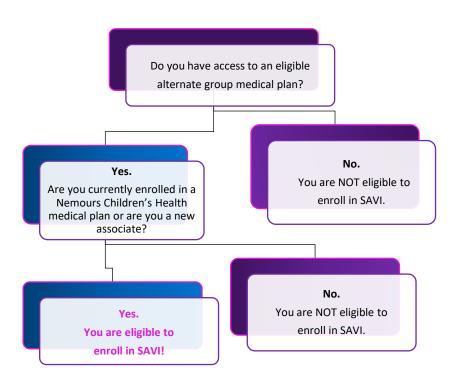
Review this Flow Chart to determine if you are eligible to enroll in SAVI

NEMOURS

Eligibility Requirements:

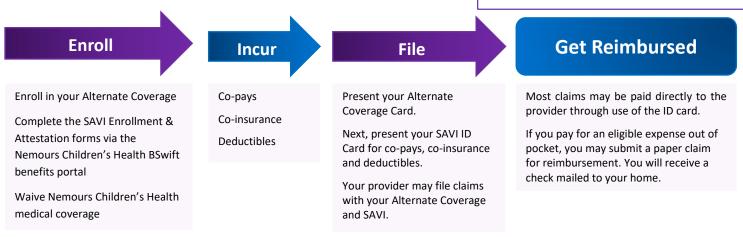
- Associates, spouses and their eligible dependent(s) must currently be enrolled in a Nemours Children's Health medical plan to be eligible for the 2023 SAVI.
- New hire or newly eligible associates, spouses and their eligible dependent(s) may be eligible to enroll in the 2023 SAVI.



NOTE: If at any point you have a Qualifying Event, e.g. lose access to your Alternate Coverage, you may be able to enroll in a Nemours Children's Health group medical plan.

Catilize Health®

How Does the SAVI Work?



2605 Nicholson Rd., suite 1140

Sewickley, PA 15143

Helpful Definitions

Spousal Advantage Value Incentive (SAVI): reimburses associates, spouses and their eligible dependents for eligible out-of-pocket medical care expenses incurred under an **alternate** group medical plan.

Medical Care Expenses: co-pays, co-insurance and deductibles for eligible expenses incurred under the alternate group medical plan.

Alternate Group Medical Plan: any Non-Nemours Children's Health group medical plan available to an associate, such as coverage through the spouse's employer, another employer of the associate, or group coverage available to the associate from any other source including but not limited to eligible retiree benefit programs.

Alternate coverage in the following types of medical plans <u>do not meet SAVI eligibility requirements</u>:

- High Deductible Health Plan (HDHP) with active contributions to a Health Savings Account (HSA); however, as long as your spouse is not enrolled in the SAVI, your spouse may contribute to an HSA and use the HSA funds. The HSA funds CANNOT be used for medical expenses for members enrolled in the SAVI. All members may use the HSA funds for dental and/or vision as long as those expenses are not covered by the SAVI.
- Medicaid, Medicare or Tricare
- Healthcare Exchange Policy made available thru the Affordable Care Act
- Individual policy or Limited Benefit Health Plan

Maximum Reimbursement: the annual maximum amounts that will be reimbursed for eligible medical care expenses are \$9,100/Single *or* \$18,200/Family.

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