

# Nemours Benefits 2025 Annual Enrollment



## FAQs: 2025 Benefits Annual Enrollment

### General

#### **1Q: What is important to know about the 2025 benefits annual enrollment?**

1A: There are no increases to the medical plan premiums for 2025. Nemours recognizes the inflationary pressures you are under and is absorbing this increase. This year, we will continue to offer a PTO buyback option (see questions 40-50). We have some new benefits and improvements to the plans, so we encourage you to learn more. Our benefit offerings are designed to help you and your family achieve your best health, and promoting care at Nemours facilities is one way we are doing so this year. Please note your current elections will carry over into 2025 if you choose to not make any changes with a few exceptions. The exception plans that require you to re-enroll are:

- The Spousal Advantage Value Incentive (SAVI) plan;
  - Flexible spending accounts (FSAs) including health care, limited purpose, dependent care, mass transit and/or parking;
  - The health savings account (HSA) for those who want to keep their enrollment in the Green plan; and
  - The income-based health reimbursement account (HRA) (see FAQs 21-22 and 69-79 as eligibility factors apply).
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- We have renegotiated voluntary benefits and are improving some rates, plan provisions and service by moving to Lincoln Financial Group. This includes life and accidental death & dismemberment (AD&D) insurance (basic and voluntary), long-term disability, accident, critical illness and hospital indemnity plans.
  - The benefit amount on Plan 3 on the long-term disability plan will increase from \$15,000 to \$20,000.

- We have NEW permanent life insurance with a long-term care rider. This does not replace the current Unum plan but has a unique offering of life insurance with long-term care benefits.
- We have customized our network of providers to promote Nemours facilities.

**2Q: When is the 2025 annual enrollment election period?**

2A: Our annual benefits enrollment period for 2025 elections will be Oct. 14 - Oct. 31, 2024.

**3Q: Will the annual enrollment process be online again this year?**

3A: All materials typically provided during annual enrollment will be available electronically through the Quantum Health site (<https://benefits4nemours.com>), the Nemours Children's Benefits portal (<https://NCHBenefits.org>), Nemours Net, as well as through NemoursBenefitsGuide.com. You will receive a postcard mailed to your home address reminding you of the enrollment dates with a QR code that links to the digital enrollment materials. You also will receive an email letting you know when the enrollment portal is open and ready for your elections. To ensure access to this important information, everyone also will receive this information through a variety of communication channels.

**4Q: What if I want to meet with someone to review my benefits options?**

4A: This year we have additional enrollment support. Benefits counselors will be onsite at the main locations and there is a call center for telephonic assistance. This will provide for a personalized education enrollment session. Benefits counselors will review your options, help to answer your questions, and assist with getting you enrolled. To schedule an appointment, [click here](#).

## Benefits and Enhancements in 2025

### Health Care Navigation

**5Q: Will we still have access to Quantum Health?**

5A: Yes! Quantum Health will continue to be our “front door” for benefits. This navigation and advocacy partner assists with benefit plan questions, finding in-network providers, precertification, claims questions and more. They will remain our **one-stop shop** for your health and insurance benefits so you only need to call one number for all of your benefit needs.

### Custom Medical Network

**6Q: Why is there a change in the level of benefits for these facilities?**

6A: Nemours is equipped to provide the best care for our children. We are confident that guiding you to our facilities is a wise and simple decision for your child’s healthcare needs. Facility

charges at the Children's Hospital of Philadelphia (CHOP), St. Christopher's Hospital for Children and Orlando Health Arnold Palmer will be covered at the out-of-network benefit level. Contact Quantum Health for the exception criteria to allow benefits at these facilities at the in-network benefit level when in the patient's best interest.

**7Q: Are there any changes to the physician network?**

7A: No, physicians at CHOP, St. Christopher's Hospital for Children and Orlando Health Arnold Palmer are not affected by the custom network change. This includes primary care physicians and specialists. As long as they are in the Aetna network, they will be covered as in-network providers for Nemours.

**8Q: Can I continue to receive services from a provider that is employed by or affiliated with one of the facilities that are now out-of-network?**

8A: Yes, with these changes, the physician network is not impacted and you can continue to receive services from Aetna providers. Urgent care and emergency care visits also will continue to be in-network. If you have questions or need to request an exception based on your circumstances, please contact Quantum Health at 844.460-2817 Monday – Friday from 8:30 a.m. – 10 p.m. or visit <https://benefits4nemours.com>.

**9Q: Are there any changes to the urgent care network at CHOP, St. Christopher's Hospital for Children and Orlando Health Arnold Palmer?**

9A: No, urgent care is not affected by the custom network change. Urgent care visits will continue to be covered in-network with applicable co-pays, deductibles, etc. As long as they are in the Aetna network, they will be paid in-network for Nemours.

**10Q: What if I have to use one of these facilities in the event of an emergency?**

10A: There are no changes for emergency room coverage. Emergency room claims continue to be paid in-network in our Nemours plans for all facilities, as it is today. If there is an admission from the emergency room, that will also be covered at the in-network level.

**11Q: When will I see an impact of the custom network change?**

11A: If you are scheduling an elective procedure/planning care (inpatient or outpatient) at CHOP, St. Christopher's Hospital for Children or Orlando Health Arnold Palmer that could be performed at Nemours, it will be paid as out-of-network. For the Red, White and Green plans, the procedure is still covered but there will be at a 20% or 30% higher coinsurance level after the higher out-of-network deductible is met, depending upon which plan you are covered by. The details for each plan can be found [here](#). Any amounts paid toward your in-network deductible count toward your out-of-network deductible, so you don't have to start over if you use an out-of-network facility. **Please note that the Blue plan does not have an out-of-network benefit.** Primary care, emergency care and urgent care are not affected by the change and continue at the in-network level.

**Example:** "My child needs orthopedic surgery. I've scheduled this at CHOP. Will this be paid as out-of-network?"

*Yes. This is an example of a claim affected by the custom network change. The facility charges at CHOP will be paid at the out-of-network level. Exceptions can be granted if the wait is too long at a Nemours facility.*

**Example:** “My child is having ear tubes scheduled on an outpatient basis at Orlando Health Arnold Palmer. Will this be paid as out-of-network?”

*Yes. This is an example of a claim affected by the custom network change. The facility charges at Orlando Health Arnold Palmer will be paid at the out-of-network level. Exceptions can be granted if the wait is too long at a Nemours facility.*

**Example:** “I go to a CHOP’s physician’s office for my child’s care. Will this be out-of-network?”

*No. This will not be impacted and will be paid in-network.*

**Example:** “My child is ill and it is the middle of the night. Do I have to travel to Nemours for this emergency care?”

*No. Emergency care will be paid at the in-network level at all facilities.*

**12Q: If I incur facility charges at the Children’s Hospital of Philadelphia, Orlando Health Arnold Palmer, or St Christopher’s Children’s Hospital, will I be subject to balance billing?**

12A: You will **not** be subject to balance billing at these facilities as long as they continue to be under contract with Aetna.

**13Q: Will transition of care be offered with the custom network change?**

13A: Yes. Transition of care coverage allows a member to continue to receive treatment for a limited period of time at that facility and to have it covered at the in-network benefit level including:

- A serious or complex condition such as:
  - Members in the middle of an ongoing treatment plan such as chemotherapy or radiation therapy
  - Members who have recently had surgery and need follow-up care
  - Members who may need an organ or bone marrow transplant
  - Members who are in a course of treatment for an acute condition where it would not be appropriate for them to transition to a new facility until that course of treatment is complete
- A course of institutional or inpatient care from a facility
- A non-elective surgery including post-operative care
- A terminal illness receiving treatment for such illness

Transitional coverage will continue beginning at enrollment and continuing for 90 days or until the member is no longer qualified as a continuing care patient under the definitions above with respect to the health care facility.

**14Q: What do I do if my child has ongoing care or a planned procedure at one of these facilities?**

14A: Quantum will be contacting all associates expected to have ongoing care at one of these facilities to work on the transition of care plan. You may also call Quantum's care coordinators for support in transitioning your child's care to an in-network facility or determining if you are eligible for an exception due to not being able to get care timely, if there are access concerns or if the care is not able to be done at Nemours. Quantum may be reached at [844.460.2817](tel:844.460.2817) or chat with them online at <https://benefits4nemours.com>.

**15Q: Will Quantum approve my ongoing treatment or do I have to call each time?**

15A: Quantum will contact the facility on your behalf to review ongoing authorizations. They will inform you when the exception expires and assist in transitioning to an in-network facility. Notify Quantum if treatment plans change.

**16Q: What if I am not granted an exception but still choose to utilize these facilities?**

16A: The services rendered would still be covered at the facility but at the out-of-network rate under the health plan. This could result in a higher deductible and coinsurance rate than in-network coverage for the Red, White and Green plans. **Please note that the Blue plan does not have an out of network benefit.**

**Example:** White Plan with Associate + Family coverage

Assumptions:

- Cost of procedure: \$10,000
- Deductible not met

In-network cost:

Deductible	\$ 1,200
Coinsurance (30% after deductible)	\$ 2,640
Total Associate Cost	\$ 3,840

Out-of-network cost:

Deductible	\$ 2,400
Coinsurance (50% after deductible)	\$ 3,800
Total Associate Cost	\$ 6,200

**17Q: This facility is the only facility that provides this care. What should I do?**

17A: Don't hesitate to contact Quantum's care coordinators for support and to determine if you are eligible for an exception.

**18Q: What if I have problems scheduling an appointment at Nemours?**

18A: The only change to our provider network is for these three facilities. The Aetna national network continues to be in place for many other facilities. Reach out to Quantum’s care coordinators for support and assistance for scheduling an appointment. Exceptions can be granted if you are not able to get care timely, if there are access concerns, or if the care is not able to be done at Nemours.

## Medical Coverage

**19Q: Will we continue to have Meritain Health as our health insurance provider?**

19A: Yes, and you will still have access to the Aetna network providers. Nemours will continue to offer the same two Preferred Provider Organization (PPO) options (the Red and White plans, with in- and out-of-network benefits), an Exclusive Provider Organization (EPO) option (the Blue plan, with in-network benefits only) and a high-deductible health plan (Green plan).

**20Q: Will I get a new medical ID card?**

20A: No, not unless you need one. Your ID card is available anytime on the Quantum Health app or by logging into <https://benefits4nemours.com>. If you want to order more, you can also do that through the app or online.

**21Q: Will the health reimbursement account (HRA) continue for 2024?**

21A: Yes! Nemours is again offering an income-based HRA for associates who qualify based on household income. Eligible associates must enroll in either the Red, White or Blue plan and complete the HRA application found on the bottom left-hand side of the Empyrean portal ([www.NCHBenefits.org](http://www.NCHBenefits.org)). You will need to create an HR Help Center Ticket (in MyTech) with the benefits category. When you open your ticket, don’t forget to upload your 2023 tax returns with the application; more information and a link to the application is available [here](#). Those who apply will be notified via your MyTech ticket once your application and required documentation have been reviewed and a determination has been made. Applications and documentation are due by Nov. 15, 2024— additional details in the FSA, HSA & HRA section below.

**22Q: If I had the HRA in 2024, do I need to do anything to continue eligibility for 2025?**

22A: Yes. You will need to submit a new HRA application and your 2023 tax return via MyTech to determine your continued eligibility. Applications and documentation are due by Nov. 15, 2024.

**23Q: Will fertility benefits continue to be offered in 2025 and are they available in all four plans?**

23A: Nemours will continue to provide comprehensive and inclusive family-forming benefits including fertility benefits and additional pregnancy and parenting support resources. The benefit design allows you and your doctor to pursue the most effective treatment and provides coverage for two smart cycles. These fertility benefits are available in all four plans

(Red, White, Blue or Green). This benefit is subject to your deductible and coinsurance. In addition, there is maternity support through Cleo Baby.

**24Q: What if my spouse's employer offers benefits?**

24A: If you are currently enrolled in a Nemours plan but have the opportunity to enroll in your spouse's plan (non-Nemours), you will want to consider our SAVI plan. Your Nemours premium for SAVI is \$0, and it will pay 100% of the eligible out-of-pocket costs incurred from your spouse's medical plan up to the Affordable Care Act (ACA) maximums (2025 limits are \$9,200/single and \$18,400/family per year).

**Note:** SAVI is available to currently enrolled associates, spouses and children who move to the spouse's plan (except for TRICARE, Medicare, Medicaid and HSA plans). You and your spouse should weigh which plan works best for your circumstances. This benefit is also open to associates who are covered by a parent's medical plan (non-Nemours). Check out one of the SAVI webinars or resources on <https://nemoursbenefitsguide.com> for eligibility requirements.

**25Q: I was enrolled in SAVI in 2024. Do I need to do anything to continue coverage in 2025?**

25A: Yes. You must re-attest your eligibility for 2025. If you miss this step, you and your covered dependents enrolled in 2024 will be removed for 2025.

**26Q: What is the spousal surcharge for 2025?**

26A: The spousal surcharge will continue to be \$300 per month. This surcharge is applicable only when your spouse has access to medical coverage through his/her/their employer and you decide to cover him/her/them through a Nemours medical plan.

- If your spouse is not covered by Nemours, there is no spousal surcharge.
- The spousal surcharge will continue to be waived if you both work at Nemours.
- If your spouse has access to medical coverage from his/her/their employer, you can avoid the spousal surcharge and lower your out-of-pocket costs by enrolling in the SAVI plan.

**Note:** You are required to update the status of your spouse's coverage availability during annual enrollment as part of your SAVI re-attestation.

**27Q: Which of the plans has the most tax advantages?**

27A: The Green plan includes a health savings account (HSA). An HSA account offers a triple tax advantage to those who enroll in it. Associates can contribute tax free, earn tax-free interest on their investments and use the funds for eligible medical expenses tax free. Nemours also contributes to your HSA. For single coverage, Nemours will contribute \$250 a year and for family coverage, it is \$500. These contributions equate to \$10.42 for single and \$20.83 for family, added to your account semi-monthly.

**28Q: Is the cost of our benefits increasing for 2025?**

28A: For full-time associates, associate payroll contributions for the medical/pharmacy plans will not increase. Vision plan contributions will also remain unchanged. Dental twice-monthly premiums will increase by **\$0.10 to \$1.21** pre-tax depending on the plan and who you cover. The voluntary supplemental health benefits rates for critical illness, accident, and hospitalization will also remain unchanged.

**29Q: What's driving up the cost of health care?**

29A: Many U.S. organizations are experiencing price increases for medical and other benefits due to high inflation, increasing cost of pharmaceuticals and ongoing labor shortages. Although Nemours' costs have increased, there will be no increase to associate medical contributions in 2025.

**30Q: Are there other medical coverages that can help me save money?**

30A: Associates and their family members enrolled in one of the medical plans (Red, Blue, White or Green) have access to 2nd.MD, a virtual medical consultation and navigation service. With 2nd.MD, you can connect virtually with board-certified, elite specialists about your diagnosis or treatment plan, all within a matter of days, at no cost to you. 2nd.MD can answer questions about (1) diseases, cancer or chronic conditions; (2) surgeries or procedures; and (3) medications and treatment plans.

We continue expanding our centers of excellence through Carrum Health, which include cardiac, musculoskeletal and bariatric surgery. Using the centers of excellence is optional, but for those who choose the centers of excellence, your out-of-pocket costs will be lower and the cost of travel, if necessary, will be covered. You could pay as little as \$0 out of pocket toward the cost of your surgery. There is no out-of-pocket expense (\$0 deductible, co-insurance and copays) for the Red, Blue, and White plans. The minimum deductible allowed under the Affordable Care Act must be met for the Green plan; for 2025, the minimums are \$1,650 for single and \$3,300 for family.

Twin Health offers services to help with diabetes, and Hinge Health offers virtual exercise therapy services. There is no cost to you to use these benefits.

## **Prescription Coverage**

**31Q: Which company do we use for prescription drug benefits?**

31A: Express Scripts, the country's largest pharmacy benefit manager, will continue administering pharmacy benefits.

**32Q: What does our prescription drug program cover?**

32A: The plan covers generics, preferred brands and non-preferred brands at participating pharmacies.



**33Q: Are there any prescription coverage changes for 2025?**

33A: There are no changes to the prescription co-pays, co-insurance or deductibles for 2025, however, the formulary does change from time to time. Should a formulary change occur, Express Scripts will notify you. For more information about the formulary, please [click here](#).

## Dental Coverage

**34Q: Do we still have three options to choose from for 2025?**

34A: Yes, Delta Dental offers three levels of dental coverage: Red, Blue, and White.

**35Q: What does our dental plan cover?**

35A: Coverage includes diagnostic and preventive services, basic services, major services and, on select plans, orthodontia.

**36Q: Do my preventive services count toward my annual benefit maximum?**

36A: No. Preventive services do not count toward your annual benefit maximum.

## Vision Coverage

**37Q: What type of vision plans are being offered in 2025?**

37A: Nemours offers two affordable, associate-paid vision plan options for you and your family through Vision Service Plan (VSP).

**38Q: What kind of benefits does VSP provide?**

38A: Benefits include routine eye exams, lenses, frames and discounts on other vision services purchased through participating providers.

**39Q: Is there any difference between next year's vision coverage and this year's plans?**

39A: No. The vision plan rates remain the same.

## Other Benefits

### PTO Buyback

**40Q: What is a PTO buyback program?**

40A: A PTO buyback or cash-out program is a benefit program that allows associates to receive cash in lieu of accrued PTO.

**41Q: Who is eligible to participate?**

41A: All benefits-eligible associates who accrue PTO and have at least 88 PTO hours for the pay period ending Sept. 21, 2024, are eligible.

**42Q: What are the minimum PTO balance requirements to sell accrued PTO?**

42A: To be able to sell accrued PTO, you must have at least 80 hours of PTO in your bank after selling PTO. The smallest amount of PTO that can be sold is eight hours. For example, if you have 88 hours of accrued PTO, you may sell eight hours.

**43Q: What is the maximum number of PTO hours I can sell?**

43A: The maximum is 100 hours. PTO is sold in hourly increments.

**44Q: Will my PTO buyback request be affected if I fall below the 80-hour minimum required balance before payment?**

44A: We will review PTO buyback elections before processing payroll. Individuals with a balance below 80 hours will have their buyback election adjusted to meet the minimum requirement.

**45Q: Does pre-scheduled PTO affect my PTO balance?**

45A: Pre-scheduled PTO will not lower the PTO balance that appears eligible for buyback. If you have PTO planned for future use, please be mindful of what you choose to sell so that your planned PTO is available when you need it.

**46Q: When can I sell accrued PTO if I want to participate?**

46A: The PTO buyback program will be offered during annual enrollment, Oct. 14 – Oct. 31, 2024. Elections **cannot** be changed after midnight on Oct. 31, 2024.

**47Q: How many times will this program be offered a year?**

47A: The PTO buyback program is offered only once this year, during annual enrollment in October.

**48Q: When will payment be made?**

48A: PTO buyback payments will be processed as a separate payment from the Nov. 22, 2024, paycheck.

**49Q: If I want to change my retirement contribution for the Nov. 22 check, when is the deadline to go into Transamerica's site to make a change?**

49A: The last day to change your deferral election would be midnight on Wednesday, Nov. 13, 2024. Please note that changing deferrals is voluntary, and if you want to revert to your prior contribution percentage, you will have to follow those same steps after the payout.

**50Q: Is the PTO sold paid at its total value?**

50A: If you sell accrued PTO, it will be paid at **80 percent** of its value. For example, if you sell 100 PTO hours, it will be paid at 80 percent of your pay rate, and 100 hours will be removed from your PTO bank. Your payment will be equivalent to 80 hours of PTO.

## **Life/AD&D, Long-Term Disability, Accident, Critical Illness, Hospital Indemnity Plans**

**51Q: Who is the new carrier for these benefits?**

51A: Beginning Jan. 1, 2025, Lincoln Financial will be the new administrator for basic life/accidental death and dismemberment (AD&D) voluntary associate life, spouse life, child life, voluntary AD&D, long-term disability, accident, critical illness, and hospital indemnity plans.

**52Q: Do I need to enroll in these benefits during annual enrollment?**

52A: You do not need to enroll in these benefits. If you are currently enrolled, your elections will roll over to 2025. If you are not enrolled and wish to enroll in one or more of these benefits, you will have to go online to make your selections. It's important that we have this information on file, especially for the Nemours paid basic life/AD&D benefits offered to benefits-eligible associates.

Even if you do not want to make any changes, we encourage you to at least login and ensure that your beneficiary information is current.

**53Q: Are there rate changes with these benefits?**

53A: Yes, the rates for voluntary associate and spouse life benefits are lower. Please note that if your age ends in a zero or a five on Jan. 1, your rates will change as you will be in a new age bracket. The same is true for a covered spouse.

**54Q: Are there any benefit enhancements?**

54A: Yes! Our long-term disability benefit (plan 3) will have a benefit increase of \$15,000 to \$20,000.

Lincoln Financial also provides travel assistance, funeral preparation services, and support for bereaved families.

**55Q: I am not currently enrolled in voluntary life insurance. Can I sign up during annual enrollment?**

55A: During this annual enrollment, you can elect up to \$500,000 (not to exceed five times your annual earnings) without completing any medical questionnaires. Associates currently enrolled can increase their current elections up to \$500,000, no questions asked.

For spouse life, currently enrolled associates can increase the spouse coverage by \$10,000 or \$20,000 up to \$100,000. If you previously waived this coverage and wish to enroll, you can elect either \$10,000 or \$20,000 with no medical questions.

Any amounts above the max limits above are subject to medical review.

**56Q: My family also works at Nemours and are eligible for benefits. Can I enroll them as dependents on my coverage?**

56A: Double coverage is not allowed. If your spouse and/or child(ren) also work for Nemours and you have family coverage, dependent benefits would not be payable at time of claim. For families, only one parent can cover the child(ren). Double coverage does not apply if your dependents are less than a 0.5 FTE.

## **Permanent Life Insurance with a Long-term Care Rider**

**57Q: Does this replace my voluntary life benefit? What about my Unum long-term care plan?**

57A: No. This won't impact any of your current enrollments.

**58Q: What is the permanent life with long-term benefit?**

58A: The permanent life with long-term care benefit protects your family with life insurance and long-term care coverage. It's portable, so if you decide to leave Nemours you can take the coverage with you. This benefit is in addition to the group life Insurance provided by Nemours and gives you an option to buy additional coverage with no medical questions. This is a great way to cover final expenses and nuisance debt to remove any burden from your dependents. Additionally, the long-term care feature will pay you a monthly benefit if care is ever needed. It's a great way to purchase this important benefit to cover long-term care needs with no medical questions.

**59Q: How does the long-term care (LTC) benefit work?**

59A: If you need LTC, you can access your death benefit, while you are living, for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. Insurance premiums are waived while this benefit is being paid.

Extension of benefits: Extends the monthly LTC benefit for up to an additional 50 months (75 months total) after 100% of the base death benefit has been used for LTC.

**60Q: If I exhaust the LTC benefits, what happens to my death benefits?**

60A: This plan has a death benefit restoration provision. Ordinarily, accelerating your life coverage for LTC benefits can reduce your death benefit to \$0. While in force, this rider restores your life coverage to not less than 50% of the death benefit on which your LTC benefits were based, not to exceed \$50,000. This rider assures you that a death benefit will be available for your beneficiary until you reach age 121.

## Parental Leave

### **61Q: What is Nemours parental leave benefit?**

61A: All new parents are eligible for six weeks of paid (100%) parental leave. This is in addition to the short-term disability benefits that birth mothers currently receive.

## Employee Assistance

### **62Q: How many visits are allowed under our Employee Assistance Program?**

62A: Annual allowed visits include eight per topic, per year, per person. This benefit is available to all Nemours associates and their households. These visits may be done in person or virtually.

## Flexible Spending Accounts (FSAs), Health Savings Accounts (HSAs) & Income-based Health Reimbursement Arrangements (HRAs)

### **63Q: Who is our spending accounts vendor?**

63A: HealthEquity administers our spending accounts.

### **64Q: What happens with my funds with HealthEquity?**

64A: For the FSAs and the HSA, you will have to complete a new enrollment in the Emyrean portal.

- Any funds in your health care FSA up to \$640 will rollover into 2025. Any remaining FSA funds will be forfeited.
- For the dependent care account, there is a runout process where you will have until April 30, 2025, to submit for reimbursements for services in 2024.
- Mass transit and parking funds will be rolled over.
- HSA funds will also rollover.

### **65Q: Do I need to re-enroll in the FSA for 2025?**

65A: Yes; you need to make a new FSA pledge to continue the benefit for 2025 (health care, limited purpose, dependent care, parking or transportation).

### **66Q: What happens to my FSA funds if I move to the Green plan from one of the other plans?**

66A: If you move from a Red, Blue or White plan to the Green plan, any unused health care FSA funds from 2024 will be converted to a limited purpose FSA and carried over to 2025 up to the IRS limit. The limited purpose FSA funds can be used for qualified dental and vision expenses incurred during 2025.

**67Q: What changes are being made to the employer contributions to the HSA?**

67A: The employer HSA contribution amounts are NOT changing (up to \$250 for single and \$500 for single plus coverage). Nemours' contributions are pro-rated and deposited twice monthly instead of as a lump sum.

**68Q: Will my personal HSA contributions roll over to 2025?**

68A: No; if you want to make an HSA contribution during 2025 then you must elect a new contribution amount during the enrollment process. Unlike the FSA, you can make changes to the HSA throughout the year. Please note that your HSA funds will roll over year to year.

**69Q: What is a health reimbursement arrangement (HRA)?**

69A: An HRA is a benefit account owned and funded by Nemours. The funds are used by eligible associates and their dependents to pay for eligible medical expenses.

**70Q: Who contributes to an HRA?**


70A: It is funded by Nemours. HRAs do not allow associate contributions.

**71Q: What are the HRA annual contribution limits?**

71A: \$1,000 for associates enrolled in single coverage and \$2,000 for associates enrolled in family coverage. Family coverage includes any combination of spouse and/or children.



**72Q: When is my HRA funded?**

72A: Once your application has been approved, you will receive an update in your MyTech ticket. The Benefits team will then work with Empyrean to update your eligibility. Once updated, the information will flow over to Meritain and Quantum Health. You will receive a Quantum Health ID card with "HRA Medical Plan" in the top right-hand section. Below is a sample of an HRA ID card.



benefits4nemours.com  
844.460.2817  
Care Coordinators by Quantum Health

NEMOURS CHILDREN'S HEALTH | Quantum HEALTH | Meritain Health<sup>®</sup>  
an aetna company

Member	HRA Medical Plan
<p><b>Nemours Children's Health</b></p> <p>Group #: 20356 Member: <b>FIRST NAME LAST NAME</b> Member ID: 123456789123</p> <p>Dependent(s): First Name Last Name First Name Last Name</p>	<p>Coverage: Aetna Network </p> <p>Plan: Aetna Select Open Access Administered By Meritain Submit Claims to Meritain Health</p> <p>Deductible and OOP Amounts (Single/Family): INN Ded \$600/ \$1,200 OOP \$4,000/ \$8,000 Office Visit \$40 Spec \$50 Urgent Care \$50 Emergency Room \$250 Hospital 20%</p>
	<p><b>Pharmacy Plan</b></p> <p>RXBIN: 003858 RXPCN: A4 RXGRP: NEMOURS</p> <p> EXPRESS SCRIPTS<sup>®</sup> Pharmacists Only: 800.922.1557</p> <p>Pharmacy ID:</p> <p>Copay/ Coins (\$Min/ \$Max): Generic \$10 Pref 20% (\$30/ \$60) Non-Pref 40% (\$60/ \$120) Specialty all tiers 20% (\$100/ \$200)</p>

**73Q: What is an HRA-eligible expense?**

73A: HRA-eligible expenses include copays, coinsurance, deductibles and prescriptions. To get the best use of these funds, we suggest trying to stay in the network as out-of-network services have separate deductibles and coinsurance.

**74Q: Can I get reimbursed from both my HRA and FSA?**

74A: You cannot claim the same expense twice in order to get reimbursed from multiple accounts. In other words, you cannot get reimbursed by your HRA and the FSA for the same expense. There is no "double dipping."

If you have an HRA and FSA, there are some situations that may allow reimbursement from multiple accounts, though not for the same total expense. For example, say you have an HRA and FSA, and you incur a \$500 bill. In your HRA, you have \$200 available to spend, so you receive reimbursement for that \$200. The remaining \$300 may be covered by the FSA since that amount had yet to be reimbursed.

**75Q: How do I use the HRA?**

75A: You will need to present your Quantum Health ID card to your provider or pharmacy. When the claims are submitted, the funds will be deducted from the HRA account. Any charges outside of the annual contributions will be your responsibility to pay.

**76Q: If I leave Nemours, can I keep the funds in the HRA?**

76A: Associates cannot keep any remaining HRA funds when they leave their employment, whether termination is voluntary or involuntary. However, you can access those funds if you enroll in COBRA and continue your coverage.

**77Q: Do HRA funds roll over from year to year?**

77A: No.

**78Q: How do I apply for this benefit?**

78A: You will need to complete the 2025 income-based HRA form and submit your 2023 federal income tax return (Form 1040). If you are married and file separate returns, please include both your and your spouse's 2023 federal income tax return with this application. Redact or black out any Social Security numbers on your form prior to sending.

Applications for 2025 will need to be submitted by Nov. 15, 2024. Any missing documentation may delay the process.

**79Q: I had the HRA in 2024. Do I need to do anything to have it in 2025?**

79A: Yes. You will need to submit a new HRA application and your 2023 tax return(s) to determine your continued eligibility.

## Wellness

**80Q: Am I required to participate in my company's Wellness Program?**

80A: No. While we hope you participate for the benefit of your own health and wellness, there is absolutely no requirement that you participate. The Wellness Program is completely voluntary.

**81Q: What must I do to participate in the Wellness Program?**

81A: You are asked to complete a health assessment, biometric screening and Well-Being Index, which are all voluntary. However, only associates who complete these items may earn certain incentives or prizes. Additional incentives, prizes, or health premium discounts may be available for participating in other health-related activities. Please see your program's specific information as provided by the Associate Wellness Program.

**82Q: Can I do just part of the wellness activities, or do I have to do all three?**

82A: Please see your program's specific information as provided by the Associate Wellness Program.

**83Q: I don't want Nemours or Allura Health to have my private medical information. Is there another way to participate in the program?**

83A: If you decline to complete the health assessment and/or biometric screening, there are many ways to participate and earn incentives in your wellness program. You may request a



reasonable accommodation or an alternative standard by contacting [support@wellness-connect.net](mailto:support@wellness-connect.net) or [associatewellness@nemours.org](mailto:associatewellness@nemours.org).

**84Q: I'm already very healthy and live a healthy lifestyle, so why do I need to participate in the program?**

84A: Congratulations on your healthy path! While no associate is ever required or compelled to participate in our Wellness Program, the program is designed to benefit all levels of health and wellness and has many resources to help you maintain those healthy habits.

**85Q: My doctor has told me not to do certain activities, but I want to earn a prize or incentive too. Can you make an exception for me?**

85A: Your Wellness Program is required by law to provide reasonable alternatives for its program offerings. If you are unable to participate in any specific program offering, you are advised to find out more about your alternative standard by contacting [support@wellnessconnect.net](mailto:support@wellnessconnect.net) or [associatewellness@nemours.org](mailto:associatewellness@nemours.org) to have your request reviewed.

**86Q: Can Nemours use my medical information as a reason not to promote me or even fire me? Can they decide not to promote me or fire me if I decide not to be part of the program?**

86A: Federal laws strictly prohibit using medical information you provide as part of participating in the Wellness Program to discriminate or retaliate against you in relation to your employment in any way. These laws also ensure that you are not subject to any retaliation for choosing not to participate in a wellness program.

**87Q: I'm giving a lot of information by participating in this program. What happens in the event of a data breach?**

87A: While every appropriate precaution is taken to avoid a data breach, should one occur involving information you provided in conjunction with the Wellness Program, you will be notified immediately and appropriate measures will be taken to secure your information.

**88Q: What if I have additional questions about Wellness-Connect and its offerings?**

88A: For questions regarding your program offerings, incentives and alternatives, please contact the Associate Wellness Team at [associatewellness@nemours.org](mailto:associatewellness@nemours.org). For questions regarding Wellness-Connect, please contact Wellness-Connect Support at [support@wellness-connect.net](mailto:support@wellness-connect.net) or 877.931.8005.

## Public Service Loan Forgiveness

**89Q: What is the Public Service Loan Forgiveness (PSLF) program?**

89A: PSLF is a federal program offered by the U.S. Department of Education that forgives remaining balances on direct loans if specific eligibility requirements are met, including remittance of 120 qualifying monthly payments under specific repayment plans while working

full-time for a qualifying employer. You may also visit <https://Nemours.tuition.io/register> and request an invitation to participate by entering your work email address.

## Enrollment Process

### **90Q: How do I enroll?**

**90A: Using single sign-on:** If you are signed on to the Nemours network, you can access [www.NCHBenefits.org](http://www.NCHBenefits.org) without entering a username or password. From Nemours Net, click on Harmony, scroll the options until you see “Nemours Applications,” then select “Health and Insurance Benefits.”

### **Outside the Nemours Network**

Use these instructions if you are not using single sign-on. Most of you will be new users. If you have never accessed the [www.NCHBenefits.org](http://www.NCHBenefits.org) portal, you must register to create your user ID and password to log into the system.

### **Returning Users:**

1. Go to [www.NCHBenefits.org](http://www.NCHBenefits.org).
2. Enter your User ID and Password. Note: your User ID and Password is the one you previously established when originally registering.
3. Click on the “LOG IN” button.
4. If you have forgotten your User ID or Password, click on the “Did you forget your user ID?” or “Did you forget your password?” link and follow the instructions on the screen. If you experience any difficulties, call at 888.624.2387 for assistance.

### **New Users:**

1. Go to [www.NCHBenefits.org](http://www.NCHBenefits.org).
2. Create your User ID and Password by selecting “REGISTER.” You will be prompted to enter your first name, last name, date of birth and Social Security number. Click “NEXT.”
3. Create your password, choose your security question and answer. Click “NEXT.”
4. Review the Terms of Use; if you accept, click on “I AGREE.”
5. Click on the “Login” button.

Please direct questions to our Nemours Children’s Health Benefits Center at 888.624.2387 from 8 a.m. to 8 p.m., Monday through Friday.

### **91Q: If I'd like all my benefits to remain the same, is there anything I need to do?**

**91A:** If you don't go through the enrollment process, your 2024 elections will carry over into 2025. However, if you participate in any of these benefits, you will need to re-elect:

- SAVI (requires you to re-attest your eligibility to continue this benefit.)
- Flexible spending accounts (health care, limited purpose, dependent, mass transit and parking)
- Health savings account

- If you are enrolled in the HRA, you will need to verify your continued eligibility by Nov. 15, 2024.

**92Q: Will I receive a benefits summary after I enroll? What if there's an error or I need to make a correction?**

92A: Upon completion of your online enrollment, a confirmation statement will be provided for you to save, email or print. In addition, you will receive an email following the end of the enrollment window with instructions on how to access your confirmation statement. Please check your confirmation statement carefully. If you need to make any changes, there will be a correction period (Nov. 18- Nov. 25, 2024) for you to make any final changes to your benefits for 2025.

**93Q: When do the new benefits go into effect?**

93A: Benefits selected during annual enrollment will be effective Jan. 1, 2025 (except those requiring insurance company approval).

**94Q: Will the PTO buyback be available during the correction period?**

94A: No. The PTO buyback is only available during the regular annual enrollment period which closes on Oct. 31.

**95Q: What if I have a status change in late 2024?**

95A: If you have a status change or qualified life event (QLE) in the last quarter of 2024 (during or after annual enrollment), you will need to make benefits elections for both 2024 and 2025 for your benefits changes to carry over for 2025. You may make both elections either through the enrollment portal or by contacting the Nemours Children's Health Benefits Center (888.624.2387) for assistance.

**96Q: Can I waive coverage for my spouse and cover just my kids?**

96A: Yes, you can choose which dependents to cover, as long as you also have coverage under the plans. If you are adding a spouse and/or children for the first time, you will have to submit documentation to verify their eligibility.

**97Q: How do I find out if my provider is in the Aetna network for our medical plans?**

97A: You can look for providers on Quantum Health's site or app or you can call Quantum Health and they can assist you in finding a provider.

**98Q: Do I need to re-enroll in the 403(b) and 457(b) plans for 2025?**

98A: No. You do not need to re-enroll in the 403(b) and 457(b) plans.