policy is portable and may be continued at group rates by Direct Bill payment plan. Some fees may apply. Contact the insurance carrier for information. Farmers: 1-800-438-6388 www.myautohome.farmers.com Travelers: 1-888-695-4640 travelers.com/inova
Commuter Benefits	On the day you terminate employment.	You may continue to use SmarTrip® cards in your possession.
Dependent Care Flexible Spending Account (FSA)	On the date you terminate employment or reduce your budgeted hours to less than 40 hours per pay period (0.5 FTE).	You may submit reimbursement requests for expenses incurred before your termination or reduction in hours. All claims must be submitted within 90 days of your coverage loss date.
Discount Program <i>(BenefitHub)</i>	On the day you terminate employment.	Terminated team members may continue to access the BenefitHub discount marketplace (for future purchases) at www.benefithub.com .

Benefit Plan	Coverage Ends	Continuation Options
<p>Education Program (Guild)</p>	<p>On the day you terminate employment.</p>	<p>Terminated team members are ineligible to receive reimbursement for tuition and/or expenses, even if the submission window has not passed or a reimbursement application was already approved.</p> <p>Inova reserves the right to recoup any tuition assistance paid to a team member or on behalf of a team member if a team member loses eligibility, including employment termination or change to PRN status, within six months of completion of a course, program, or certificate.</p>
<p>Employee Assistance Program (Inova EAP)</p>	<p>Coverage continues during your COBRA continuation period without any action on your part.</p>	<p>Contact the EAP at 1-800-346-0110 or Inova.org/eap</p> <p><i>User name: Inova;</i> <i>Password: EAP</i></p>
<p>Healthcare Flexible Spending Account (FSA)</p>	<p>On the date you terminate employment or reduce your budgeted hours to less than 40 hours per pay period (0.5 FTE).</p>	<p>Under the COBRA provision, you generally may continue coverage through the end of the calendar year during which you are enrolled in coverage on a post-tax basis; you must pay the applicable fee for the coverage along with the appropriate monthly contribution.</p> <p>A COBRA notice will be mailed to your home address by Inova Benefits Center, Inova's COBRA administrator.</p> <p>You may submit reimbursement requests for expenses incurred before your termination or reduction in hours.</p> <p>All claims must be submitted within 90 days of your coverage loss date.</p>
<p>Health Savings Account (HSA)</p>	<p>Coverage continues.</p>	<p>You retain ownership of your account. It's always your money—including any investment earnings. You may keep your account and use it for future expenses or cash out your account, subject to taxes and penalties. The HSA Administrator will mail information to you about your continuation options.</p>

Benefit Plan	Coverage Ends	Continuation Options
Identity Theft <i>(ID Watchdog)</i>	Payroll deductions end on the day you terminate employment.	Call 1-866-513-1518 to update your billing information to a credit or debit card.
Legal Services <i>(MetLife)</i>	On the day you terminate employment.	Coverage can be continued for up to 12 months after termination. You must enroll in the portable plan within 30 days of termination and pre-pay the 12-month premium. Call 1-800-821-6400, M-F, 8am – 8pm ET to enroll in the portable plan.
Life Insurance – Basic and AD&D <i>(company-paid)</i>	On the date you terminate employment or reduce your budgeted hours to less than 40 hours per pay period (0.5 FTE).	You may convert your policy to an individual whole life policy. Contact The Hartford at 1-877-320-0484 and pay premiums within 31-days of your coverage loss date. To be eligible to convert your coverage, you must be actively at work on your last day of employment and not retiring.
Life Insurance – Supplemental <i>(team member paid)</i>	On the date you terminate employment or reduce your budgeted hours to less than 40 hours per pay period (0.5 FTE).	You may port your policy. Contact The Hartford at 1-877-320-0484 and pay premiums within 31-days of your coverage loss date. To be eligible to port your coverage, you must be actively at work on your last day of employment and not retiring.
Long-Term Disability <i>(The Hartford)</i>	On the date you terminate employment or reduce your budgeted hours to less than 60 hours per pay period (0.75 FTE).	There are no continuation rights for Long-Term Disability. If you are in an active LTD claim status when you leave Inova, your LTD benefits will continue beyond that date as determined by The Hartford.
Pet Care Discount <i>(Pet Benefit Solutions)</i>	On the day you terminate employment.	Coverage can be continued by logging into www.petbenefits.com and selecting <i>Renew Your Coverage</i> on the left side of the page. Call 1-800-891-2565 or email customercare@petbenefits.com for assistance or questions.
Pet Insurance <i>(Nationwide)</i>	Coverage continues.	Policy is portable, but the premium may change at policy renewal as preferred pricing may no longer apply. Contact vendor at 1-877-738-7874 or petinsurance.com/inova for questions.

Benefit Plan	Coverage Ends	Continuation Options
Purchasing Program <i>(Purchasing Power)</i>	On the day you terminate employment.	Purchasing Power will contact you to set up payment plan.
Retirement Plan – 401(k) <i>(Fidelity)</i>	On the date you terminate employment	Contact Fidelity at 1-877-694-6682 for information about your distribution options. Executives with a 457(b) account should contact Fidelity for information about distribution options.
Short-Term Disability <i>(The Hartford)</i>	On the date you terminate employment or reduce your budgeted hours to less than 40 hours per pay period (0.5 FTE).	There are no continuation rights under the Short-Term Disability plan. Short-Term Disability payments will end on the day you terminate employment.
Supplemental Medical (Accident, Critical Illness, Hospital Indemnity)	Your coverage will end on the last day of the month in which you terminate your employment or reduce your budgeted hours to less than 20 per week.	Complete Aetna's <i>Portability Coverage Election</i> form and submit it and the applicable insurance premium to Aetna within 30 days after your coverage ends. The <i>Portability Coverage Election</i> form is available on myinovabenefits.org

2024 monthly COBRA rates

The monthly COBRA rates represent 100% of the premium plus a 2% administrative fee.

Medical

Plan	Team Member Only	Team Member + Spouse ¹	Team Member + Child(ren)	Family
HSA HDP	\$684.22	\$1,504.65	\$1,331.94	\$2,035.56
PPO	\$838.52	\$1,843.96	\$1,632.31	\$2,494.59

Dental

Plan	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
High	\$61.48	\$125.98	\$116.75	\$176.68
DMO	\$13.75	\$27.50	\$30.93	\$44.68

Vision

Plan	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
Core	\$0.73	\$1.57	\$1.47	\$2.52
Buy-Up	\$8.43	\$18.09	\$16.97	\$28.93
Buy-Up Plus	\$13.20	\$28.34	\$26.57	\$45.29

¹ Spouse includes domestic partners.

Benefit plan contact list

Service	Vendor	Phone	Notes	Website or Email
Employment Verification	The Work Number	1-800-996-7566	Company code 351576	
General Information - eServices	Inova eServices	1-703-205-2166		eServices@inova.org
High Fives	Achievers	1-888-676-4687		
Inova Benefits Center	Inova Benefits Center	1-877-466-8201		myinovabenefits.org
IT HelpDesk	Inova IT Department	1-703-889-2000		servicedesk@inova.org
Leader HelpDesk	Inova eServices	1-571-472-3470		
Payroll	Inova Payroll Department	1-703-208-5965		payrollcustomerservice@inova.org

Benefit Plan or Service	Vendor	Phone	Notes	Website or Email
Accident Insurance	Aetna	1-800-607-3366		www.aetnaresource.com/n/Inova_SuppHealth
Adoption Assistance Plan	Inova Benefits Center	1-877-466-8201		myinovabenefits.org
Auto & Home Insurance	Farmers	1-800-438-6388		www.myautohome.farmers.com
Auto & Home Insurance	Travelers	1-888-695-4640		travelers.com/inova
Beneficiary Assist Counseling Services	The Hartford	1-800-411-7239		
Business Travel Accident	Cigna		ABL 980092	
Childcare - Back-up	Bright Horizons	1-877-242-2737		https://clients.brighthorizons.com/inova
COBRA	Inova Benefits Center	1-866-365-2413		https://benefitsbilling.bswift.com
College Coach	Bright Horizons	1-877-242-2737		https://clients.brighthorizons.com/inova

Benefit Plan or Service	Vendor	Phone	Notes	Website or Email
Commuter Benefits	Inspira Financial	1-844-729-3539		www.inspirafinancial.com
Critical Illness	Aetna	1-800-607-3366		www.aetnaresource.com/n/Inova_SuppHealth
Dental Insurance	Aetna	1-800-862-5441		www.aetna.com
Discount Program	BenefitHub	1-866-664-4621		https://inova.benefitHub.com customerCare@benefitHub.com
Educational Assistance Program <i>(Tuition Reimbursement)</i>	Guild	1-800-985-4027 toll free between 9 a.m.–9 p.m. ET	Log-on to chat live with a representative	inova.guilededucation.com
Employee Assistance Program	Inova EAP	1-800-346-0110	User: Inova Pass: EAP	www.inova.org/our-services/corporate-health-services/employee-assistance-program
Fertility Management	WIN Fertility	1-833-204-2756		https://managed.winfertility.com/inova/
Fitness Center – Joan and Russell Hitt Center for Healthy Living	Inova Well	1-571-472-1440		www.inova.org/locations/inova-joan-and-russell-hitt-center-healthy-living healthylifestyles@inova.org
FSA – Dependent Care	Inspira Financial	1-888-678-8242	697822	https://inspirafinancial.com/
FSA – Healthcare	Inspira Financial	1-888-678-8242	697822 or 885629	https://inspirafinancial.com/
Funeral Concierge Services	The Hartford/ Everest Funeral	1-866-854-5429	Code: HFEVLC	everestfuneral.com/hartford
Health Savings Account (HSA)	Inspira Financial	1-888-678-8242	697819	https://inspirafinancial.com/
Hospital Indemnity	Aetna	1-800-607-3366		https://www.aetnaresource.com/n/Inova_SuppHealth
Identity Theft Protection	ID Watchdog	1-800-240-7122		http://idwatchdog.com/myplan/inova
Legal Services	MetLife Legal	1-800-821-6400		Legalplans.com
Life Insurance – Claims and disability waiver of premium	The Hartford	1-888-563-1124		

Benefit Plan or Service	Vendor	Phone	Notes	Website or Email
Life Insurance – Customer service	The Hartford	1-800-523-2233		
Life Insurance – Evidence of Insurability / Medical Underwriting	The Hartford	1-800-331-7234		
Life Insurance – Port & conversion following loss of coverage	The Hartford	1-877-320-0484		
Long Term Care – plan frozen	Life Secure	1-844-595-2340		https://www.getltci.com/inova-lifesecond
Long Term Care	Chubb	1-844-898-1178		www.getltci.com/inova-chubb
Long-Term Disability (LTD)	The Hartford	1-888-301-5615	073222	www.thehartford.com/mybenefits
Medical Insurance	Aetna	1-800-862-5441	697819	www.aetna.com
Medical – 24-Hour Nurse Line	Aetna	1-800-556-1555		
Medical – Behavioral Health	Aetna Behavioral Health	1-800-424-1601		
Medical – Provider Search	Aetna			https://www.aetna.com/dsepublic/#/contentPage?page=providerSearchLanding&site_id=inova
Mental Health	Lyra Health	1-877-331-5685		https://inova.lyrahealth.org care@lyrahealth.com
Pet Care Discount Program	Pet Benefit Solutions	1-888-789-7387		https://www.petbenefits.com/land/inova
Pet Insurance	Nationwide	1-877-738-7874		https://benefits.petinsurance.com/inova-health-system
Prescription Drugs	Capital Rx	1-844-306-7605		https://www.cap-rx.com/

Benefit Plan or Service	Vendor	Phone	Notes	Website or Email
Prescription Drugs – Specialty Drugs	Inova Pharmacy Plus	1-571-472-1100		https://www.inova.org/our-services/inova-retail-pharmacy-services
Purchasing Program	Purchasing Power	1-888-923-6236		www.inova.purchasingpower.com
Retirement Plan: 401(k)	Fidelity	1-877-694-6682		netbenefits.com
Scholarship for Team Members Children	Edcor	1-800-326-0780		https://edcor.smapply.us/prog/inova_family_scholarship_program/
Short-Term Disability (STD)	The Hartford	1-888-301-5615	073222	www.thehartford.com/mybenefits
Student Loan Assistance Program	Guild	1-800-985-4027 toll free between 9 a.m.–9 p.m. ET	Log-on to chat live with a representative	inova.guilededucation.com
Supplemental Medical (Accident, Critical Illness, Hospital Indemnity)	Aetna	1-800-607-3366		aetnaresource.com/n/Inova_SupHealth
Travel Assistance and Identity Theft Support Services	The Hartford/ Travel Assistance	800-243-6108 Outside US: 202-828-5885		assist@imglobal.com
Tutoring for Children	Bright Horizons	1-877-242-2737	User: Inova Pass: inovacares	https://clients.brighthorizons.com/inova
VIP 360° Concierge Medicine	Inova VIP 360°			www.inovavip360.org
Vision Insurance	VSP	1-800-877-7195		http://Inova.vspforme.com/
Wellness Programs	Inova Well			https://www.inova.org/our-services/inova-well inovawell@inova.org

Appendix A: Payroll schedule

The table below shows the pay period and pay dates for 2024.

Pay Period	Pay Period Start Date	Pay Period End Date	Pay Date
1	12/24/2023	1/6/2024	1/12/2024
2	1/7/2024	1/20/2024	1/26/2024
3	1/21/2024	2/3/2024	2/9/2024
4	2/4/2024	2/17/2024	2/23/2024
5	2/18/2024	3/2/2024	3/8/2024
6	3/3/2024	3/16/2024	3/22/2024
7	3/17/2024	3/30/2024	4/5/2024
8	3/31/2024	4/13/2024	4/19/2024
9	4/14/2024	4/27/2024	5/3/2024
10	4/28/2024	5/11/2024	5/17/2024
11	5/12/2024	5/25/2024	5/31/2024
12	5/26/2024	6/8/2024	6/14/2024
13	6/9/2024	6/22/2024	6/28/2024
14	6/23/2024	7/6/2024	7/12/2024
15	7/7/2024	7/20/2024	7/26/2024
16	7/21/2024	8/3/2024	8/9/2024
17	8/4/2024	8/17/2024	8/23/2024
18	8/18/2024	8/31/2024	9/6/2024
19	9/1/2024	9/14/2024	9/20/2024
20	9/15/2024	9/28/2024	10/4/2024
21	9/29/2024	10/12/2024	10/18/2024
22	10/13/2024	10/26/2024	11/1/2024
23	10/27/2024	11/9/2024	11/15/2024
24	11/10/2024	11/23/2024	11/29/2024
25	11/24/2024	12/7/2024	12/13/2024
26	12/8/2024	12/21/2024	12/27/2024
1	12/22/2024	1/4/2025	1/10/2025

*Expenses are posted as of the Period End Date

**Liabilities are posted as of the Check Date

Appendix B: Important legal notices

The following are notices and certifications relating to the Inova benefit plans.

- **Notice of special enrollment rights**
- **Women's health and cancer rights act**
- **Newborns' and mothers' health protection act notice**
- **Your continuation coverage rights under cobra**
- **Medicare Part D creditable coverage notice**
- **HIPAA notice of privacy practices**
- **Medicaid and the Children's Health Insurance Program (CHIP)**
- **Notice regarding wellness program**
- **No surprises act**
- **Machine-readable file**

Notice of special enrollment rights If you are declining healthcare coverage for 2024

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

If you and your eligible dependents are not already enrolled in your company's medical plan, you may be able to enroll yourself and your eligible dependents if (1) you or your dependents lose coverage under a state Medicaid or Children's Health Insurance Program (CHIP), or (2) you or your dependents become eligible for premium assistance under state Medicaid or CHIP, as long as you request enrollment no more than 60 days from the date of the Medicaid/CHIP event.

For more information, contact the Inova Benefits Center at 1-877-466-8201.

Women's health and cancer rights act If you need information on mastectomy-related services

Inova's medical plan provides benefits for mastectomy-related services as required by the Women's Health and Cancer Rights Act of 1998. These services include all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and treatment of complications resulting from a mastectomy, including lymphedema.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage.

Written notice of the availability of such coverage shall be delivered to you upon enrollment and annually thereafter. Call the Innovation Health and Aetna member services for Inova at 1-800-862-5441 for more information.

Newborns' and mothers' health protection act notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 1-703-205-2166.

Your continuation coverage rights under COBRA

New health insurance marketplace coverage options and your health coverage

Part A: General information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the health insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I save money on my health insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact 1-703-205-2166.

Medicare Part D creditable coverage notice

About your prescription drug coverage and Medicare

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

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

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

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you are covered by the Inova plan and you (or a covered dependent) decide to enroll in a Medicare drug plan, Medicare will be the secondary payor for prescription drug costs. In other words, eligible prescription claims will be paid by the Inova plan first. To the extent prescription drug claims are not covered by the Inova plan, Medicare may pay a portion of the unpaid eligible expenses. You should compare your current prescription drug coverage (including which drugs are covered) and costs in the Inova plan to the plans offering Medicare prescription drug coverage in your area. By comparing the coverage and costs of the plans, you can determine if adding the Medicare prescription coverage will be beneficial to you. Since you now have prescription drug coverage that, on average, is as good as Medicare coverage, you can choose to join a Medicare drug plan later. You will not have to pay the higher premium (described on the next page) as long as you do not go 63 days or longer without prescription creditable coverage that is as good as Medicare. If you decide to join a Medicare drug plan and drop your current Inova coverage, be aware that you and your dependents may not be able to get this coverage back.

IMPORTANT: If you drop your prescription drug coverage with Inova, you will be dropping your medical coverage as well.

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

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

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

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

Call the Inova Benefits Center toll-free at 1-877-466-8201 Monday through Friday between 8 a.m. and 8 p.m. ET to speak with a service representative.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Inova changes. You also may request a copy of this notice at any time

For more information about your options under medicare prescription drug coverage:

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

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

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

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

Date: October 2, 2023

Name of Entity/Sender: Inova

Phone Number: 1-877-466-8201 (1-877-INOVA01)

Contact – Position/Office:

Inova Benefits Center

P.O. Box 617907

Chicago, IL 60661

1-877-466-8201

HIIPAA notice of privacy practices

Notice of the plan's privacy practices

This notice describes how Inova's Group Health Plans may use and disclose medical information about you and how you can get access to such information. Please review this notice carefully.

Introduction

Beginning in 2003, employer health plans became subject to the federal privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (the "Privacy Rules"), as amended. (You can find the Privacy Rules at 45 Code of Federal Regulations, Parts 160 and 164.) The Privacy Rules apply to group health plans, such as Inova's team member and retiree group health plans (referred to herein as the "Health Plan"). The Privacy Rules do not, as a general matter, regulate employers or non-health benefit plans such as workers compensation, disability or life insurance plans. However, employers can be subject to certain requirements of the Privacy Rule in certain cases, as described in greater detail below.

The state in which you live may also impose restrictions on the use and disclosure of your health information that are more stringent than the Privacy Rules. The Health Privacy Project of the Institute for Health Care Research and Policy at Georgetown University maintains information on state health privacy laws at its website, www.healthinfo.org/state.

This notice is effective October 2, 2023.

Protected health information

The Privacy Rules regulate use and disclosure of "protected health information" by the Health Plan. "Protected health information" is information relating to your health condition or your receipt of healthcare, if it contains sufficient data to identify you as the subject of the information. Health information that is merely in summary form and that does not identify you as its subject is not protected health information and may be used or disclosed by the Health Plan and/or Inova without restriction. For example, Inova may use aggregated data regarding claims paid for all participants in the Health Plan to help project benefit costs for the next year.

How protected health information may be used and disclosed

The Health Plan may use or disclose protected health information without your specific authorization for treatment, payment and healthcare operations. Each of these terms has the following meanings:

- "Treatment" means the provision, coordination or management of healthcare and related purposes. For example, the Health Plan may disclose protected health information to your doctor and his staff, third-party administrators and their staff, and other appropriate persons

- to help provide you with appropriate medical treatment.
- "Payment" means any actions undertaken by the Health Plan to obtain premiums, to determine responsibility for providing coverage, or to obtain or provide reimbursement for the healthcare services you receive. This includes, but is not limited to, eligibility and coverage determinations, billing, claims management and processing, plan reimbursement, reviews for medical necessity, utilization review, and pre-authorization for treatment. For example, the Health Plan may disclose to your doctor and his staff, third-party administrators and their staff and other appropriate persons, information concerning a particular medical procedure that you have had performed to determine whether the procedure is covered by the Health Plan.
- "Health care operations" means all the activities involved in the administration of the plan. This includes, but is not limited to, quality assessment and improvement, evaluating providers, underwriting and other duties relating to obtaining or amending insurance contracts, disease management, cost management, and other general administrative activities. For example, the Health Plan may use information about you to refer you to a disease management program, to evaluate the quality of care you are receiving from your providers, or to project benefit costs and determine premiums.

Protected health information may, in certain circumstances, be disclosed to Inova personnel who are involved in the administration of the Health Plan. These disclosures will be made in connection with Inova's role as the administrator of the Health Plan, and will be made to enable Inova personnel to carry out their duties in administering the Health Plan.

Such disclosures to and uses by Inova will be governed by written provisions of the Health Plan's plan documents. In many circumstances, it will be appropriate for Inova's administrative personnel to share protected health information with the Health Plan's business associates outside of Inova. Business associates assist the Health Plan with certain functions or activities, and include third-party administrators (such as Innovation Health Insurance Company and Aetna Life Insurance Company) lawyers, accountants, consultants and other appropriate persons.

In addition, the Health Plan may disclose protected health information to Inova (in its role as administrator of the Health Plan) or the Health Plan's business associates without your specific authorization so that Inova may obtain premium bids or for purposes of modifying or terminating the Health Plan. Information provided to Inova for these purposes will be in summary form. This means that the information will be limited to claims history, claims expenses, or types of claims experienced, with certain types of information removed. The Health Plan may also disclose plan enrollment and disenrollment information to Inova without your specific authorization.

Although the Health Plan may use and/or disclose protected health information for these administrative and healthcare operational purposes, the Health Plan cannot use or disclose health information that is genetic information for underwriting purposes (generally, eligibility determinations, premium computations, application of pre-existing condition exclusions, and any other activities related to the creation, renewal, or replacement of health benefits).

Genetic information includes information regarding genetic tests for you and your family members, information regarding the manifestation of a disease or disorder in you or your family members, and any request for (or receipt of) genetic services, including participation in clinical research trials that involve genetic services.

Other uses and disclosures of protected health information

The Health Plan may use or disclose protected health information without your specific authorization for several other reasons, such as for public health purposes, auditing purposes, health oversight activities, certain judicial or administrative proceedings, emergencies, and when otherwise required by law. For example, the Health Plan may be required to disclose protected health information to law enforcement officials in specific circumstances or to the U.S. Department of Health & Human Services, which monitors compliance with the Privacy Rules.

The Health Plan may disclose protected health information without your written authorization to your family member, friend, or other person identified by you if the information directly relates to that person's involvement with your care or payment for your care, or if the disclosure is necessary to notify the family member or other individual of your condition or your location. In such cases, you will be given an opportunity to agree or object to the disclosure, if you are able to do so.

The Privacy Rules permit other incidental uses and disclosures that occur as a by-product of a permissible or required use or disclosure. An incidental use or disclosure is a secondary use or disclosure that cannot reasonably be prevented, is limited in nature, and that occurs as a result of another use or disclosure that is permitted by the Privacy Rules. The Health Plan has adopted reasonable safeguards to protect against uses and disclosures not permitted by the Privacy Rules and to limit incidental uses or disclosures.

However, those safeguards cannot guarantee the privacy of protected health information from any and all potential risks. In implementing safeguards, the Health Plan has considered the nature of the protected health information held, the potential risks to privacy, the potential effects on patient care, and the financial and administrative burden of particular safeguards. The Health Plan is not required to obtain your authorization or notify you if an incidental disclosure occurs.

Where use or disclosure is not otherwise permitted under the Privacy Rules, the Health Plan will ask for your written authorization before using or disclosing protected health information (and will obtain your authorization for any use or disclosure for marketing purposes, unless it is for healthcare operations). For instance, the Health Plan will ask for your written authorization before using or disclosing notes about you from your psychotherapist. If you choose to sign an authorization to disclose information, you can later revoke that authorization to stop future uses and disclosures, except to the extent the Health Plan has acted in reliance upon your authorization.

Individual rights

In general, you have the right to review and receive copies of your protected health information maintained by the Health Plan in a designated record set (including obtaining electronically maintained information in an electronic format). This right is limited to enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; as well as records used to make decisions about individuals. You also may request that copies of your health information be sent to another entity or person, so long as that request is clear, specific and directs where the copies are to be sent.

If you request copies of this information, your request should be made in writing to the System Office Benefits Department at the address listed below, and the Health Plan will comply with the request within 30 days of your request, subject to a possible additional 30-day extension. If your request is denied, you will receive a written explanation of the reasons for the denial. Any charge to you for these copies must be reasonable and based on Plan costs.

You have the right to request a list of certain disclosures of your protected health information in the six years preceding the date of your request.

However, the list will not include disclosures that were permitted to be made for treatment, payment or healthcare operations purposes or for national security, law enforcement or certain healthcare oversight activities. The Health Plan will provide you with one accounting a year for free, but may charge a reasonable cost-based fee if you ask for another accounting within 12 months of your most recent request.

In addition, if the Health Plan maintains electronic health records, you may (to the extent required by law) receive an accounting of disclosures made for treatment, payment, or healthcare operations contained in such records, during the three years before the date of your request. For this purpose, an "electronic health record" is generally a record that contains health-related information for an individual which is gathered and consulted by authorized healthcare clinicians and staff.

If you believe that information in your record is incorrect or if important information is missing, you have the right to request that the Health Plan correct existing information or add missing information. Your request should be made in writing to the System Office Benefits Department at the address listed below. The Health Plan has 60 days to respond to your request, subject to a possible additional 30-day extension. If your request is denied, you will receive a written explanation of the reasons for the denial.

You may request in writing to the System Office Benefits Department that the Health Plan not use or disclose your protected health information for treatment, payment and healthcare operations except when specifically authorized by you, when required by law, or in emergency circumstances. You may also request restrictions on disclosures to your family members or other individuals who are involved in your care or payment for your care.

The Health Plan will consider your request, but is not legally required to accept it. If the Health Plan accepts your request, you will receive written notification from the System Office Benefits Department that your request has been accepted.

If you pay the full cost of a healthcare item or service (without any payment from the Health Plan), you may request that a business associate (or healthcare provider) not disclose that item or service to another group health plan for payment or healthcare operations (but not for carrying out treatment) and your request must be honored.

The Health Plan will accommodate reasonable requests to receive communications of protected health information at alternate locations or by alternate methods, if the normal method of communication could endanger you.

You may request a written copy of this Notice of Privacy Practices at any time by contacting the System Office Benefits Department at the address listed below, even if you previously agreed to receive this notice electronically.

Notice of breach of unsecured protected health information

The Health Plan will notify you of any unauthorized access, use or disclosure (a “breach”) of your unsecured protected health information within 60 days of the Health Plan’s discovery of the breach.

If the breach affects more than 500 individuals in a state or other jurisdiction, notice also will be provided through one or more prominent media outlets in the area. The notice will describe what happened (including the date of the breach

and the date the breach was discovered), the type of protected health information involved, steps you should take to protect yourself, and steps the Health Plan will take to mitigate any harmful effects from the breach and to protect against future breaches.

The health plan’s legal duties

The Privacy Rules require the Health Plan to maintain the privacy of protected health information and to provide this Notice of Privacy Practices. The Health Plan may change its privacy policies at any time, and changes may apply to all protected health information held by the Health Plan at the time of the change.

When the Health Plan makes a significant change in its policies, a revised Notice of Privacy Practices will be distributed to all current Health Plan participants within 60 days of the change.

This notice and Inova’s privacy policies do not create any legal rights, contractual or otherwise, under state or federal law, but simply give you notice of the Plan’s obligations under the Privacy Rules and your rights under the Privacy Rules.

Complaints

If you are concerned that Inova or the Health Plan has violated your privacy rights, or you disagree with a decision made about access to or amendment of your health records, you may contact the Health Plan’s Privacy Officer at the address listed below. You may also send a complaint by sending a letter to the Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Bldg., Washington, DC 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/. Neither the Health Plan nor Inova may retaliate against you in any way for exercising your right to file a complaint.

You may contact the System Office Benefits Department at the following address and phone number for more information on the Health Plan’s privacy practices:

Inova
Inova Benefits Department
8095 Innovation Park Dr
Fairfax, VA 22031
1-703-205-2166

Premium assistance under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility.

State	Phone/Email	Website
Alabama <i>Medicaid</i>	1-855-692-5447	http://myalhipp.com/
Alaska <i>Medicaid</i>	1-866-251-4861 CustomerService@MyAKHIPP.com	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
Arkansas <i>Medicaid</i>	1-855-MyARHIPP (1-855-692-7447)	http://myarhipp.com/
California <i>Medicaid</i>	Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp
Colorado <i>Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)</i>	Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI) Customer Service: 1-855-692-6442	Health First Colorado Website: https://www.healthfirstcolorado.com/ CHP+: https://www.colorado.gov/pacific/hcpf/child-healthplan-plus Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
Florida <i>Medicaid</i>	1-877-357-3268	https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html
Georgia <i>Medicaid</i>	1-678-564-1162, Press 1	GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Indiana <i>Medicaid</i>	Healthy Indiana Plan for low-income adults 19-64: 1-877-438-4479 All other Medicaid: 1-800-457-4584	Healthy Indiana Plan for low-income adults 19-64: http://www.in.gov/fssa/hip/ All other Medicaid: https://www.in.gov/
Iowa <i>Medicaid and CHIP (Hawki)</i>	Medicaid: 1-800-338-8366 Hawki: 1-800-257-8563 HIPP Phone: 1-888-346-9562	Medicaid: https://dhs.iowa.gov/ime/members Hawki: http://dhs.iowa.gov/Hawki HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp

State	Phone/Email	Website
Kansas <i>Medicaid</i>	1-800-792-4884 HIPP Phone: 1-800-967-4660	https://www.kancare.ks.gov/
Kentucky <i>Medicaid</i>	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): 1-855-459-6328 KIHIPP.PROGRAM@ky.gov KCHIP: 1-877-524-4718	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx KCHIP: https://kidshealth.ky.gov/Pages/index.aspx Kentucky Medicaid: https://chfs.ky.gov/agencies/dms
Louisiana <i>Medicaid</i>	Medicaid hotline: 1-888-342-6207 LaHIPP: 1-855-618-5488	Medicaid hotline: www.medicaid.la.gov LaHIPP: www.ldh.la.gov/lahipp
Maine <i>Medicaid</i>	Enrollment: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium: 1-800-977-6740 TTY: Maine relay 711	Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms
Montana <i>Medicaid</i>	1-800-694-3084 Email: HSHIPPProgram@mt.gov	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Nebraska <i>Medicaid</i>	1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178	http://www.ACCESSNebraska.ne.gov
Nevada <i>Medicaid</i>	1-800-992-0900	http://dhcfnv.gov
New Hampshire <i>Medicaid</i>	1-603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 (in NH only)	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
New Jersey <i>Medicaid and CHIP</i>	Medicaid: 1-609-631-2392 CHIP: 1-800-701-0710	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html
Massachusetts <i>Medicaid and CHIP</i>	Phone: 1-800-862-4840 TTY: 711 Email: masspreassistance@accenture.com	https://www.mass.gov/masshealth/pa
Minnesota <i>Medicaid</i>	1-800-657-3739	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp

State	Phone/Email	Website
Missouri <i>Medicaid</i>	1-573-751-2005	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
New York <i>Medicaid and CHIP</i>	1-800-541-2831	https://www.health.ny.gov/health_care/medicaid/
North Carolina <i>Medicaid</i>	1-919-855-4100	https://medicaid.ncdhhs.gov/
North Dakota <i>Medicaid</i>	1-844-854-4825	https://www.hhs.nd.gov/healthcare
Oklahoma <i>Medicaid and CHIP</i>	1-888-365-3742	http://www.insureoklahoma.org
Oregon <i>Medicaid</i>	1-800-699-9075	http://healthcare.oregon.gov/Pages/index.aspx
Pennsylvania <i>Medicaid</i>	1-800-692-7462	https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx
	CHIP Phone: 1-800-986-KIDS (5437)	CHIP Website: pa.gov
Rhode Island <i>Medicaid and CHIP</i>	1-855-697-4347, or 1-401-462-0311 (Direct Rlte Share Line)	http://www.eohhs.ri.gov/
South Carolina <i>Medicaid</i>	1-888-549-0820	https://www.scdhhs.gov
South Dakota <i>Medicaid</i>	1-888-828-0059	http://dss.sd.gov
Texas <i>Medicaid</i>	1-800-440-0493	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Utah <i>Medicaid and CHIP</i>	1-877-543-7669	Medicaid: https://medicaid.utah.gov/ CHIP: http://health.utah.gov/chip
Vermont <i>Medicaid</i>	1-800-250-8427	https://dvha.vermont.gov/members/medicaid/hipp-program
Virginia <i>Medicaid and CHIP</i>	Medicaid/CHIP Phone: 1-800-432-5924 Email: HIPPcustomerservice@dmas.virginia.gov	https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Washington <i>Medicaid</i>	1-800-562-3022	https://www.hca.wa.gov/

State	Phone/Email	Website
West Virginia <i>Medicaid</i>	Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	https://dhhr.wv.gov/bms/ http://mywvhipp.com/
Wisconsin <i>Medicaid and CHIP</i>	1-800-362-3002	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Wyoming <i>Medicaid</i>	1-800-251-1269	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Team member Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act

Statement According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number.

The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number.

See 44 U.S.C. 3512.

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

OMB Control Number 1210-0137 (expires 1/31/2024)

Notice regarding wellness program

Inova Well is a voluntary wellness program available to all team members. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve team member health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which may include a blood test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, team members who choose to participate in the wellness program may receive an incentive.

Although you are not required to complete the HRA or participate in the biometric screening, only team members who do so will receive the incentive.

Additional incentives may be available for team members who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Inova Well at 1-703-698-2400.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from disclosure of medical information

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

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. Only individuals necessary to administer the program will receive your personally identifiable health information in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision.

Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

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

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Inova Well at 1-703-698-2400.

No Surprises Act

Your rights and protections against surprise medical bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're **never** required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact Innovation Health/Aetna at 1-800-862-5441 or Aetna, Inc., P.O. Box 981106, El Paso, TX 79998-1106.

Visit <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/no-surprises-act> for more information about your rights under federal law.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

Machine-readable file

The [Transparency in Coverage Final Rules](#) require certain group health plans to disclose on a public website information regarding in-network provider rates and historical out-of-network allowed amounts and billed charges for covered items and services in two separate machine-readable files (MRFs). The MRFs for the benefit package options under the Inova Health System Health and Welfare Benefits Plan are at this link: [Machine Readable Files](#)

This file is not designed as a consumer tool. Members are encouraged to use the more member-friendly price estimator tools available through Aetna at this link: [Aetna](#)



This brochure includes a general description of the Inova benefit plans offered to eligible Inova Health System team members as of January 1, 2024. This brochure is not intended to create, nor will it be construed to form, a contract or promise for a benefit. Participation in the plans is subject to all applicable terms and conditions of the plans. Full details about the plans are provided in the official plan documents, which govern the operation of the plans. Any differences between this brochure and the plan documents are not intentional, but if any differences exist, the plan documents will govern. Inova reserves the sole right to make all revisions and interpretations with respect to the plans described here. The decisions of Inova shall be final and binding upon all participants. Inova reserves the sole right to amend, modify, suspend, replace or terminate the plans, in whole or in part, including any form of coverage thereunder, by appropriate Inova action. If the plans are amended, modified, suspended, replaced or terminated, you or other team members may not receive benefits as described here.