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See page 22 for important information concerning Medicare Part D coverage.

In this Guide, we use the term Practice to refer to the family of professional corporations, professional associations and medical groups that participate in the Optum Partner Services benefit program. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the Company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan’s operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.
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Eligibility & Enrollment

You're a valued member of your Practice, and your health and wellbeing are important to us. We are proud to provide you and your dependents with valuable and significant benefits. This guide is an overview of the benefits available to you and their impact on your hard-earned compensation. Please read it carefully in order to make the best choices for you and your family in the 2022 plan year.

You and your family have unique needs, which is why Optum Partner Services offers a variety of benefit plans from which you may choose. If applicable, please make sure to consider your spouse/domestic partner’s benefits through his or her place of employment and your dependents’ eligibility when weighing each option.

Eligibility

If you are a full-time employee regularly scheduled to work 30 or more hours per week or a part-time employee regularly scheduled to work 20 to 29 hours per week, you are eligible to participate in the medical, dental, vision, life and disability plans, and other additional benefits.

If you are a part-time employee regularly scheduled to work fewer than 20 hours per week, you generally are not eligible for benefits except for life insurance and Commuter Expense Reimbursement Account (CERA), but you may be eligible to participate in the Optum Partner Services 401(k) Savings Plan.

If you are a per diem employee, you generally are not eligible for benefits, but you may be eligible to participate in the Optum Partner Services 401(k) Savings Plan.

When Does Coverage Begin?

If you are a newly eligible employee, you must submit your initial benefits elections within thirty (30) days of your date of hire or the date you become benefits eligible. Your benefits will begin as of the first day of the month following the date you become eligible for benefits. After your initial enrollment, you may submit new health and welfare benefit elections during the annual enrollment period. Your annual enrollment elections are effective on Jan. 1 of the following year. Due to IRS regulations, once you have made your choices for the plan year, you won’t be able to change your benefits until the next annual enrollment period unless you experience a qualifying life event.

Eligible Dependents

Dependents eligible for coverage in the Optum Partner Services benefits plans include:

- Your legal spouse/domestic partner (or common-law spouse in states which recognize common-law marriages).
- Children up to age 26 (includes birth children, stepchildren, legally-adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse/domestic partner).
- Dependent children, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return, and is approved by your medical plan to continue coverage past age 26.

Verification of dependent eligibility will be required upon enrollment.

Qualifying Life Events

When one of the following events occurs, you must contact the Benefits Service Center and request changes to your coverage within 30 days from the date of the event (unless a longer period is specified in the applicable plan documents).

- Change in your legal marital status (marriage, divorce or legal separation)
- Change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)
- Change in your spouse/domestic partner’s employment status (resulting in a loss or gain of coverage)
- Change in your employment status from full-time to part-time, or part-time to full-time, resulting in a gain or loss of eligibility
- Entitlement to Medicare or Medicaid
- Change in your eligibility for coverage through the Marketplace
- Change in your address or location that may affect the coverage for which you are eligible

Your change in coverage must be consistent with and on account of your change in status. Please direct questions regarding specific life events and your ability to request changes to the Benefits Service Center.
Preparing to Enroll

Optum Partner Services provides eligible employees a comprehensive array of benefit options. As a committed partner in your health, your Practice will absorb a significant share of the cost of your coverage. Your share of the costs for medical, dental and vision benefits is deducted on a pretax basis, which lessens your tax liability. Please note that employee contributions for medical, dental and vision coverage vary depending on the level of coverage you select. In general, the more coverage you have, the higher your contribution will be.

Keep in mind that you may select any combination of medical, dental and/or vision plan coverage categories. For example, you could select medical coverage for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you, as an employee, must elect coverage for yourself in order to elect any dependent coverage. Be sure to have the Social Security numbers and birthdates for any eligible dependent(s) that you plan to enroll. You cannot enroll your dependent(s) without this information.
Medical Benefits

Our medical coverage helps you maintain your wellbeing through preventive care and access to an extensive network of providers, as well as prescription medication. Medical benefits are offered through UnitedHealthcare. Choose the plan that best matches your needs and please keep in mind that the option you elect will be in place for the 2022 plan year, unless you have a qualifying life event.

Medical Premiums

Premium contributions for medical will be deducted from your paycheck on a pretax basis. Your level of coverage will determine your biweekly contributions.

How to Find a Provider

To see a current list of UnitedHealthcare network providers, visit www.myuhc.com or call Customer Care at 866-414-1959 for assistance.

Medical Plan Summary

The chart on the next page gives a summary of the 2022 medical coverage options provided by UnitedHealthcare.

All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

Health Care Cost Transparency

High Deductible Health Plans (HDHPs) and tools such as Health Savings Accounts and Flexible Spending Accounts help put the power of health care spending in your hands. This means you have control over how your health care dollars are spent. But with the cost of services varying widely, make sure you’re making the best choice for your health and your wallet. Enter health care cost transparency tools. These online tools, which are available through most major health insurance carriers, allow consumers to compare costs for everything from prescription drugs to major surgeries. For more information, visit www.myuhc.com.
<table>
<thead>
<tr>
<th>Biweekly Contributions</th>
<th>UnitedHealthcare</th>
<th>Health Plan of Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UHC PPO Plan</td>
<td>UHC HDHP HSA Plan</td>
</tr>
<tr>
<td><strong>Biweekly Contributions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Full-Time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$33.60</td>
<td>$27.21</td>
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<tr>
<td>Employee + Spouse</td>
<td>$184.79</td>
<td>$149.68</td>
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<td>Employee + Child(ren)</td>
<td>$124.31</td>
<td>$100.69</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$268.79</td>
<td>$217.71</td>
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<tr>
<td><strong>Part-Time</strong></td>
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<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$84.00</td>
<td>$68.04</td>
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<tr>
<td>Employee + Spouse</td>
<td>$258.71</td>
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</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$217.55</td>
<td>$176.21</td>
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<tr>
<td>Employee + Family</td>
<td>$376.30</td>
<td>$304.80</td>
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<tr>
<td><strong>In-Network</strong></td>
<td><strong>Out-of-Network</strong></td>
<td></td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family</td>
<td>$2,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Coinsurance (Plan Pays)</td>
<td>80%*</td>
<td>60%*</td>
</tr>
<tr>
<td>Calendar Year Out-Of-Pocket Maximum (Includes Deductible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$3,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family</td>
<td>$6,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Copays/Coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%</td>
<td>60%*</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>$30 copay</td>
<td>60%*</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$60 copay</td>
<td>60%*</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$75 copay</td>
<td>60%*</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$200 copay</td>
<td>80%*</td>
</tr>
</tbody>
</table>
*After Deductible
**NV POS Plan also offers Out-of-Network Benefits

**UHC PPO Plan and NV POS Plan**

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount.

**UHC HDHP HSA Plan**

Each covered individual is not required to meet the individual deductible. The HDHP has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan.
Preventive Care

Generally, screening tests done in order to catch a disease early are considered preventive services. Many services, screenings and supplies are paid at 100% including, but not limited to:

- Wellness visits, yearly physicals and standard immunizations
- Screenings for blood pressure, cancer, cholesterol, depression, obesity and Type 2 diabetes
- Pediatric screenings for hearing, vision, obesity, depression, autism and developmental disorders
- Anemia screenings, breastfeeding support and breastfeeding pumps for pregnant and nursing women
- Iron supplements (for children ages 6 to 12 months at risk for anemia)

Key Things to Remember:

- Many preventive care services and tests are covered at 100%. You can find a list of covered services in your plan documents.
- Think of preventive care visits as routine check-ups. Things that may occur during a preventive visit include immunizations, blood pressure and cholesterol measurement, diabetes screening, or counseling on healthy weight.
- Diagnostic care to identify potential health risks are covered according to plan benefits, even if recommended or done during a preventive care visit.
- If your physician finds a specific health risk or new medical condition during your appointment, your doctor may bill those services as diagnostic medicine. These types of diagnostic services may result in out-of-pocket costs for you (e.g., deductibles, coinsurance or copayments) because they are no longer considered preventive care.

Check your benefit summary to see what preventive services are available to you at no cost.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through UnitedHealthcare.

That means you will only have one ID card for both medical care and prescriptions. You may find information on your benefits coverage and search for network pharmacies by logging on to www.myuhc.com or by calling the Customer Care number on your ID Card.

Your cost is determined by the tier assigned to the prescription drug product. All products on the list are assigned as Tier 1, 2 or 3.

<table>
<thead>
<tr>
<th></th>
<th>UHC PPO Plan</th>
<th>UHC HDHP HSA Plan</th>
<th>POS Plan (Available Only To NV Residents)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td>Retail Rx (30-Day Supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIER 1</td>
<td>$10 copay</td>
<td>$10 copay</td>
<td>$10 copay*</td>
</tr>
<tr>
<td>TIER 2</td>
<td>$35 copay</td>
<td>$35 copay</td>
<td>$35 copay*</td>
</tr>
<tr>
<td>TIER 3</td>
<td>$60 copay</td>
<td>$60 copay</td>
<td>$60 copay*</td>
</tr>
<tr>
<td>Mail Order Rx (90-Day Supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIER 1</td>
<td>$25 copay</td>
<td>N/A</td>
<td>$25 copay*</td>
</tr>
<tr>
<td>TIER 2</td>
<td>$87.50 copay</td>
<td>N/A</td>
<td>$87.50 copay*</td>
</tr>
<tr>
<td>TIER 3</td>
<td>$150 copay</td>
<td>N/A</td>
<td>$150 copay*</td>
</tr>
</tbody>
</table>

*After Deductible
UnitedHealthcare Group Medicare Advantage (PPO) Plan

UnitedHealthcare offers a Medicare Advantage (PPO) plan designed exclusively for the following:

- Medicare-eligible parents, parents-in-law, step-parents, grandparents, siblings, aunts, uncles, and spouses of active (full- and part-time) active U.S. based employees who are eligible for UnitedHealth Group, Optum Partner Services or OptumCare benefits.

- U.S.-based employees who are Medicare-eligible and retire or terminate employment on or after Oct. 1, 2019, and, at the time, were eligible for UnitedHealth Group, Optum360, Optum Partner Services, or OptumCare benefits. Additionally, if the employee enrolls in the Plan, their Medicare-eligible dependents (spouse and children) may enroll in the plan.

With the UnitedHealthcare® Group Medicare Advantage (PPO) plan, you are not limited to seeing providers in a network. You have the flexibility to see any provider (in-network or out-of-network) at the same cost share, as long as they accept the plan and have not opted out of or been excluded from Medicare.

Features of the UnitedHealthcare Group Medicare Advantage plan:

- Medical and prescription drug coverage in one plan.
- A monthly plan premium of $99.94 which, when compared to a Medicare Supplement plan combined with a Part D prescription drug plan, may provide significant savings for many individuals.
- A rich prescription drug formulary where 100% of Part D-eligible drugs are covered.
- Programs and services at no additional cost such as fitness memberships and UnitedHealthcare Hearing. Also included is UnitedHealthcare House Calls* — an annual in-home visit from a nurse practitioner who provide a comprehensive health check, prescription drug review, and home safety assessment.

*House Calls may not be available in all areas.

UnitedHealthcare Concierge Service

In addition to the UnitedHealthcare Group Medicare Advantage (PPO) plan, UnitedHealthcare has a complete portfolio of Medicare products including individual Medicare Advantage, Medicare Prescription Drug, and Medicare Supplement plans.

The UnitedHealthcare concierge service provides a personal needs assessment. Advisors will discuss what is important to you in a health care plan so you can decide if it is better to stay with your current plan or enroll in the UnitedHealthcare Group Medicare Advantage (PPO) plan or any of the other UnitedHealthcare individual Medicare plans available in its Medicare product portfolio.
Dental Benefits

Regular dental checkups do more for your wellbeing than just preserve a healthy smile. Optum Partner Services dental coverage will provide you and your family affordable options for overall health. Coverage is available from UnitedHealthcare.

Dental Premiums & Plan Summary

Premium contributions for dental will be deducted from your paycheck on a pretax basis. Your tier of coverage will determine your biweekly premium. The chart below gives a summary of the 2022 dental coverage provided by UnitedHealthcare. All out-of-network services are subject to Reasonable and Customary (R&C) limitations.

<table>
<thead>
<tr>
<th></th>
<th>Full-Time &amp; Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biweekly Contributions</strong></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$10.02</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$20.05</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$22.79</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$34.51</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Family</td>
<td>$75</td>
<td>$75</td>
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<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar Year Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Person</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

|                      |            |                |
| **Covered Services** |            |                |
| Preventive Services  | 100%       | 100%           |
| Basic Services       | 80%*       | 80%*           |
| Major Services       | 50%*       | 50%*           |
| Orthodontics         | 50%        | 50%            |
| Orthodontic Lifetime Maximum | $1,500 |                |

*After Deductible

Network Dentists

If you choose to use a dentist who doesn’t participate in your plan’s network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit UnitedHealthcare at www.myuhcdental.com.
Vision Benefits

Even those with perfect eyesight should have their vision checked on a regular basis. To ensure that you and your family have access to quality vision care, Optum Partner Services offers a comprehensive vision benefit provided by UnitedHealthcare.

Vision Premiums & Plan Summary

Premium contributions for vision will be deducted from your paycheck on a pretax basis. Your tier of coverage will determine your biweekly premium. The chart below gives a summary of the 2022 vision coverage provided by UnitedHealthcare.

<table>
<thead>
<tr>
<th>Biweekly Contributions</th>
<th>Full-Time &amp; Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee Only</td>
</tr>
<tr>
<td></td>
<td>Employee + Spouse</td>
</tr>
<tr>
<td></td>
<td>Employee + Child(ren)</td>
</tr>
<tr>
<td></td>
<td>Employee + Family</td>
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</table>

<table>
<thead>
<tr>
<th>Copays</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td>$15 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Materials</td>
<td>$30 copay</td>
<td>Allowance Amount</td>
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<table>
<thead>
<tr>
<th>Covered Materials</th>
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</thead>
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<td>Lenses</td>
<td></td>
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<tr>
<td>Single Vision Lenses</td>
<td>100%*</td>
<td>Up to $40</td>
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<tr>
<td>Bifocal Lenses</td>
<td>100%*</td>
<td>Up to $60</td>
</tr>
<tr>
<td>Trifocal Lenses</td>
<td>100%*</td>
<td>Up to $80</td>
</tr>
<tr>
<td>Frames</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Frame Equivalent</td>
<td>Up to $130</td>
<td>Up to $45</td>
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<tr>
<td>Contact Lenses</td>
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<td></td>
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<tr>
<td>Necessary</td>
<td>100%</td>
<td>Up to $210</td>
</tr>
<tr>
<td>Elective Selection</td>
<td>Selection: 4 boxes; Non-Selection: Up to $105</td>
<td>Up to $105</td>
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</table>

<table>
<thead>
<tr>
<th>Benefit Frequency</th>
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</thead>
<tbody>
<tr>
<td>Examination</td>
<td>Once per 12 months</td>
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<tr>
<td>Lenses</td>
<td>Once per 12 months</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Once per 24 months</td>
<td></td>
</tr>
<tr>
<td>Contacts (In Lieu Of Lenses And Frames)</td>
<td>Once per 12 months</td>
<td></td>
</tr>
</tbody>
</table>

*Elective non-selection, up to $105 allowance
Health Savings Account for the UHC HDHP HSA Plan

Take charge of your health care spending with a Health Savings Account (HSA). Contributions to an HSA are tax free and withdrawals for qualified medical expenses are tax free. If you enroll in the UHC HDHP HSA Plan, you may make contributions to your HSA.

Your HSA can be used for qualified expenses, including those of your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not enrolled in the UHC HDHP HSA Plan but you have unused HSA funds from a previous account, those funds can still be used for qualified medical expenses.

Your HSA account will be established with Optum Bank. Optum Bank will issue you a debit card, giving you direct access to your account balance. When you have a qualified medical expense, you can use your debit card to pay. You must have a balance to use your debit card. There are no receipts to submit for reimbursement.

Eligible expenses include doctors’ office visits, eye exams, prescription expenses, laser eye surgery and more.

IRS Publication 502 provides a complete list of eligible expenses and can be found on www.irs.gov.

Eligibility

You are eligible to open and fund an HSA if:

- You are not covered by Medicare or TRICARE.
- You are not covered by another non-high deductible health plan (that is a plan with a deductible less than $1,400 for individuals and $2,800 for families, based on 2022 limits).
- Your medical expenses cannot be reimbursed from someone else’s (for example, your spouse’s) general purpose Flexible Spending Account.
- You are not eligible to be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care (service-related care will not be taken into consideration).
Individually Owned Account

You own and administer your Health Savings Account. You determine how much you’ll contribute to the account, when to use the money to pay for qualified medical expenses, and when to reimburse yourself. HSAs allow you to save and roll over money if you do not spend it in the calendar year. The money in this account is portable, even if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

When you enroll in the UHC HDHP HSA Plan, you will be asked to verify that you are eligible to participate in the HSA plan. If you are eligible, you will be given the opportunity to designate the amount you wish to contribute on a pretax basis. Optum Partner Services will establish an HSA account in your name and send in the employer contribution and your contribution once bank account information has been provided and verified. You do not need to make a contribution in order to receive the employer contribution.

Maximize Your Tax Savings

Contributions to an HSA are tax-free (and can be made through payroll deduction on a pretax basis). The money in this account (including interest and investment earnings) grows tax-free. As long as the funds are used to pay for qualified medical expenses, they are spent tax-free.

HSA Funding Limits

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts. For 2022, contributions (which include any employer contribution) are limited to the following:

<table>
<thead>
<tr>
<th>HSA Funding Limits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$3,650</td>
</tr>
<tr>
<td>Family</td>
<td>$7,300</td>
</tr>
<tr>
<td>Catch-Up Contribution (ages 55+)</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Optum Partner Services will provide an employer contribution that will be deposited into your HSA on a per paycheck basis. Employer contributions are prorated for anyone newly eligible for OPS benefits and are deposited as soon as administratively possible after enrolling in the plan.

<table>
<thead>
<tr>
<th>OPS HSA Contribution</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
<td>$500</td>
</tr>
<tr>
<td>Family</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

The Optum Partner Services HSA must be established with Optum Bank in order to receive the employer contribution. You may be able to roll over funds from another HSA into your Optum Bank HSA. For more enrollment information, contact the Benefits Service Center.
Flexible Spending Accounts
Flexible Spending Accounts (FSAs) allow you to set aside pretax payroll deductions to pay for various out-of-pocket expenses.

Health Care Flexible Spending Account
You can contribute up to $2,750 for qualified dental, vision and medical expenses (deductibles, copays and coinsurance, for example) with pretax dollars, which will reduce the amount of your taxable income and increase your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them, so you don’t have to wait for reimbursement. If you elect to participate in the HSA, you may not participate in the Health Care Flexible Spending Account. However, you would be eligible for the Limited-Purpose Flexible Spending Account (LPFSA).

Limited Purpose Flexible Spending Account
Designed to complement a Health Savings Account, a Limited-Purpose Flexible Spending Account (LPFSA) allows for reimbursement of eligible dental and vision expenses. You must decide how much to set aside for this account. You may contribute up to $2,750 in the LPFSA.

How to Use the Account
You can use your FSA debit card at locations such as doctor and dentist offices, pharmacies, and vision service providers. The card cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The swipe transaction will be denied if you attempt to use the card at an ineligible location.

Once you incur an eligible expense, submit a claim form along with the required documentation. If you have a question about a reimbursement, contact UnitedHealthcare. Should you need to submit a receipt, you will receive an email or be mailed a receipt notification from UnitedHealthcare. You should always retain a receipt for your records.

While FSA debit cards allow you to pay for services at point of sale, you may be required to substantiate the expense later. This means that you must always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. If you don’t provide proof that an expense was valid, your card may be turned off and your expense may be deemed ineligible for reimbursement.

Dependent Care Flexible Spending Account
In addition to the Health Care FSA, you may opt to participate in the Dependent Care FSA as well — whether or not you elect any other benefits. The Dependent Care FSA allows you to set aside pretax funds to help pay for expenses associated with caring for elder or child dependents. Unlike the Health Care FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

- With the Dependent Care FSA, you are allowed to set aside up to $5,000 to pay for child or elder care expenses on a pretax basis.
- Eligible dependents include children younger than the age of 13 and dependents of any age who are incapable of caring for themselves.
- Expenses are reimbursable as long as the child care / elder care provider is not anyone considered your dependent for income tax purposes.
- In order to be reimbursed, you must provide the tax identification number or Social Security number of the party providing care.

Eligible Dependent Care Flexible Spending Account Expenses
This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full-time. The dependent must be a child younger than the age of 13 and claimed as a dependent on your federal income tax return or a disabled dependent who spends at least eight hours a day in your home. Due to federal regulations, expenses for your domestic partner and your domestic partner’s children may not be reimbursed under the Flexible Spending Account programs. Please check with your tax advisor to determine if any exceptions apply to you.

General Rules and Restrictions
In exchange for the tax advantages that FSAs offer, the IRS has imposed the following rules and restrictions for both Health Care and Dependent Care FSAs:

- Your expenses must be incurred during the 2022 plan year.
- Your dollars cannot be transferred from one FSA to another.
- You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- You must “use it or lose it”— any unused funds at the end of the plan year will be forfeited.
- You cannot change your FSA election in the middle of the plan year unless you experience a qualifying life event like marriage, divorce or birth of a child.
<table>
<thead>
<tr>
<th>Ownership</th>
<th>The FSA is owned by your employer. If you leave your employer, you lose access to the account unless you have a COBRA right.</th>
<th>The HSA is an account owned by you. It is a savings account in your name and you always have access to the funds, even if you leave your employer.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility &amp; Enrollment</td>
<td>The employer determines eligibility for an FSA. You cannot make changes to your contribution during the plan year without a qualifying life event.</td>
<td>You must be enrolled in a qualified high deductible Health Plan to be eligible for employer contributions or to contribute money to your HSA. You cannot be covered by a spouse’s non-High Deductible Health Plan or enrolled in Medicare or TRICARE. You can change your contribution at any time during the plan year.</td>
</tr>
<tr>
<td>Taxation</td>
<td>Contributions are tax free via payroll deduction. Funds are reimbursed or spent tax-free.</td>
<td>The money in the account is “triple tax-free,” meaning: 1. Contributions are tax-free. Please note: Certain state specific taxation guidelines may apply. 2. The account grows tax-free. 3. Funds are spent tax-free (if used for qualified expenses).</td>
</tr>
<tr>
<td>Contributions</td>
<td>Your contributions are limited to a maximum amount set by the plan. The contribution limit for 2022 is $2,750.</td>
<td>Both you and your employer can contribute to the account according to IRS limits. The contribution limit for 2022 is $3,650 for individuals and $7,300 for families. This amount includes the employer contribution. If you are 55 or older, you may make a “catch-up” contribution of $1,000 per year.</td>
</tr>
<tr>
<td>Payment</td>
<td>Participants will receive an FSA debit card to pay for eligible expenses. Alternatively, you can pay up front and get reimbursed from the account. You must submit your receipts for reimbursement.</td>
<td>Participants can use the debit card to pay for qualified expenses directly. You can also use online bill payment services from the HSA financial bank to pay for qualified expenses. You decide whether you want to use the money in your HSA to pay for qualified expenses, or save it for future qualified expenses or retirement.</td>
</tr>
<tr>
<td>Rollover</td>
<td>You must use the money in the account by the end of the plan year. Participants receive 90 days from the end of the plan year to submit eligible expenses for reimbursement. Any unclaimed funds at the end of this time are lost and returned to your employer.</td>
<td>The money in the account rolls over from year to year. Funds are always yours and may be used for future qualified expenses.</td>
</tr>
<tr>
<td>Other Types</td>
<td>Other types of FSAs include:  • Dependent Care FSA – Allows you to set aside pretax dollars for elder or child dependent care and covers expenses such as baby-sitting, day care and before- and after-school care.  • Limited-Purpose FSA – A Limited-Purpose FSA only covers eligible dental and vision expenses. Limited-Purpose FSAs are typically offered in conjunction with an HSA as the IRS does not allow someone to have a Health FSA and an HSA.</td>
<td>There is only one type of HSA.</td>
</tr>
</tbody>
</table>

Please refer to your Summary Plan Description or plan certificate for your plan’s specific FSA or HSA benefits.
Supplemental Health Benefits

Accident Insurance

Accident Insurance coverage, provided by UnitedHealthcare, is separate from your medical plan and helps offset costs associated with an injury due to an accident. You can enroll in this coverage even if you are not enrolled in an Optum Partner Services medical plan.

If you or a covered family member is injured in an accident, Accident Insurance pays a fixed benefit amount to offset costs associated with treatment of common injuries, such as concussions, dislocations, broken bones, or burns. Benefits are paid in addition to any medical benefits you may receive. Accident Insurance pays benefits for:

- Initial care needed due to an accident such as ambulance, emergency, urgent care, or doctor visits
- Hospital care, including hospital and intensive-care admission or confinement
- Follow-up care, including X-rays, physical therapy, doctor visits, or medical devices
- Accidental Death and Dismemberment (AD&D), in addition to benefits paid under Basic Life Insurance and AD&D plans

In the event of an accident, you decide when and how to use the money. You can use it to pay for medical expenses or daily living expenses. In addition, Accident Insurance offers financial protection through:

- Organized sport injury: Additional 25% payment, up to $10,000 per accident, for follow-up care and common injuries
- Daycare: Payment for up to 30 days of daycare expenses for dependents while hospitalized

For details on how Accident Insurance works, including a schedule of benefits, see the Certificate of Coverage [http://benefitsenroll.uhg.com](http://benefitsenroll.uhg.com).

Critical Illness Insurance

Critical Illness Insurance provides financial support if you are diagnosed with a covered critical illness. Critical Illness Insurance, provided by UnitedHealthcare, is separate from and complements your medical coverage. If you or a covered family member is diagnosed with a critical illness, Critical Illness Insurance pays a lump sum* amount to help you pay out-of-pocket expenses, including:

- Medical plan deductibles or coinsurance
- Rent, mortgage, childcare, groceries, or other daily living expenses

Critical Illness Insurance covers 20 critical illnesses across four benefit categories — Cancer, Cardiovascular, Other, and Juvenile. Benefits amounts could be payable in each of these four benefit categories.

For details on payment amounts, covered conditions and exclusions, see the Certificate of Coverage at [http://benefitsenroll.uhg.com](http://benefitsenroll.uhg.com).
**Survivor Benefits**

It’s not always easy to talk with your family about how they’ll be provided for if you weren’t around, but it’s an important conversation to have. Survivor benefits provide financial assistance in an absence, and can help you plan for the unexpected. If you secure life insurance now, chances are you can take comfort in knowing that those who depend on you will be provided for.

**Basic Life and Accidental Death & Dismemberment (AD&D) Insurance**

Life and AD&D benefits are essential to your family’s financial security. As such, it is important to understand how your plan works and what benefits you will receive. Basic Life and AD&D benefits are provided to you as a part of your basic coverage. Optum Partner Services provides eligible employees with Basic Life and AD&D insurance through UnitedHealthcare, which guarantees that loved ones, such as a spouse/domestic partner or other designated survivor(s), continue to receive part of your benefits after death.

Your Basic Life and AD&D insurance benefit is:
- Employees regularly scheduled to work at least 20 hours per week: 1x your Benefits Compensation rounded to the next highest $1,000, up to $500,000
- Employees regularly scheduled to work fewer than 20 hours per week: Flat coverage amount of $10,000

For a definition of what is included as part of your benefit compensation, please review the Life and AD&D Certificate of Coverage.

Eligible employees automatically receive Basic Life and AD&D insurance even if other coverage is waived.

**Beneficiary Designation**

A beneficiary is the person you designate to receive your life insurance benefits in the event of your death. This includes any benefits payable under Voluntary Life/AD&D offered by Optum Partner Services. You receive the benefit payment for a dependent’s death under this insurance.

Make sure your beneficiary designation is clear so there is no question as to your intentions, and remember to name a primary and contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage.

Please note that in most states, benefit payments cannot be made to a minor younger than 18. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary’s name, and will earn interest until the minor reaches majority age at 18.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in percentages. If you need assistance, contact the Benefits Service Center or your own legal counsel.

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**Designate Your Beneficiaries**

Your beneficiary doesn’t have to be a person. A trust, or a legal agreement that lets you place property under the control of a trust manager, can be named the beneficiary. The beneficiary can also be a charity or simply your estate.
Voluntary Life/AD&D Insurance

Eligible employees may purchase voluntary life and AD&D insurance for themselves and their families and are based on age, coverage amount and tobacco status, and are paid through after-tax payroll deductions. Employees must purchase voluntary life and AD&D insurance for themselves in order to enroll an eligible spouse, domestic partner or children.

Voluntary Employee Life/AD&D Coverage

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>You may buy 1x, 2x, 3x, 4x, or 5x your Benefit Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Benefit</td>
<td>The lesser of $1,000,000 or 5x your Benefits Compensation combined between Basic Life and Voluntary Life</td>
</tr>
<tr>
<td>Evidence of Insurability (EOI) Required</td>
<td>Evidence of Insurability (EOI) will be required if you choose to enroll or increase your election after your original enrollment period</td>
</tr>
</tbody>
</table>

Voluntary Spouse/Domestic Partner Life/AD&D Coverage

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>$5,000 increments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Benefit</td>
<td>Up to 50% of the Employee's amount not to exceed $100,000</td>
</tr>
<tr>
<td>Evidence of Insurability (EOI) Required</td>
<td>Evidence of Insurability (EOI) will be required if you choose to enroll or increase your election after your original enrollment period</td>
</tr>
</tbody>
</table>

Voluntary Child Life/AD&D Coverage

<table>
<thead>
<tr>
<th>Coverage Amount</th>
<th>$2,000 increments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Benefit</td>
<td>Up to 50% of the Employee's amount not to exceed $10,000</td>
</tr>
</tbody>
</table>

Voluntary Life/AD&D Insurance

<table>
<thead>
<tr>
<th>Age (As of Jan. 1, 2022)</th>
<th>Employee (Tobacco Free/Tobacco User)</th>
<th>Age (As of Jan. 1, 2022)</th>
<th>Spouse/Domestic Partner* (Tobacco Free/Tobacco User)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>$0.024/$0.034</td>
<td>Under 25</td>
<td>$0.037/$0.051</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.024/$0.038</td>
<td>25-29</td>
<td>$0.037/$0.057</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.025/$0.043</td>
<td>30-34</td>
<td>$0.042/$0.065</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.029/$0.052</td>
<td>35-39</td>
<td>$0.046/$0.078</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.032/$0.060</td>
<td>40-44</td>
<td>$0.051/$0.093</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.047/$0.092</td>
<td>45-49</td>
<td>$0.076/$0.142</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.067/$0.136</td>
<td>50-54</td>
<td>$0.111/$0.210</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.119/$0.240</td>
<td>55-59</td>
<td>$0.203/$0.372</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.184/$0.360</td>
<td>60-64</td>
<td>$0.309/$0.563</td>
</tr>
<tr>
<td>65-69*</td>
<td>$0.346/$0.627</td>
<td>65-69</td>
<td>$0.591/$0.978</td>
</tr>
<tr>
<td>70-74*</td>
<td>$0.567/$0.955</td>
<td>70-74</td>
<td>$0.960/$1.409</td>
</tr>
<tr>
<td>75+*</td>
<td>$0.656/$0.955</td>
<td>75+</td>
<td>$1.112/$1.409</td>
</tr>
</tbody>
</table>

*Rates are based on Spouse/Domestic Partner’s Age

Voluntary Child Life Insurance

Child(ren) are eligible from 14 days - age 26

<table>
<thead>
<tr>
<th>Premium Rates – $2,000 (BIWEEKLY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Child</td>
</tr>
</tbody>
</table>

To calculate how much your Voluntary Life coverage will cost:

$ \div 1,000 = $ \times \text{Age Based Rate} = $
Income Protection

Optum Partner Services offers disability coverage to protect you against a debilitating injury. This insurance protects a portion of your income until you can return to work, or until you reach retirement age.

Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available to you at no cost. STD insurance replaces 60% of your base pay if you become partially or totally disabled for a short period of time. Certain exclusions, along with any pre-existing condition limitations, may apply. Please refer to your plan documents for details or contact the Benefits Service Center for specific benefits.

<table>
<thead>
<tr>
<th>STD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elimination Period</td>
</tr>
<tr>
<td>Maximum Benefit Period</td>
</tr>
</tbody>
</table>

Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available to you at no cost. LTD insurance replaces 60% of your base pay if you become partially or totally disabled for an extended period of time. Certain exclusions, along with any pre-existing condition limitations, may apply. Please refer to your plan documents for details or contact the Benefits Service Center for specific benefits.

<table>
<thead>
<tr>
<th>LTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Maximum Benefit</td>
</tr>
<tr>
<td>Elimination Period</td>
</tr>
<tr>
<td>Maximum Benefit Period</td>
</tr>
</tbody>
</table>
Retirement Planning

It’s never too early — or too late — to start planning for your retirement. Making contributions to a 401(k) account is the first step toward achieving financial security later in life. The Optum Partner Services 401(k) Savings Plan provides you with the tools and flexibility you need to retire comfortably and securely.

All active full-time, part-time and per diem employees can invest for retirement while receiving certain tax advantages. You are immediately eligible to participate upon date of hire. If you have not enrolled in or opted out of the Plan by the Wednesday after your first pay date, you will be automatically enrolled at a 3% pretax contribution rate starting with your second paycheck. You can also make Roth after-tax contributions. Employer matching contributions start when you have completed one year of service. To receive the maximum match of 4.5%, you must contribute at least 6% of your eligible pay each pay period. Administrative and record-keeping services for this Plan are provided by Fidelity.

Eligibility

You may start making pretax and/or Roth after-tax contributions into the Plan upon date of hire. You are 100% vested in your contributions at all times. Employer matching contributions are 100% vested after two full years of service.

Contributing to the Plan

Your pretax and/or Roth after-tax contributions may be made in any whole percentage from 1% to 50% of your eligible pay up to the annual IRS limit ($19,500 in 2021).

Catch-up Contributions

If you are or will be age 50 or older during the 2022 calendar year and are contributing at least 6% to your 401(k) account, you can make a separate catch-up contribution up to the annual IRS limit ($6,500 in 2022). This additional election can help accelerate your progress toward your retirement goals.

Automatic Contribution Increase

If you contribute at least 1% but less than 6% of your pay to the 401(k) Plan, your contribution rate will automatically increase each Feb. 1 unless you elect otherwise. If you are only making Roth after-tax contributions, your Roth contribution rate will increase 1%; otherwise, your pretax contribution rate will increase by 1%.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. All changes will become effective as soon as administratively feasible and will remain in effect until you modify them. You may also discontinue your contributions any time. If you stop making contributions, you may start again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement Plan (pretax) with a previous employer, you may transfer or roll over that account into the Plan any time. To initiate a rollover into your Plan, log on to Fidelity NetBenefits® at www.NetBenefits.com or call a Fidelity Representative at 800-624-4015 for details.

Investing in the Plan

You decide how to invest the assets in your account. The Plan offers a selection of investment options from which you may choose. You may change your investment choices any time. Your contributions will be invested in the Target Date Fund based on your birth date and the fund’s target retirement date, unless you select a different investment option. For more details, log on to Fidelity NetBenefits® at www.NetBenefits.com or call a Fidelity Representative at 800-624-4015.

Executive Savings Plan

The OptumCare Executive Savings Plan (ESP) is a deferred compensation plan that permits an eligible physician to defer receipt of up to 80% of Base Salary and up to 100% of eligible Incentive Awards. If you are eligible, you will receive plan information and an invitation to enroll from Fidelity.

Employee Stock Purchase Plan (ESPP)

Through participation in the ESPP, eligible employees can use after-tax payroll contributions to purchase UnitedHealth Group stock at a discount. To be eligible to participate, you must be regularly scheduled to work 20 hours per week, or more than five months per year.

• The ESPP has two open enrollment periods each year during June and October/November. Eligible employees will receive an email from Fidelity at the beginning of each ESPP enrollment period.

• Contribute from 1 to 10% of your base pay, up to certain plan limits. The after-tax, automatic payroll deductions each pay period mean that you’ll regularly — and very simply — set aside money to invest in the plan and in your future.

• Your plan contributions purchase UnitedHealth Group common stock at the end of the six-month purchase period.

• Investing in UnitedHealth Group’s stock through ESPP involves risk. Before enrolling in the ESPP, please read the ESPP Prospectus for information about risks related to individual stock investments.

*Participation in the ESPP does not change or affect the employment relationship with the participant’s Practice. Further, the decision to participate in the ESPP is not dependent upon being an employee of UHG nor does participation require one to use or offer to patients any UHG service or product.
Additional Benefits

Optum Partner Services knows the value of a well-rounded and balanced lifestyle, which is why we offer a variety of additional benefits to help manage life’s daily stresses.

Optum Partner Services provides a number of additional benefits to help employees achieve work/life balance. These benefits are provided at no cost to the employee.

2022 Holidays

- New Year’s Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving Day
- Christmas Day

*Generally, holidays that fall on a Saturday will be observed on the preceding Friday, and holidays that fall on a Sunday will be observed on the following Monday. An official holiday schedule is published annually.

Paid Time Off (PTO)

PTO is earned based on years of service and number of standard hours you are regularly scheduled to work. In each payroll period, your PTO balance will be adjusted by the PTO earned and taken during the current pay period. For assigned standard hours 20 to 39 hours per week, the accrual will be prorated based on the standard hours you are regularly scheduled to work. The grant schedule is as follows:

<table>
<thead>
<tr>
<th>Service Years</th>
<th>Grant Rate per Hour</th>
<th>Maximum Annual Grant*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 0</td>
<td>0.076923</td>
<td>160 hours</td>
</tr>
<tr>
<td>Year 1</td>
<td>0.080769</td>
<td>168 hours</td>
</tr>
<tr>
<td>Year 2</td>
<td>0.084615</td>
<td>176 hours</td>
</tr>
<tr>
<td>Year 3</td>
<td>0.088462</td>
<td>184 hours</td>
</tr>
<tr>
<td>Year 4</td>
<td>0.092308</td>
<td>192 hours</td>
</tr>
<tr>
<td>Year 5</td>
<td>0.096154</td>
<td>200 hours</td>
</tr>
<tr>
<td>Year 6</td>
<td>0.100000</td>
<td>208 hours</td>
</tr>
<tr>
<td>Year 7</td>
<td>0.103846</td>
<td>216 hours</td>
</tr>
<tr>
<td>Year 8</td>
<td>0.107692</td>
<td>224 hours</td>
</tr>
<tr>
<td>Year 9</td>
<td>0.111538</td>
<td>232 hours</td>
</tr>
<tr>
<td>Year 10+</td>
<td>0.115385</td>
<td>240 hours</td>
</tr>
</tbody>
</table>

*Maximum annual grant amount is based on 40 standard hours per week. Maximum annual grant is prorated for 20-39 standard hours per week.

Continuing Medical Education (CME)

The Practice supports and requires professional medical providers to continue to maintain, develop and increase their knowledge, skills and performance that are used to service the patient, public and profession. The content of CME is the body of knowledge and skills recognized and accepted by the profession to maintain, develop and increase physicians’ and Advanced Practice Clinicians’ (APC) expertise to deliver the highest quality clinical care.

Financial Reimbursement for Approved CME Expenses (per calendar year)

Please note that each Practice reserves the right to limit the amount of financial reimbursement based on the needs of the Practice.

Full-time active employees regularly scheduled to work 30 or more hours per week:
- Physicians: up to $4,500
- Advanced Practice Clinicians: up to $2,500

Part-time active employees regularly scheduled to work 20–29 hours per week are eligible for:
- Physicians: up to $2,250
- Advanced Practice Clinicians: up to $1,250

CME Paid Time Off (per calendar year) Active employees regularly scheduled to work 20 or more hours per week are allotted one week’s work of standard hours for time off for CME approved activities per calendar year. For example, an employee regularly scheduled to work 24 hours per week will be allotted 24 CME hours for the calendar year.

Employee Assistance Program

Optum Partner Services cares about you and your family’s total health management — mental, emotional and physical. For that reason, we provide an Employee Assistance Program (EAP) at no cost to employees enrolled in the Optum Partner Services group medical plan.

Whether you are interested in work/life resources, mental health assistance, or legal and financial advice, the EAP service can connect you and members of your household with a variety of professionals. With just one phone call, at any hour of the day or night, you can have access to helpful resources. The EAP benefit includes three face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Optum Partner Services or your Practice.

You may also access information, benefits, educational materials and more by calling 888-887-4114.

EAP provides referrals to help with:
- Emotional Health and Wellbeing
- Alcohol or Drug Dependency
- Grief and Loss
- Financial or Legal Advice

- Job Pressures
- Stress, Anxiety, Depression
**Back-Up Care**

We have partnered with Bright Horizons® to support you through your personal and professional life stages.

**Bright Horizons Back-Up Care™**

The next time your regular care arrangements fall through, you won’t have to skip a beat. Use Bright Horizons Back-Up Care™ and get high-quality child and adult/elder care whenever you need an extra hand. Bright Horizons Back-Up Care helps you do your best work and care for your family with stress-free confidence by offering center- and home-based care, subsidized by the company, to use when your regular care arrangements fall through or are unavailable and your job requires you to be at work.

**Bright Horizons Back-Up Care Details**

Back-Up Care offers eligible employees access to:

- The Bright Horizons’ extended network of childcare and dedicated back-up care centers across the country
- In-home care for well or mildly ill children (Mildly ill care is currently paused due to the pandemic.)
- In-home back-up adult/elder care

Use Back-Up Care when:

- Your child’s school is closed
- Your regular care provider is unavailable
- You are transitioning between care arrangements for your child
- Your child is mildly ill and can’t attend school or childcare (Mildly ill care is currently paused due to the pandemic.)
- Your mom or dad needs support in your home or theirs — even if they live out of state
- You’re transitioning back to work after the birth of your child — you have **15 extra back-up care days** to use during your baby’s first year

As part of your subsidized Bright Horizons Back-Up Care benefit, you can also exchange your back-up care uses for virtual 1:1 tutoring sessions to help your child stay on track academically.

**How to Use**

To register and make reservations for care:

- Visit the Bright Horizons site.
- Call **877-242-2737**
- Download the Back-Up Care app (search back up care)

First-time users registering through the app, select Sign Up and enter the employer username **UHG** and the password **Benefits4You**.

Create your own personal profile and login credentials with a username and password of your choosing.

Once your care profile has been created, you will also need to create care recipient profiles for each child or adult who will be receiving care. The information collected throughout the registration process is required to help ensure your dependent or adult/elder loved one has a safe and healthy care session.

Reservations are required and may be made on the same day or up to 90 days in advance for care scheduled to happen before January 1, 2022. It is recommended that you make advance reservations for high-usage days such as school holidays. Availability is not guaranteed.

**Your Back-Up Care Program Details and Costs**

This benefit includes:

- Up to 15 annual uses per employee
- $20 copay per child/day for center-based care ($35 max. for families)
- $6/hour for in-home care (4-hour min.)
- $20 copay for 4 hours of virtual tutoring per each back-up care use exchanged
- 15 extra back-up care days during your child’s first year
**Tax Treatment**

Using the Back-up Care program qualifies as dependent care assistance under IRS guidelines. The company is required to review your annual Dependent Care FSA election amount and any back-up care utilization to determine the value of your program usage. When combined usage of the two programs exceeds the applicable IRS limit for the calendar year, the overage will be included in your annual wages and is subject to all applicable tax withholding. The value of your program usage will be reported in box 10 of your IRS W-2 as a dependent care benefit.

**Bright Horizons Enhanced Family Supports**

Bright Horizons Enhanced Family Supports™ helps families manage work, family and personal responsibilities.

**Bright Horizons Enhanced Family Supports Details**

Find sitters, nannies, housekeepers, pet care (including pet sitters and dog walkers), childcare support, test prep, and tutoring.

- **Online Access to Sittercity’s Premium Database (U.S.):** Need a night out of the house or someone to watch your pet while on vacation? Access a free, comprehensive database of nannies, sitters, elder caregivers, pet sitters, housekeepers and more.

- **Preferred Enrollment for Full-Service Child Care (U.S.):** Available at all Bright Horizons centers accepting community enrollment nationwide. Families receive waiting list priority over general community enrollment for full-time care. Your registration fee will also be waived.

- **Tuition Discounts for Full-Service Child Care (U.S.):** Available at participating extended network childcare centers. You may receive 5-10% off all tuitions with the exception of infant tuitions.

- **Discounted Tutoring:** Get exclusive discounts on tutoring, test prep, camps, and enrichment programs.

**How to Enroll/Learn More**

- Visit [Bright Horizons](#)

- To be redirected to the benefit you would like to access, click “Use It” on the corresponding tile. For more information on each support, click “Details.”

**Adoption Assistance Plan**

Is your family growing? The Adoption Assistance Plan provides reimbursement of qualified expenses that you incur because of legal adoption of a child under the age of 18. The plan covers adoptions through an agency licensed by the state, private adoptions (where legally permitted by the state), stepchild/spouse/domestic-partner adoptions (children of prior marriages, whether the adopting parent is you or your spouse/domestic partner) and adoptions of children related to you.

**Tuition Reimbursement**

You may be eligible for tuition reimbursement if you are scheduled to work at least 20 hours per week and may qualify for up to $5,250 per calendar year for job-related coursework in accredited programs.
Commuter Reimbursement

The Commuter Expense Reimbursement Account (CERA) is a reimbursement account that lets you use pretax dollars to pay for eligible commuter expenses, including qualified parking and public transportation.

When you enroll in CERA, pre-tax payroll deductions are taken from your paycheck to help you lower your overall taxable income. Every pre-tax dollar you contribute to this account decreases your taxable income by the same amount. Optum administers the program.

You can use up to the following amounts (per IRS limits):

- Parking Account: up to $270 per month
- Transit Account: up to $270 per month

You have six months from the date of your transportation or parking purchase to submit eligible expenses for reimbursement. You can enroll or change your participation anytime.

Your Cost

You choose the amount to use (up to the IRS limits).

How to Enroll

You can make a purchase in a CERA account at any time. To make a purchase or learn more about CERA, visit the Optum Bank website.

Using Your Commuter Expense Reimbursement Account

If you make a purchase by the 10th of the month, your participation begins on the first day of the following month. CERA deductions are taken from your last paycheck of every month.

CERA is a month-to-month benefit that allows you to start and stop any month of the year. To cancel your benefits, you must contact Optum Bank at 877-462-5039 before the 10th of the month for the cancelation to be effective the next month.

Filing a Claim

Visit the Optum Bank website for more information.
Required Notices

Important Notice from Optum Medical Services, P.C. About Your Prescription Drug Coverage and Medicare under the UnitedHealthcare Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Optum Medical Services, P.C. 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. Optum Medical Services, P.C. has determined that the prescription drug coverage offered by the UnitedHealthcare plan(s) 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through 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 decide to join a Medicare drug plan, your current Optum Medical Services, P.C. coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Optum Medical Services, P.C. coverage, be aware that you and your dependents will not be able to get this coverage back.

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 Optum Medical Services, P.C. 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...

Contact the person listed at the end of these notices for further information. 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 Optum Medical Services, P.C. 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.

For more information about Medicare prescription drug coverage:

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

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

Remember: Keep this Medicare Part D 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).

<table>
<thead>
<tr>
<th>Date:</th>
<th>January 1, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Entity/Sender:</td>
<td>Optum Medical Services, P.C.</td>
</tr>
<tr>
<td>Contact—Position/Office:</td>
<td>Human Resources</td>
</tr>
<tr>
<td>Address:</td>
<td>PO Box 661141</td>
</tr>
<tr>
<td></td>
<td>Dallas, TX 75266</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>844-364-7662</td>
</tr>
</tbody>
</table>
Women’s Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

» All stages of reconstruction of the breast on which the mastectomy was performed;
» Surgery and reconstruction of the other breast to produce a symmetrical appearance;
» Prostheses; and
» Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 844-364-7662.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 844-364-7662.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents’ other coverage).

Loss of eligibility includes but is not limited to:

» Loss of eligibility for coverage as a result of ceasing to meet the plan’s eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
» Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
» Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
» Failing to return from an FMLA leave of absence; and
» Loss of coverage under Medicaid or the Children’s Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent’s other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s)’ other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 844-364-7662.
# Important Contacts

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Service Center</td>
<td>844-364-7662, M-F 7am - 7pm CT, benefitsenroll.uhg.com</td>
</tr>
<tr>
<td>Life and AD&amp;D</td>
<td>UnitedHealthcare 888-299-2070, <a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td>Disability</td>
<td>UnitedHealthcare 888-299-2070, <a href="http://www.myuhc.com">www.myuhc.com</a></td>
</tr>
<tr>
<td>Accident and Critical Illness</td>
<td>UnitedHealthcare 800-980-5213</td>
</tr>
<tr>
<td>Retirement</td>
<td>Fidelity 800-624-4015, <a href="http://www.netbenefits.com">www.netbenefits.com</a></td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>UnitedHealthcare 888-887-4114, <a href="http://www.myuhc.com">www.myuhc.com</a>, Policy #: 743787</td>
</tr>
<tr>
<td>IT Help Desk</td>
<td>For assistance with MSID and MS Passwords: 877-885-6356, M-F 6am - 7:30pm CT, Sat 7am - 5:30pm CT</td>
</tr>
<tr>
<td>General Questions</td>
<td>Contact your OPS Provider Liaison or email <a href="mailto:optumpartnerservices@optum.com">optumpartnerservices@optum.com</a></td>
</tr>
</tbody>
</table>