



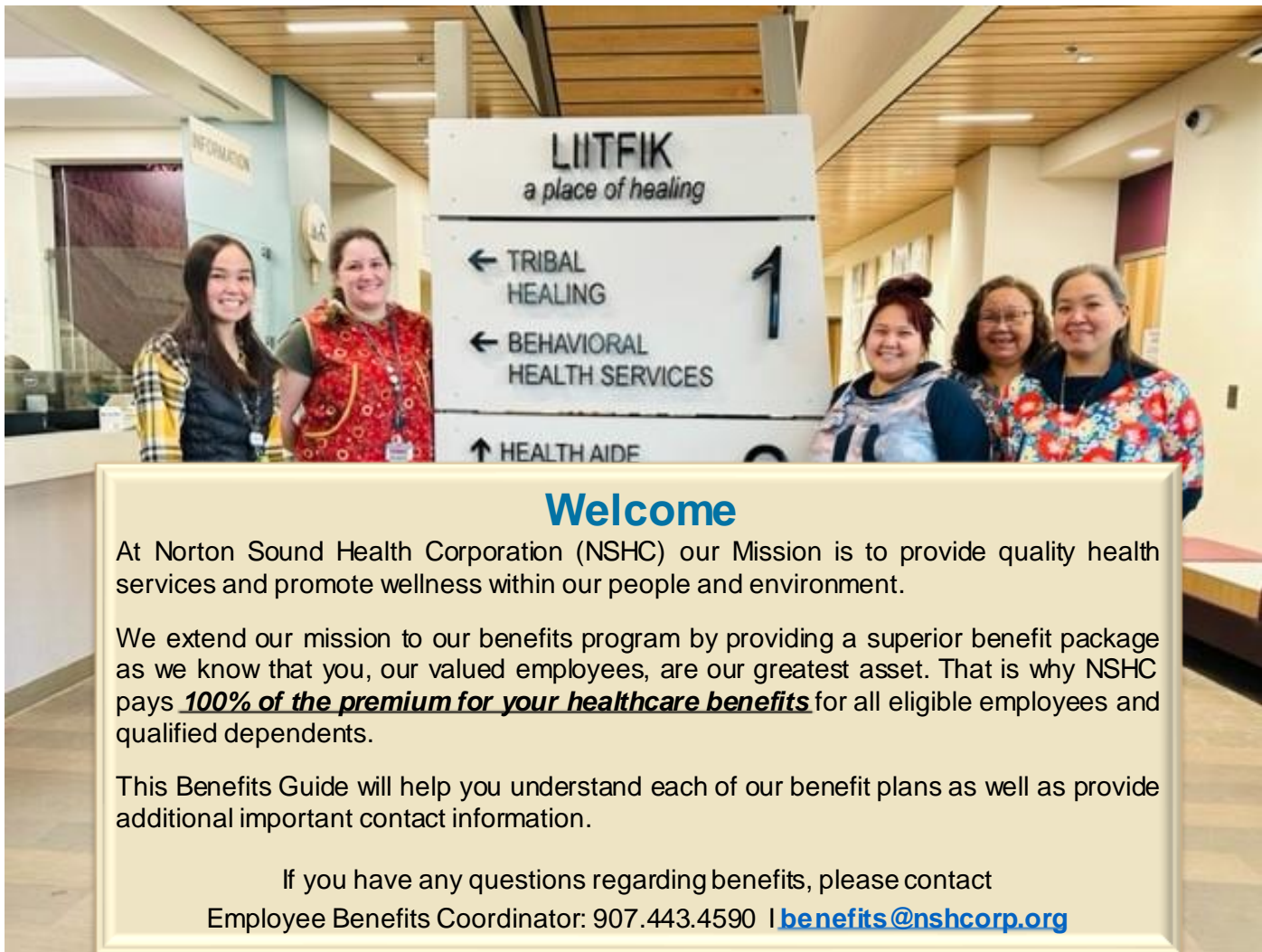
# BENEFITS DESIGNED WITH YOU IN MIND



**NORTON SOUND  
HEALTH CORPORATION**

**2024**

**BENEFITS GUIDE**



## Welcome

At Norton Sound Health Corporation (NSHC) our Mission is to provide quality health services and promote wellness within our people and environment.

We extend our mission to our benefits program by providing a superior benefit package as we know that you, our valued employees, are our greatest asset. That is why NSHC pays **100% of the premium for your healthcare benefits** for all eligible employees and qualified dependents.

This Benefits Guide will help you understand each of our benefit plans as well as provide additional important contact information.

If you have any questions regarding benefits, please contact  
Employee Benefits Coordinator: 907.443.4590 | [benefits@nshcorp.org](mailto:benefits@nshcorp.org)

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**Notice** This brochure provides only a brief summary of the benefits available to all full-time employees of Norton Sound Health Corporation. Official plan documents, policies, and certificates of coverage contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program so if there are any discrepancies, the official documents prevail and are available upon request to Human Resources. The company reserves the right to modify or eliminate these or any other benefits at any time for any reason.



# Benefits Enrollment & Eligibility

## Eligibility

All part-time and full-time employees are eligible for medical benefits. All employees working a minimum of 25 hours per week (.625 FTE) are eligible for all non-medical benefits on the first day of the month following 30 days of employment. These employees will be defined as benefit eligible employees.

Generally, for the purpose of NSHC benefits program, dependents are defined as:

- Your legal spouse
- Dependent “child” up to age 26. Child means:
  - a natural child
  - a stepchild
  - an adopted child
  - a child of whom you are the legal guardian of
  - a child of any age who is medically certified as Disabled and dependent on you
  - any other child included as an eligible dependent under the contract

## Enrollment

Eligible employees can make benefit elections upon their initial eligibility (new hire event) and changes can be made during the annual open enrollment period or within 31 days prior to 60 days after experiencing a life status change event, also referred to as a “qualifying event”.



## What is Open Enrollment?

Open Enrollment is a once-a-year opportunity to make changes to your current benefits and to review which dependents you will be covering during the new plan year. All changes you request will take effect on January 1st.

## What happens if I don't enroll?

If your enrollment is not completed during the Open Enrollment period (which occurs for two weeks usually in November for the next plan year), or within 31 days of your initial eligibility date (see life status change events below), you will have to wait until the next Open Enrollment to apply for coverage.

## Mid-Year Election Changes

In most cases, your benefit elections remain in effect until the next annual open enrollment period. You will not be able to make any plan changes unless you experience a life status change.

## Life Status Change Events

Events described in IRS regulations allow you to make a change to your benefit coverage if you experience any of the following:

- Marriage or divorce
- Death
- Birth or adoption of a dependent
- Change in employment status
- Dependent satisfying or ceasing to satisfy the plan's eligibility requirements
- Loss of or significant change to your current coverage
- Judgment, decree or court order
- Enrollment / ceasing to be enrolled in Medicare or Medicaid
- Ceasing to be enrolled in Children's Health Insurance Program (CHIP)

You have 31 days prior to 60 days after the date of the event to report and update your benefits with the Human Resources department. You will be required to provide documentation. For a list of acceptable documentation, contact Human Resources.

# What Am I Eligible For?

The below table identifies what benefits are available to our different types of employees.

Benefit	Carrier	Eligibility Date	PT .625 To Full Time	PT 50 and below	Relief	Temporary	Emergency
Medical/Rx Insurance	Federal Employee Health Benefits Program (FEHB)	1st day of the month following 30 days of employment	✓	✓	✗	✗	✗
Dental Insurance	MetLife	1st day of the month following 30 days of employment	✓	✗	✗	✗	✗
Vision Insurance	MetLife	1st day of the month following 30 days of employment	✓	✗	✗	✗	✗
Basic Life/AD&D and Voluntary Life Insurance	MetLife	1st day of the month following 30 days of employment	✓	✗	✗	✗	✗
Disability Insurance	MetLife	1st day of the month following 30 days of employment	✓	✗	✗	✗	✗
Travel Insurance	MetLife	1st day of the month following 30 days of employment	✓	✗	✗	✗	✗
Ability Assist	MetLife	1st day of the month following 30 days of employment	✓	✗	✗	✗	✗
(401a) Pension Plan	Charles Schwab	Quarterly upon meeting eligibility requirements outlined in the plan	✓	✓	✓	✓	✓
403(b) Retirement Plan	Charles Schwab	Immediately after enrollment	✓	✓	✓	✓	✓
Family Medical Leave Act (FMLA)	Sedgwick	As defined by FMLA laws	✓	✓	✓	✓	✓
Workers Compensation	Alaska National	Date of Hire	✓	✓	✓	✓	✓
Flexible Spending Accounts (FSAs)	Diversified Benefits Services	1st day of the month following 30 days of employment	✓	✗	✗	✗	✗

Continued next page

# What Am I Eligible For?

The below table identifies additional benefits that are offered by Norton Sound Health Corporation and the different types of employees that are eligible for them.

Benefit	Eligibility Date	PT .625 to Full Time	PT 50 and below	Relief	Temporary	Emergency
Flex Leave	Accrual begin on date of hire	✓	✓	✗	✗	✗
Extended Illness Leave	Accrual begin on date of hire	✓	✓	✗	✗	✗
Bereavement Leave	Date of Hire	✓	✓	✗	✗	✗
Funeral Benefit	Date of Hire	✓	✗	✗	✗	✗
Cafeteria Benefit	Date of Hire	✓	✓	✓	✓	✓
Holiday Pay	Date of Hire	✓	✓	✗	✗	✗
Jury Duty Pay	Date of Hire	✓	✓	✗	✗	✗
Volunteering	Date of Hire	✓	✓	✗	✗	✗
Recreation Center Access	Date of Hire	✓	✓	✓	✓	✓
Direct Deposit	Date of Hire	✓	✓	✓	✓	✓
Substance Leave	After 30 days of Employment	✓	✓	✗	✗	✗
Longevity	After 10 years of Service	✓	✓	✗	✗	✗



## Need Help?

For questions on benefits eligibility reach out to the following contacts for assistance:

Employee Benefits  
Coordinator: 907.443-4590

Benefits Manager:  
907.443.3206

Benefits Team Email:  
[benefits@nshcorp.org](mailto:benefits@nshcorp.org)



# Frequently Asked Questions

## What's A Deductible?

A deductible is the amount of money you or your dependents must pay toward a health claim before your insurance company makes any payments for health care services rendered. For example, if you have a \$500 deductible, you would be required to pay the first \$500, in total, of any claims during a plan year.

## What's Coinsurance?

The coinsurance is the percentage of covered health services that you must pay after you have satisfied your plan deductible.

## What's Out-Of-Pocket Maximum?

The maximum amount (deductible, copays and coinsurance) that an insured will have to pay for covered expenses under a plan. Once the out-of-pocket limit is reached, the plan will cover eligible expenses at 100%.

## What Does In-Network Mean?

In-network refers to providers or facilities who have contracted with an insurance carrier to provide services at negotiated (discounted) rates. Using in-network providers/facilities generally means that you will pay less out-of-pocket, and you will not be required to file a claim for reimbursement.

## What's Preventive Care?

Preventive care is proactive, comprehensive care that emphasizes prevention and early detection. This care includes physical exams, immunizations, well woman, well child, and well man exams. Be sure your family gets routine checkups and vaccines as needed both of which can prevent medical problems (and bills) down the road. should get

## What's The Difference Between Generic And Brand Drugs?

The difference between generic and brand name medications lies in the name of the drug and the cost. Generic drugs cost much less than brand name drugs, save you and your employer money, and provide the same health benefits as brand name drugs. So whenever possible always ask for a generic prescription.

## What's The Benefit Of Mail Order Drugs?

Mail order drugs are perfect for patients who take medication on an ongoing basis. Examples are high blood pressure medication, high cholesterol medication, insulin and birth control. Mail Order is convenient because medications are delivered to your doorstep which relieves the stress of standing in line at the pharmacy.

## What Should I Ask My Doctor?

Many patients do not ask their doctor basic questions. "How much will my treatment cost?" "Can I be treated another way that is equally effective but less costly?" "What are the risks?" "What are the side effects?" Having a dialogue with your physician can help you better understand and prepare for potential out-of-pocket expenses. It will also help your doctor get to know you better, and consequently prescribe treatment that is more effective.

## Explanation of Benefits?

An EOB is a statement the insurance company sends to you explaining the health care charges that you incurred and the services for which your doctor has requested payment. You should compare your EOB to the bill you receive from the doctor.





## Medical Coverage

Norton Sound Health Corporation generously offers and pays 100% of the medical insurance benefits to eligible employees through the Federal Employee Health Benefits Program (FEHB).

The FEHB Program offers a wide variety of plans and coverage to help you meet your health care needs. The Program is available to eligible employees and eligible family members of entitled and enrolled Tribes or tribal organizations carrying out programs under the Indian Self-Determination and Education Assistance Act (ISDEAA) or the Tribally Controlled Schools Act of 1988 (TCSA) (25 U.S.C. 2501 et seq.) and urban Indian organizations carrying out programs under Title V of the Indian Health Care Improvement Act (IHCIA). The FEHB Program is administered by the Office of Personnel Management (OPM).

All benefit eligible employees **MUST** complete an election within ADP to enroll in the FEHB medical plans when first eligible for coverage or opt-out of coverage. The following link will direct you to the ADP platform:

- [workforcenow.adp.com](https://workforcenow.adp.com)
- once logged in, you can click on “start this enrollment” to begin the process

### TRIBAL EMPLOYER REFERENCE MATERIALS:

There are several plan options available through FEHB to choose from. The [Comparison Tool](#) is a great resource to help you determine which is the best choice for you and your family's needs. Please be sure to select Tribal Employee when choosing an “employee type” during your search.

FEHB Health Plan [Brochures](#) and [Summaries](#) provide details on each plan and how they work. Phone numbers are listed on each of the FEHB plans [websites](#) should you wish to speak to a customer service representative to find out more about a particular plan. If you are already enrolled, please review the “Changes for 2024” section of your 2024 FEHB plan brochure for any benefit changes.



# Medical Plan Comparison

The plans displayed below are the Blue Cross Blue Shield [Standard](#) and [Basic](#) plan options. These are the most enrolled in plans, however there are many plans to choose from.

2024 Benefits	BCBS Standard Plan		BCBS Basic Plan	
	In-Network	*Out-of-Network	In-Network	*Out-of-Network
Benefits accumulate on a calendar year.				
Annual Deductible Individual Family	\$350 \$700	Shard with In-Network	\$0 \$0	No coverage
Annual OOP* Individual Family	\$6,000 \$12,000	\$8,000 \$16,000	\$6,500 \$13,000	No coverage
Preventive Care	Covered 100%	35% after ded.	Covered 100%	No coverage
Office Visit	\$30 copay	35% after ded.	\$35 copay	No coverage
Specialist Office Visit	\$40 copay	35% after ded.	\$45 copay	No coverage
Diagnostic Lab & X-Ray/Major Imaging	15% after ded.	35% after ded.	Cost vary by service 15% - \$200	No coverage
Urgent Care	\$30 copay	35% after ded.	\$35 copay	No coverage
Emergency Room	15% after ded.	15% after ded.	\$250 copay	\$250 copay
Facility Fee –Surgery Center	15% after ded.	35% after ded.	\$150 copay	No coverage
Hospital Stay**	\$350 per admission	\$450 per admission and 35% after ded.	\$250 per day \$1,500 maximum per admission	No coverage
Retail Pharmacy 30-Day Supply				
Generic	\$7.50 copay	45% of the average wholesale price (AWP).	\$15 copay	No coverage
Preferred Brand	30%		\$60 copay	
Non-Preferred Brand	50%		60%	
Preferred Specialty	30%		\$85 copay	
Non-Preferred Specialty	30%		\$110 copay	
Mail Order Pharmacy 90-Day Supply				
Generic	\$15 copay	No coverage	\$30 copay	No coverage
Preferred Brand	\$90 copay		\$165 copay	
Non-Preferred Brand	\$125 copay		\$210 copay	
Preferred Specialty	\$185 copay		\$235 copay	
Non-Preferred Specialty	\$240 copay .		\$300 copay	

**\*Out-Of-Pocket**

**\*\*Precertification Required or \$500 penalty is applied**

**To find an In-Network provider use the links in FEBH – [BCBS Network](#)**



# Dental Coverage

Dental benefits provide you and your family with comprehensive coverage to keep your smile shining bright! This chart provides you with a brief summary of benefits administered through MetLife. For a complete list of all your dental insurance benefits and restrictions, please refer to your booklet or contact MetLife.

The MetLife Preferred Dental Program (PDP) plan allows you to choose to access care in or out-of-network. When you see an in-network dentist, you will pay less out-of-pocket due to negotiated contracted rates. **Out-of-Network** reimbursement is only up to the Reasonable and Customary Rate (RCR) and may result in you being billed the different by the non-contracted dentist,

To find an in-network dentist, visit [Metlife.com find a dentist link](#) and search for a PDP dentist.

MetLife Dental Benefits	PDP Dental Provider
Calendar Year Deductible	None
Calendar Year Maximum	\$3,000
Type A Services Diagnostic & Preventive Care	100% covered
Type B services Basic Restorative Care	100% covered
Type C Services Major Restorative Care	50%
Type D Services Orthodontia Child/ren to age 26)	50% \$3,000 Lifetime Maximum

Diagnostic & preventive services include cleanings, topical fluoride applications for children to age 14 and X-rays. Basic services include, for example, fillings, extractions, root canals and oral surgery. Major services include, for example, crowns, bridges and dentures. Some procedures, such as cleanings and X-rays, have limitation on frequency. For major services you can request an estimate of out-of-pocket expense from your PDP dentist at no additional charge.



## Manage Your Dental Benefits Online!

Once enrolled you can register and login to [Metlife.com/mybenefits](#) where you can:

- Find a dentist
- Understand your benefits
- Explore the details of your dental coverage
- Review your claims

For additional support contact Metlife Customer assistance 800.438.6388.

**Norton Sound Health Corporation pays 100% of the dental premium for all eligible employees and their legal tax dependents.**

## Vision Coverage

The Vision Plan through MetLife VSP enables you to receive an annual comprehensive eye exam at no charge when you go In-Network. This benefit also allows you to receive a new pair of frames and lenses or contact lenses every 12 months . If you like to shop online check out [www.Eyeconic.com](http://www.Eyeconic.com), VSP's online contracted provider.

Benefits	VSP Signature Network
<b>Routine Eye Examination</b> Once every 12 months	Covered 100%
<b>Routine Retinal Screening</b>	\$39 copay
<b>Lenses</b> Once every 12 months	Standard Glass or Plastic Covered 100%
<b>Basic Lens Options</b> Single Vision lenses Lined bifocal or trifocal lenses Impact-resistant lenses (child only)	Covered 100% Covered 100% Covered 100%
<b>Frame</b> Once every 12 months	\$300 Frame Allowance \$165 Costco Frame Allowance + 20% discount off remaining balance
<b>Contact Lenses</b> Once every 12 months Elective Contact lens exam (fitting and evaluation)	<i>In Leu of Frames &amp; Lenses</i> \$300 Contact Allowance \$60 Copay
<b>Extra Savings</b> <a href="http://www.vsp.com/offers">www.vsp.com/offers</a>	Get 20% savings on additional pairs of prescription glasses and nonprescription sunglasses, including lens enhancements.
<b>Laser Vision Correction</b>	Average 15% off the regular price or 5% off the promotional price from contracted facilities.



### Manage Your Vision Benefits Online!

Once enrolled you can register and login to [Metlife.com/mybenefits](http://Metlife.com/mybenefits) where you can:

- Find a VSP vision provider
- Understand your benefits
- Explore the details of your vision coverage
- Review your claims

For additional support contact Metlife Vision customer assistance at 800.438.6388 and visit [Metlife.com/Insurance/Vision](http://Metlife.com/Insurance/Vision) to find an In-Network provider.

**Norton Sound Health Corporation pays 100% of the Vision premium for all eligible employees and their legal tax dependents.**

## Life & Accident Benefits

### Basic Life and Accidental Death & Dismemberment (AD&D) - Employer Paid

NSHC provides a Basic Term Life and AD&D policy through MetLife to all full-time employees at no cost. This coverage is equal to 2.5 times basic earnings up to a maximum of \$250,000. Imputed tax will be applied to amounts in excess of \$50,000. Benefits begin to reduce at age 70.

### Voluntary Life and AD&D

You have the ability to purchase additional term life insurance on your self and your dependents at your own cost with premiums being payroll deducted on a post tax basis. **Unique rules apply with regards to guarantee of coverage so please read carefully.** Benefits begin to reduce at age 70.

**Employee:** New hires electing coverage greater than \$100,000, you must complete an Evidence of Insurability (EOI) form. If you decline your initial opportunity to enroll, you may opt in at the next Open Enrollment period, but you will have to complete an EOI form. The guaranteed amount of \$100,000 is only for the initial offer.

**Spouse:** Similar to what is outlined above, a spouse is guaranteed up to \$25,000 for a new hire first eligible for benefits. Any election thereafter is subject to EOI.

**Child(ren):** Benefit applies to each dependent child. **The price you pay is based on a family unit, not per child covered.**

Coverage For	Coverage Amount	Guaranteed Issue
Employee	\$10,000 increments The lesser of 5x your base earnings or \$500,00	\$100,000
Spouse	\$5,000 increments \$250,000 not to exceed 50% of the employees benefit election	\$25,000
Child/ren	15 days – 6 months \$1,000 6 months + \$10,000	\$10,000

### Important Things to Keep in Mind Regarding Life Insurance . . .



- If you are currently enrolled in Voluntary Life Insurance, your benefit amount will carry over. Should you wish to increase this amount at open enrollment an Evidence of Insurability Form will be required.
- For anyone who previously declined coverage. Any amount of coverage you may elect will be subject to Evidence of Insurability. The Guarantee Issue amount only applies when first eligible for benefits.
- If you are first eligible for benefits (typically a new hire), you have this one opportunity to enroll in coverage up to the Guarantee Issue Limit with no medical questions asked. Any amount applied for above this limit will require an Evidence of Insurability Form. For any amount that is over the Guarantee Issue limit, you will be required to go through a medical exam. The first exam will be paid for by MetLife.
- Don't forget to **update your beneficiary!** This can be done anytime during the year.



# Disability Benefits

## Short Term Disability

*Provided by MetLife*

NSHC offers disability coverage to all eligible employees at no cost. This benefit is payable when an absence due to your own illness or non-occupational injury lasts more than 7 days. Beginning on the 8<sup>th</sup> day after your injury or illness, you will be eligible to receive 60% of your regular base salary to a weekly maximum of \$2,000. Payment received from Short Term Disability is considered taxable income and is offset by any state leave plans or other disability income sources.

Short Term Disability	
Waiting Period	7 days for Accidents 7 days for Sickness
Weekly Benefit	60% of your weekly base earnings
Maximum Weekly Benefit	\$2,000
Maximum Benefit Duration	12 weeks

## Long Term Disability (LTD)

*Provided by MetLife*

NSHC offers disability coverage to all eligible employees at no cost. Claims made for conditions seen, treated or diagnosed 3 months prior to effective date of coverage will not be covered for the next consecutive 12 months. Payment received from Long Term Disability is considered taxable income.

If you are deemed disabled for 90 days, you will receive a benefit of 60% of your base salary up to \$5,000 per month. This benefit is available to you as long as you cannot perform your own occupation for up to 24 months. Should you continue to meet the insurance carrier's definition of disability after that time, the benefit will be paid to you up to social security normal retirement age if you are unable to perform any gainful occupation based on your education, training and experience. Disabilities associated with substance abuse, alcohol or mental health have a lifetime maximum benefit of 24 months. Income received while out on LTD would be considered taxable and is offset by other income sources.

Long Term Disability	
Waiting Period	90 days
Monthly Benefit	60% of your base salary
Maximum Monthly Benefit	\$5,000
Own Occupation Period	24 Months



# MetLife Advantages Benefits

## Travel Assistance

*Provided by AXA Assistance*

The Travel Assistance benefit is provided at no additional cost. This benefit is for you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home. An array of services are included for pre-trip assistance, immediate attention for emergencies while traveling, emergency travel support services, medical assistance and recovery information.

Additional benefits are

- Emergency Medical Evacuation
- Return Of Remains Assistance
- Political and Natural Disaster Evacuation
- Dispatch of a Physician
- Pet Repatriation
- Concierge Assistance

For assistance contact AXA: 800.454.3679 when in the U.S. or 312.935.3783 abroad. Visit this travel [Link](#) for more information.



## Will Preparation

*Provided by MetLife Legal Plans*

This service, offered through MetLife Legal Plans, fully covers attorney fees by a Network Attorney for preparing or updating a will, living will or power of attorney.

Covered services:

- Preparing and updating wills, including complex will(s) and codicils, living will(s), power(s) of attorney for medical directives and healthcare proxies for both you and your spouse/domestic partner.
- In-person or telephone consultations with an attorney in a private and supportive environment.
- Unlimited access to prepare or update a will for as long as you continue to participate in an eligible MetLife Group Life Plan.

Call 800.821.6400 for additional information.

## Funeral Planning

*Provided by Dignity Memorial*

Losing a loved one can be one of life's most difficult moments. Funeral discounts and planning services are available through MetLife Advantages, at no additional cost to you. Through Dignity Memorial, you and your family will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America.

- Discounts of up to 10% off of funeral, cremation and cemetery services.
- Expert assistance — available 24 hours, 7 days a week, 365 days a year — to help guide you and your family in making confident decisions.
- Planning Services — online, over the phone, or by paper — to help make final wishes easier to manage.
- Bereavement Travel Services to assist with time-sensitive travel arrangements to be with loved ones.

Call 866.853.0954 for additional information.

## Digital Estate Planning

*Provided by MetLife*

The Funeral Planning Guide provides an easy-to-use format for documenting information our loved ones will need after your death:

- The "My Personal Information" section allows you to record details your family will need for official records but that, in their grief, they may not be able to recall.
- The "My Funeral Plans" section makes it simple to detail your wishes regarding your funeral. Should you not wish to plan your own funeral, your loved ones can use this information to do it for you.
- The "My Important Contacts and Information" section provides a place for you to record key information your loved ones may need following your death, such as insurance and financial information.

The Guide also provides you and/or your loved ones with information on funeral planning and on estate settlement, as well as descriptions of MetLife benefits that may be available to you or your beneficiaries, and a list of additional resources you may need.

Once you have completed the Funeral Planning Guide, it can be saved to your computer. It is recommended to also print it out to keep with your other important papers. You may want to use the guide to initiate conversations with your family about end-of-life issues, as well. Be sure to let your family know where this information can be found, should they need it.

Visit [members.legalplans.com](https://members.legalplans.com) to get started.

# Employee Assistance Program

*Provided by MetLife & LifeWorks*

Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

When you call, just select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor. If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.



## Your Employee Assistance Program (EAP) can be the answer for you and your family

Lifeworks assists employees and their eligible dependents with person or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial matters
- Healthy lifestyles
- Work and life transitions
- Identity theft issues

### EAP Benefits

- **Unlimited telephone** access to EAP professionals **24 hours a day**, seven days a week
- **5 face-to-face sessions or Video Telehealth** visits \* with a counselor (per issue per calendar year)

### Resources for:

- Financial tools & resources
- Substance abuse and other addiction
- Dependent and elder care assistance & referral services
- Access to a library of educational articles, handouts and resources via Lifeworks website.

### What to Expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. There is no cost to you for utilizing EAP services. If additional services are needed, your EAP will help locate appropriate resources in our area.

### Mobile App

The mobile app makes it easy for you to access and personalize educational content important to you. Search "LifeWorks" on iTunes AppStore or Google Play. Log in with the username: metlfeeap and password: eap



**Call 888.319.7819 for assistance**



# Health Care Flexible Spending Account

Norton Sound Health Corporation offers you the ability to open and contribute to a Flexible Spending Account with Diversified Benefit Services (DBS). A Flexible Spending Account is an account that allows you to defer your own pre-tax income into the account to spend tax-free on qualified medical or dependent care expenses within that same calendar year. Please review the brief overviews of each type of Flexible Spending Account that Norton Sound Health Corporation offers. To learn more about FSAs and eligible expenses log in to [dbsbenefits.com](https://dbsbenefits.com).

## HEALTH CARE EXPENSE ACCOUNT

A Health Care FSA (HCFSA) is a program that saves you money by allowing you to pay for eligible medical, dental and vision expenses for you, your spouse and your dependents (including children to age 26), using pre-tax dollars. That means the money you set aside for your HCFSA is not subject to federal income tax, Social Security, Medicare and, in most cases, state and local taxes. Using a HCFSA can save you approximately 20-30% in taxes on your expenses! The healthcare account allows you to fund your out-of-pocket medical, dental and vision expenses, such as co-pays and deductibles, with pre-tax dollars for the upcoming plan year.

Norton Sound Health Corporation allows a voluntary contribution of up to \$3,200 (2024 IRS Maximum) per plan year into your health care expense account. When you have an eligible expense to be reimbursed, you simply file a claim with DBS. Services must be incurred within the plan year to be eligible for reimbursement. The funds in this account are available immediately instead of as they accrue within the account, and you pay it back through payroll deductions.

## DAY CARE ACCOUNT

This account allows you to fund the costs of dependent Day Care on a pre-tax basis. The care must be provided by a dependent care center or by an individual who can provide a name, address, and taxpayer identification number. You may contribute up to a maximum of \$5,000 (2024 IRS Maximum) each tax year, per household. Although you may not take the childcare tax credit if you choose this option, you may save more depending on your income level. The funds in this account are only available as they accrue. To utilize the funds in this account you will reimburse yourself for eligible dependent care expenses. To qualify, dependent care expenses must be incurred during the hours you and, if married, your spouse both work, seek employment or attend school full-time. Day camps, kindergarten or higher-grade tuition, fees for lessons, lunch/food fees and field trips are ineligible for reimbursement.

Dependents must be a tax dependent under the ages 12 and under whom you have custody of more than half the year. A dependent can also be over the age of 13 if they are physically or mentally incapable of self-care and who resides with you for more than half the year. Only funds contributed to the Day Care Account can be withdrawn.

## THE IMPORTANT “USE IT OR LOSE IT” RULE

Because of the tax-advantages both the Health Care FSA and Day Care FSA provide, the IRS has established strict guidelines for how these plans may be used. One of these guidelines is known as the “use it or lose it” rule. This rule states that if you contribute your pre-tax dollars to an FSA and then do not use all of the dollars you deposit, you will lose any remaining balance in the account at the end of the calendar year. However, your accounts include a Grace Period which gives you an additional 2.5 months to incur expenses against your Health Care and Dependent Care FSA accounts. Any money remaining in your account at the end of your grace period will be forfeited. For this reason, it is essential that you plan before deciding how much to contribute to your FSA accounts and that you put in only those dollars you are confident you will use. To use up unspent dollars, check out some online shopping options such as the [FSA Store](#) and [Amazon's FSA store](#).

## WHAT ARE THE RISKS OF FSA'S?

FSAs should only be considered for anticipated expenses. You should be conservative when estimating the amount to contribute to each account. If you overestimate your expenses and have money left in the account at the end of the grace period, it will be forfeited. For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income, on which retirement benefits are based. Using the DBS mobile app upload feature is a great way to pay for eligible expenses.

NOTE: IRS Regulations do not allow Domestic Partner claims to be submitted for reimbursement through the flex plan unless they qualify as a tax dependent under Code Section 152.

## 403(b) Plan Details

### EMPLOYEE ELIGIBILITY

Employees are eligible to enter the plan on the first day of each payroll period after their date of hire. Salary deferral elections are effective as soon as administratively feasible.

The following groups of employees are excluded: non-resident aliens with no U.S. income; independent contractors.

### EMPLOYER SALARY DEFERRAL CONTRIBUTIONS

Participants may elect to defer a portion of their compensation and have that amount contributed to the Plan on a pre-tax basis. The maximum deferral amount is 100% of compensation or the maximum dollar amount set by the IRS and adjusted periodically. Employees who are age 50 and older may also make catch-up contributions.

For the current year's maximums please refer to the IRS Annual Limits document available under Tools & Links on the USI website: [www.usicg.com/kp401k](http://www.usicg.com/kp401k). The special 403(b) catch-up is also allowed.

### EMPLOYER MATCHING CONTRIBUTIONS

There are no employer matching contributions to this plan.

### EMPLOYER NON-ELECTIVE CONTRIBUTIONS

There are no employer non-elective contributions to this plan.

### INVESTMENT OPTIONS

Participants will select from a menu of investment options that have been approved by the 403(b)-investment committee and the Plan's Investment Advisor. Participants may customize their portfolio or select an appropriate "Model Portfolio" which meets their investment objectives and risk tolerance.

Participants that do not make an investment election will have their contributions invested in the Plan's Qualified Default Investment Alternative (the Target Date Fund that most closely matches the Participant's normal retirement age as defined in the plan at age 65), until an investment election is made.

### HARDSHIPS WITHDRAWALS

Hardships withdrawals are not allowed in this plan.

### IN-SERVICE WITHDRAWALS

After having attained age 65 (Normal Retirement Age as defined in the plan) participants may withdraw all or any portion of their vested accounts in the plan.

### LOANS

You can borrow up to 50% of your Vested Account Balance to a maximum of \$50,000.

- The minimum loan amount is \$1,000.
- You may have only one outstanding loan at any time. You may request a new loan once every 12 months.
- The fixed rate of interest you pay is prime rate plus 1%, which is credited back to your account.
- You must repay the loan within five years, except for a loan used for the purchase of your primary residence, which may be repaid within a ten-year period.
- There is a \$100 set-up fee. (Please consult your plans Loan Policy for additional information.)

### VESTING

Upon termination of employment, participants are entitled to 100% of their account balances in the plan.

### FEES

Please review the Fee Disclosure Notice. The notice explains the fees and expenses you pay as a participant in the retirement plan, provides fund performance data, and presents information regarding the management of your account.

### "ROLLOVER" FROM PRIOR PLAN

Participants may rollover distributions from certain other qualified retirement accounts into the plan.

### MAKING CHANGES

Participants may increase or decrease their contribution amounts each payroll period. Participants may change their investment options at any time.

### USI CONTACT INFORMATION

Norton Sound Health Corporation

USI Participant Service Center

M-F 8:00 AM – 5:00 PM, PT

Direct: 206-676-3320

Toll Free: 866-468-7272 Option 2

VRU: 888-438-4015

Email: [get401k@usi.com](mailto:get401k@usi.com)

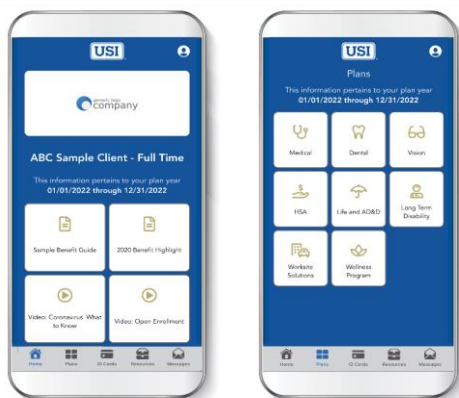
Website: [www.usicg.com/kp401k](http://www.usicg.com/kp401k)



# USI Resources

## MyBenefits2GO Mobile App

Access key coverage details and contact information from anywhere. Search *MyBenefits2GO*. Search *Norton Sound Health Corporation* and when prompted, enter code: **Q57472**



## Highlights Of MyBenefits2GO APP

- Access benefits information on the go
- Convenient contact information for Carriers and HR
- Organized plan information in one place
- View the most updated plan information
- Store your ID cards in the app



Call the USI Benefit Resource Center (“BRC”)  
We’re Here To Help!

## We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services

## USI Benefit Resource Center

[BRCWest@usi.com](mailto:BRCWest@usi.com) | Toll Free: 866.468.7272

Monday through Friday 8:00am to 5:00pm Pacific Standard Time





## Important Contacts

Benefit	Carrier & Policy Number	Contact Information
Medical	FEHB & OPM	<a href="https://www.opm.gov">OPM.gov</a>
Dental	MetLife Policy #KM 05-966779	<b>800.438.6388</b> <a href="https://www.Metlife.com/mybenefits">Metlife.com/mybenefits</a>
Vision	MetLife VSP Policy #KM 05-966779	<b>800.438.6388</b> <a href="https://www.Metlife.com/mybenefits">Metlife.com/mybenefits</a>
Life / AD&D Short Term Disability Long Term Disability	MetLife Policy #KM 05-966779	<b>800.438.6388</b> <a href="https://www.Metlife.com/mybenefits">Metlife.com/mybenefits</a>
Employee Assistance Program	MetLife LifeWorks	<b>888.319.7819</b> <a href="https://www.Metlifeeap.lifeworks.com">Metlifeeap.lifeworks.com</a>
Flexible Spending Accounts	Diversified Benefits Services	<b>800.234.1229</b> <a href="https://www.DBSbenefits.com">DBSbenefits.com</a>
Benefits Help	Benefit Resource Center Mon - Fri 8am to 5pm PST	<b>866-468-7272</b> <b>BRCwest@usi.com</b>

Norton Sounds Annual Legal Notices can be found in ADP and the USI Mobile App. These are important notifications.

Included notices:

- Women's Health Cancer Act of 1998 (WHCRA) Notice
- Newborns and Mothers' Health Protection Act Notice
- Notice of Special Enrollment Rights
- Statement of ERISA Rights
- Patient Protections Disclosure
- Notice of Privacy Practices
- Medicare Part D Participant Notice
- CHIPRA Notice
- Notice of Coverage Options

### Questions?

Reach out to the Employee Benefits Coordinator for NSHC:

**907.443-4590**

or by email at

[benefits@nshcorp.org](mailto:benefits@nshcorp.org)



# NORTON SOUND HEALTH CORPORATION



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