



EMPLOYEE BENEFITS

NOVA Engineering and Environmental



2026

Get Started



Here is where to find...

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[Annual notices are available here](#)



THIS GUIDE IS CLICKABLE

It is designed to give you quick access to your benefits information

2026 EMPLOYEE BENEFITS GUIDE

Please review this document carefully! It summarizes your plan options and provides helpful tips for optimizing your benefits. If you have questions about benefits and the enrollment process, contact your NOVA Benefits Team at benefits@usanova.com for assistance.

Although this guide contains an overview of benefits, for complete information about the plans available to you, please review the full plan documents. These can be found on the NOVA Intranet site or in UKG's benefit enrollment platform as you make your elections.

WE HAVE A NEW BENEFITS ENROLLMENT SYSTEM!

All of your benefit elections will now be made through UKG's Benefits Hub portal! To sign up for benefits, login to UKG and select Myself > Benefits > BenefitsHub.

You may also use the [UKG Pro app](#) to enroll in your benefits.

Once you've chosen the benefits you want, submit your elections and print your confirmation. You may make changes until your enrollment window closes.



WHO IS ELIGIBLE?

Benefits are available to all regular, full-time employees (minimum 30 hours per week) and their dependents. If you enroll during Open Enrollment, your benefits will become effective on January 1, 2026. If you are newly hired, your benefits will become effective on the first of the month after 30 days of employment.

Eligible dependents include:



Spouse
Domestic Partner*



Your children from birth
to age 26**

*Domestic Partners are eligible for medical, dental, and vision coverage

** Including your natural, legally adopted, stepchildren, and/or your unmarried dependent children of any age who are mentally or physically disabled and who are dependent on you for support. Also includes children of domestic partner for medical, dental, and vision

HOW TO ENROLL

To sign up for benefits, visit [UKG](#) before the end of your enrollment period.

MAKING CHANGES

You may only change your elections during Open Enrollment each year or when you experience a qualifying life event. Qualifying life events include, but are not limited to:

- Birth of your child, legal adoption, or placement for adoption.
- Changes in your marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with their employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered change.

Changes to your coverage due to a qualifying life event must be made within 30 days of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

ENROLLMENT DEADLINES

Current Employee

ENROLLMENT OPPORTUNITY

November 5 - November 19, 2025.

Coverage Effective Date

Start of plan year January 1, 2026.

New Hire

ENROLLMENT OPPORTUNITY

Must enroll within 30 days of employment.

Coverage Effective Date

First of the month following 30 days of employment.

Qualifying Life Event

ENROLLMENT OPPORTUNITY

Changes must be made within 30 days of life event. It is your responsibility to let your HR team know when this occurs.

Coverage Effective Date

Date of life event



WHAT'S NEW FOR 2026



Medical, Dental, & Vision Carrier and Plans (UHC)

- Your medical, dental, and vision benefits are now conveniently managed under a single carrier—UnitedHealthcare (UHC).
- We are pleased to introduce a new PPO (copay) plan, which will replace the HRA plan. Two HSA plan options will continue to be available.
- There are now two dental plan options to choose from.



Wellness Plan for 2026 (UHC)

- Through the UHC rewards program, both you and your spouse can each earn up to \$1,000 annually by achieving daily goals and completing one-time activities. Rewards may be redeemed as gift cards or as contributions to your HSA.



Enhanced Short Term Disability Plan (Transamerica)

- This benefit continues to be fully paid by the employer, with the benefit amount now increased to 60% of your weekly earnings, up to a maximum of \$2,000 per week.



Life Insurance Enhancements (Transamerica)

- The guaranteed issue amount for voluntary employee life insurance has been enriched to \$300,000.
- The company paid child life insurance benefit is now \$5,000.



Employee Assistance Program (EAP) is now available through Transamerica

- You will have unlimited, 24/7 access to clinical experts through text, chat, and email. This plan has been enhanced to include up to 5 Face-to-Face or Video counseling sessions.



FSA and HSA Provider (HealthEquity)

- All HSA and FSA plans will be administered by HealthEquity, which provides an easy-to-use app and website for managing your accounts.
- You may choose to transfer your existing HSA funds to HealthEquity at any time and at your own convenience. If you complete the rollover before March 31, 2026, NOVA will pay the \$25 transfer fee on your behalf.
- When you choose an HSA-eligible medical plan, NOVA will provide annual contributions to your Health Savings Account: \$500 for individual coverage or \$1,000 if you enroll with dependents. These contributions will be distributed evenly across each pay period throughout the year.



Accident, Critical Illness, and Hospital Indemnity (UHC)

- Now that these benefits are administered by UnitedHealthcare (UHC), claims will be processed more quickly. In certain situations, payments may be issued automatically without requiring you to submit a claim.



MEDICAL

UNITEDHEALTHCARE

uhc.com/sign-in
888.842.4571

We offer the choice of three medical plans through UnitedHealthcare (UHC). All of the medical options include coverage for prescription drugs through OptumRx, administered by UHC. To select the plan that best suits your family, consider the key differences between the plans, the cost of coverage (including payroll deductions), and how the plan covers services throughout the year. These plans utilize the UHC Choice Plus network.

	PPO \$1,000		HSA \$1,750		HSA \$5,000	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible (Individual/Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,750 / \$3,500	\$6,000 / \$12,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Embedded / Non-Embedded	Embedded	Embedded	Non-Embedded	Non-Embedded	Embedded	Embedded
Out-of-pocket maximum (Individual/Family)*	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,500 / \$7,000	\$20,000 / \$40,000	\$8,300 / \$16,600	\$16,600 / \$33,200
Preventive care	No Copay	30%**	No Copay	30%**	No Copay	30%**
Primary physician office visit	\$25 Copay	40%**	20%**	40%**	20%**	40%**
Specialist office visit	\$50 Copay	40%**	20%**	40%**	20%**	40%**
Virtual Care	PCP: \$25 Copay Specialist: \$50 Copay	30%**	No Copay**	30%**	No Copay**	30%**
Inpatient hospital services	20%**	40%**	20%**	40%**	20%**	20%**
Outpatient hospital services (lab***, x-ray, diagnostic)	\$25 Copay	40%**	40%**	40%**	40%**	40%**
Advanced diagnostics***	You pay a \$500 per occurrence deductible per service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 40%**	40%**	You pay a \$500 per occurrence deductible per service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 40%**	40%**	You pay a \$500 per occurrence deductible per service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 40%**	40%**
Urgent care	\$50 Copay	40%**	20%**	40%**	20%**	40%**
Emergency room care	\$250 Copay	\$250 Copay	20%**	20%**	20%**	20%**
Annual Health Savings Account (HSA) Employer Contributions	Not Eligible		\$500 Employee Only / \$1,000 all other tiers		\$500 Employee Only / \$1,000 all other tiers	
Prescription drugs  To view the prescription drug list for these plans, click here.						
Retail (31-day supply)						
Tier 1	\$10	\$10	No Copay**	No Copay**	\$10**	\$10**
Tier 2	\$35	\$35	No Copay**	No Copay**	\$35**	\$35**
Tier 3	\$75	\$75	No Copay**	No Copay**	\$75**	\$75**
Tier 4	\$150	\$150	No Copay**	No Copay**	\$150**	\$150**
Mail order (90-day supply)						
Tier 1	\$25	Not Covered	No Copay**	Not Covered	\$25**	Not Covered
Tier 2	\$87.50	Not Covered	No Copay**	Not Covered	\$87.50**	Not Covered
Tier 3	\$187.50	Not Covered	No Copay**	Not Covered	\$187.50**	Not Covered
Tier 4	\$375	Not Covered	No Copay**	Not Covered	\$375	Not Covered

This is a summary of coverage; please refer to your summary plan description for the full scope of coverage. In-network services are based on negotiated charges; Out-of-network services are based on a percentage of Medicare charges.

*Includes Deductible and Copayments | **After deductible | ***Using UHC's Designated Network will result in greater savings on these services.



TIPS FOR OPTIMIZING YOUR MEDICAL BENEFITS

Prescription benefits vary between the PPO plan and HSA medical plans. On the PPO plan, from day one, you will pay the copay you see listed for prescription drugs. On the HSA medical plans, you are required to meet your deductible by paying out-of-pocket for prescription drugs and medical services BEFORE you will be the no copay/copay amount listed under those plans. After you meet the deductible, you will pay the no copay/copay amount.

Pharmacy

- [Formulary](#)
- Find an in-network pharmacy by [clicking here](#).
- Ask your provider or pharmacist if a generic/mail order is available.

Contact the drug manufacturer to inquire about Patient Assistance Programs (PAPs), which may provide financial assistance.

Member Services

To get in contact with Member Services, please call 866.633.2446. You can also get in contact with a UHC representative by logging into myUHC and navigating to the contact feature.

- Choose appropriate medical care.
- Find an in-network doctor or hospital by [clicking here](#).
- Understand treatment options.
- Achieve a healthier lifestyle.
- Get answers to medical questions.

UnitedHealthcare Mobile App

Use the UnitedHealthcare app to easily access your healthcare information and tools to help estimate costs, manage claims, and find providers — anytime and anywhere.

member.uhc.com/myuhc

Virtual Care

UHC provides access to telemedicine through virtual care at myuhc.com/virtualcare.

The program lets you get the care you need — including most prescriptions — for a wide range of minor acute conditions. Now, you can access board-certified doctors via secure video chat or phone without leaving your home or office.

Please note, Telehealth is not the same as UHC virtual care. Telehealth is very similar, but connects you with your physician as opposed to UHC network of virtual care doctors. Telehealth is covered at the same cost share as in the office visit.

Deductibles on Your Medical Plans.

HEALTH SAVINGS ACCOUNT (HSA) ▶

HEALTHEQUITY

AVAILABLE TO PARTICIPANTS IN THE \$1,750 OR \$5,000 HIGH DEDUCTIBLE HEALTH PLANS.

You are responsible for transferring your current HSA funds to HealthEquity. NOVA will reimburse you for the \$25 transfer fee for rollovers completed by March 31, 2026.

A health savings account (HSA) is a tax-advantaged savings account that can be used for qualified healthcare expenses. You own your HSA and can contribute to the account with pre-tax payroll deductions.

Did you know an HSA provides triple tax benefits?

- The money you contribute is pre-tax.
- Interest accumulates in the account tax-free.
- Money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses.

As an added benefit, NOVA will contribute \$500 per year (\$19.24 per paycheck) if you are enrolled in employee only coverage, or \$1,000 a year if you are enrolled in any tier that covers dependents.

Company HSA contributions will be deposited each payroll, not as a lump sum.

HSA Advantages



You can use the account to pay for qualified healthcare expenses either through reimbursement or using the debit card at point of purchase.



Unspent dollars roll over each year and are yours to keep, even if you retire or leave the company.



You can invest your HSA funds, so your available healthcare dollars can grow over time.

www.healthequity.com

866.346.5800
available 24/7/365

You are eligible if all of the following are true:

- You are enrolled in either the HSA \$1,750 or the HSA \$5,000 plan
- You are not covered by a spouse's plan
- No one else can claim you as a dependent
- You are not enrolled in any part of Medicare, TRICARE, or TRICARE for Life
- You have not received VA benefits in the past 3 months

How Do I Manage My HSA? ▶

Access and manage your HSA at <https://my.healthequity.com> or on the Health Equity app. You'll set up your payroll contributions during your enrollment period. You can change the contribution amount at any time (although it may take up to two payroll periods to process).

How Much Can I Deposit into an HSA in 2026?

<55*

- Up to \$4,400 for individual.
- Up to \$8,750 for family.

55+*

The maximum contribution increases by \$1,000.

*Not enrolled in Medicare

First time electing a CDHP with HSA? You may need to complete the CIP process, an identity verification process that must be completed before your HSA account can be established. You will receive communications directly from HealthEquity if more documentation is needed.



FLEXIBLE SPENDING ACCOUNT (FSA) ▶

HEALTHEQUITY

What is a Flexible Spending Account?

A flexible spending account (FSA) is a tax-advantaged account that can reimburse you for qualified healthcare or dependent care expenses. You can fund qualified expenses with pre-tax dollars deducted from your paycheck.

When electing an FSA, you will set an annual contribution amount. FSAs do not roll over year to year, so you will have until December 31, 2026 to use the funds. If you do not use all your funds by the end of 2026, you may roll over up to \$680 into 2027. The goal is to choose an amount that will adequately cover medical or dependent care expenses, not an excessive amount that will cause you to forfeit money at the end of the year.

You can choose to participate in either the Healthcare FSA, the Dependent Care FSA or both, and it's unnecessary to "sign up" specific family members for these accounts.

my.healthequity.com

866.346.5800



Healthcare FSA ▶

A healthcare FSA reimburses employees for eligible medical expenses, up to the amount contributed for the plan year. Eligible medical, dental, and vision expenses include many out-of-pocket costs you pay to maintain your health and well-being.

Visit irs.gov for a full list of eligible expenses.

You may contribute up to \$3,400 annually (funds will be available as of the election effective date).



Limited Purpose FSA

If you've enrolled in the HSA \$1,750 medical plan or the HSA \$5,000 medical plan, you're ineligible for a traditional Healthcare FSA. Instead, you're eligible for a Limited Purpose FSA which can be used on dental and vision expenses.



Dependent Care FSA ▶

You may use pre-tax dollars from your Dependent Care FSA to pay expenses for the care of a dependent child, spouse, or elderly parent inside your home (from a qualified provider), and expenses outside your home, such as babysitters, nursery schools, or daycare centers.

You may contribute up to \$5,000 annually (or \$2,500 if you are married and file a separate tax return). You can only be reimbursed up to the amount that you have contributed.



WELLNESS

UHC REWARDS & CALM HEALTH HIGHLIGHTS

UHC Rewards Highlights

- Earn rewards for completing health activities like biometric screenings, wellness coaching, and fitness tracking.
 - Connect a Tracker: \$25
 - Take a health survey: \$15
 - Get an annual checkup: \$25
 - Get a biometric screening: \$50
- Redeem points for gift cards from popular retailers including Amazon, Target, and Walmart.
- Access and track rewards through myuhc.com or the UnitedHealthcare app. Points can also be redeemed for contributions to your HSA account.
- Program available to employees that enroll in a NOVA medical plan.
- Visit UHC Rewards for the full list of rewardable activities that are available to you – and look for new ways of earning rewards to be added throughout the year. To get started:
 - On the UHC App:
 - ✦ Sign in or register
 - ✦ Select the Menu tab and choose UHC Rewards
 - ✦ Activate UHC Rewards and start earning
 - On myuhc.com:
 - ✦ Sign in or register
 - ✦ Select UHC rewards
 - ✦ Activate UHC rewards

Both you and your spouse can each earn up to \$1,000 annually by achieving daily goals and completing one-time activities.

Calm Health App Highlights

- Offers mental health support through guided programs and mindfulness tools.
- Accessible via mobile app and web platform.
- Includes topics like stress, anxiety, sleep, and resilience.
- Available to eligible UnitedHealthcare members at **no additional cost**.
- The Calm Health app provides programs and tools to help support your mental health and well-being. All employees enrolled in a NOVA medical plan have access to the Calm Health app at no additional cost. Sign into your UHC account to get started!



DENTAL

UNITEDHEALTHCARE

Dental plans cover diagnostic and preventive care, plus basic and major services. Although you can choose any dental provider, you will generally pay less when you visit an in-network dentist. If you choose an out-of-network provider, you may be billed the difference between what UnitedHealthcare pays, and what your out-of-network provider charges for the services. To locate an in-network provider, visit www.uhc.com/find-a-doctor and use the options to select “PPO 30 Network”.

myuhc.com
888-842-4571



Dental	Base Plan (Non-Orthodontics)		Buy-Up Plan (Orthodontics)	
	In-network	Out-of-network	In-network	Out-of-network
Annual deductible (Individual/Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Annual maximum (per person)	\$1,000	\$1,000	\$1,500	\$1,500
Diagnostic and preventive care (Includes cleanings, fluoride treatments, and sealants)	100%	100%	100%	100%
Basic services (Including periodontics, extractions, and simple extractions)	80%	80%	80%	80%
Major services (includes crowns, bridges, and full and partial dentures)	50%	50%	50%	50%
Orthodontia (Adult and Child)	Not Covered	Not Covered	50%	50%
Lifetime maximum	Not Applicable	Not Applicable	\$1,500	\$1,500

Plan includes out-of-network benefits; see plan summary for additional details.



VISION

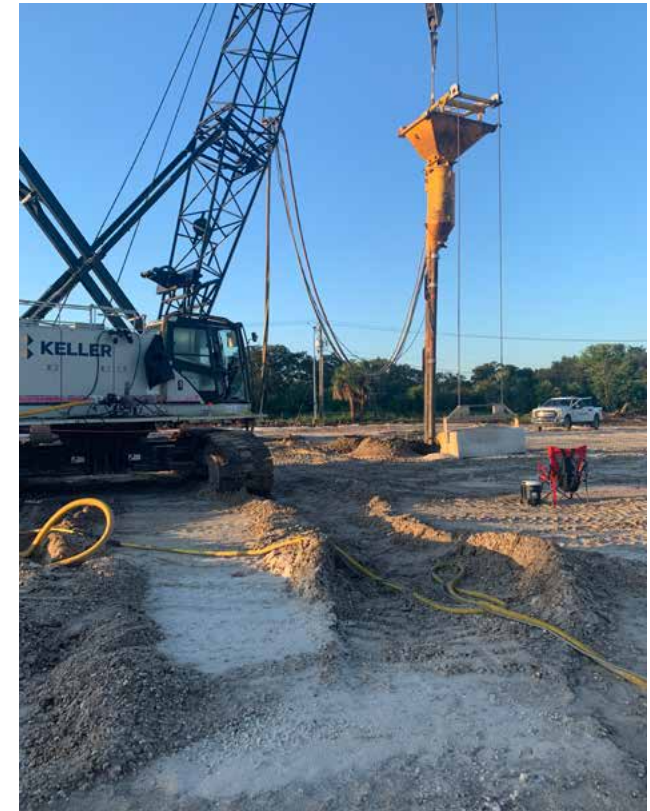
UNITEDHEALTHCARE

Our vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around the UnitedHealthCare network providers who offer you higher benefits at a lower cost. Consider using an in-network provider for the most bang for your buck when you need services! For out-of-network providers, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit www.uhc.com/find-a-doctor.

Vision	UnitedHealthCare
	In-network
Examination (every plan year)	\$0
Material	\$0
Lenses (every plan year)	
Single	\$0
Bifocal	\$0
Trifocal	\$0
Frames (every plan year)	
New frames	\$150 Allowance
Contact lenses (every plan year)	
Elective	\$200 Allowance
Medically necessary	Covered in Full

myuhcvision.com

800.638.3120



SUPPLEMENTAL HEALTH BENEFITS

UNITEDHEALTHCARE

Our medical plans offer excellent coverage for healthcare needs. However, everyone's needs differ, and that's where supplemental health options come into play. These benefits are designed to protect your family's finances in case of an unforeseen injury or illness. These benefits are offered to you through UnitedHealthcare. Please visit myuhc.com for additional details.

Accident Insurance ▶

After a covered accident, accident plans pay cash benefits directly to you to cover some of the remaining costs your health insurance plan may not cover.

\$50 wellness benefit payable upon completion of a wellness exam or health screening test. One covered test per calendar year per covered member.

Critical Illness Insurance ▶

Critical illness insurance helps protect your income and personal assets when out-of-pocket expenses increase due to a specified illness. This plan covers conditions such as heart attack, stroke, end-stage renal failure, and invasive cancer.

\$75 wellness benefit payable upon completion of a wellness exam or health screening test. One covered test per calendar year per covered member.

Hospital Indemnity Insurance ▶

Hospital stays can be expensive, even with insurance. Hospital Indemnity plans are designed to provide financial protection by paying you a direct benefit to cover out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the facility type and number of confinement days.

\$50 wellness benefit payable upon completion of a wellness exam or health screening test. One covered test per calendar year per covered member.

These benefits are designed to help offset costs while you work through your out-of-pocket expenses and deductible. They are intended as supplemental support and are not a substitute for medical insurance coverage.

Any claims that you have with these benefits should be automatically recognized by UHC for reimbursement. However, we always encourage you to keep track of them as well.



LIFE AND DISABILITY INSURANCE

TRANSAMERICA

Life Insurance ▶

NOVA Engineering & Environmental provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance at no cost to you!

Insurance Coverage	Benefit
Basic Life and AD&D	1x base annual salary up to a maximum of \$75,000
Spouse	\$5,000
Dependent Children	\$5,000

If you would like additional coverage, Voluntary Life and AD&D insurance are available to you, your spouse, and your dependent children. You must enroll in coverage for yourself to cover your spouse or children. If you don't enroll in Voluntary Life when it's first available or elect an amount over the Guaranteed Issue, you may be required to complete an Evidence of Insurability (EOI) form.

Insurance Coverage	Benefit
Voluntary Employee Life	Up to 5x base annual salary to a maximum of \$500,000. May be elected in increments of \$10,000 Guarantee Issue Limit: \$300,000
Voluntary Spouse Life	Up to \$150,000 in increments of \$5,000 Guarantee Issue Limit: \$50,000
Voluntary Child Life	\$10,000

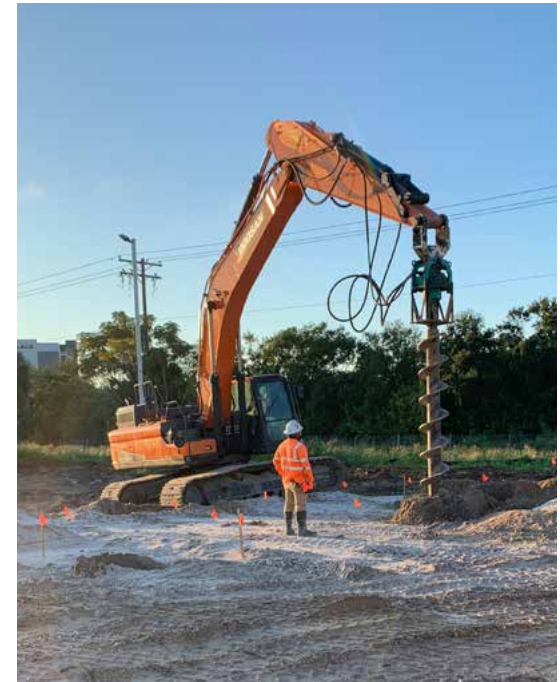
Disability ▶

These plans give you income protection in the event you are ill, suffer a non-work-related injury, and can't work. Short-term disability benefits are provided by NOVA. Long-term Disability benefits are voluntary and employee-paid. If you don't enroll in Long-term Disability coverage when it's first available, you may be required to complete an Evidence of Insurability (EOI) form.

Short-term Disability Benefits		Long-term Disability Benefits	
Who Pays?	NOVA	Employee	
Elimination period	7 days	Elimination period	180 days
Weekly benefit	60% of weekly earnings	Monthly benefit	60% of monthly earnings
Maximum weekly benefit	\$2,000	Maximum monthly benefit	\$7,500
Maximum benefit period	26 weeks	Maximum benefit period SSNRA (Social Security Normal Retirement Age)	SSNRA (Social Security Normal Retirement Age)

transamerica.com/login

800.400.3042



BI-WEEKLY EMPLOYEE BENEFIT COSTS

Medical

	PPO \$1,000		HSA \$1,750		HSA \$5,000	
	You Pay	NOVA Pays	You Pay	NOVA Pays	You Pay	NOVA Pays
Employee	\$64.48	\$399.39	\$49.28	\$316.62	\$19.23	\$253.98
Employee + Spouse	\$282.95	\$644.76	\$223.38	\$508.41	\$163.48	\$382.94
Employee + Child(ren)	\$262.64	\$618.69	\$207.18	\$488.02	\$151.49	\$367.62
Family	\$385.00	\$774.64	\$304.38	\$610.35	\$223.43	\$459.61

Dental

	Dental Base		Dental Buy-Up	
	You Pay	NOVA Pays	You Pay	NOVA Pays
Employee	\$5.12	\$10.78	\$6.43	\$13.66
Employee + Spouse	\$10.16	\$22.10	\$12.84	\$27.91
Employee + Child(ren)	\$9.71	\$20.73	\$12.26	\$26.18
Family	\$12.98	\$27.97	\$16.40	\$35.33

Vision

	Vision	
	You Pay	NOVA Pays
Employee	\$4.56	\$0.00
Employee + Spouse	\$8.61	\$0.00
Employee + Child(ren)	\$8.10	\$0.00
Family	\$10.13	\$0.00



ADDITIONAL BENEFITS

Employee Assistance Program

Description	- EAPs provide voluntary, confidential support to employees who need help managing personal and work-related problems. Unlimited access to Master's-level counselors by phone 24/7. - Up to 5 face-to-face visits with a counselor at no cost. - Unlimited access to helpful tools and resources online. - Referrals available.	
Contact information	ComPsych 866.569.0325	guidanceresources.com Web ID: EAP Plus
Who pays?	NOVA	

Medicare Support

Description	Transitions Benefit Group makes navigating Medicare easier for you. Our goal is to simplify the complexities of Medicare enrollment, ensuring that you make well-informed decisions that benefit you and your health needs.	
Contact information	transitionsrbg.com 800.936.1405	
Who pays?	NOVA	

Legal & Identity Theft Protection

Description	Legal - With a legal plan, you can rest assured that you'll have access to legal advice and services when you need them. ID Theft - Every online transaction leaves a trace behind, which can put your credit and identity at risk. LegalEASE can help monitor your credit and protect your identity. TurnSignl is a phone app that provides instant access to an attorney who can provide real-time legal guidance at the touch of a button. Attorneys are instantly available over video-chat.	
Contact information	www.legaleaseplan.com/lpgd	
Who pays?	Employee	



MONTHLY ADDITIONAL RATES

Long Term Disability

Age Bands	Rate per \$100 Covered Payroll
Under 25	\$0.07
25-29	\$0.09
30-34	\$0.12
35-39	\$0.24
40-44	\$0.39
45-49	\$0.63
50-54	\$0.83
55-59	\$0.92
60-64	\$0.96
65-69	\$1.01
70-99	\$1.06

Accident Protection Plan

Bi-Weekly Rates	Voluntary
Per Employee Per Pay Period (26)	Option A
Employee Only	\$4.36
Employee & Spouse	\$6.89
Employee & Children	\$10.06
Employee & Spouse & Children	\$15.02

Hospital Indemnity

Bi-Weekly Rates	Voluntary
Per Employee Per Pay Period (26)	Option A
Employee Only	\$5.79
Employee & Spouse	\$12.71
Employee & Children	\$8.34
Employee & Spouse & Children	\$15.26



MONTHLY ADDITIONAL RATES

Critical Illness Protection Plan

Employee Paid Bi-Weekly Premium	Option 1: EE \$10,000 / SP \$5,000 / CH \$5,000			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$1.11	\$2.01	\$1.11	\$2.01
25-29	\$1.38	\$2.42	\$1.38	\$2.42
30-34	\$1.85	\$3.12	\$1.85	\$3.12
35-39	\$2.45	\$4.02	\$2.45	\$4.02
40-44	\$3.60	\$5.75	\$3.60	\$5.75
45-49	\$5.49	\$8.58	\$5.49	\$8.58
50-54	\$8.49	\$13.08	\$8.49	\$13.08
55-59	\$12.14	\$18.55	\$12.14	\$18.55
60-64	\$17.54	\$26.65	\$17.54	\$26.65
65-69	\$24.69	\$37.38	\$24.69	\$37.38
70-74	\$34.71	\$52.38	\$34.71	\$52.38
75+	\$43.34	\$61.02	\$43.34	\$61.02

Employee Paid Bi-Weekly Premium	Option 2: EE \$20,000 / SP \$10,000 / CH \$10,000			
	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$2.22	\$4.02	\$2.22	\$4.02
25-29	\$2.77	\$4.85	\$2.77	\$4.85
30-34	\$3.69	\$6.23	\$3.69	\$6.23
35-39	\$4.89	\$8.03	\$4.89	\$8.03
40-44	\$7.20	\$11.49	\$7.20	\$11.49
45-49	\$10.98	\$17.17	\$10.98	\$17.17
50-54	\$16.98	\$26.17	\$16.98	\$26.17
55-59	\$24.28	\$57.11	\$24.28	\$57.11
60-64	\$35.08	\$53.31	\$35.08	\$53.31
65-69	\$49.38	\$74.77	\$49.38	\$74.77
70-74	\$69.42	\$104.77	\$69.42	\$104.77
75+	\$86.68	\$122.03	\$86.68	\$122.03



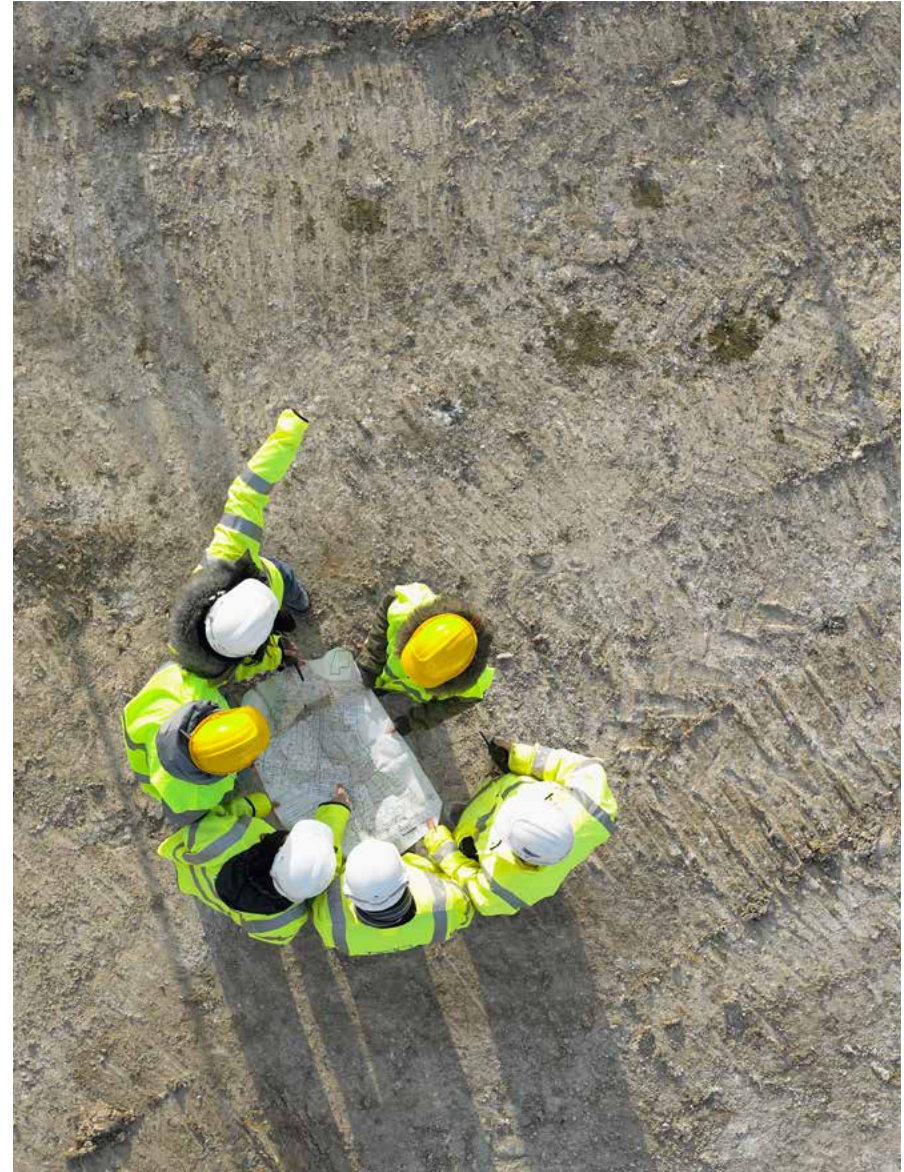
MONTHLY ADDITIONAL RATES

Critical Illness Protection Plan

Employee
Paid
Bi-Weekly
Premium

Option 3: EE \$10,000 / SP \$5,000 / CH \$5,000

	EE Only	EE + SP	EE + CH	EE + SP + CH
Age Range	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco	Uni-Tobacco
Under 25	\$3.32	\$6.02	\$3.32	\$6.02
25-29	\$4.15	\$7.27	\$4.15	\$7.27
30-34	\$5.54	\$9.35	\$5.54	\$9.35
35-39	\$7.34	\$12.05	\$7.34	\$12.05
40-44	\$10.80	\$17.24	\$10.80	\$17.24
45-49	\$16.48	\$25.75	\$16.48	\$25.75
50-54	\$25.48	\$39.25	\$25.48	\$39.25
55-59	\$36.42	\$55.66	\$36.42	\$55.66
60-64	\$52.62	\$79.96	\$52.62	\$79.96
65-69	\$74.08	\$112.15	\$74.08	\$112.15
70-74	\$104.12	\$157.15	\$104.12	\$157.15
75+	\$130.02	\$183.05	\$130.02	\$183.05



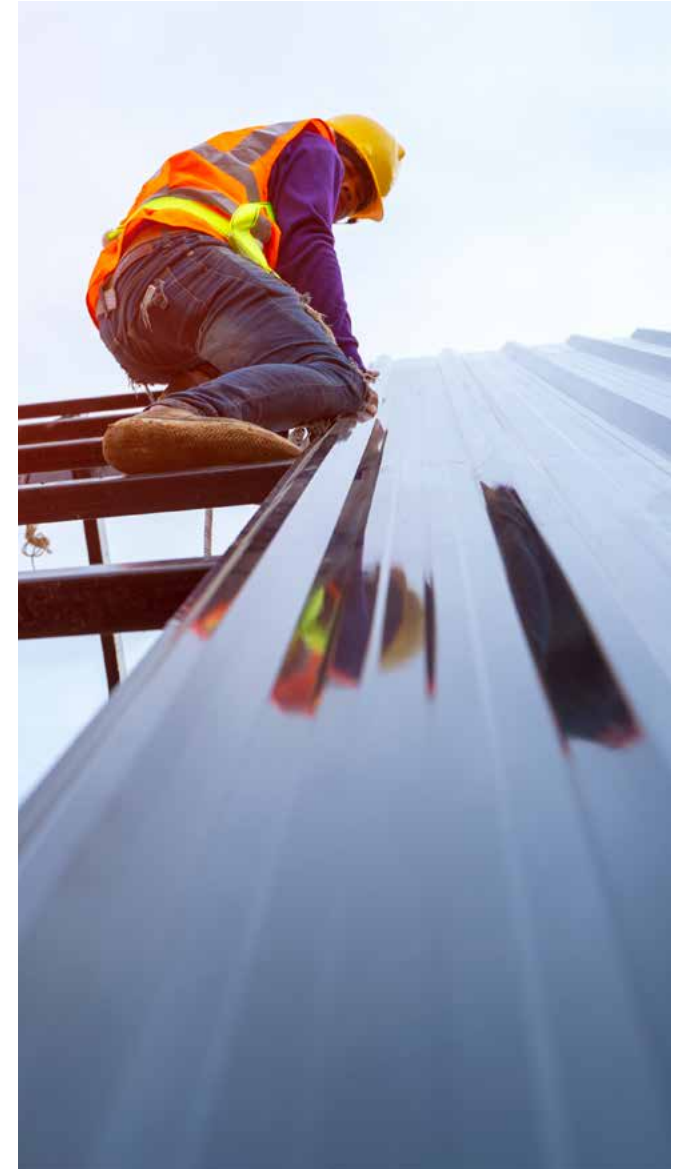
MONTHLY ADDITIONAL RATES

Supplemental Life

Contributory Employee		
Attained Age	Rate per 1,000	\$10,000
Under 25	\$0.074	\$0.740
25-29	\$0.081	\$0.810
30-34	\$0.100	\$1.000
35-39	\$0.110	\$1.100
40-44	\$0.119	\$1.190
45-49	\$0.167	\$1.670
50-54	\$0.254	\$2.540
55-59	\$0.454	\$4.540
60-64	\$0.684	\$6.840
65-69	\$1.231	\$12.310
70 and over	\$2.084	\$20.840

Contributory Spouse		
Attained Age	Rate per 1,000	\$5,000
Under 25	\$0.074	\$0.370
25-29	\$0.081	\$0.405
30-34	\$0.100	\$0.500
35-39	\$0.110	\$0.550
40-44	\$0.119	\$0.595
45-49	\$0.167	\$0.835
50-54	\$0.254	\$1.270
55-59	\$0.454	\$2.270
60-64	\$0.684	\$3.420
65-69	\$1.231	\$6.155

Contributory Children	
Rate per 1,000	\$10,000
\$0.111	\$1.110



GLOSSARY OF TERMS

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a PPO-type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is \$1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the \$1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

DOMESTIC PARTNER: A domestic partner is a person with whom the insured shares a committed, long-term relationship similar to marriage, without being legally married. Domestic partners can be covered on NOVAs medical, dental, and vision plans.

ELIMINATION PERIOD: An elimination period is the time between when a claimable event (like illness or injury) occurs and when insurance benefits begin. It acts like a waiting period.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP):  This type of medical plan requires that members reach a deductible prior to having services covered by coinsurance. All expenses paid by a member count toward the deductible and out-of-pocket maximum.

IN-NETWORK: A group of doctors, clinics, hospitals, and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital, or other provider not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.



ENGAGE ON THE GO

Search your smartphone's App Store and download these free apps that can help you make the most of your benefits!



UnitedHealthcare

Check coverage, search for benefits, manage care, find providers, track medications, submit/view claims, and more



Calm Health

If you enroll in a UHC medical plan through NOVA, you will have access to Calm Health at no additional cost. Calm Health provides programs and tools to support your mental health and well-being.



HealthEquity

On-the-go access to your HealthEquity accounts - manage cards, investments, payments, reimbursements and more! This app makes uploading receipt documentation for your FSA expenses easy!



AbleTo

If you enroll in a UHC medical plan through NOVA, you will have access to AbleTo at no additional cost. AbleTo is a virtual behavioral health solution to support your mental health.



TurnSignl

Protect your legal rights during traffic accidents and traffic stops with 24/7 legal guidance from an attorney, automatic recording of incidents, and more!



Schwab Workplace Retirement

Monitor your retirement account at a glance, get a clear view of progress towards your goals, and track your investments!

CONTACTS

Medical Plan(s)

UnitedHealthcare

Member services:
866.633.2446
HSA Plans: 866.314.0335
myuhc.com

Dental Plan

UnitedHealthcare

Member services:
877.816.3596
myuhc.com

Vision Plan

UnitedHealthcare

Member services:
800.638.3120
myuhcvision.com

Health Savings Account (HSA)

HealthEquity

Member services:
866.346.5800
healthequity.com

Flexible Spending Account (FSA)

HealthEquity

Member services:
877.924.3967
healthequity.com

COBRA

HealthEquity

Member services:
888.678.4881
mybenefits.wageworks.com

Life

Transamerica

Member services:
800.400.3042
transamerica.com/login

Disability and FMLA

Transamerica

Member services:
800.400.3042
transamerica.com/login

Accident

UnitedHealthcare

Member services:
888.299.2070
myuhc.com

Medicare Support

Transitions

Member services:
800.936.1405
transitionsrbg.com

Employee Assistance Program

ComPsych

Member services:
866.569.0325
guardianresources.com
Web ID: EAP Plus

Critical Illness

UnitedHealthcare

Member services:
888.299.2070
myuhc.com

Hospital Indemnity

UnitedHealthcare

Member services:
888.299.2070
myuhc.com

Legal and ID

LegalEASE

Member services:
800.248.9000
legaleaseplan.com

401k

Charles Schwab

Participant Services:
1.800.724.7526
schwab.com/workplace

[Annual notices are available here](#)

Support Line

NOVA Benefits Team
benefits@usanova.com





The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

SE:

