



# 2022 Benefits Guide



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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 Benefits!

**Inova's mission is to provide world-class healthcare—every time, every touch—to each person in every community we have the privilege to serve. As a not-for-profit health system, our commitment is to meet the healthcare needs and improve the health of the communities we serve. We work in innovative ways to meet the healthcare challenges of today, while striving to meet the needs of the future.**

We also strive to care and support our team members who help us meet our mission every day to provide world-class healthcare—every time—every touch—to each person in every community we have the privilege to serve. Inova offers a comprehensive benefits program designed to care and protect you and your family. A wide array of benefit plans provides healthcare coverage, income protection and retirement savings opportunities. Our medical plans are administered through Innovation Health, a health insurance company formed through a partnership between Inova and Aetna. Inova is a nationally-recognized health system and consistently recognized for excellence in healthcare.

Our workforce is a diverse group with individual needs. We offer healthcare coverage to legal spouses of any gender, domestic partners and common-law spouses. Our medical plan offers infertility, hearing aid exam and hardware<sup>1</sup>, and gender affirming surgery<sup>1</sup> benefits. We offer childcare benefits, college coach counseling<sup>1</sup> for students to prepare for college, and an educational program for team members to increase their skills and stay up-to-date on the latest medical technology. We hope you utilize your benefits to their fullest extent for you and your family's physical and emotional health, wellbeing, and financial security.

You are a valued member of the Inova Team!

<sup>1</sup> New benefits for 2022.

# 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
  - › 401(k) and 403(b) retirement savings plans

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: 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.



## Eligibility

### You

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

	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"><li>• 401(k)/403(b) retirement savings plan</li><li>• Employee Assistance Program (EAP)</li><li>• Certain voluntary benefits (via direct debit deduction)</li></ul>

### 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. Note that there is a different definition of a child for the Health Savings Account (HSA).

### 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.*

### 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 birth, adoption or gain of legal guardianship.

## Enrollment Deadlines

Generally, you have 31 days from your benefits enrollment 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.

### Documentation Required

	Deadline to Enroll	Deadline to Submit Documentation	Dependent Documentation	Event Documentation
<b>New Hire</b>	31-days after event date	45-days after enrollment date	Yes	No
<b>Qualifying Event</b> <i>all <u>except</u> birth/adoption/guardianship of child</i>	31-days after event date	45-days after enrollment date	Yes	Yes
<b>Qualifying Event</b> <i><u>only</u> birth/adoption/guardianship of child</i>	60-days after event date	60-days after enrollment date	Yes	No, requirement satisfied by dependent documentation
<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.</i>				
<b>Work Status Change Event</b>	31-days after event date	45-days after enrollment date	Yes	No
<b>Annual Enrollment</b>	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.

	Effective Date	Comments
<b>New Hire</b>	First day of the month following or coinciding with event date <sup>1</sup>	Elections that require medical Evidence of Insurability (EOI) will be effective on the date EOI is approved by the insurance company
<b>Qualifying Event</b>	Event date	
<b>Work Status Change Event</b>	First day of the month following or coinciding with event date <sup>1</sup>	
<b>Annual Enrollment</b>	January 1 of the next calendar year	Elections that require medical Evidence of Insurability (EOI) will be effective on the later of the date EOI is approved by the insurance company or January 1 of the next calendar year
<b>Voluntary Change</b>	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"> <li>• Health Savings Account (HSA)</li> <li>• Supplemental Life (subject to EOI) to enroll or increase coverage<sup>2</sup></li> <li>• Long Term Disability Buy-Up insurance (subject to EOI)<sup>2</sup> to enroll</li> <li>• Commuter Benefits</li> <li>• Identity Theft</li> <li>• Pet Care Discount Program</li> <li>• 401(k) and 403(b) retirement plans</li> </ul>

<sup>1</sup> Example: If event date is June 1, coverage is effective June 1. If event date is June 2, coverage is effective July 1.

<sup>2</sup> 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) and 403(b) contributions
- **Post-tax deductions:** All other benefit plans, including 401(k) Roth and 403(b) Roth contributions

View the [2022 Payroll Schedule](#) for information on the pay periods and pay dates.



# 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 timely, the dependent will not have coverage.

**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 [www.myinovabenefits.org](http://www.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 [www.myinovabenefits.org](http://www.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 "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](http://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 [www.myinovabenefits.org](http://www.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 [www.myinovabenefits.org](http://www.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 [www.myinovabenefits.org](http://www.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.



### Enroll

Visit [www.myinovabenefits.org](http://www.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 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 Primary Care Physician

To find a Primary Care Physician (PCP) in the Innovation Health Performance Network, go to [www.aetna.com/dse/custom/inova](http://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 [www.myinovabenefits.org](http://www.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

### Innovation Health HSA HDP

(High Deductible Plan)

or  
Outside NOVA<sup>1</sup>  
HSA HDP

LOWEST PREMIUMS

#### Plan Details

With these plans you pay the full price for non-preventive care until you meet your annual deductible. After meeting your deductible, 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.

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](http://www.aetna.com/dse/custom/inova) to find providers with the Maximum Savings designation.**

**!** You can use an HSA and Limited Healthcare FSA with these plans.

### Innovation Health PPO or Outside NOVA<sup>1</sup> PPO

LOW DEDUCTIBLES AND  
PREDICTABLE COPAYS

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.

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](http://www.aetna.com/dse/custom/inova) to find providers with the Maximum Savings designation.**

**!** You can use a Healthcare FSA with these plans.

### 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.*

<sup>1</sup> 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.

## Medical Plan Comparison—Innovation Health Network

	Innovation Health HSA HDP <sup>1</sup>			Innovation Health PPO <sup>1</sup>		
	In-Network Maximum Savings <sup>2</sup>	In-Network Standard Savings	Out-Of- Network	In-Network Maximum Savings <sup>2</sup>	In-Network Standard Savings	Out-Of- Network
<b>Annual Deductible</b>						
Team Member Only		\$1,500		\$250		\$1,000
Team Member + Family		\$3,000		\$500		\$2,000
<b>Annual Out-of-Pocket Maximum</b>						
Team Member Only	\$3,500		\$6,000	\$3,500		\$6,000
Team Member + Family	\$7,000 <sup>3</sup>		\$13,000	\$7,000		\$13,000

### Office Visits: Your coinsurance (fixed percent) or copay (fixed dollar amount)<sup>4</sup>

<b>Preventive Care</b>	\$0	\$0	Not covered	\$0	\$0	Not covered
<b>Primary Care Office Visit</b>	10%	20%	50%	\$0	\$25	50%
<b>Specialist Office Visit</b>	20%	20%	50%	\$20	\$50	50%
<b>Urgent Care</b>	20%	50%	50%	\$20	\$50	50%

### Inpatient Services

<b>Hospital Facility Fees</b>	20%	50%	50%	\$100 per admission, then 20%	\$500 per admission, then 50%	\$1,000 per admission, then 50%
<b>Hospital Professional Fees</b>	20%	50%	50%	20%	50%	50%
<b>Mental Health/ Behavioral Health/ Substance Abuse</b>	20%	50%	40%	\$100 per admission, then 20%	\$500 per admission, then 50%	\$1,000 per admission, then 40%

### Outpatient Services

<b>Emergency Room (ER)</b>	20%	20%	20%	\$150 waived if admitted, then 20%	\$150 waived if admitted, then 20%	\$150 waived if admitted, then 20%
<b>Outpatient Surgery Facility Fees</b>	10%	50%	50%	10%	50%	50%

	Innovation Health HSA HDP <sup>1</sup>			Innovation Health PPO <sup>1</sup>		
	In-Network Maximum Savings <sup>2</sup>	In-Network Standard Savings	Out-Of- Network	In-Network Maximum Savings <sup>2</sup>	In-Network Standard Savings	Out-Of- Network
<b>Outpatient Services, <i>continued</i></b>						
<b>Outpatient Surgery Professional Fees</b>	10%	20%	50%	10%	20%	50%
<b>Physical Therapy</b>	20%	50%	50%	20%	50%	50%
<b>Radiology</b>	20%	50%	50%	\$25 x-ray \$100 complex imaging	\$100 x-ray \$400 complex imaging	50%
<b>Outpatient Diagnostic Lab Tests</b>	0% <i>Must be an Inova Diagnostic Lab<sup>5</sup></i>	20%	50%	0% <i>Must be an Inova Diagnostic Lab<sup>5</sup></i>	20%	50%
<b>Hearing Exam and Hardware</b>	<b>Hearing exam benefit:</b> 1 exam every 12 months  <b>Hearing aid benefit:</b> 1 hearing aid per ear / per calendar year			<b>Hearing exam benefit:</b> 1 exam every 12 months  <b>Hearing aid benefit:</b> 1 hearing aid per ear / per calendar year		
<b>Infertility<sup>6</sup></b>	Covered same as any other expense			Covered same as any other expense		

<sup>1</sup> Team members who live 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 may have slightly different benefit coverages. Review the Outside NOVA medical plan comparison.

<sup>2</sup> Maximum Savings are found in the Innovation Health Performance Network which includes Inova providers, Signature Partners, Valley Health, Privia, Loudoun Medical Group and certain Aetna Behavioral Health providers. Go to [www.aetna.com/dse/custom/inova](http://www.aetna.com/dse/custom/inova) to find providers with the Maximum Savings designation.

<sup>3</sup> 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.

<sup>4</sup> 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. This additional 10% coinsurance will not apply to the Outside NOVA plans. 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.

<sup>5</sup> 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](http://www.inova.org/our-services/inova-laboratories/locations).

<sup>6</sup> 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.



## Medical Plan Comparison—Outside NOVA Network

	Outside NOVA HSA HDP <sup>1</sup>			Outside NOVA PPO <sup>1</sup>		
	In-Network Maximum Savings <sup>2</sup>	In-Network Standard Savings	Out-Of- Network	In-Network Maximum Savings <sup>2</sup>	In-Network Standard Savings	Out-Of- Network
<b>Annual Deductible</b>						
Team Member Only		\$1,500		\$250		\$1,000
Team Member + Family		\$3,000		\$500		\$2,000
<b>Annual Out-of-Pocket Maximum</b>						
Team Member Only	\$3,500		\$6,000	\$3,500		\$6,000
Team Member + Family	\$7,000 <sup>3</sup>		\$13,000	\$7,000		\$13,000

### Office Visits: Your coinsurance (fixed percent) or copay (fixed dollar amount)<sup>4</sup>

<b>Preventive Care</b>	\$0	\$0	Not covered	\$0	\$0	Not covered
<b>Primary Care Office Visit</b>	10%	20%	50%	\$0	\$25	50%
<b>Specialist Office Visit</b>	20%	20%	50%	\$20	\$50	50%
<b>Urgent Care</b>	20%	20%	50%	\$20	\$20	50%

### Inpatient Services

<b>Hospital Facility Fees</b>	20%	20%	50%	\$100 per admission, then 20%	\$250 per admission, then 20%	\$1,000 per admission, then 50%
<b>Hospital Professional Fees</b>	20%	20%	50%	20%	20%	50%
<b>Mental Health/ Behavioral Health/ Substance Abuse</b>	20%	20%	40%	\$100 per admission, then 20%	\$250 per admission, then 20%	\$1,000 per admission, then 40%

### Outpatient Services

<b>Emergency Room (ER)</b>	20%	20%	20%	\$150 waived if admitted, then 20%	\$150 waived if admitted, then 20%	\$150 waived if admitted, then 20%
<b>Outpatient Surgery Facility Fees</b>	10%	10%	50%	10%	10%	50%

	Outside NOVA HSA HDP <sup>1</sup>			Outside NOVA PPO <sup>1</sup>		
	In-Network Maximum Savings <sup>2</sup>	In-Network Standard Savings	Out-Of- Network	In-Network Maximum Savings <sup>2</sup>	In-Network Standard Savings	Out-Of- Network
<b>Outpatient Services, <i>continued</i></b>						
<b>Outpatient Surgery</b>	10%	20%	50%	10%	20%	50%
<b>Professional Fees</b>	10%	20%	50%	10%	20%	50%
<b>Physical Therapy</b>	20%	20%	50%	20%	20%	50%
<b>Radiology</b>	20%	20%	50%	\$25 x-ray \$100 complex imaging	\$25 x-ray \$100 complex imaging	50%
<b>Outpatient Diagnostic Lab Tests</b>	0% <i>Must be an Inova Diagnostic Lab<sup>5</sup></i>	20%	50%	0% <i>Must be an Inova Diagnostic Lab<sup>5</sup></i>	20%	50%
<b>Hearing Exam and Hardware</b>	<b>Hearing exam benefit:</b> 1 exam every 12 months  <b>Hearing aid benefit:</b> 1 hearing aid per ear / per calendar year			<b>Hearing exam benefit:</b> 1 exam every 12 months  <b>Hearing aid benefit:</b> 1 hearing aid per ear / per calendar year		
<b>Infertility<sup>6</sup></b>	Covered same as any other expense			Covered same as any other expense		

<sup>1</sup> These plans apply to team members who live 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.

<sup>2</sup> Maximum Savings are found in the Innovation Health Performance Network which includes Inova providers, Signature Partners, Valley Health, Privia, Loudoun Medical Group and certain Aetna Behavioral Health providers. Go to [www.aetna.com/dse/custom/inova](http://www.aetna.com/dse/custom/inova) to find providers with the Maximum Savings designation.

<sup>3</sup> 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.

<sup>4</sup> 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. This additional 10% coinsurance will not apply to the Outside NOVA plans. 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.

<sup>5</sup> 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](http://www.inova.org/our-services/inova-laboratories/locations).

<sup>6</sup> 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.

## 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.

## 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 \$3,000 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.*

## 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.

### Up to a 30-day supply from retail pharmacy

	Inova Pharmacy Plus	Retail Pharmacy
Generic	\$0	\$10
Preferred Brand <sup>1</sup>	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 [www.myinovabenefits.org](http://www.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.*

*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 CVS pharmacy

	Inova Pharmacy Plus	Retail Pharmacy (must use CVS if picking up in store)
Generic	\$15	\$30
Preferred Brand <sup>1</sup>	20% (\$50 minimum/ \$125 maximum)	20% (\$65 minimum/ \$200 maximum)
Non-Preferred Brand	30% (\$150 minimum/ \$250 maximum)	35% (\$190 minimum/ \$300 maximum)

### Specialty Drugs<sup>2</sup>

	Inova Pharmacy Plus	Express Scripts Specialty Pharmacy
Specialty Preferred Brand	30% (\$50 maximum)	30% (\$100 maximum)
Specialty Non-Preferred Brand	30% (\$100 maximum)	30% (\$200 maximum)

*Note: There is a \$20,000 lifetime maximum benefit for fertility drugs.*

<sup>1</sup> 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.

<sup>2</sup> Specialty medications (typically injectable and oral drugs) must be filled through Inova Pharmacy Plus locations or Express Script's Specialty Pharmacy and are dispensed in 30-day quantities. First fills are not available through retail, except in emergencies. For more information, contact Inova Pharmacy Plus or Express Scripts 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. You can fill these prescriptions through Express Scripts Home Delivery mail service, a CVS Pharmacy, or an Inova Pharmacy Plus location or mail order service, including the:

- Inova Heart and Vascular Institute
- Inova Fair Oaks Hospital
- Inova Schar Cancer Institute

Your cost is cheaper on a per unit basis for a 90-day prescription than a 30-day prescription. Contact Inova Pharmacy Plus or Express Scripts directly to obtain a 90-day prescription.



## Inova Pharmacy Plus

Inova Pharmacy Plus is a retail pharmacy with all the services of a neighborhood pharmacy at three 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 Express Scripts. For more information, go to: [www.inova.org/our-services/inova-retail-pharmacy-services](http://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, including big savings on filling your specialty 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
- 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  
Saturday: 9am to 3pm,  
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

#### **Inova Pharmacy Plus—ISCI**

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  
Closed Saturdays and  
Sundays

### Be a Team Player

*Fill your prescriptions through Inova Pharmacy Plus. It saves you money! Plus, any revenue is paid to Inova rather than a competing pharmacy.*

#### **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 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.*

**!** *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!*

## 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.

Dental Benefits <sup>1</sup>	Aetna DMO	Aetna High
Annual Deductible	No deductible	\$25 per person \$50 per family
Preventive Care	0%	0%, no deductible <sup>2</sup>
Minor Restorative Care (fillings)	20%	20%
Major Restorative Care (crowns/bridges, dentures, implants)	50%	20%
Periodontal	20%	50%
Orthodontic	\$2,400 copay, no deductible	50%, lifetime maximum benefit is \$1,500
Annual Benefit Maximum (excludes orthodontia)	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 your coverage will default to Waived. Contact the Benefits Center at 1-877-466-8201 if you wish to enroll in the Aetna High Plan.**

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.

<sup>1</sup> Your coinsurance (or copay) amounts are shown.

<sup>2</sup> 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.

### VSP Vision Plan Benefits

	Core	Buy-Up	Buy-Up Plus
<b>Routine WellVision Exam<sup>1</sup></b>	\$10 copay	\$10 copay	
<b>Prescription Glasses<sup>1</sup></b> <i>(instead of contacts)</i>	Discounts available	\$10 copay <i>(includes frames and lenses)</i>	
<b>Frames<sup>1</sup></b>	Discounts available	\$150 allowance for a wide selection 20% off amount over your allowance \$80 Costco frame allowance	
<b>Eyeglass Lenses<sup>1</sup></b>	Discounts available	Included in prescription glasses copay: Single vision, lined bifocal and lined trifocal Polycarbonate lenses for dependent children	
<b>Lens Enhancements<sup>1</sup></b>	Discounts available	Standard Progressive: Covered in Full Premium/Custom Progressive: \$95–\$175 copay Average 20–25% discount off others	
<b>Contact Lenses<sup>1</sup></b> <i>(instead of prescription glasses)</i>	N/A	\$150 allowance; copay does not apply Up to \$60 copay	
<b>VSP Easy Options</b>	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.



	Core	Buy-Up	Buy-Up Plus
<b>Diabetic Eyecare Plus Program</b>	N/A	Retinal screening for members with diabetes: \$0 <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>	
<b>Glasses and Sunglasses</b> <i>(second pair)</i>	20% off, including lens options, from any VSP doctor within 12 months of your last WellVision Exam		
<b>Laser Vision Correction</b>	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.**

<sup>1</sup> Every calendar year.

<sup>2</sup> Reflects coverage with VSP network providers, including participating retail chains.



## 2022 Team Member Contributions (per biweekly pay period)

### Medical

	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
HSA HDP	\$43	\$82	\$68	\$110
PPO	\$64	\$192	\$174	\$277

Married Inova Couples	Team Member + Spouse	Family
HSA HDP	\$66	\$86
PPO	\$99	\$199

### Dental

	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
High	\$8	\$26	\$24	\$40
DMO	\$3	\$5	\$5	\$10

Married Inova Couples	Team Member + Spouse	Family
High	\$14	\$29
DMO	\$4	\$7

### Vision

	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
Core	\$0	\$0	\$0	\$0
Buy-Up	\$3.25	\$6.98	\$6.55	\$11.16
Buy-Up Plus	\$5.38	\$11.55	\$10.83	\$18.46

- 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)

## 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, 401(k) Retirement Savings Plan and 403(b) Retirement 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 or 403(b) Retirement 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.

### Continue your education

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. Take a work-related course and increase your knowledge in your profession.



# 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 PayFlex, an affiliate of Aetna.

## 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

- **\$3,650 for Team Member Only**
- **\$7,300 for all other coverage levels**
- **If you are age 55+ by December 31, 2022, 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 a qualified high deductible plan, including Inova's 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 \$570 in remaining funds can roll over to the next calendar year.

**IRS Healthcare FSA Contribution Maximum: \$2,850**

### 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: \$2,850**

### 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.

## 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 \$570 to the next calendar year for your Healthcare FSA or Limited Healthcare FSA. All remaining contributions will be forfeited.***

***<https://www.payflex.com/individuals/calculate-savings>***

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.

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  
(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 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](https://www.irs.gov/publications/p502) for a complete list of eligible expenses.

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

	<b>Health Savings Account (HSA)</b>	<b>Healthcare FSA</b>	<b>Limited Healthcare FSA</b>
<b>Eligible Medical Plans</b>	HSA HDP Outside NOVA HSA HDP	PPO Outside NOVA PPO	All plans, HSA participants can only enroll in a Limited Healthcare FSA
<b>Eligible Expenses</b>	Medical, dental, vision, and prescription drugs	Medical, dental, vision, and prescription drugs	Dental and vision
<b>Maximum Annual Contribution</b>	Up to \$3,650: Team Member Only Up to \$7,300: 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 \$2,850	
<b>Funds can be used for</b>	You, your spouse and your tax dependents (including children up to age 26)	You, your spouse and children up to age 26	
<b>Annual Goal Amount is Available on January 1</b>	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.	No. You will only be reimbursed up to the amount that has been deducted from your paycheck
<b><u>Election</u> Rolls Over to Next Calendar Year</b>	Yes	No. You must re-enroll each year, per IRS regulations	
<b><u>Funds</u> Rolls Over to Next Calendar Year</b>	Yes. Your money remains in your account and belongs to you, including if you leave Inova.	Partially. Up to \$570 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 \$570 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, per IRS regulations.	
<b>Claims Filing Date</b>	None	Claims incurred on or before December 31 of the current calendar year must be submitted by March 31 of the next year.	



	Health Savings Account (HSA)	Healthcare FSA	Limited Healthcare FSA
<b>Opportunity to Change Election</b>	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.	
<b>Funds Accrue Investment Earnings</b>	Your money may accrue investment earnings after you accrue at least \$1,000 and select your investment funds.	No	No
<b>Do I Need to Report this Account to the IRS?</b>	Yes. The IRS requires that you include Form 8889 with your federal income tax return each year that you have an HSA	No	No

Use the PayFlex calculators to help you determine what contribution amount is right for you at: <https://www.payflex.com/individuals/calculate-savings>.

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

<sup>2</sup> You cannot contribute to an HSA if you have commenced Medicare coverage.

<sup>3</sup> Keep all your receipts for healthcare expenses. If PayFlex needs more information to confirm a debit card purchase, they will notify you.



## Dependent Care FSA all participants

<b>Eligible Expenses</b>	<p>Eligible dependent care expenses incurred so you and/or your spouse can work, including:</p> <ul style="list-style-type: none"> <li>• Day care (including adult day care)</li> <li>• Preschool</li> <li>• Before- and after-school care (if not included in tuition)</li> <li>• Summer day camps, but not overnight camps</li> </ul>
<b>Maximum Annual Contribution</b>	Up to \$5,000 <sup>1</sup> ; \$2,500 if married and filing separately from your spouse
<b>Funds can be used for</b>	<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>
<b>Annual Goal Amount is Available on January 1</b>	No, You will only be reimbursed up to the amount that has been deducted from your paycheck
<b><u>Election</u> Rolls Over to Next Calendar Year</b>	No. You must re-enroll each year per IRS regulations
<b><u>Funds</u> Rolls Over to Next Calendar Year</b>	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.
<b>Opportunity to Change Election</b>	<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>
<b>Funds Accrue Investment Earnings</b>	No
<b>Do I Need to Report this Account to the IRS?</b>	No, but you can't claim the dependent care tax credit for any expenses reimbursed from this account

<sup>1</sup> Limit will be less for highly paid team members earning more than the IRS highly compensated employee limit (\$135,000 for 2022). The contribution limit is \$2,100 for 2022.

## 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 [www.myinovabenefits.org](http://www.myinovabenefits.org) or call the Inova Benefits Center at 1-877-466-8201.

	Hospital Indemnity Insurance	Critical Illness Insurance	Accident Insurance
<b>Plan Benefit</b>	<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"> <li>• Hospital admission—Annual benefit</li> <li>• Inpatient hospital stay—Daily</li> <li>• Intensive care unit (ICU) stay—Daily</li> <li>• Rehabilitation unit stay—Daily</li> <li>• Newborn routine care</li> <li>• Observation unit</li> <li>• Substance abuse—Daily</li> <li>• Mental disorder stay—Daily</li> </ul>	<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"> <li>• Heart attack and stroke</li> <li>• Invasive cancer</li> <li>• End stage renal failure</li> <li>• Occupational HIV</li> <li>• Benign brain tumor</li> <li>• Third-degree burns</li> <li>• Coma</li> <li>• Loss of sight, hearing or speech</li> <li>• A \$75 health screening benefit paid once per calendar year per member</li> </ul>	<p>While medical plans typically cover care for an injury, they don't cover the unexpected costs that come with it. 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"> <li>• Ambulance service</li> <li>• Initial care—Doctor's office, urgent care or ER</li> <li>• Hospital admission</li> <li>• X-rays and medical imaging</li> <li>• Fractures and dislocations</li> <li>• Serious burns</li> <li>• Follow up care</li> <li>• Physical therapy</li> <li>• A \$50 health screening benefit paid once per calendar year per member</li> </ul>
<b>Coverage Options</b>	Basic Coverage or Enhanced Coverage	\$10K, \$20K or \$30K Coverage	Basic Coverage or Enhanced Coverage
<b>Vendor</b>	Aetna <a href="https://www.aetnaresource.com/n/Inova_SuppHealth">https://www.aetnaresource.com/n/Inova_SuppHealth</a> 1-800-607-3366 (TTY:711)	Aetna <a href="https://www.aetnaresource.com/n/Inova_SuppHealth">https://www.aetnaresource.com/n/Inova_SuppHealth</a> 1-800-607-3366 (TTY:711)	Aetna <a href="https://www.aetnaresource.com/n/Inova_SuppHealth">https://www.aetnaresource.com/n/Inova_SuppHealth</a> 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.

## 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, Supplemental Life Insurance and AD&D coverage amounts will reduce at age 65 to 65% of the original amount and 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 Insurance

Inova also provides Business Travel Accident (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 wages on your W-2 form. This is known as Imputed Income.*

## 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 form for your life insurance coverages. **Your marriage or divorce does not override a life beneficiary designation form.** You must complete a new beneficiary designation form if you marry and want your spouse to be a beneficiary or if you divorce and want to remove your ex-spouse as a beneficiary.

### 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.

## 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 New York Life. 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 [www.myinovabenefits.org](http://www.myinovabenefits.org).*

## 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 [www.myinovabenefits.org](http://www.myinovabenefits.org).

	Basic Life and AD&D (Company-paid premium)	Supplemental Life and AD&D (Team member paid premium)
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>Full-time team members budgeted to work 60 hours or more per pay period</li> <li>Part-time team members budgeted to work 40–59 hours per pay period</li> </ul>	<ul style="list-style-type: none"> <li>Full-time team members budgeted to work 60 hours or more per pay period</li> <li>Part-time team members budgeted to work 40–59 hours per pay period</li> </ul>
<b>Available Coverage Options</b>	<p><b>Full-time: 1 x base pay</b> (up to \$500,000) provided by Inova</p> <p><b>Part-time: ½ x base pay</b> (up to \$50,000) provided by Inova</p> <p><i>(Coverage amounts apply separately to life and AD&amp;D insurance; i.e., you have one life insurance benefit and one AD&amp;D benefit).</i></p> <p>Your coverage will reduce to 65% of your coverage amount at age 65 and 50% of your coverage amount at 70.</p>	<p><b>Full-time: 1–8 x base pay</b> (up to \$1,500,000 combined basic and supplemental maximum)</p> <p><b>Part-time: 1–8 x base pay</b> (up to \$300,000 combined basic and supplemental maximum)</p> <p><i>(Coverage amounts and maximums apply separately to life and AD&amp;D insurance; i.e., you have one life insurance benefit and one AD&amp;D benefit. AD&amp;D insurance is available to team member coverage only.)</i></p>
<b>Guaranteed Issue</b>	N/A	<p><b>You:</b> The lesser of 3 x base pay or \$500,000</p> <p><b>Spouse:</b> \$25,000</p> <p><b>Child of Full-time team member:</b> \$10,000</p> <p><b>Child of Part-time team member:</b> \$3,000</p>
<b>Spouse/Domestic Partner Coverage Options</b>	None	<p><b>Full-time:</b> \$25,000–\$250,000 (life insurance only)</p> <p><b>Part-time:</b> \$6,000 (life insurance only)</p>
<b>Child Coverage</b>	None	<p><b>Full-time:</b> \$10,000 (life insurance only)</p> <p><b>Part-time:</b> \$3,000 (life insurance only)</p>
<b>Premiums Paid By</b>	Inova	You, with post-tax dollars
<b>Evidence of Insurability (EOI) Requirements</b>	No	Sometimes, for you and your spouse; not for your children
<b>If You Terminate Employment</b>	Coverage may be portable or convertible depending on your circumstances	Coverage may be portable or convertible depending on your circumstances

## 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.

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



# Voluntary Benefits

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

	Available Benefit	Cost	Contact
<b>Auto/Home Insurance</b> <i>(Farmers Insurance or Travelers)</i>	<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><b>Farmers Insurance:</b> 1-800-438-6388 <a href="http://www.myautohome.farmers.com">www.myautohome.farmers.com</a></p> <p><b>Travelers:</b> 1-888-695-4640 <a href="http://travelers.com/inova">travelers.com/inova</a></p>
<b>Identity Theft Protection</b> <i>(ID Watchdog)</i>	<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 <a href="http://idwatchdog.com/myplan/inova">http://idwatchdog.com/myplan/inova</a></p>
<b>Legal Services</b> <i>(MetLife Legal)</i>	<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 <a href="http://www.myinovabenefits.org">www.myinovabenefits.org</a>. 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 <a href="http://legalplans.com">legalplans.com</a></p>
<b>Long-Term Care Insurance</b> <i>(Chubb)</i>	<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 <a href="http://groupltci.com/inova-chubb">groupltci.com/inova-chubb</a></p>
<b>Long-Term Care Insurance</b> <i>(Life Secure)</i>	<p>The offering through LifeSecure provides standalone LTC coverage, along with options to automatically increase your benefit in the future. As of January 2022, 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 <a href="http://groupltci.com/inova">groupltci.com/inova</a></p>

## Value Added Benefits

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

	Available Benefit	Cost	Contact
<b>Adoption Assistance Plan</b>	<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><b>Submit applicable forms to Inova Benefits Center.</b></p>	<p>Program participation is free to team members budgeted to work 40 hours or more per pay period.</p>	<p><b>Inova Benefits Center:</b> 1-877-466-8201</p>
<b>Bright Horizons at Inova</b>	<p>These onsite childcare facilities offer early education for your eligible children.</p> <p><b>Contact vendor to enroll.</b></p>	<p>You pay the fees for the childcare center.</p>	<p><b>Bright Horizons at Inova Fairfax:</b> 1-703-207-2010</p> <p><b>Bright Horizons at Inova Fair Oaks:</b> 1-703-391-4700</p> <p><b>Bright Horizons at Inova Mount Vernon:</b> 1-703-664-7270</p>
<b>Back-up Care</b> <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><b>Contact vendor to enroll.</b></p>	<p><b>Center-based care:</b> \$25/day for one child. \$35/day for multiple children.</p> <p><b>In-home care:</b> \$6/caregiver/hour</p>	<p>1-877-BH-CARES (1-877-242-2737) <a href="https://clients.brighthorizons.com/inova">https://clients.brighthorizons.com/inova</a> <i>Username: Inova</i> <i>Password: inovacares</i></p>

	Available Benefit	Cost	Contact
<b>College Coach</b> <i>(Bright Horizons)</i>	<p>This program provides:</p> <ul style="list-style-type: none"> <li>• <b>Direct Coaching:</b> Personalized help with admissions, essay reviews, college finance and more</li> <li>• <b>Insider Workshops:</b> Sharing strategies and debunking myths for every phase of a child's education</li> <li>• <b>Powerful Tools:</b> Videos, cost calculators and FAQs available for the whole family</li> </ul> <p><b>Contact vendor to enroll.</b></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)  <a href="https://clients.brighthorizons.com/inova">https://clients.brighthorizons.com/inova</a>  Username: Inova  Password: inovacares</p>
<b>Commuter Benefits</b> <i>(PayFlex)</i>	<p>This program lets you pay for your eligible commuting costs through automatic, pre-tax payroll deductions.</p> <p><b>Contact vendor to enroll.</b></p>	<p>You buy this benefit on your own, pre-tax up to \$280/month. Enroll anytime.</p>	<p>1-844-PAYFLEX  (1-844-729-3539)  <a href="https://payflex.com">payflex.com</a></p>
<b>Educational Assistance Program</b> <i>(Edcor)</i>	<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. If you terminate or transfer to benefit ineligible status within one year of the reimbursement date, you must repay the reimbursed funds to Inova on a pro rata basis. See the Educational Assistance Program Policy for more details on this benefit.</p> <p><b>To enroll, submit applicable forms to vendor.</b></p>	<p>Program participation is free.</p>	<p>1-800-326-0780  <a href="https://inova.tap.edcor.com">https://inova.tap.edcor.com</a></p>

	Available Benefit	Cost	Contact
<b>Employee Assistance Program (EAP)</b> <i>(Inova EAP)</i>	<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><b>Automatically covered. You do not need to enroll.</b></p>	<p>Program participation is free and assistance is available 24/7.</p>	<p>1-800-346-0110  <a href="https://www.inova.org/our-services/corporate-health-services/employee-assistance-program">https://www.inova.org/our-services/corporate-health-services/employee-assistance-program</a>  <i>Username: Inova</i>  <i>Password: EAP</i></p>
<b>Employee Discount Program</b> <i>(BenefitHub)</i>	<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><b>Automatically covered. You do not need to enroll.</b></p>	<p>Program participation is free.</p>	<p>1-866-664-4621  <a href="https://inova.benefitHub.com">https://inova.benefitHub.com</a>  customer@benefithub.com</p>
<b>Family Scholarship Program for Team Members' Children</b> <i>(Edcor)</i>	<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><b>Contact vendor to enroll.</b></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  <a href="https://inova.tap.edcor.com">https://inova.tap.edcor.com</a></p>
<b>Inova Well</b>	<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><b>Automatically covered. You do not need to enroll.</b></p>	<p>Program participation is free.</p>	<p><a href="https://www.inova.org/our-services/inova-well">https://www.inova.org/our-services/inova-well</a>  inovawell@inova.org</p>

	Available Benefit	Cost	Contact
<b>Joan and Russell Hitt Center for Healthy Living</b>	<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</p> <p>1-571-472-1440  <a href="https://www.inova.org/locations/inova-joan-and-russell-hitt-center-healthy-living">https://www.inova.org/locations/inova-joan-and-russell-hitt-center-healthy-living</a>  healthlifestyles@inova.org</p>
<b>Mental Health Benefits</b> <i>(Lyra Health)</i>	<p>This program offers up to 25 free coaching or therapy sessions per calendar year for mental health issues. 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).</p> <p><b>Contact vendor to make appointments.</b></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  <a href="https://inova.lyrahealth.org">https://inova.lyrahealth.org</a></p>
<b>Pet Care Discount Program</b> <i>(Pet Benefit Solutions)</i>	<p>This program offers discounts for medical care and/or products, prescriptions and maintenance supplies for your pets.</p> <p><b>Enroll anytime by calling the Inova Benefits Center at 1-877-466-8201.</b></p>	<p>You buy this benefit on your own, post-tax.</p>	<p>1-888-789-PETS  (1-888-789-7387)  <a href="https://petbenefits.com/land/inova">petbenefits.com/land/inova</a></p>
<b>Pet Insurance</b> <i>(Nationwide)</i>	<p>The My Pet Protection<sup>SM</sup> 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.</p> <p><b>Contact vendor to enroll.</b></p>	<p>You buy this benefit on your own, post-tax. Cost varies depending on species (type of pet) and state of residence. Payment is not through payroll deduction.</p>	<p>1-877-738-7874  <a href="https://petinsurance.com/inova">petinsurance.com/inova</a></p>

	Available Benefit	Cost	Contact
<b>Team Member Purchasing Program</b> <i>(Purchasing Power)</i>	<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. There is a one-year service requirement to participate in this program.</p> <p><b>Contact vendor to purchase an item.</b></p>	<p>You can buy products on your own, post-tax.</p> <p>Automatically covered after one year of service</p> <p>Payments are payroll-deducted on a post-tax basis.</p>	<p>1-888-923-6236</p> <p><a href="http://www.inova.PurchasingPower.com">www.inova.PurchasingPower.com</a></p>
<b>Student Loan Assistance Program</b> <i>(Edcor)</i>	<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><b>Contact vendor to enroll.</b></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>1-800-326-0780</p> <p><a href="https://inova.tap.edcor.com">https://inova.tap.edcor.com</a>  Select the prompt for "Freedom Loan Repayment Program"</p>
<b>Student Loan Refinancing</b> <i>(SoFi)</i>	<p>This program refinances student loan debt at lower rates than federal and/or private options, saving costs for the average borrower and is available for all team members.</p> <p><b>Contact vendor to enroll.</b></p>	<p>Program participation is free.</p>	<p>1-833-277-7634</p> <p><a href="http://sofi.com/inova">sofi.com/inova</a>  partner@sofi.com</p>
<b>Tutoring for Children</b> <i>(Bright Horizons)</i>	<p>Bright Horizons offers individual tutoring for school age children from kindergarten through 12th grade.</p> <p><b>Contact vendor to enroll.</b></p>	<p>You may convert one day of backup child/elder care to four hours of tutoring at no cost to you. See <b>Back-up Care</b> benefit.</p>	<p>1-877 BH-CARES (1-877-242-2737)</p> <p><a href="https://clients.brighthorizons.com/inova">https://clients.brighthorizons.com/inova</a>  Username: Inova  Password: inovacares</p>
<b>VIP 360° Concierge Medicine Membership</b>	<p>Membership offers a high-level, personal service approach to healthcare on your schedule.</p> <p><b>Contact vendor to enroll.</b></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><a href="http://www.inovavip360.org">www.inovavip360.org</a></p>

## Retirement Benefits

Inova provides 401(k) and 403(b) plans to help you save for retirement. Team member contributions to these plans are combined and subject to the IRS annual deferral limit (\$20,500, or \$27,000 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/Inova](https://netbenefits.com/Inova) 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 or post-tax basis (the “Roth 401(k)” feature).
- A variety of plan investment are available, including target date funds
- Inova’s matching contribution is dollar for dollar on the first 5% of pay you contribute (up to the applicable IRS limit) and is made each pay period.
- 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.

### 403(b) Plan Features

Similar to the 401(k) plan, except:

- You must work for a non-profit entity within the company.
- No matching contribution is made to the 403(b) plan

See the table on the next page for more information.

### **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%*
- *Your payroll deductions will be invested in the target date fund that corresponds with the year you attain age at 65*

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

	401(k) Retirement Savings Plan	403(b) Retirement Plan
<b>Eligibility</b>	All team members, including PRNs	All team members, including PRNs, who work for a non-profit entity within the company
<b>Deferral Percent</b>	Up to 50% of eligible pay on a pre-tax or post-tax basis per plan with a combined limit of 80%	
<b>Deferral Limit</b>	(\$20,500, or \$27,000 if age 50 or over). This limit is combined for both the 401(k) and 403(b) plans.	
<b>Deferral Options</b>	Pre-tax <b>AND</b> Post-tax (Roth)	
<b>Employer Matching Contributions</b>	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.	No matching contribution
<b>Vesting Schedule</b>	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.	You are 100% invested upon enrollment

## Rollovers

The 401(k) plan accepts rollovers from another employer's 401(k) plan, and the 403(b) plan accepts rollovers from another employer's 403(b) plan. Log into [netbenefits.com/inova](https://netbenefits.com/inova) and select the applicable retirement plan. 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) and/or 403(b) retirement account. Federal law states that your legal spouse must be the beneficiary of your 401(k) and/or 403(b) retirement account, unless he or she waives their right in writing. **Your divorce does not override a beneficiary designation form.** If you designated your ex-spouse as the beneficiary, later divorce and do not complete a new beneficiary designation form, your ex-spouse will receive your retirement savings plan assets if you die in single marital status. You must complete a new beneficiary designation form if you divorce and want to remove your ex-spouse as a beneficiary.



## Annual IRS Limits

The IRS sets limits for certain benefit plans for the amount you may contribute to each benefit plan. The table below shows IRS limit for applicable benefit plans for 2022.

Benefit Plan	IRS Regulation	Limit
Health Savings Account (HSA)	Maximum employee contribution	<ul style="list-style-type: none"> <li>• \$3,650 per year for Team Member Only coverage</li> <li>• \$7,300 per year for other coverage levels</li> </ul>
Healthcare Flexible Spending Account	Maximum employee contribution Maximum annual carryover	\$2,850 per year \$570
Dependent Care Flexible Spending Account	Maximum employee contribution Highly compensated employee earnings limit	\$5,000 per year \$135,000
Commuter Benefits	Maximum employee contribution	\$280 per month
401(k) Retirement Savings Plan and/or 403(b) Retirement Plan	Maximum employee contribution	<ul style="list-style-type: none"> <li>• \$20,500 per year (combination of pre-tax and post-tax contributions combined for the 401(k) Retirement Savings Plan and the 403(b) Retirement Plan).</li> <li>• Additional \$6,500 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 \$27,000.</li> </ul>
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 \$305,000 means that all employer matching contributions will stop when a team member's compensation reaches \$305,000 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 \$15,250 (\$305,000 x 5% maximum employer matching contribution).</p>

## Other Benefits/Leave

### Holidays

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

These holidays are:

- New Year's Day
- Dr. Martin Luther King, Jr. Day
- Memorial Day
- July 4th
- 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 InovaNet, 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 <sup>1</sup>	Hourly Accrual	Maximum Accrual (Hours Per Pay Period) <sup>2</sup>	Maximum Accrual (Hours Per Year) <sup>2</sup>	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 <sup>1</sup>	Hourly Accrual	Maximum Accrual (Hours Per Pay Period) <sup>2</sup>	Maximum Accrual (Hours Per Year) <sup>2</sup>	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

<sup>1</sup> 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.

<sup>2</sup> 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 employed 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. 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 InovaNet 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 InovaNet for additional resources.

## If You Terminate Employment

If you terminate employment or your work schedule is budgeted for less than 40 hours per pay period (an ineligible benefits class), your benefit coverages will end as noted in the table below. Upon your termination, you will receive a separation letter with detailed information on how to continue your eligible coverages. Contact the Inova Benefits Center for information on additional benefit plans.

	Coverage Ends	Continuation Options
<b>Medical, Dental &amp; Vision</b>	On the last day of the month in which you terminate employment or your work schedule reduces to an ineligible benefits class	May be continued through COBRA. The Inova Benefits Center at 1-877-466-8201 will mail a COBRA Election Notice to you. Team members between age 59 1/2 and 65 with 15 years of benefits-eligible service and were continuously benefits-eligible for the last five years of service may be eligible for Bridge-to-Medicare coverage.
<b>Health Savings Account (HSA)</b>		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. PayFlex will mail information to you about your continuation options.
<b>Healthcare Flexible FSA &amp; Dependent Care FSA</b>	On the day you terminate employment or your work schedule reduces to an ineligible benefits class	You must submit all claims within 90 days of your coverage loss date. You will be able to submit reimbursement requests for expenses incurred prior to your termination or reduction in hours.
<b>Basic Life and AD&amp;D</b>		You may convert your policy to an individual whole life policy. Contact New York Life at 1-800-423-1282 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.

	Coverage Ends	Continuation Options
Supplemental Life	On the day you terminate employment or your work schedule reduces to an ineligible benefits class	You may port your policy. Contact New York Life at 1-800-423-1282 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.
Disability		None. If you are in an active LTD claim status when you leave Inova, your LTD benefits will continue beyond that date as determined by New York Life.
401(k) & 403(b) Retirement Plans	On the day 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.
Employee Assistance Program	Your coverage will continue during your COBRA continuation period without any action on your part.	You may contact the EAP at 1-800-346-0110 or <a href="https://www.inova.org/eap">Inova.org/eap</a> <i>Username: Inova; Password: EAP</i>
Educational Assistance	Your coverage will end on the date you terminate employment or reduce your budgeted hours to less than 20 per week.	Request reimbursement from Edcor for any classes successfully completed prior to your last day of employment.  If you change to an ineligible benefit class or terminate employment within one year of receiving a reimbursement, you will be responsible for repayment of educational assistance funds. As outlined in the Educational Assistance Program policy, a one-time lump sum will be deducted from your last paycheck to repay the funds.
Paid Time Off	If you were employed for more than 90 days of continuous employment and you terminate your employment or reduce your budgeted hours to less than 20 per week, you are entitled to a final payment equivalent to 100 percent of the dollar value of your earned and unused paid time off hours, based on your base hourly rate at the time of termination or date you became ineligible.	PTO cannot be used as part of your notice period. You may not extend your termination of employment by using PTO accruals after your last day of work. After receiving your final paycheck, you will be paid any PTO payout in the next payroll cycle. Executives and employed physicians are not eligible to receive payout of any accrued PTO at termination.

# Contacts

Have other questions about these benefits? Know who to call to get the answers you need.

## Enrollment and General Benefits Information

Inova Benefits Center  
1-877-466-8201

[www.myinovabenefits.org](http://www.myinovabenefits.org)

### Inova Well

<https://www.inova.org/our-services/inova-well>

### Inova Employee Assistance Program

1-800-346-0110

<https://www.inova.org/our-services/corporate-health-services/employee-assistance-program>

Username = Inova

Password = EAP

### Lyra Health for Mental Health

1-877-331-5685

[care@lyrahealth.com](mailto:care@lyrahealth.com)

<https://inova.lyrahealth.org>

## Vision Benefits

VSP 1-800-877-7195

[inova.vspforme.com](http://inova.vspforme.com)

## Short-Term/Long-Term Disability and Absence Claims

New York Life

1-888-842-4462

[www.mynylgbs.com](http://www.mynylgbs.com)

## Medical, Dental and Prescription Drug Benefits

Innovation Health/Aetna  
[aetna.com](http://aetna.com)

### Member Services

(Control No. 697819)

1-800-862-5441

### Informed Health Line (24-hour nurse line)

1-800-556-1555

### Aetna Behavioral Health

1-800-424-1601

### Inova Pharmacy Plus

<https://www.inova.org/our-services/inova-retail-pharmacy-services>

- Inova Schar Cancer Institute  
1-571-472-1100
- Inova Heart and Vascular Institute  
1-703-776-8250
- Inova Fair Oaks Hospital  
1-703-391-3080

### Express Scripts

1-877-787-8692

[express-scripts.com/inovahealthsystem](http://express-scripts.com/inovahealthsystem)

## Life and AD&D Insurance

### New York Life EOI Status

1-866-607-2360

### Life Insurance Portability/Conversion

1-800-423-1282

### AD&D Conversion

1-800-441-1832

[www.mynylgbs.com](http://www.mynylgbs.com)

## Retirement Benefits

### Fidelity

1-877-694-6682

[netbenefits.com/Inova](http://netbenefits.com/Inova)

## Savings & Spending Accounts (FSA/HSA)

### Member Services

1-888-678-8242

[payflex.com](http://payflex.com)

### Healthcare Flexible Spending Account (FSA)

(Group No. 697822)

### Dependent Care FSA

(Group No. 697822)

### Limited Healthcare FSA

(Group No. 885629)

### Health Savings Account (HSA)

(Control No. 697819)

## Appendix A: 2022 Payroll Schedule

The table below shows the pay period and pay dates for 2022.

Pay Period	Pay Period Begin Date	Pay Period End Date	Pay Check Date
Last pay of 2021	12/12/21	12/25/21	12/31/21
1	12/26/21	01/08/22	01/14/22
2	01/09/22	01/22/22	01/28/22
3	01/23/22	02/05/22	02/11/22
4	02/06/22	02/19/22	02/25/22
5	02/20/22	03/05/22	03/11/22
6	03/06/22	03/19/22	03/25/22
7	03/20/22	04/02/22	04/08/22
8	04/03/22	04/16/22	04/22/22
9	04/17/22	04/30/22	05/06/22
10	05/01/22	05/14/22	05/20/22
11	05/15/22	05/28/22	06/03/22
12	05/29/22	06/11/22	06/17/22
13	06/12/22	06/25/22	07/01/22
14	06/26/22	07/09/22	07/15/22
15	07/10/22	07/23/22	07/29/22
16	07/24/22	08/06/22	08/12/22
17	08/07/22	08/20/22	08/26/22
18	08/21/22	09/03/22	09/09/22
19	09/04/22	09/17/22	09/23/22
20	09/18/22	10/01/22	10/07/22
21	10/02/22	10/15/22	10/21/22
22	10/16/22	10/29/22	11/04/22
23	10/30/22	11/12/22	11/18/22
24	11/13/22	11/26/22	12/02/22
25	11/27/22	12/10/22	12/16/22
26	12/11/22	12/24/22	12/30/22
First pay of 2023	12/25/22	01/07/23	01/13/23



## 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 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**
- **Surprise Medical Bills**

### If you are declining healthcare coverage for 2022

#### **Notice of Special Enrollment Rights**

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.

### If you need information on mastectomy-related services

#### **Women's Health and Cancer Rights Act**

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.

## 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](http://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](http://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 2021**

**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**

## HIPAA Privacy Notice

### 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.healthinfolaw.org/state](http://www.healthinfolaw.org/state).

This notice is effective May 1, 2021.

#### 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/](http://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

**System Office Benefits Department - HIPAA 8110  
Gatehouse Road, 200W  
Falls Church, VA 22042  
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](http://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](http://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](http://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, 2021. Contact your State for more information on eligibility.

	Phone/Email	Website
<b>Alabama</b> <i>Medicaid</i>	1-855-692-5447	<a href="http://myalhipp.com/">http://myalhipp.com/</a>
<b>Alaska</b> <i>Medicaid</i>	1-866-251-4861 CustomerService@MyAKHIPP.com	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a>  Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
<b>Arkansas</b> <i>Medicaid</i>	1-855-MyARHIPP (1-855-692-7447)	<a href="http://myarhipp.com/">http://myarhipp.com/</a>
<b>California</b> <i>Medicaid</i>	1-916-440-5676	<a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a>
<b>Colorado</b> <i>Health First Colorado (Colorado's Medicaid Program) &amp; 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: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>  CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-healthplan-plus">https://www.colorado.gov/pacific/hcpf/child-healthplan-plus</a>  Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a>
<b>Florida</b> <i>Medicaid</i>	1-877-357-3268	<a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a>
<b>Georgia</b> <i>Medicaid</i>	1-678-564-1162 ext 2131	<a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>
<b>Indiana</b> <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: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  All other Medicaid: <a href="https://www.in.gov/">https://www.in.gov/</a>
<b>Iowa</b> <i>Medicaid and CHIP (Hawki)</i>	Medicaid: 1-800-338-8366  Hawki: 1-800-257-8563	Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Hawki: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>
<b>Kansas</b> <i>Medicaid</i>	1-800-792-4884	<a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a>

	Phone/Email	Website
<b>Kentucky</b> <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): <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  KCHIP: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Kentucky Medicaid: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>
<b>Montana</b> <i>Medicaid</i>	1-800-694-3084	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>
<b>Louisiana</b> <i>Medicaid</i>	Medicaid hotline: 1-888-342-6207 LaHIPP: 1-855-618-5488	Medicaid hotline: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> LaHIPP: <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>
<b>Maine</b> <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: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Private Health Insurance Premium: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>
<b>Nebraska</b> <i>Medicaid</i>	1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>
<b>Nevada</b> <i>Medicaid</i>	1-800-992-0900	<a href="http://dhcfnv.gov">http://dhcfnv.gov</a>
<b>New Hampshire</b> <i>Medicaid</i>	1-603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218	<a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>
<b>New Jersey</b> <i>Medicaid and CHIP</i>	Medicaid: 1-609-631-2392 CHIP: 1-800-701-0710	Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>
<b>Massachusetts</b> <i>Medicaid and CHIP</i>	1-800-862-4840	<a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>
<b>Minnesota</b> <i>Medicaid</i>	1-800-657-3739	<a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>
<b>Missouri</b> <i>Medicaid</i>	1-573-751-2005	<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>



	Phone/Email	Website
<b>New York</b> <i>Medicaid and CHIP</i>	1-800-541-2831	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>
<b>North Carolina</b> <i>Medicaid</i>	1-919-855-4100	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>
<b>North Dakota</b> <i>Medicaid</i>	1-844-854-4825	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>
<b>Oklahoma</b> <i>Medicaid and CHIP</i>	1-888-365-3742	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>
<b>Oregon</b> <i>Medicaid</i>	1-800-699-9075	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>
<b>Pennsylvania</b> <i>Medicaid</i>	1-800-692-7462	<a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a>
<b>Rhode Island</b> <i>Medicaid and CHIP</i>	1-855-697-4347, or 1-401-462-0311 (Direct Rlte Share Line)	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>
<b>South Carolina</b> <i>Medicaid</i>	1-888-549-0820	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>
<b>South Dakota</b> <i>Medicaid</i>	1-888-828-0059	<a href="http://dss.sd.gov">http://dss.sd.gov</a>
<b>Texas</b> <i>Medicaid</i>	1-800-440-0493	<a href="http://gethipptexas.com/">http://gethipptexas.com/</a>
<b>Utah</b> <i>Medicaid and CHIP</i>	1-877-543-7669	Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>
<b>Vermont</b> <i>Medicaid</i>	1-800-250-8427	<a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>
<b>Virginia</b> <i>Medicaid and CHIP</i>	Medicaid: 1-800-432-5924 CHIP: 1-855-242-8282	<a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a>
<b>Washington</b> <i>Medicaid</i>	1-800-562-3022	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>
<b>West Virginia</b> <i>Medicaid</i>	Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	<a href="http://mywvhipp.com/">http://mywvhipp.com/</a>
<b>Wisconsin</b> <i>Medicaid and CHIP</i>	1-800-362-3002	<a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>
<b>Wyoming</b> <i>Medicaid</i>	1-800-251-1269	<a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either: U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

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## 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 [ebssa.opr@dol.gov](mailto:ebssa.opr@dol.gov) and reference the OMB Control Number 1210-0137.*

*OMB Control Number 1210-0137 (expires 1/31/2023)*

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## 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.

## 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.*



This brochure includes a general description of the Inova benefit plans offered to eligible Inova Health System team members as of January 1, 2022. 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.