

# Benefits Guide

1/1/24-12/31/24



Health Services

*people work happy here*

# Eligibility

Regular, non-temporary team members who work 30 or more hours per week on a regularly scheduled basis are considered full time and eligible for the benefits described in this guide. Benefits are effective on the first day of the month concurrent with or following 30 days of full-time employment.

Eligible dependents include legal spouse, children up to age 26, or disabled dependents meeting required criteria.

## ENROLLMENT PERIODS

When it comes to the insurance benefits outlined in this guide, the IRS only allows enrollment changes at specific times during the year, known as qualifying life events.

- During annual Open Enrollment period each fall
- Within 30 days of first becoming eligible (new hire; employment status change)
- Within 30 days of a qualifying life event (i.e., marriage, divorce, birth of child, death, loss of other health coverage). Proof of life event with effective date is required. Please contact your campus Human Resources or Home Office HR Benefits Department to enroll.

Health Savings Account (HSA) and retirement contributions can be changed at any time during the year within IRS limits.

## HOW TO ENROLL

Benefit enrollment is done online through ADP [workforcenow.adp.com](https://workforcenow.adp.com). Failure to enroll by communicated deadlines will result in forfeiture of offered voluntary benefits. Full-time team members will be automatically

enrolled in the following employer-paid benefits: Basic life/AD&D, Short-Term Disability, and Employee Assistance Program.

You have 30 days from your date of eligibility (hire date or employment status change date) to enroll in benefits. If you choose not to enroll, you will need to wait until the next Open Enrollment period unless you have a qualifying life event.

## A NOTE ABOUT 401(k) RETIREMENT PLAN

Retirement savings plan enrollment is separate from new hire benefit enrollment. Automatic plan enrollment is in place for those who meet the age requirement. You can enroll and make changes to your elections at any time.

## BENEFITS QUESTIONS?

Contact the Home Office Benefits Department at 402-753-6161 for any assistance you may need.

### ADP MOBILE APP



# We provide team members with a complete spectrum of benefits.

Nye Health Services is proud to offer a comprehensive benefits package to eligible, full-time team members who are regularly scheduled to work 30 or more hours per week.

The complete benefits package is briefly summarized in this booklet. Please visit [www.nyebenefits.com](http://www.nyebenefits.com) for detailed benefit information including educational videos and benefit carrier contact information.

### Physical Wellbeing

We believe in the value in living an overall healthy lifestyle. Our benefits program supports your physical wellbeing.

### Financial Wellbeing

Security in your financial future is important to us. Our benefits program provides you tools to make choices that support your financial wellbeing.

### Social/ Emotional Wellbeing

You deserve to live a life where you feel connected and supported. Our benefits program supports your social and emotional wellbeing.

### Career Wellbeing

Feeling good about the work you do is important. Our benefits program strengthens and supports career wellbeing.

### Community Wellbeing

Giving back to the community where you live is important. Our benefits program promotes and supports your community wellbeing.

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# Summary of Benefit Premiums

Rates are effective January 1, 2024 – December 31, 2024

- All benefit costs are semi-monthly (based on 24 deductions/year)
- Benefits are offered to full-time team members only (30+ hours/week) with the exception of Retirement, PTO & EAP which are also offered to part-time team members

Health Insurance – Blue Cross Blue Shield of Nebraska (BCBSNE) Qualified High Deductible Health Plan (QHDHP – HSA eligible)				
Coverage Level	Monthly Premium	Employer Share/month	Employee Share/month	Employee Share/Pay Period
Employee Only	\$878.93	\$770.63	\$108.36	\$54.15
Employee + Spouse	\$1,678.76	\$1,344.44	\$334.32	\$167.16
Employee + Child(ren)	\$1,467.81	\$1,166.45	\$301.36	\$150.68
Family	\$2,267.63	\$1,784.98	\$482.65	\$241.33

Health Insurance – Blue Cross Blue Shield of Nebraska (BCBSNE) PPO Health Plan (Not HSA eligible)				
Coverage Level	Monthly Premium	Employer Share/month	Employee Share/month	Employee Share/Pay Period
Employee Only	\$907.67	\$781.19	\$126.48	\$63.24
Employee + Spouse	\$1,733.67	\$1,357.60	\$376.07	\$188.04
Employee + Child(ren)	\$1,515.82	\$1,177.46	\$338.36	\$169.18
Family	\$2,341.79	\$1,801.04	\$540.75	\$270.38

Health Savings Account (HSA) – WEX Health Dollar-for-Dollar Employer Match Limits *Elected in conjunction with Nye’s QHDHP Health Insurance	
Coverage Level	Annual Match Limit
Employee Only	\$750
Employee + Spouse	\$1,000
Employee + Child(ren)	\$1,000
Family	\$1,500

Flexible Spending Account – WEX Health (FSA – Section 125)
With an FSA plan, employees may elect to have a specified dollar amount subtracted from their check on a pre-tax basis to use for unreimbursed medical** and/or dependent daycare expenses.

\*\*Per IRS regulations, if you choose the QHDHP, you are NOT eligible to enroll in the FSA Section 125 Medical portion

## Benefits Overview

Dental Insurance – Ameritas 100% Employee Paid	
Coverage Level	Cost Per Pay Period
Employee	\$12.54
Employee + 1	\$25.36
Employee + 2 or more	\$40.66

Vision Insurance – EyeMed 100% Employee Paid	
Coverage Level	Cost Per Pay Period
Employee	\$2.33
Employee + Spouse	\$4.41
Employee + Child(ren)	\$4.63
Family	\$6.81

Nye Retirement Plan – ADP Retirement
401(k) pre-tax option and Roth after-tax option Employer match after one year of service which is 100% vested after three years of service Match is 50% of up to 6% of wages Available to all employees age 21+ regardless of classification (FT/PT/OC)

Accident Supplemental Plan Mutual of Omaha 100% Employee Paid	
Coverage Level	Cost Per Pay Period
Employee	\$3.98
Employee + Spouse	\$6.26
Employee + Child(ren)	\$9.53
Family	\$12.42
\$50 Health screening benefit included	

Critical Illness Supplemental Plan (EE or SP) Mutual of Omaha 100% Employee Paid			
Age	\$10,000	\$20,000	\$30,000
0-29	\$1.65	\$3.30	\$4.95
30-39	\$2.75	\$5.50	\$8.25
40-49	\$5.50	\$11.00	\$16.50
50-59	\$10.00	\$20.00	\$30.00
60-69	\$19.30	\$38.60	\$57.90
70-79	\$35.65	\$71.30	\$106.95
80+	\$51.40	\$102.80	\$154.20
\$100 Health screening benefit included			

Basic Life/AD&D Insurance – Mutual of Omaha 100% Employer Paid
Management & professional nurses receive 1x annual earnings in benefit, up to \$150K All other team members receive \$10K in benefit
Voluntary Life/AD&D Insurance – Mutual of Omaha 100% Employee Paid
Premiums are based upon age bands (see rate table on page 25 or in Mutual of Omaha brochure). Available for employee, spouse, and children. If employee enrolls in coverage during their new hire/initial benefit period, no EOI/underwriting is required up to guarantee issue
Short-Term Disability – Mutual of Omaha 100% Employer Paid
60% benefit for up to 11 weeks; 14-day elimination period applies. Note: Pre-existing condition limitation may apply.
Long-Term Disability – Mutual of Omaha 100% Employee Paid
Premiums are based upon age bands & wage (see calculation table in Disability Insurance section on page 26) If employee enrolls in LTD during their new hire/initial benefit period, no EOI/underwriting is required

# Health Insurance

**Provider Name:** Blue Cross Blue Shield of NE  
**Phone Number:** 844-201-0763  
**Provider Website:** [nebraskablue.com](http://nebraskablue.com)  
**Group ID:** 109256  
 myblueNebraska Mobile App Available

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way, especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. We offer two health plans: QHDHP+HSA or PPO.

QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN		
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible (Embedded)	\$3,500 single / \$7,000 family	\$6,400 single / \$12,800 family
Annual Out-of-Pocket Maximum (includes deductible & coinsurance)	\$6,500 single / \$13,000 family	\$13,000 single / \$26,000 family
Coinsurance	30%	50%
<b>DOCTOR'S OFFICE</b>		
Primary Care Office Visit	30% after deductible	50% after deductible
Telehealth Services (by a designated provider)	\$65 General Medical \$250 Psychiatrist (initial visit) \$90-\$115 Behavioral health (visit) Applies to Deductible	Not covered
Specialist Office Visit	30% after deductible	50% after deductible
Preventive Care (Affordable Care Act required preventive services and child and adult immunizations)	Covered at 100%	50% after deductible
<b>PRESCRIPTION DRUGS</b>		
Retail — Generic Drugs — Tier 1 (up to 90-day supply)	30% after deductible	If you use a non-network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount minus any applicable deductible or copay amount.
Retail — Preferred Drugs — Tier 2 (up to 90-day supply)	30% after deductible	
Retail — Non-Preferred Drugs — Tier 3 (up to 90-day supply)	30% after deductible	

## Health Insurance

### QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN, CONTINUED

Specialty Drugs — Tier 4 & 5 (up to 30-day supply)	30% after deductible	If you use a non-network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount minus any applicable deductible or copay amount.
Mail Order — Generic Drugs – Tier 1 (up to 90-day supply)	30% after deductible	
Mail Order — Preferred Drugs – Tier 2 (up to 90-day supply)	30% after deductible	
Mail Order — Non-Preferred Drugs – Tier 3 (up to 90-day supply)	30% after deductible	
<b>HOSPITAL SERVICES</b>		
Emergency Room	30% after deductible	30% after deductible
Urgent Care	30% after deductible	50% after deductible
Inpatient	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
<b>MENTAL HEALTH SERVICES</b>		
Inpatient Services	30% after deductible	50% after deductible
Outpatient Services	30% after deductible	50% after deductible
<b>SUBSTANCE ABUSE SERVICES</b>		
Inpatient Services	30% after deductible	50% after deductible
Outpatient Services	30% after deductible	50% after deductible
<b>OTHER SERVICES</b>		
Maternity Services, office visits	30% after deductible	50% after deductible
All other maternity hospital/ physician services	30% after deductible	50% after deductible
Muscle Manipulation Services (Chiro, osteopathic, etc.) (limited to 30 sessions per calendar year; pre-authorization may be required)	30% after deductible	50% after deductible
Physical, Occupational and Speech Therapy Services (limited to 60 sessions combined per calendar year; pre-authorization may be required)	30% after deductible	50% after deductible
Home Health Care (limited to 60 days per calendar year; pre-authorization may be required)	30% after deductible	50% after deductible
Skilled Nursing Care (limited to 60 days per year; pre-authorization may be required)	30% after deductible	50% after deductible
Hospice Services (pre-authorization may be required)	30% after deductible	50% after deductible



# How does the QHDHP Plan work?

The plan uses the NEtwork Blue network and covers 100% of the cost for preventive care services such as annual physicals and routine immunizations. The way you pay for care is different with each plan.

With the QHDHP, you pay the full negotiated cost for medical services and prescription drugs until you meet your annual deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are lower than the PPO plan.

QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN	
Per-paycheck Cost for Coverage	\$54.15- \$241.33
Annual Deductible (in-network)	\$3,500 / \$7,000
Annual Out-of-pocket Maximum (in-network)	\$6,500 / \$13,000
Using the Plan	Pay less with each paycheck and more when you need care
Spending Account Options	Health savings account (HSA)

## Paying For Health Care

Nye Health Services offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

Health Savings Account (HSA)	
What medical plan can I choose?	QHDHP
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for a full list)
When can I use the funds?	Funds are available as you contribute to the account
Can I roll over funds each year?	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)
How do I pay for eligible expenses?	With your WEX Health debit card (You can also submit claims for reimbursement online at <a href="https://benefitslogin.wexhealth.com">benefitslogin.wexhealth.com</a> )
How much can I contribute each year?	You can contribute up to \$4,150 for individual coverage or \$8,300 for family coverage (this total includes company funding) in 2024
Can I change my contributions throughout the year?	Yes, you can log into ADP and choose Year-Round Enrollment to change contributions

# Health Insurance

PPO HEALTH PLAN		
	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Annual Deductible (Embedded)	\$5,000 single / \$10,000 family	\$10,000 single / \$20,000 family
Annual Out-of-Pocket Maximum (includes deductible & coinsurance)	\$8,000 single / \$16,000 family	\$18,200 single / \$36,400 family
Coinsurance	30%	50%
<b>DOCTOR'S OFFICE</b>		
Primary Care Office Visit	\$25 copay	50% after deductible
Telehealth Services (by a designated provider)	\$10 General Medical \$10 Behavioral health (visit)	Not covered
Specialist Office Visit	\$50 copay	50% after deductible
Preventive Care (Affordable Care Act required preventive services and child and adult immunizations)	Covered at 100%	50% after deductible
<b>PRESCRIPTION DRUGS</b>		
Generic Drugs – Tier 1	\$15 copay (30-day retail supply) \$37.50 copay (90-day retail & mail order supply)	If you use a non-network Pharmacy, you are responsible for payment upfront. You may be reimbursed based on the lowest contracted amount minus any applicable deductible or copay amount.
Retail – Preferred Brand Drugs – Tier 2	\$30 copay (30-day retail supply) \$75 copay (90-day retail & mail order supply)	
Retail – Non-Preferred Brand Drugs – Tier 3	\$50 copay (30-day retail supply) \$125 copay (90-day retail & mail order supply)	
Specialty Drugs – Tier 4 & 5	\$85 copay (30-day supply)	
<b>HOSPITAL SERVICES</b>		
Emergency Room	30% after deductible	30% after deductible
Urgent Care	\$50 copay	50% after deductible
Inpatient	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
<b>MENTAL HEALTH SERVICES</b>		
Inpatient Services	30% after deductible	50% after deductible
Outpatient Services	\$25 copay (office visit); 30% after deductible other outpatient services	50% after deductible
<b>SUBSTANCE ABUSE SERVICES</b>		
Inpatient Services	30% after deductible	50% after deductible
Outpatient Services	\$25 copay (office visit); 30% after deductible other outpatient services	50% after deductible

PPO HEALTH PLAN, CONTINUED		
OTHER SERVICES		
Maternity Services, office visits	30% after deductible	50% after deductible
All other maternity hospital/ physician services	30% after deductible	50% after deductible
Muscle Manipulation Services (Chiro, osteopathic, etc.) (limited to 30 sessions per calendar year; pre-authorization may be required)	30% after deductible	50% after deductible
Physical, Occupational and Speech Therapy Services (limited to 60 sessions combined per calendar year; pre-authorization may be required)	20% after deductible	50% after deductible
Home Health Care (limited to 60 days per calendar year; pre-authorization may be required)	30% after deductible	50% after deductible
Skilled Nursing Care (limited to 60 days per year; pre-authorization may be required)	30% after deductible	50% after deductible
Hospice Services (pre-authorization may be required)	30% after deductible	50% after deductible

\*\*This is not intended as a complete description of the insurance coverage offered. This summary does not modify the plan document in any way and is not binding. Should there be a difference between this summary and the policy, the policy will govern.

# How does the PPO Plan work

The plan uses the NEtwork Blue network and covers 100% of the cost for preventive care services such as annual physicals and routine immunizations. The way you pay for care is different with each plan.

With the PPO, you pay a set copay for regular and specialist office visits as well as prescriptions. For various services such as emergency room care, you pay the full negotiated cost for medical services until you meet your annual deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year. Your paycheck deductions for this plan are higher than the HSA-eligible QHDHP plan.

PPO HEALTH PLAN	
Per-paycheck Cost for Coverage	\$63.24 – \$270.38
Annual Deductible (in-network)	\$5,000 / \$10,000
Annual Out-of-pocket Maximum (in-network)	\$8,000 / \$16,000
Using the Plan	Pay more with each paycheck and less, at times, when you need care
Spending Account Options	Medical Flexible Spending Account (FSA)

## Paying For Health Care

Nye Health Services offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

Flexible Spending Account (FSA)	
What medical plan can I choose?	PPO
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for a full list)
When can I use the funds?	Funds are available in January and can be used throughout the calendar year until depleted
Can I roll over funds each year?	No, the funds are considered “use it or lose it” by the end of the year
How do I pay for eligible expenses?	With your WEX Health debit card (You can also submit claims for reimbursement online at <a href="https://benefitslogin.wexhealth.com">benefitslogin.wexhealth.com</a> ) or via WEX mobile app)
How much can I contribute each year?	You can contribute up to \$3,200 in 2024
Can I change my contributions throughout the year?	No, FSA funds are set during open enrollment and cannot be changed until the following open enrollment unless you have a qualifying life event

## Health Insurance

### PHARMACY

A Prescription Step Therapy Program may guide you to use a lower-cost, clinically similar medication when several products are available to treat the same condition. You may be told by your pharmacy about trying these medications or contacting your doctor to ask SmithRx to obtain a prior authorization. Some prescriptions may require prior authorization. This means your doctor will need to submit a request to SmithRx to confirm you are a clinically appropriate candidate for this medication. If you have any questions about your pharmacy benefit plan, you can call SmithRx customer service at the toll-free number on the back of your health ID card, or visit the website listed on your ID card for more information.

### HOW TO FIND IN-NETWORK PROVIDERS

You have the option to receive care from any provider; however, you receive the greatest benefit when using In-Network providers. To locate In-Network Providers, go to [mynebraskablue.com](http://mynebraskablue.com) and select Member Services and Find a Doctor. Search for Network BLUE. Or you may call BCBS Member Services at 888-592-8961.

### MUSCULOSKELETAL SPINE PAIN MANAGEMENT PROGRAM

Blue Cross Blue Shield of Nebraska (BCBSNE) can help manage care, reduce unnecessary surgery and member discomfort. They offer:

- **In-depth specialty reviews** to facilitate accurate determinations
- **Specialty surgeon consultations** to help ensure quality of care, prevent inappropriate procedures and reduce potential morbidity
- **Powerful analytics and evidence based guidelines** that determine ideal procedure and minimize unnecessary care

### CASE MANAGEMENT SERVICES

#### Case Management

BCBS helps guide you as you face major life events, such as cancer treatments and traumatic injuries. You have access to a case manager that serves as your personal advocate in making informed decisions. They can provide you with benefit understanding, identify resources, coordinate care plans, and empower you to manage your condition.

Access Code: **NEBLUE**

#### Health Coaching

BCBS offers a free health coaching program to help you meet your specific health goals whether that be weight management, physical activity, health eating, stress management, or tobacco cessation.

Access Code: **NEWELL**

#### Diabetes Education & Support

Nurse educators can help decrease your risk for serious diabetes-related health problems. They provide education and support with diet and exercise, assist with prescribed meds, and assist with insurance coverage questions.

Access Code: **NEACTION**

#### Pregnancy Care

This program provides you with education and support throughout pregnancy. You have access to a personal advocate or nurse to assist in many areas of your journey.

Access Code: **NEBEGIN**

#### Case Management Services Signup is Easy!

Download the free Wellframe App or call 844-201-1546 to sign up. Enter the access code and your BCBS health insurance member ID.

# Telehealth

Provider Name: Amwell  
Provider Phone Number: 844-733-3627  
Provider Website: [patients.amwell.com](https://patients.amwell.com)  
Mobile App Available

Amwell Telehealth is telemedicine and virtual healthcare that gives you access to quality care. Several conditions can be treated online without the need to visit a doctor's office. Amwell's providers can diagnose conditions, provide treatment plans, and even prescribe medications via video chat or over the phone.

## Medical Care

You can talk to a U.S. licensed, board-certified doctor for non-emergency conditions 24/7, 365 days a year. The average wait time is less than 10 minutes and generally costs less than a visit to urgent care. Telehealth is useful when your doctor's office is closed, you're too busy to go in person, or when traveling.

## Behavioral Health

Telehealth behavioral health licensed therapists are available seven days a week, 7am-11pm. They can provide treatment for anxiety, depression, bereavement, stress, trauma, and more.

### QHDHP Plan Members

General Medical:

- \$65/visit

Behavioral/Mental Health:

- \$90-\$115 behavioral health therapist (visit)
- \$250 psychiatrist (first visit)

### PPO Plan Members

General Medical:

- \$10/visit

Behavioral/Mental Health:

- \$10 behavioral health therapist (visit)
- \$10 psychiatrist

### There are three easy ways to register:

- Download the Amwell mobile app
- Visit [patients.amwell.com](https://patients.amwell.com)
- Call 844-733-3627

Enter service key BCBSNE and your health insurance member ID.

# Health Savings Account

Provider Name: WEX Health  
Provider Phone Number: 866-451-3399  
Provider Website: [benefitslogin.wexhealth.com](https://benefitslogin.wexhealth.com)  
Mobile App Available

A Health Savings Account is like a 401(k) for health care. HSAs are tax-advantaged accounts that accumulate interest and can earn investment returns. The funds can be used for qualified medical expenses today or can be saved for future medical expenses. It is a personal bank account that you own and lets you build up savings for future needs. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses. If the funds are used for non-qualified expenses, the funds become taxable.

Team members who enroll in the Qualified High Deductible Health Plan (QHDHP) will have access to contribute to an HSA. Paycheck contributions made to an HSA are deducted pre-tax and can be used to pay your deductible or other qualified out-of-pocket medical expenses such as doctor visits, prescription drugs, and even dental and vision expenses. You own the money in your HSA account, and it is yours to keep, even when you change jobs. The funds can roll over from year to year, and you do not pay taxes on withdrawals used for qualified medical expenses for yourself, your legal spouse, and your tax dependents. You can change your contribution at any time throughout the plan year.

## Can I enroll?

There are certain situations that would make you ineligible to contribute to an HSA. This includes if you are claimed as a dependent on someone else's taxes, if you are covered by another insurance plan that conflicts with the QHDHP (e.g., Medicare, Medicaid, Tricare, health reimbursement arrangement, etc.), or if you or your spouse are contributing to a medical FSA.

For the 2024 Plan Year, Nye Health Services will match your contribution dollar-for-dollar up to the following maximum amounts (if you enroll in the QHDHP):

- Up to \$750 per year for Single coverage
- Up to \$1,000 per year for Employee+Spouse coverage
- Up to \$1,000 per year for Employee+Child(ren) coverage
- Up to \$1,500 per year for Family coverage

# Flexible Spending Accounts

Provider Name: WEX Health  
Provider Phone Number: 866-451-3399  
Provider Website: [benefitslogin.wexhealth.com](https://benefitslogin.wexhealth.com)  
Mobile App Available

Nye Health Services offers Flexible Spending Accounts (FSA) to provide you with an important tax advantage that can help you pay medical, prescription drug, vision, dental and dependent daycare expenses on a pre-tax basis. By anticipating your family's healthcare and dependent daycare costs, you can actually lower your taxable income. You choose how much money you want to contribute during open enrollment each year for the upcoming plan year and then access those funds throughout the plan year.

### Medical Flexible Spending Account

Team members who enroll in the PPO Medical Plan will be eligible to make contributions to a Medical Flexible Spending Account (FSA). A Medical FSA allows you to set aside pre-tax dollars to pay for qualified medical, dental and vision expenses. The money deposited into your spending account is deducted from your paycheck before taxes are withheld, which lowers your taxable income and increases your spending power.

Before enrolling in a Medical FSA, you should evaluate what your out-of-pocket medical, dental and vision expenses will be for the enrollment year. Your full annual Medical FSA election is available to you on your effective date, regardless of whether you have deposited enough money to cover the full expense., and your regular Medical FSA deduction will continue to be taken from your paycheck for the remainder of the plan year. The key to effective use of flexible spending accounts is planning ahead. If you don't use all of the pre-tax dollars deposited into your FSA account during the plan year, you may lose these funds. This is called the "Use It or Lose It" provision.

The annual Medical FSA maximum contribution for 2024 is \$3,200.

### Limited Purpose Flexible Spending Account

A limited purpose FSA is a healthcare spending account that can only be used for eligible dental and vision expenses. Team members must be enrolled in a Qualified High Deductible Health Plan to be eligible to elect and contribute to a limited purpose FSA. This savings account allows team members to contribute a portion of their regular earnings, on a pre-tax basis, to pay for qualified dental and vision expenses. Medical expenses cannot be paid for with the limited purpose FSA plan.



# Flexible Spending Accounts

Provider Name: WEX Health  
Provider Phone Number: 866-451-3399  
Provider Website: [benefitslogin.wexhealth.com](https://benefitslogin.wexhealth.com)  
Mobile App Available

### Dependent Daycare Flexible Spending Account

Benefit-eligible team members are eligible to enroll in a dependent daycare FSA. This plan allows you to pay for dependent daycare expenses and get a tax break at the same time. Expenses must be for qualifying dependents. The Dependent Daycare FSA allows you to set aside pre-tax dollars to pay for qualified daycare expenses for a dependent under the age of 13 or for care of a disabled spouse or parent while you work. Eligible expenses include payments made to a licensed daycare provider or nursery school, before and after school care, a summer day camp program and elder care. Refer to IRS Publication 503 child and dependent care expenses for more details. The Dependent Daycare FSA is subject to the same "Use It or Lose It" provision as the Medical FSA so you will want to estimate your dependent daycare expenses carefully. Any money left in the account at the end of the plan year will be forfeited. *(Note: With employment termination, you have 45 days from termination to submit a claim for reimbursement.)*

Unlike the Medical FSA, you may only receive reimbursement from your Dependent Daycare FSA equal to the amount you have actually deposited into this account. The annual maximum contribution to the Dependent Daycare FSA for 2024 is \$5,000 if you are married and filing a joint return, or if you are a single parent. If you are married and filing separately, you may contribute up to \$2,500 per year per parent.

Dependent Daycare Flexible Spending Account (FSA)	
What is it?	An account that allows you to set aside pre-tax dollars from each paycheck to pay for eligible child or elderly care expenses while you and your spouse work full time
Why should I consider it?	You can use pre-tax dollars to pay for dependent daycare expenses and lower your taxable income.
What expenses are eligible?	Daycare expenses for your children under the age of 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents).
When can I use the funds?	Funds are available as you contribute to the account with each paycheck.
Can I roll over the funds each year?	No, you will lose any funds remaining in your account at the end of the year.
How do I pay for eligible expenses?	Claims can be submitted through the app, online, or paper for reimbursement. Substantiation of claims is required.
How much can I contribute each year?	Up to \$5,000 in 2024

# HSA vs. FSA Comparison

FSA vs. HSA Comparison		
	Medical Flexible Spending (FSA)	Health Savings Account (HSA)
What medical plan can I choose?	\$5,000 PPO Plan	\$3,500 QHDHP
What expenses are eligible?	Medical, prescription drug, dental and vision care (See <a href="http://wexinc.com/insights/benefits-toolkit">wexinc.com/insights/benefits-toolkit</a> or IRS publication 502 for a full list of eligible expenses)	
When can I use the funds?	All of the funds you elect for the year are available January 1st	Funds are available as you contribute to the account
Can I roll over funds each year?	No	Yes, funds roll over from year to year and are yours to keep (even if you leave the company or retire)
How do I pay for eligible expenses?	With your WEX Health debit card. You can also submit claims for reimbursement online and via WEX mobile app.	
How much can I contribute each year?	Up to \$3,200 in 2024	Up to \$4,150 for individual coverage or \$8,300 for family coverage in 2024 Note: Those aged 55 and older can contribute an additional \$1,000 annually
Can I change my contributions throughout the year?	No, unless you have a qualifying life event. You choose an annual election during your new hire enrollment or the annual open enrollment period, and that amount is evenly divided by the remaining pay dates in the calendar year. Deductions occur with the first and second paychecks of each month.	Yes

# Dental Insurance

**Provider Name:** Ameritas  
**Provider Phone Number:** 800-487-5553  
**Provider Website:** [ameritas.com](http://ameritas.com)  
**Group ID:** 10-60330-1

Good oral care enhances overall physical health, appearance and wellbeing. The Nye Health Services dental plan provides comprehensive coverage to keep your teeth and gums healthy.

Although you have the option to see any provider you wish, you will receive the greatest level of benefit when you choose a Provider in the Ameritas Classic and Plus Network.

Services	In-Network & Out-of-Network PPO
Annual Deductible	\$50 per person; \$150 family limit
Annual Benefit Maximum (per person)	\$1,000 per calendar year
<b>Type 1: Preventive Dental Services</b> <ul style="list-style-type: none"> <li>Routine exam (2 per benefit period, i.e. cleaning &amp; exam)</li> <li>X rays (bitewings 2 per benefit period, full mouth panoramic x-rays)</li> <li>Fluoride Treatments for a child age 15 and under (2 per benefit period)</li> <li>Sealants for a child age 15 and under</li> <li>Periapical x-rays</li> </ul>	Covered at 100%
<b>Type 2: Basic Dental Services</b> <ul style="list-style-type: none"> <li>Restorative composites (anterior and posterior teeth)</li> <li>Space maintainers</li> <li>Fillings for cavities</li> <li>Simple Extractions</li> </ul>	20% after deductible
<b>Type 3: Major Dental Services</b> <ul style="list-style-type: none"> <li>Crowns (1 per tooth in 10 years); crown repair</li> <li>Endodontics, nonsurgical and surgical</li> <li>Periodontics, maintenance &amp; surgery</li> <li>Complex extractions</li> <li>Prosthodontics (fixed bridge; removable complete/partial dentures)</li> <li>Denture repair</li> <li>Anesthesia</li> <li>Implants</li> <li>Onlays</li> </ul>	50% after deductible
Orthodontia Services– Adult & child coverage	\$1,500 lifetime maximum per person

## How to find in-network providers

To assist you in locating a dental provider, visit [ameritas.com](http://ameritas.com) and select “Find a Provider,” then Dental. Enter your criteria to search by location or for a specific dentist or practice. Choose the Ameritas network: Classic (PPO) and Plus.

# Vision Insurance

**Provider Name:** EyeMed  
**Phone Number:** 866-939-3633  
**Provider Website:** [eyemed.com](http://eyemed.com)  
**Group ID:** 9717802  
**Mobile App Available**

Regular eye examinations not only determine your need for corrective eye wear, but also may detect general health problems in their earliest stages.

Enroll in EyeMed to get personalized care from an EyeMed network doctor at low out-of-pocket costs.

Services	In-Network (Any EyeMed provider)	Out-of-network (Any qualified non-network provider of your choice)
Eye Exam – Once Every 12 Months	\$10 copay	Up to \$35
<b>Lenses (Once every 12 months)</b>		
Single Vision Lenses	\$25 copay	Up to \$25
Lined Bifocal Lenses	\$25 copay	Up to \$40
Lined Trifocal Lenses	\$25 copay	Up to \$65
Standard Progressive Lenses	\$25 copay; 20% off retail price less \$55 allowance	Up to \$40
Frames – once every 24 months	\$100 allowance 20% off balance over \$100	Up to \$50
<b>Contact Lenses (Once every 12 months if you elect contacts instead of lenses/frames)</b>		
Conventional	\$115 allowance	Up to \$92
Disposable	\$115 allowance	Up to \$92
Medically	\$0 copay; covered in full	Up to \$200
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off retail price	N/A

# Paid Time Off (PTO)

It is the policy of the Company to grant paid time off (PTO) to full-time and part-time members in lieu of vacation, sick, and holiday. On-call, temporary, and/or agency staff do not earn PTO.

PTO hours are accrued per pay period according to the length of employment and hours worked during the pay period as outlined in the PTO Accrual Schedule. PTO is accrued from the date of hire and earned at the first ninety (90) days of employment and each pay period thereafter up to the maximum allowed earned PTO limit as indicated in the PTO Accrual Schedule.

Team members must be actively employed as part-time or full-time at ninety (90) days and each pay period thereafter to earn PTO.

## Paid Time Off (PTO) Accrual Schedule

FULL-TIME TEAM MEMBERS			
Note: PTO is not earned until 90 days of employment; therefore, the waiting period to use PTO is 90 days from date of hire			
Years of Employment	Accrual Percentage	Annual PTO Hours Accrued Based on 40 Hours/Week	Maximum Allowable Earned PTO Limit
0-1 Years	5.10%	106.08	160
2-4 Years	7.10%	147.68	200
5-9 Years	8.70%	180.96	240
10+ Years	10.00%	208	280

PART-TIME TEAM MEMBERS			
Note: PTO is not earned until 90 days of employment; therefore, the waiting period to use PTO is 90 days from date of hire			
Years of Employment	Accrual Percentage	Annual PTO Hours Accrued Based on 20 Hours/Week	Maximum Allowable Earned PTO Limit
0-1 Years	3.00%	31.20	80
2-4 Years	4.40%	45.76	100
5-9 Years	6.60%	68.64	120
10+ Years	7.20%	74.88	140

# Sold Time Off (STO)

Team members are eligible to sell excess PTO, with annual limits, based on years of employment. STO hours are paid at base rate of pay at the time of selling.

Years of Employment	Maximum STO Payout per Calendar Year
1 Year	32 hours
2-4 Years	48 hours
5-9 Years	64 hours
10-24 Years	80 hours
25+ Years	120 hours

# Holidays

Team members classified as full-time may be provided with holiday pay for a non-worked holiday according to their normal scheduled shift. These six observed holidays noted in the table below are paid at base rate.

OR

Eligible non-exempt team members who work on an observed holiday may be paid two (2) times their base hourly rate for hours worked on the holiday in accordance with the Company's holiday policy.

Observed Holidays	
New Year's Day	January 1st
Memorial Day	Last Monday in May
Independence Day	July 4th
Labor Day	First Monday in September
Thanksgiving Day	Fourth Thursday in November
Christmas Day	December 25th

# 401(k) Retirement Plan

**Provider Name:** ADP Retirement Services

**Provider Website:** [www.mykplan.com](http://www.mykplan.com)

**Phone Number:** 866-695-7526

- Dedicated customer service representatives available Monday through Friday, 7 a.m. to 8 p.m. CST or voice-response phone line 24/7.

### Mobile App Available

- Download the ADP Mobile App to change contributions and view account balance.

### Customer Service Representative

- Get help with account rollover from a prior retirement account, Monday through Friday, 7 a.m. to 8 p.m. CST. You are encouraged to compare the benefits and features of the different plans before consolidating your accounts. Things to consider include each plan's available investment options, guarantees, fees and expenses.

Nye Health Services offers a 401(k) plan with employer match and various investment options to help prepare for retirement. Team members (age 21+) are eligible to participate in the 401(k) Plan if you have been employed for one (1) month, regardless of classification (FT, PT, OC).

**Automatic Enrollment:** Upon eligibility, team members will be automatically enrolled in the Plan at 3% pre-tax 401(k). The team member is responsible for declining online if this enrollment is not desired. This deferral percentage can be changed at any time.

**Employee Contributions:** Team members can contribute 1%-90% of salary (up to IRS limits) to the Nye Health Services Retirement Plan. There are two options for contributing: Traditional pre-tax 401(k) and/or Roth 401(k) after-tax.

**Employer Matching Contributions:** Following one (1) year of employment, Nye Health Services will match your contribution at 50% of up to 6% of your salary. For example, if you contribute 2%, Nye matches 1%; if you contribute 7%, Nye matches 3% (maximum employer contribution).

**Vesting:** Participants are always 100% vested with their own contributions to the Plan. In other words, you always have ownership of the contributions you make to the Plan. Employer matching contributions are vested at 100% after three (3) years of employment.

# 401(k) Retirement Plan

Nye Health Services 401(k) Retirement Plan offers a variety of features to make saving for retirement simple.

- The payroll deduction feature makes contributions easy and convenient.
- Flexible investment choices allow you to choose how much to contribute and where to invest your contributions.
- Pre-tax contributions reduce your current taxable income (before federal income taxes are withheld).
- Roth contributions let you save and invest after-tax dollars in the Plan.
- Matching contributions made by Nye Health Services help your account grow quickly.
- Your vested account balance is always yours to take with you should you change employers.
- Convenient access to your account with the ADP mobile app.

Accessing your 401(k) Account is easy!

- Log in to [www.mykplan.com](http://www.mykplan.com) and use your ADP credentials to log in.
- Be sure to add at least one beneficiary for your account.

Please note: Loans and distributions prior to age 59 ½ while employed with Nye Health Services are not permissible.



# Life Insurance

**Provider Name:** United of Omaha Life Insurance Company, A Mutual of Omaha Company  
**Phone Number:** 800-775-1000  
**Provider Website:** [mutualofomaha.com](http://mutualofomaha.com)  
**Group ID:** G000B3DQ

## Basic Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you pass away while employed by Nye Health Services. The Company provides basic life insurance at no cost to benefit-eligible team members as follows:

- All Eligible Management & Professional Nurse Employees: 1x salary, up to \$150,000
- All Other Eligible Employees: \$10,000

## Accidental Death & Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or pass away in an accident. Nye Health Services provides AD&D coverage at no cost to benefit-eligible team members as follows:

- All Eligible Management & Professional Nurse Employees: 1x salary, up to \$150,000
- All Other Eligible Employees: \$10,000

This coverage is combined with your company-paid life insurance described above.

## Voluntary Life and AD&D Insurance

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$100,000 for

yourself, and up to \$30,000 for your spouse) without answering medical questions if you enroll when you are first eligible. Any election made outside of your initial eligibility period will require EOI application.

- **Employee**— Up to five times your salary in increments of \$10,000; \$300,000 maximum amount
- **Spouse**— Up to \$150,000 in increments of \$5,000 (not to exceed 50% of EE amount)
- **Children**— \$5,000 Increments, Min: \$5,000 Max: \$10,000, not to exceed 50% of EE amount

Employee Voluntary Life and AD&D Insurance Semi-Monthly Rate Per \$10,000 of Insurance

*Note: Spouse rates are based on the employee's age*

Age Rate	Employee	Age Rate	Employee
<25	\$0.44	50-54	\$2.02
25-29	\$0.45	55-59	\$2.93
30-34	\$0.55	60-64	\$4.88
35-39	\$0.61	65-69	\$8.87
40-44	\$0.90	70 +	\$12.81
45-49	\$1.40		

Age Reduction Schedule for Basic & Voluntary Life Insurance/AD&D:

- At age 70, amounts reduce by 35%
- At age 75, amounts reduce by 55%

## Child Voluntary Life and AD&D Insurance

**Monthly Rate:** \$0.95 per \$5,000 of insurance

*Note: One rate applies to all eligible covered children in a family*

# Disability Insurance

Provider Name: Mutual of Omaha  
 Phone Number: 800-775-1000  
 Provider Website: [mutualofomaha.com](http://mutualofomaha.com)  
 Group ID: G000B3DQ

Nye Health Services provides short-term disability (STD) benefits at no cost to you. This benefit replaces a portion of your income if you become disabled and are unable to work. Team members have the opportunity to purchase voluntary long-term disability (LTD) coverage which may extend their disability benefits once STD benefits end. If you continue to be disabled at the end of your STD benefits and are unable to work due to an accident, injury, or illness, you may be able to receive LTD benefits, if LTD is elected.

How It Works		Who Pays For The Benefit?
Short-term Disability	You receive 60% of your income, up to \$1,250 weekly. Benefits begin after 14 calendar days elimination period for absence due to illness and Injury and continue up to 11 weeks.	Employer
Voluntary Long-term Disability	You receive 60% of your income up to \$5,000 per month. Benefits begin when short-term disability benefits end and continue until you reach the Social Security Normal Retirement Age.	Employee

## Voluntary Long-Term Disability Premium Calculation

**SEMI-MONTHLY PREMIUM CALCULATION**

1. List your monthly earnings \$ \_\_\_\_\_  
 (Max. is \$8,333.33)

2. Multiply by the premium factor \_\_\_\_\_

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Your estimated semi-monthly premium \$ \_\_\_\_\_

**EXAMPLE**  
 (42-year-old employee earning \$40,000 a year)  
 $\$ 3,333.33 \times .0031 = \$10.33$

Age	Premium Factor
<30	0.0007
30-34	.00125
35-39	.00205
40-44	.0031
45-49	.0045
50-54	.0057
55-59	.00745
60-64	.00615
65-69	.0049
70+	.00445

# Leave Management

Provider Name: AbsencePro<sup>SM</sup>  
Phone Number: 877-365-2666  
Fax Number: 877-309-0218  
Provider Website: [absencepro.absencemgmt.com](https://absencepro.absencemgmt.com)

### Are you facing one of the following?

- Your own serious health condition
- Birth of a child
- Care for a child, spouse, or parent with a serious health condition
- Adoption or foster care
- Military leave

### Action required!

Call or log in whenever you need to be out of work for more than three shifts for events that qualify you for Family Medical Leave and non-FMLA leave of absence or personal leave. The support team at AbsencePro<sup>SM</sup> provides team members with confidential, quick access to experts who will answer questions, review guidelines, and provide information regarding a job protected medical or family leave of absence.

With AbsencePro's affiliation with Mutual of Omaha, this leave request process will simultaneously initiate any applicable short-term disability claim.

Please contact AbsencePro<sup>SM</sup> for information and forms required for your leave. It is the responsibility of the team member to follow the step-by-step process for the leave application.

# Accident/ Critical Illness

Provider Name: Mutual of Omaha  
Phone Number: 800-775-1000  
Provider Website: [mutualofomaha.com](http://mutualofomaha.com)  
Group ID: G000B3DQ

### Accident

- Off the Job coverage for all insureds for accident/injury
- Payments for emergency room, doctor visits, follow-up or referral visits, hospitalization, specific injuries, treatments, surgeries, ambulance, prosthetic devices, physical therapy and more.
- Accident plan includes an annual \$50 Health Screening benefit for each covered member on the plan. Please refer to the Health Screening Benefit flyer located at [nyebenefits.com](http://nyebenefits.com) for a list of available health screenings.

### Critical Illness

- Guarantee Issue available, no health questions for the initial offering only.
- Provides a % of Critical Illness Principal Sum benefit to help cover out-of-pocket expenses for various conditions such as stroke, heart attack, major organ transplant, and end stage renal failure. Also pays a % for coronary bypass, heart valve and aortic surgery.
- Option to buy \$10,000, \$20,000 or \$30,000 Principal Sum coverage.
- Critical Illness plan includes an annual \$100 Health Screening benefit for each covered member on the plan. Please refer to the Health Screening Benefit flyer located at [nyebenefits.com](http://nyebenefits.com) for a list of available health screenings.
- Dependents receive 50% of the benefit amount and 100% of the Health Screening benefit at no additional cost.

**Note: These are supplemental voluntary benefits; team member pays 100%.**

# Education/Professional Development

At Nye Health Services, we are committed to fostering the growth and development of our team members, and we believe that investing in education and professional development is paramount. That's why we provide many Education/Professional Development benefits.

## Education Reimbursement

Our education reimbursement program reflects our commitment by offering financial support to eligible individuals pursuing education that aligns with their current roles or future goals within our organization.

**Eligibility Criteria:** To qualify for the Education Program, a team member must meet the following conditions:

- Maintain good standing and be free from disciplinary actions for six (6) months.
- Have successfully completed or be actively pursuing a degree relevant to their position or growth within the Company.

**Acceptance & Award:** Acceptance into the program is determined based on factors such as the degree's relevance, the team member's level of responsibility, participation level, years of service, and approval from the Executive Director and Human Resource Director.

**Repayment Award Agreement:** Upon acceptance, team members commit to staying in good standing with the Company to receive repayment. The maximum annual repayment is \$3,000. Repayments are monthly installments (up to \$250) for loan

repayment or a lump sum for completed degrees.

**Termination and Repayment:** Should a team member leave the company voluntarily or involuntarily, education payments will cease. In such cases, the team member may be required to repay the award based on the promissory note.

## Leadership Training

Program offers new and emerging leaders the chance to learn or refine their skillsets to grow in their career and be positively challenged in new and effective ways. Our goal is to assist in the further development of our team members by providing continuing education or the resources to accomplish such training or onset skill development.

## Preceptor/Mentorship Program

Training and supporting new team members is critical to our success as an organization. Team members with an interest and passion for helping others learn and develop may qualify for additional compensation for serving as a qualified preceptor or mentor.

# Employee Assistance Program

Provider Name: TELUS Health  
Phone Number: 800-433-7916  
Provider Website: [login.lifeworks.com](https://login.lifeworks.com)  
Mobile App Available

Nye Health Services understands that everyone needs help with life's challenges and daily demands from time to time. That's why you are offered a wide range of benefits and services to meet the diverse individual needs both at home and at work. The EAP offers confidential services to team members who may be struggling with legal issues, stress, work-life balance, financial troubles, etc.

Nye Health Services has partnered with TELUS Health, formerly LifeWorks, to provide you and your household members with confidential benefits, at a free or reduced cost to you.

### Services include:

- Up to three (3) confidential short-term problem resolution sessions per presenting problem.
- Free 30-minute legal consultation per issue (one consultation per issue is available each year). Additional services at a discount of up to 25% off.
- Free 30-minute financial counseling session per issue for bankruptcy, establishing savings goals, and finding resources.
- Discounted fees for further legal and tax preparation services.
- Dedicated website offering expert articles, assessments, resource finders, interactive tools, checklists, and webinars.
- Online access to thousands of articles and other resources on emotional issues, childcare, education, parenting, health and wellness, and many other topics, plus hundreds of "do it yourself" legal forms, including wills, living wills, powers of attorney and much more.

### How do I access these services?

- Confidential services are available 24 hours a day, seven days a week.
- Call 800-433-7916
- Go online at [login.lifeworks.com](https://login.lifeworks.com)
- Download the TELUS Health mobile app

# Crisis Fund

Russ and Jennifer Peterson founded the Nye Health Services Employee Assistance (Crisis) Fund to offer a source of support for Nye Health Services' team members during times of defined crisis.

This fund is comprised of donations from many sources, including the Peterson family and members of the organization who believe in crisis support. The Community Foundation administers fund distribution.

## How do I access these services?

- Find a link to the confidential application online at [www.nyebenefits.com](http://www.nyebenefits.com) or via the ADP Home Page.
- Complete the application, detailing your current situation and immediate needs. Your Director of Human Resources can assist you through this process.
- The Crisis Fund Committee Chair will be able to see your name and contact information. Prior to sharing with the committee, your information will be anonymized.
- Amounts awarded are limited to the funds available up to a maximum of \$1,500. The Nye Health Services Crisis Fund Committee will review applications and respond as quickly as possible.

# PayActiv

The Payactiv app puts you in control of your earning, spending, and saving so you can access your pay when you need it, stretch every dollar, and achieve your financial goals faster.

## Access Anytime

- Get up to 50% of earned wages
- Transfer to your bank or card
- Get cash at Walmart®
- Use Uber® rides, Amazon Cash®
- Pay bills directly from the app
- Short-term consultations and resources for personal and/or work issues

## Spend Smarter

- Easily track earnings, bills, and spending in one place
- See what's safe to spend now
- Be alerted of low balance
- Auto transfer from earned wages

## Getting Started

1. Download the Payactiv app or go to [payactiv.com/for-you/](http://payactiv.com/for-you/) to create a Payactiv account with your employee ID.
2. Enjoy free unlimited access with direct deposit to the Payactiv Visa® Card\*.
3. Fees of \$2.49 to \$3.49 per transaction may apply for instant deposit or Walmart cash pick up.

# Wellness Facilities & Fitness Discounts

## Anytime Fitness (all locations)

Nye Health Services team members and their immediate family members are eligible for a 10% monthly dues discount at a participating Anytime Fitness club. The facility offers a free 7-day guess pass when the flyer is presented. For a complete list of club locations, visit [anytimefitness.com](http://anytimefitness.com)

## Fremont Family YMCA

All Nye Health Services team members who would like to become a member at the Fremont Family YMCA are eligible to have their YMCA membership joiner fee waived. They may also receive:

- 20% off standard monthly dues
- Try the Y-free 7-day pass will be honored for those who bring a flyer to the Fremont Family YMCA
- Payroll deduction available (Limited to full-time team members only)

## Norfolk Family YMCA

All Nye Health Services team members who would like to become a member at the Norfolk Family YMCA are eligible to have their YMCA membership joiner fee waived. They may also receive:

- A discount may apply depending on overall campus participation
- Norfolk Family YMCA offers a free trial week; see the YMCA for details

## Onsite Fitness Facility (free of charge to all team members)

- Gateway Vista
- Nye Legacy
- Nye Pointe
- Nye Square
- The Meadows



## Other Benefits

### Team Member Referral Program

Our team welcomes your referrals! Nye Health Services rewards team members who recommend their friends or family for a position with the Company.

Please instruct your referral to include your name at the time of application. To receive a referral incentive, it is required that the referral has no past employment history with Nye.

See your campus for the most current referral incentives.



### Nye is Noticing You

Nye Health Services recognizes our team members when important milestones occur. Whether you are experiencing a work anniversary, retirement, birthday, or welcoming a new baby to the family, Nye would like to celebrate you!

#### Anniversary Bonuses\*

1 month: T-shirt	5 years: \$500	20 years: \$1,250
1 year: Jacket	10 years: \$750	25 years: \$1,500
3 years: \$250	15 years: \$1,000	30 years: \$1,750

*\*Bonus amounts are half for part-time team members, and on-call/PRN team members do not qualify for anniversary bonuses.*

### Annual Feedback Surveys

In an effort to improve our processes and opportunities, our team wants to hear your suggestions and creative ideas!

Your participation in a team member engagement survey or a benefits survey is strongly encouraged.

Making Nye a better place for both our residents and our team members is one of our top priorities at Nye Health Services.

### Team Member Meals

One free meal is offered during your shift each day. Delight in the same superior culinary creations that our residents enjoy!

### Team Member Apparel

Order Nye-branded clothing with the convenience of payroll deduction.

# Contact Information

If you have specific questions about the Nye Health Services benefits program, please contact your campus Human Resources representative or Home Office Benefits Department. Detailed benefit information can be found at [www.nyebenefits.com](http://www.nyebenefits.com). Additionally, the various benefit administrators have direct ways of contact as shown below.

Benefit	Administrator	Phone	Website/Email
Medical – Group 109256	BCBS of NE	844-201-0763	<a href="http://www.nebraskablue.com">www.nebraskablue.com</a>
Telehealth	Amwell	844-733-3627	<a href="http://patients.amwell.com">patients.amwell.com</a>
Health Savings Account Flexible Spending Account	WEX Health	866-451-3399	<a href="https://www.wexinc.com/login/benefits-login/">https://www.wexinc.com/login/benefits-login/</a>
COBRA			<a href="https://cobralogin.wexhealth.com/">https://cobralogin.wexhealth.com/</a>
Pharmacy	SmithRx	Member Support: 844-454-5201 Connect 360: 844-385-7612	<a href="http://www.mysmithrx.com">www.mysmithrx.com</a>
Dental – Group 10-60330-1	Ameritas	800-487-5553	<a href="http://www.ameritas.com">www.ameritas.com</a>
Vision – Group 9717807	EyeMed	866-299-1358	<a href="http://www.eyemed.com">www.eyemed.com</a>
Basic Life Insurance Voluntary Life Insurance Short-Term Disability Voluntary Long-Term Disability Voluntary Accident Voluntary Critical Illness	United of Omaha Life Insurance Company, A Mutual of Omaha Company	General: 800-775-1000 Claims: 800-775-8805	<a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Leave Management	AbsencePro	877-365-2666	<a href="http://www.absencepro.absencemgmt.com">www.absencepro.absencemgmt.com</a>
Employee Assistance Program (EAP)	TELUS Health, formerly LifeWorks	800-433-7916	<a href="http://www.login.lifeworks.com">www.login.lifeworks.com</a>
Retirement Plan	ADP Retirement Services	866-695-7526	<a href="http://www.mykplan.com">www.mykplan.com</a>
Retirement Plan Advising	Sharon Nudo, Investment Advisor Rep at Gallagher	312-803-7396	Email: <a href="mailto:sharon_nudo@ajg.com">sharon_nudo@ajg.com</a>

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases.

If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department. Policy forms for your reference, whether electronic or paper form, will be made available upon your request at no charge.