Sotera Health 2024 Benefits FAQ's

How do I change/make my benefit elections for 2024?

You can make your benefit elections by logging onto the Global Employee Portal: <u>https://eftx.login.us6.oraclecloud.com/</u>

Can I change my benefit elections mid-year?

You can only change your elections if you have a qualifying life event, as an example divorce, birth of a child, adoption, or marriage. There are rules surrounding these changes and the request must be made within 30 days of the qualifying event.

Who do I contact and what documentation is needed to make a mid-year change?

You can use Self-Service available in the Global Employee Portal (go to Benefits icon) to report your qualified life event and proceed through updating your benefit elections. You can also update HSA contributions and life insurance/beneficiaries using the self-service.

Certification Required:

- Birth of Child Birth certificate
 - NOTE: When UHC receives the first claim based on the insurance information provided during the hospital admission process, the newborn is added to their system for 4 days only (required by law). If you do not enroll the newborn in the Global Employee Portal, the newborn will automatically be dropped. It is important that you complete the enrollment process within 30 days of the date of birth. Once this has been done, the newborn will be reinstated, and claims will pass through without issue.
- Death Death certificate
- Spouse loses their job and benefits Letter from previous employer showing date coverage was lost
- Employee turns age 26 and cannot continue under their parent's coverage Letter from prior provider showing date coverage ended
- Divorce Proof that a dependent(s) may be removed from coverage
- Marriage Marriage certificate

Where can I find additional information about the benefits offered to me?

If you are enrolled on a Sotera Health medical plan, please visit Quantum Health at: SoteraHealthBenefits.com

If you are NOT enrolled on a Sotera Health medical plan, please visit Your Benefits Resource Center at: <u>https://c2mb.ajg.com/soterahealth</u>

Where can I find out how much the benefits will cost me in 2024?

You can review the 2024 Benefits Guide. 2024 Employee Contributions are shown on page 29. You can find a guide online at https://c2mb.ajg.com/soterahealth

If I choose not to cover my dependent(s) under the Sotera Health Medical plan, are they still eligible for coverage under the dental, vision and/or life insurance plans?

Yes, all plans are separate and can be elected or waived separately. Please note, to include a dependent, you as the employee must first be a participant (enrolled) in the plan to extend coverage to a dependent.

Will I receive a new ID card?

- Medical: You will receive a new ID card from Quantum / UMR. You can also access a copy of your medical ID at SoteraHealthBenefits.com or by downloading the Quantum Health Mobile App.
- HSA: You will receive a debit card from Optum if you are electing Sotera Health's medical plan for the first time.
- Dental: Guardian does not send dental ID cards, but you can go to guardiananytime.com and obtain a copy of your card, or use Guardian's mobile app
- Vision: VSP does not provide ID cards, you just need to tell your doctor you are a VSP member, a Sotera Health employee, and provide the last four digits of your SSN.
- FSA: If you elect to contribute to an FSA for the first time, you will receive a debit card from Chard Snyder.

How many medical cards will I receive for my family?

You will receive two ID cards in the mail. If you need additional cards, please reach out to the Quantum Health team or you can print additional ID cards by accessing SoteraHealthBenefits.com.

Medical Benefit Specific Questions:

Who is Quantum Health?

Health care is complicated, that is why Sotera Health has partnered with Quantum Health, an awardwinning health care navigation and care coordination company to assist employees on their healthcare journey. The Quantum Health website will be your personalized hub to view your UMR medical plan use and status on where you are with your deductibles, out-of-pocket maximums, wellness incentives, and more. The Care Coordinators can help you find in-network providers, a second opinion for treatment, sort through your medical bills, and so much more.

How to Access Quantum Health:

- SoteraHealthBenefits.com
- 866-920-1968 (Monday-Friday, 8:30 a.m.-10 p.m. ET)
- Quantum Health Mobile App



Who Can Access Quantum Health?

If you are enrolled in any of the Sotera Health medical plans, you have access to Quantum Health. Quantum Health has a dedicated team of Care Coordinators whose mission is to help medical plan participants receive the best possible care at the lowest out-of-pocket costs. From something as simple as a replacement ID card, to more complicated matters like claims resolutions, no request is too big or small for Quantum Health Care Coordinators! For example, they will do things like:

- Verify coverage
- Find network providers
- Advocate for your care
- Answer claims, billing, and benefits questions
- Create health improvement plans and more!

A great way to avoid surprise out-of-pocket costs is to verify if your physician or medical facility is in the UMR (UnitedHealthcare) network before you need medical care. It's easy to check. Simply call Quantum Health Care Coordinators or log on to SoteraHealthBenefits.com.

Who is UMR? What happened to UHC?

In 2024, the administrator of the medical plan will change to United Medical Resources (UMR). There is **no change to the provider network**: you still want to choose providers and facilities in the United Healthcare network. There will be no disruption if your doctor is currently considered in-network.

What is a PPO plan?

The Preferred Provider Organization (PPO) contracts with medical providers to create a network of participating providers. The PPO plan has a higher premium cost but will have a lower deductible and co-pays for most services after the deductible is met. You are eligible to participate in a health care flexible spending account (FSA) if you enroll in the PPO plan.

What is the difference between the three high deductible health plans and the PPO plan?

The difference between the high deductible health (HDHP) plans (Gold, Silver, and Bronze) and the PPO plan are:

- The deductibles and the out-of-pocket maximum amounts.
- The cost of plans or annual employee contributions.
- The PPO plan will have co-pays whereas on the HDHP all services are subject to deductible and coinsurance.
- You can only have a Health Savings Account (HSA) if you are enrolled on one of the HDHP medical plans.
- You are eligible to participate in a health care flexible spending account (FSA) if you elect the PPO plan.

Please review the Medical Plan Comparison chart on page 11 of the 2024 Benefits Guide for further details. The amount you will pay for each plan can be found on page 29 of the Benefits Guide.

Please explain what the term deductible, coinsurance, co-pay, and maximum-out-of-pocket means?

<u>Deductible</u>: The amount you pay for covered health care services before the Sotera Health medical plan starts to pay. The deductible accumulates and is applied to your plan maximum.

Coinsurance: Once you have met the deductible a portion of the benefits are paid for by the Sotera Health medical plan, 80%, and the member pays 20%. The amount paid based on the coinsurance is also applied to your plan maximum.

<u>Co-Pay</u>: A fixed dollar amount you will pay each time you visit a provider or fill your prescription. For the PPO plan, the co-pay does not apply towards your deductible but is applied to your out-of-pocket maximum.

<u>Maximum-out-of-pocket</u>: The most you pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100% of the costs of covered benefits. The out-of-pocket limit does not include your monthly premiums deducted from your paycheck.

Please note if you go out-of-network this can cost you more up front and if the plan does not cover this provider, you may be responsible for balances. Please, always check with UHC to see if the provider is in network and if the services could cost you more.

For a further understanding of how each plan works, please contact your Care Coordinator at Quantum Health.

On the Family Gold and Silver Plans, there is an exception listed on the deductible. Can you please explain this?

For the purposes of this explanation, "family" is considered anything that is not Single Employee Coverage (ie Employee + Spouse, Employee + Child(ren) and Family level coverage) For those enrolled in the Bronze plan – an individual as part of the family must only hit the individual deductible before the plan begins paying the 80% coinsurance amount for that person. (Meaning for that individual only – they do not have to hit the family deductible before the plan picks up at the 80% coinsurance). However, due to IRS regulations there is an exception to this on the Gold and Silver plans. Any plan that has an individual deductible of less than \$3,200, requires an adjustment on the individual deductible in the case of family coverage. This means that in the case of the Gold and Silver Plans, an individual on the plan must hit \$3,200 in claims or the family as a whole must hit the family deductible before the plan will begin paying at the 80% coinsurance amount.

For a further understanding of how each plan works, please contact your Care Coordinator at Quantum Health.

What is the maximum number of behavioral health visits allowed under the medical plan? *There are no limitations.*

Are diabetic check-ups considered preventive?

We encourage you to call a Care Coordinator at Quantum Health as there are situations where this type of check-up may be considered preventive. However, if you have a diabetic diagnosis already, then the check-ups are not considered preventive.

Are routine eye exams covered under the medical plan?

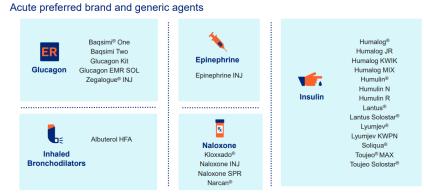
A routine chart exam is covered if billed under a preventive care visit. Refractory exams fall under your deductible and coinsurance.

Pharmacy Questions:

What is the Critical Drug Affordability Program.

The Critical Drug Affordability Program will offer a specified list of medications covered at 100%. For a full up-to-date list, contact your **Care Coordinators** at Quantum Health. Below are the drugs currently covered under the program.

Optum Rx Critical Drug Acute products



How will the change to UMR impact my prescription drugs with Optum Rx?

There will be some minor changes to the formulary, which is the list of drugs covered under the plan.. Please contact your Care Coordinators at Quantum Health to discuss.

How do I find out which pharmacies are in the network?

Visit **SoteraHealthBenefits.com**. You will find all major primary pharmacy chains, such as CVS, Walgreens, Rite Aid, and Walmart are in network.

If I'm starting a new medication or enrolling in Sotera Health's medical plan for the first time, is there a way to find out if my medication requires prior authorization or step therapy under the OptumRx program?

If you're enrolling in a Sotera Health medical plan for the first time, contact a Care Coordinator at 866-920.1968. If you're already enrolled, you can talk to a Care Coordinator, visit SoteraHealthBenefits.com, or download the Quantum Health mobile app.

If I want to sign up for mail order prescription coverage, how do I do that? You can go to **SoteraHealthBenefits.com** to set-up a new mail-order prescription or you can call a Care Coordinator at 866-920-1968.

How can I research my medications and look at lower cost options? Are there any other ways to help me save money?

- Visit SoteraHealthBenefits.com
- Contact a Care Coordinator at 866-920-1968
- Download the Quantum Health Mobile App

High Deductible Health Plans work best when paired with HSA contributions. As an employer, Sotera Health does contribute a portion for you in January to assist you with any upfront costs. (see benefit guide for details) We also encourage employees to contribute money to their HSA on a per pay basis to continue to build this account and help offset some of the future costs when needed.

Are there manufacturer discounts available for certain medications?

Sometimes manufacturers offer discounts on medications. There are websites like <u>https://rxsaver.retailmenot.com/</u> or <u>https://www.goodrx.com/</u> that will allow you to search for available discounts on medications.

Network Questions:

How do I find out if my doctor, specialist, mental health provider and hospital is in the UnitedHealthcare Network?

On the **SoteraHealthBenefits.com** portal. Alternatively, you can call a Care Coordinator at 866-920-1968. Once you are enrolled, you can download the Quantum Health Mobile App and have this information at your fingertips.

I have a medical procedure already scheduled in 2024 with my current provider, will I need additional authorization or will it transfer over to UMR?

As of December 1, 2023, you can call a Care Coordinator at 866-920-1968 to discuss your upcoming procedure.

I am in the middle of medical treatment, will my treatment be disrupted?

As of December 1, 2023, you can call a Care Coordinator at 866-920-1968 to discuss your upcoming procedure.

Does lab work have to be in network?

We encourage you to stay in-network as those labs are under contract. If you go out of network, it will cost you more money. You can research in-network labs at **SoteraHealthBenefits.com**.

General Questions:

Who is Sotera Health's Employee Assistance Program (EAP) provider and how do I contact them? Workplace Options is the EAP provider staffed with professionals to help you and your family with any issues you may be facing and need guidance for.



How many visits are covered under the EAP?

5 face-to-face visits (or virtual) per issue/per family member (living in the household)/per calendar year.

HSA Banking Questions:

Is everyone eligible to open a Health Savings Account?

The IRS controls the rules surrounding who is eligible/ not eligible to open Health Savings Accounts.

- You must be enrolled in a qualifying high-deductible health plan HDHP.
- You cannot be covered by any other health coverage.
- You cannot be enrolled in Medicare, TRICARE or TRICARE for Life.
- You cannot be claimed as a dependent on someone else's tax return

We encourage you to contact your accountant or attorney to address any specific questions on your eligibility.

What should I do if I am not sure if I am eligible for the Health Savings Account?

If you have any questions about your eligibility to enroll and receive employer contributions into your account, please consult your accountant or attorney.

I have a Health Savings Account from a previous employer. Can I transfer that HSA balance into OptumFinancial?

Yes, you can do that. Once your OptumFinancial HSA is open, you can complete a rollover transfer form to transfer your HSA funds. OptumFinancial will be able to guide you through the process.

If I'm enrolling in Sotera Health's plan for the first time, will my HSA be automatically opened for me?

Yes. Once you are enrolled in one of the Sotera Health high deductible health plans (HDHP) the account will automatically be opened for you. You may need to provide documents to OptumFinancial to prove your identity. Your account cannot be opened or funded until OptumFinancial receives this information.

Does Optum Financial have investment options?

Yes. More information on these options will be available with Optum Financial once you have an active Optum account. You can call Optum at 800.791.9361 to discuss your options.

What are the IRS limits for 2024 for the Health Savings Accounts?

The limits for 2024 are:

- \$4,150 for individuals
- \$8,300 for families
- \$1,000 catch up contribution for those age 55 or older.

How much can I contribute into my Health Savings Account in 2024 after the Sotera Health funding?

GREATER THAN \$50,000 BASE SALARY	IRS ALLOWABLE ANNUAL MAXIMUM	EMPLOYER ANNUAL CONTRIBUTION	EMPLOYEE'S ALLOWED ANNUAL CONTRIBUTION
Employee Only	\$4,150	\$500	\$3,650
Employee + Spouse	\$8,300	\$1,000	\$7,300
EE + Child(ren)	\$8,300	\$1,000	\$7,300
Family	\$8,300	\$1,000	\$7,300
LESS THAN \$50,000 BASE SALARY			
Employee Only	\$4,150	\$750	\$3,400
Employee + Spouse	\$8,300	\$1,500	\$6,800
EE + Child(ren)	\$8,300	\$1,500	\$6,800
Family	\$8,300	\$1,500	\$6,800

Even if you elect not to contribute to your HSA, an HSA account will be opened for you so you can receive the Sotera Health contribution.

*If you are 55 or older you can contribute an additional \$1,000 to your HSA.

If I enroll in the HDHPs that include an HSA am I still eligible to participate in the Health Care FSA and Dependent Care FSA?

If you enroll in one of the HDHPs with an HSA, you would not be eligible to participate in the Health Care FSA. However, you would be eligible to participate in the Dependent Care FSA

If I enroll in the PPO plan, am I still eligible to participate in the Health Savings Account (HSA)?

If you enroll in the PPO plan, you would NOT be eligible to participate in the HSA. However, you would be eligible to participate in the Health Care Flexible Spending Account (FSA). You are also eligible to participate in the Dependent Care FSA.

How are each of the HSA, FSA Healthcare and FSA Dependent Care funded?

HSA: The employer funding as defined above will be provided the first week in January 2024 for elections made during the annual open enrollment. The amount the employee contributes to the plan is provided over the course of 2024 as it is deducted from each of the 26 paychecks.

Dependent Care FSA: There is no employer funding with the FSA Dependent Care FSA plan. The amount the employee contributes to the plan is provided over the course of 2024 as it is deducted from each of the 26 paychecks.

Health Care FSA: There is no employer funding with the Health Care FSA plan. The amount the employee chooses to contribute is front loaded as of 1/1/2024 by the employer. However, the employee slowly pays this amount back over the course of the 26 paychecks throughout 2024.

Wellness Program Questions:

When will enrollment into the new Sotera Health Well-Being Program with Quantum begin? You will be able to begin participating in the wellness program in January 2024. Earn points in 2024 for medical premium discounts in 2025.

Where to I access the Sotera Health Well-Being Program with Quantum? *On the SoteraHealthBenefits.com* portal.

Who is eligible to participate in the Sotera Health Well-Being Program with Quantum? Employees and spouses enrolled on a 2024 medical plan will be eligible to participant in the new wellness program through Quantum Health.

Can I participate in the Sotera Health Well-Being Program with Quantum if I am not enrolled on a Sotera Health medical plan?

Unfortunately, no you will no longer be able to participate in the wellness program.

What are the requirements for earning the premium incentives for 2024?

You will need to earn 1,200 points through the Sotera Health Well-Being Program with Quantum. Employees can earn up to \$576/year toward their medical premium and families can earn up to \$720!

Points can be earned by meeting any of the following goals:

- Complete a health survey (100 points)
- Complete a preventive check-up or preventive screening (300 points)
- Complete your biometric screening (300 points)
- Attest to being a Non-Smoker or complete Quit for Life cessation program (200 points)
- Designate a Primary Care Physician (200 points)
- Work with a Health Coach complete 3 health coaching calls (300 points)
- Engage with disease management (300 points)
- Airrosti MSK program (300 points)
- Create your Quantum Health Account (200 points)
- Attest to an EAP Activity (100 points)
- Complete a Wellness Challenge, up to two per year (100 points)

If I chose to utilize my primary care physician for my wellness plan biometric screening, will I use my insurance, and will I have any out-of-pocket expenses?

You will need to utilize your insurance if your biometric screening is performed in your doctor's office, but preventative care services are covered at 100% under our health insurance. If you present the form to your doctor and the only services that are performed are what is required by the biometric screening, there should be no out of pocket costs. However, if any additional services are performed or if anything during your visit leads to any other diagnostics, you may incur out of pocket expenses for those services.

Dental and Vision Questions:

What are the differences between Sotera Health's three dental plans?

Sotera Health offers three dental plans through Guardian; a Premier dental plan, Standard dental plan, and Value dental plan. All plans cover preventive services at 100% and allow for two cleanings per calendar year. Orthodontia services are limited to children before the age of 23.

The Premier plan has the highest annual and lifetime orthodontia maximums, but it also has the highest premiums. The Standard plan has a higher deductible than the Premium plan, and slightly lower annual and lifetime orthodontia maximums. The Value plan has a lower deductible and lifetime maximum and does not cover orthodontia, but it has the lowest premiums. You can reference the Guide on pages 19 and 20.

What should I know about the vision plan?

Sotera Health offers a vision plan through VSP. You can receive one exam and one set of lenses per calendar year. Starting in 2024, the frame allowance is now covered up to \$200 per year.

With VSP's **LightCare** benefit, you can use your vision plan to pay for non-prescription eyewear, frames and lenses for sunglasses, and blue light filtering glasses.

Voluntary Benefits - New in 2024!

When can I elect the new Voluntary Benefits?

- Annual benefits enrollment (October 30 November 11, 2023).
- New hires can enroll during initial enrollment.
- Qualifying Life Events:
 - If you elected coverage during open enrollment, you are allowed to make changes during your life event.
 - If you DO NOT elect voluntary benefits during open enrollment, you will not be able to do so during your life event and will need to wait until the next open enrollment period to do so.

What is Accident Insurance?

Accident insurance provides a cash benefit if you or a family member is injured due to an accident. The amount of the benefit varies based on the severity of the injury. For example, a hip fracture would have a larger benefit than a broken toe. Benefits are also payable if you need to go to the emergency room, are admitted to the hospital, and for physical therapy. You may choose to cover yourself only, yourself and your spouse, yourself and your children, or your entire family. This coverage is offered through UNUM. *Note: This plan includes a \$50 Be Well Benefit for each member enrolled on the plan if the member receives an annual physical, immunization, or recommended preventative screening. You would work directly with UNUM for the reimbursement.

What is Critical Illness Insurance?

Critical Illness coverage pays a lump sum if you or a family member are diagnosed with a serious health condition like cancer, heart attack, stroke, Multiple Sclerosis, ALS, Parkinson's, or Alzheimer's Disease. The benefit is \$20,000 for an employee (and an automatic \$10,000 coverage for children with employee election). Spouses can only get 100% of the employee coverage amount if you have purchased coverage for yourself. Rates are based on the employee's age for employee coverage and spouse's age for spouse coverage. This coverage is offered through UNUM.

*Note: This plan includes a \$50 Be Well Benefit for each member enrolled on the plan if the member receives an annual physical, immunization, or recommended preventative screening. You would work directly with UNUM for the reimbursement.

What is Hospital Indemnity Insurance?

Hospital indemnity pays a benefit when you are admitted to the hospital, whether it is for an accident, illness, medically necessary procedure, or the birth of a child. The benefit is \$1,000 per admission and \$100 per day (up to 30 days). The benefit is doubled if you are admitted to and stay in the ICU. You can

cover yourself only, yourself and your spouse, yourself and your children, or your entire family. This coverage is offered through UNUM.

*Note: This plan includes a \$50 Be Well Benefit for each member enrolled on the plan if the member receives an annual physical, immunization, or recommended preventative screening. You would work directly with UNUM for the reimbursement.

What is Pet Insurance and how do I enroll?

ASPCA offers a customizable pet insurance plan for your dog or cat. You can choose whether to cover accidents only, accidents and illness, and if you want to include preventive care as well. You can also choose a deductible of \$100, \$200, or \$500, reimbursement levels of 90%, 80%, or 70%, and an annual limit from \$3,000 to unlimited.

You can visit any licensed vet in the US or Canada. Pay your vet bill, submit claims to ASPCA, and you will receive reimbursement by direct deposit or mail.

The cost is based on your pet's information and the plan you design. Pre-existing conditions are excluded.

Enroll at www.aspcapetinsurance.com/SoteraHealth priority code EB23SoteraHealth. You can also call ASPCA at **877.343.5314**. You will be billed directly by ASPCA for your pet insurance.