



HEALTH BENEFITS



Nicklaus Children's
Health System

Who We Cover

Employees:

Employees who regularly work at least 20 hours per week are eligible for coverage under the Nicklaus Children's Health System's group benefits plan. Coverage for certain benefits may depend on the rules of the individual plans. See the Summary Plan Description (SPD) for more details on eligibility and enrollment.

Dependents:

Under the NCHS plans that offer dependent coverage, including our Medical, Dental and Vision plans, you may cover the following eligible dependents:

- Your legal spouse
- Your unmarried or married* dependent children up to age 26.**
Dependent children may include biological children, children you have legally adopted, children placed with you for adoption or foster care, children for whom you have a legal guardianship, step-children, or children covered by a qualified medical child support order (QMCSO).

**The spouse of your dependent child is not eligible for coverage under the NCHS group benefit plan.*

***Dependents in this case would be eligible for coverage until their 26th birthday. Coverage remains in effect until the end of the month in which the dependent's 26th birthday falls.*

Required Proof of Eligibility

All employees who enroll a new dependent must provide proof of their dependent's eligibility. This proof may include a marriage license, birth certificate, or your most recent income tax return. For details, please contact TM&E Benefits at **786-624-2461** (option 9).

Spousal Surcharge

NCHS understands how important benefits are to our employees, so we strive to maintain a competitive program while still keeping up with the rising costs of health care. If your spouse has access to medical coverage through their own employer and you choose to cover him/her in the NCHS medical plan, you will be charged an additional **\$50.00 per pay period**. If you are electing medical coverage for your spouse, you must certify during the enrollment process whether or not they have access to other group coverage.

When You and Your Spouse are Employed at NCHS

If you and your spouse are both employees of NCHS, only one of you can enroll eligible dependents in NCHS benefit plans. If you are covered under your spouse's NCHS medical plan, you are NOT eligible for the Cash Back Option provided to employees who waive benefits. See page 4 for more details on the Cash Back Option.



Plan Highlights

CHOICE HRA PLAN	CHOICE HMO PLAN	CHOICE POS PLAN
<ul style="list-style-type: none">• UHC national In-network coverage only• Lowest premium• NCHS funds an HRA account to help offset out-of pocket medical expenses excluding RX <p>The Choice HRA Plan provides an employer-funded account to help offset medical expenses throughout the year.(contribution amount is based on Personify Health Wellness participation)</p> <p>The HRA funds are accessed via a UHC debit card. You do not need to select a PCP and can see any provider within the UHC national network. You must stay in the specified network of doctors, hospitals, and laboratories in order to receive coverage.</p>	<ul style="list-style-type: none">• UHC national In-network coverage only• Lower premium than the POS Plan and higher premium than the HRA Plan <p>Typically, with an HMO, you choose a Primary Care Physician (PCP) who coordinates all your medical care. With the Choice HMO Plan, you do not need to select a PCP and can see any provider within the UHC national network. However, you must stay in the specified network of doctors, hospitals and laboratories in order to receive coverage.</p>	<ul style="list-style-type: none">• In- and out-of-network coverage• Highest premiums, and highest out-of-pocket maximum to accommodate network flexibility• Plan with the lowest participants <p>The POS Plan allows you the flexibility to choose a provider who either does or does not participate in the UHC national network. Benefit levels are higher and out- of-pocket costs are lower when you stay within the UHC Choice Plus network.</p> <p>Out-of-network providers may bill you for amounts exceeding the plan's payment schedule. You may also have to file a claim form for out-of-network care.</p>

Health Plan Options

*Here is a quick side-by-side comparison of your medical plan options. Note: HRA deductible funding credit is only for the 2026 calendar year. You will need to earn the 2027 HRA credit (currently up to \$1k EE/\$2k family) by participating in the Wellness Program in 2026 and every year thereafter

	Choice HRA In-network	Choice HMO In-network	Choice Plus POS	
			In-network	Out-of-network
Calendar Year Deductible (CYD)				
Individual / Family	\$1,000 / \$2,000	\$1,000 / \$2,000	\$300 / \$600	\$600 / \$1,200
Out-of-Pocket Maximum				
Individual / Family	\$3,500 / \$7,000	\$3,500 / \$7,000	\$3,500 / \$7,000	\$7,000 / \$14,000
Employer Funded – HRA*				
Individual / Family	\$500 / \$1,000	N/A	N/A	
Preventive Care				
Preventive Care	\$0 copay	\$0 copay	\$0 copay	Not covered
Physician Expenses				
Primary Care Physician	\$25 copay	\$30 copay	\$20 copay	40% coinsurance
Specialist	\$40 copay	\$50 copay	\$35 copay	40% coinsurance
NCHS Pediatric Care Center	\$5 copay	\$5 copay	\$5 copay	N/A
UHC Virtual Visit (no deductible applies)	\$10 copay	\$10 copay	\$10 copay	N/A
Hospital Inpatient				
Nicklaus Children's Hospital	\$0 copay	\$0 copay	\$0 copay	N/A
All other facilities	\$150 per day x 5 days (maximum of \$750 per admission)	\$150 per day x 5 days (maximum of \$750 per admission)	20% coinsurance	40% coinsurance
Emergency Room				
Nicklaus Children's Hospital	\$100 copay	\$100 copay	\$100 copay	N/A
All other facilities	\$200 copay	\$200 copay	\$200 copay	\$200 copay
Urgent Care				
Nicklaus Children's Hospital, Broward Health and MDNow	\$35 copay	\$35 copay	\$35 copay	N/A
All other facilities	\$100 copay	\$100 copay	\$100 copay	40% coinsurance
Diagnostic, Lab & X-ray				
High End Diagnostics	\$100 copay	\$100 copay	20% coinsurance	40% coinsurance
Low End Diagnostics	\$25 copay	\$25 copay	20% coinsurance	40% coinsurance
Other				
Rehabilitation Services Visit (PT, OT, Speech, etc. Max of 60 visits combined per calendar year	\$25 copay	\$30 copay	20% coinsurance	40% coinsurance
Applied Behavior Analysis	\$25 copay	\$25 copay	20% coinsurance	Not covered
Durable Medical Equipment	\$35 copay	\$35 copay	20% coinsurance	40% coinsurance

Health Plan Premiums 2026

2026 Paycheck Contributions - HRA Medical - UHC					
	< \$40,000	\$40,000 - \$59,999	\$60,000 - \$99,999	\$100,000 - \$149,999	>\$150,000
Employee only	\$48.00	\$64.61	\$69.98	\$73.47	\$76.70
Employee + child/ren	\$98.39	\$132.18	\$143.06	\$150.11	\$156.64
Employee + spouse	\$114.52	\$153.81	\$166.45	\$174.65	\$182.21
Family	\$175.07	\$235.01	\$254.27	\$266.75	\$278.29
2026 Paycheck Contributions - HMO Medical - UHC					
	< \$40,000	\$40,000 - \$59,999	\$60,000 - \$99,999	\$100,000 - \$149,999	>\$150,000
Employee only	\$53.34	\$87.00	\$94.24	\$98.93	\$103.27
Employee + child/ren	\$109.32	\$177.98	\$192.63	\$202.12	\$210.92
Employee + spouse	\$127.24	\$207.10	\$224.13	\$235.16	\$245.36
Family	\$194.53	\$316.44	\$342.38	\$359.19	\$374.72
2026 Paycheck Contributions - POS Medical - UHC					
	< \$40,000	\$40,000 - \$59,999	\$60,000 - \$99,999	\$100,000 - \$149,999	>\$150,000
Employee only	\$130.89	\$213.03	\$230.54	\$236.07	\$247.56
Employee + child/ren	\$268.93	\$437.36	\$473.14	\$484.44	\$507.92
Employee + spouse	\$295.80	\$481.03	\$520.37	\$532.80	\$558.61
Family	\$454.13	\$738.34	\$798.62	\$817.69	\$857.24

Declining Medical Coverage

- If you choose to decline Medical Plan coverage, you will receive \$30 cash back per pay period.
- If you and your spouse work for NCHS, only one spouse qualifies for the cash back option & only one spouse can enroll eligible dependents in NCHS benefits plan. Also, if you are covered under your parent's NCHS Medical plan, you will not be eligible to receive cash back.
- Spousal Surcharge – an additional \$50 per pay period if you elect medical coverage for your spouse and he/she has access to other group coverage.

*All medical premiums are pre-tax

Prescription Benefits

Prescription coverage is included in your UnitedHealthcare (UHC) medical plan. You have the option to pay for your medications through retail or mail order programs. The retail program allows you to purchase up to a 30-day supply at participating pharmacies. If you or a covered dependent take maintenance drugs (ex. blood pressure medication), you can save money by ordering a 3-month supply through the mail order program.

Important notes: If you choose a brand name medication when a generic version is available, you must pay the brand copay *plus* the difference in cost between the generic and brand name.

Your medical plan deductible does not apply to the prescription drug benefit.

Your prescription plan details are as follows:

	RETAIL	MAIL ORDER	SPECIALTY DRUG
	1-month supply of prescription	3-month supply of prescription	1-month supply of prescription
Tier 1	\$10	\$25	\$10
Tier 2	\$30	\$75	\$30
Tier 3	\$50	\$125	\$50

Specialty Prescription Drug Program

For those living with a rare or complex condition, UHC's Specialty Pharmacy Program provides the resources and personalized condition-specific support you need to help you better manage your condition. After receiving a prescription for a specialty medication, or to transfer your medications from a retail pharmacy, call Prescription Solutions by Optum/BrioRx Specialty Pharmacy at **888-739-5820**. If you are not sure if your medication qualifies as a specialty drug, please contact Optum/BrioRx.

Carrum Health Surgery Benefit

With prices soaring on everything from gas to groceries, you have enough to worry about these days. The good news is, paying for surgery doesn't have to be one of those worries.

Carrum Health is a unique benefit that provides access to some of the country's top surgeons and covers most, if not all, surgery costs. This means you can rest easy knowing you'll receive exceptional surgical care without large out-of-pocket expenses.

Carrum covers over 100 procedures including hip, knee, shoulder, spine surgery/surgeries, and many more.

To be eligible for Carrum Health, you'll need to be enrolled in one of the UHC medical plans. Register for Carrum to message a care specialist anytime, or call **888-855-7806**, Mon. - Fri., 9 a.m. - 8 p.m. (ET). Visit www.carrum.me/Nicklaus.



Delta Dental: DHMO Plan

- Select dentist or have it assigned by Delta Dental
- Enrollees can only see an In-Network Provider
- No claim forms to complete
- No annual or lifetime maximums
- No deductibles
- Limited Orthodontics covered for adults and children
- Specialty care available with easy referral (except orthodontics)
- General dentist provides referral to DeltaCare[®] USA specialist
- Specialty care must be authorized, and done by a Delta Dental - approved specialist



Delta Dental: PPO/Enhanced Plan



- Free to visit any licensed dentist nationwide
- Lower out-of-pocket costs when visiting an in-network PPO dentist
- Covered services paid at applicable percentage
- Guaranteed coinsurance amounts and no balance billing from Delta Dental PPO dentists
- Visiting a non-network dentist, especially a non-Delta Dental dentist, will increase member costs



Dental Benefits

Your dental health is an important part of your overall wellness. The following dental insurance options are offered through Delta Dental. To find a dentist in the Delta Dental network, visit www.deltadentalins.com or call **800-422-4234**.

The DHMO Plan requires you to select a primary dentist within Delta Dental's specified provider network. Your primary dentist will coordinate all your treatment needs. You must stay within the specified network to receive coverage. For each visit to the dentist, you will be charged a flat copay for covered services. Examples are listed below. A full list of services can be found in the summary plan document.

The PPO Plans allow you to use an in-network or out-of-network provider when you need care. You do not have to select a primary dentist, nor do you need referrals to see specialists. However, when you visit a dentist who participates in the Delta Dental PPO network, you can lower your out-of-pocket expenses. When you use an out-of-network provider, you may have to pay the difference between what the plan pays and what the dentist actually charges.

	DELTA DENTAL DHMO	DELTA DENTAL PPO		DELTA DENTAL ENHANCED PPO	
	In-Network Copay Examples	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum	N/A	\$2,000	\$1,500	\$3,000	\$1,500
Calendar Year Deductible (Individual/Family)	N/A	\$50*/\$150*		\$50/\$150	
Preventive & Diagnostic Services Exams, Cleanings, X-rays, Dental Sealants	Exams, cleanings, X-rays: \$0 Office visit: \$5	\$0 (0% of PPO fee schedule)	10% of PPO fee schedule	\$0 (0% of PPO fee schedule)	10% of PPO fee schedule
Basic Services Fillings, Simple Extractions, Simple Restorations, Repairs, Endodontics, Periodontics	Extraction: \$5 Periodontal scaling & root planning (per quadrant): \$55	10% of PPO fee schedule	30% of PPO fee schedule	10% of PPO fee schedule	30% of PPO fee schedule
Major Restorative Services Crowns, Prosthodontic Services	Porcelain crown fused to high noble metal: \$380 Complete upper or lower denture: \$335	40% of PPO fee schedule	60% of PPO fee schedule	40% of PPO fee schedule	60% of PPO fee schedule
Child & Adult Orthodontia	Evaluation: \$25 Comprehensive child treatment: \$1,900 Comprehensive adult treatment: \$2,100	50% of PPO fee schedule \$1,500 lifetime maximum		50% of PPO fee schedule \$2,000 lifetime maximum	

Dental Plan Options

2026 Paycheck Contributions			
	DHMO	PPO	PPO Enhanced
Employee only	\$5.14	\$16.84	\$17.89
Employee + child/ren	\$9.54	\$34.23	\$37.33
Employee + spouse	\$9.98	\$30.31	\$32.23
Family	\$11.80	\$51.02	\$55.36

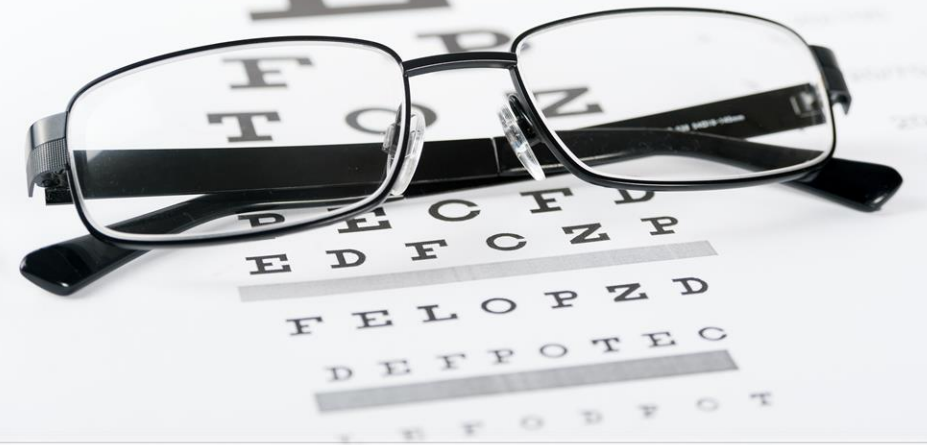
**All dental premiums are pre-tax*



Nicklaus Children's
Health System

Vision Plans

- Protecting your eyesight is very important.
- Routine eye exams are essential in order to detect any problems with your vision and to screen for serious health conditions such as glaucoma, cataracts, diabetes, etc.
- Two plan designs available to maximize household's benefit dollar.
 - Essential Plan
 - Enhanced Plan



Nicklaus Children's
Health System

Vision Benefits

NCHS offers vision coverage through EyeMed. Benefits include eye exams, affordable options for prescription glasses or contacts, and discounts for laser vision correction. You'll save the most money if you pick an eye doctor from EyeMed's large network. If you visit a PLUS Provider, you can save even more. To find an in-network provider, go to www.eyemed.com or call **866-939-3633**.

	ESSENTIAL PLAN		ENHANCED PLAN	
	In-Network Member Cost	Out-of-Network Member Reimbursement	In-Network Member Cost	Out-of-Network Member Reimbursement
Eye Examination Copay (every 12 months)	\$0 copay	Up to \$35	\$0 copay	Up to \$35
Lenses (every 12 months)				
Single Vision	\$10 copay	Up to \$25	\$10 copay	Up to \$25
Bifocal	\$10 copay	Up to \$40	\$10 copay	Up to \$40
Trifocal	\$10 copay	Up to \$55	\$10 copay	Up to \$55
Standard Progressive	\$75 copay	Up to \$40	\$10 copay	Up to \$55
Frames (every 24 months for Essential, every 12 months for Enhanced)	\$0 copay; \$100 allowance 20% off balance \$150 allowance for PLUS Providers	Up to \$50	\$0 copay; \$160 allowance 20% off balance \$210 allowance for PLUS Providers	Up to \$80
Contact Lenses (every 12 months)				
Conventional	\$0 copay; \$120 allowance 15% off balance	Up to \$96	\$0 copay; \$160 allowance 15% off balance	Up to \$128
Disposable	\$0 copay; \$120 allowance	Up to \$96	\$0 copay; \$160 allowance	Up to \$128
Medically Necessary	\$0 copay	Up to \$200	\$0 copay	Up to \$210
Laser Vision Correction (Lasik or PRK)	Under either plan, in-network: 15% off retail or 5% off promo price; call 1-877-552-7376. No out-of-network coverage.			

Note: contact lenses are covered once every 12 months in lieu of lenses.



**Nicklaus Children's
Health System**

Vision Plan Options

Coverage Type	Eye Med Essential Bi-weekly Premium†	EyeMed Enhanced Bi-weekly Premium†
Employee Only	<input type="checkbox"/> \$2.65	<input type="checkbox"/> \$7.02
Employee + Family	<input type="checkbox"/> \$7.43	<input type="checkbox"/> \$19.71

**All vision premiums are pre-tax*