



Physicians Network Medical Group, Inc.



2023 BENEFITS GUIDE

Medical Insurance • Dental And Vision • Disability Insurance •
Life Insurance • Retirement Plan • Well-Being Programs





2023 BENEFITS

January 1, 2023 through December 31, 2023



Physicians Network Medical Group, Inc.

Physicians Network Medical Group strives to be the employer of choice for California providers and to that end, has put together a thoughtful total rewards package. Part of this package includes a strong portfolio of healthcare options to meet the needs of you and your family. One way we distinguish ourselves is by offering free medical insurance to our benefit eligible providers and their children. We also cover the costs of Dental, Vision, Short Term and Long Term Disability and Life benefits. Additionally, we offer other programs with resources to help you through personal matters and promote wellness in your life. On an annual basis we review our benefits to enhance the current package and add new options based on your feedback. We invite you to review this brochure and speak to our Human Resources professionals with any questions you have. Thank you for being a valuable member of our team.

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, Physicians Network Medical Group, Inc. supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

Legal Disclaimer: This guide is designed to provide an overview of PNMG's benefits. In all cases only the official plan documents control the administration and operation of the plans. This guide does not constitute a contract of employment. PNMG reserves the right to modify or eliminate these or any other benefits at any time and for any reason. Medicare Part D Notice is located in the Important Plan Notices and Documents. The benefits in this guide are effective January 1, 2023 through December 31, 2023.

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ELIGIBILITY

Who is Eligible?

All regular full-time and part-time professionals (working a minimum of 30 hours/week) and their dependents, including their spouse/domestic partner and children, are eligible to participate in PNMG's health benefit plans. An eligible dependent child must be under 26 years of age or permanently disabled.

When Does Coverage Become Effective?

The effective date of coverage for PNMG's health benefit plan is the first of the month following the professional's hire date (or if hired on the 1st, effective immediately).

Life Event Changes

Professionals may not change benefit elections during the Plan Year (January 1, 2023 through December 31, 2023) unless there is a qualifying status event. The occurrences below are considered qualifying status events:

- Marriage, divorce, legal separation
- Birth, adoption, placement of a child for adoption or change in custody of a child
- Death of a dependent
- Change in your or your spouse/domestic partner's employment status that affects your benefit eligibility
- A dependent satisfies or ceases to satisfy the eligibility requirements
- Change in spouse/domestic partner's coverage during other employer's open enrollment period or increase or decrease in other employer's plan coverage
- Medicare eligible person who enrolls in Medicare
- Medicare is handled by the Centers for Medicare and Medicaid Services (CMS). Please contact your local social security office to determine your Medicare eligibility.

Qualifying status event changes must be made within 60 days of the occurrence by completing the appropriate paperwork – please contact Human Resources for the paperwork and/or additional information (see back cover for Contact Information).

Benefit changes as a result of a qualifying status event are effective the first of the month following the change (except for changes due to birth or adoption, which become effective as of the date of event). Absent a qualifying status event benefits can only be changed/adjusted/added during PNMG's open enrollment.

When Does Coverage End?

Coverage continues through the end of the month following separation of employment, status change (e.g. employment status drops below 30 hours per week), non-payment of premiums. Life and disability insurance coverage ends on the day employment ends or eligibility changes.

Opt Out Credit

If you have benefits coverage from another source (spouse, domestic partner, etc.), you can opt out of PNMG's benefits coverage and receive a \$250 credit per month on your paycheck. Proof of other coverage is required (copy of card, confirmation letter, etc.) and must be sent to the HP contacts on the back of this brochure. Please note, the opt out credit applies to medical coverage only. Professionals are still eligible for all other benefits.

Please note: Opt out credit will not apply for individual or market exchange policies.

Online Enrollment

PNMG offers simple electronic enrollment available through HRIS system, please contact PNMG's Contact Center. 844-383-5688.

- Annual enrollments must be complete by November 9, 2022
- New Hire enrollments must be completed within 30 days from hire date.



MEDICAL BENEFITS Administered by Benefits Administration (Adventist Health)

PNMG offers you a choice between two PNMG Provider Health Plans:

- A High Deductible Health Plan (HDHP) with a Health Savings Account (HSA)
- A Traditional PPO Plan

When the HDHP medical plan is elected, PNMG will fund a companion HSA up to \$1,750 for an individual or \$3,500 for family coverage. If hired after January 1, PNMG’s contribution to the HSA account will be prorated accordingly. See page 9 for additional details around the HSA account that accompanies the High Deductible Plan.

PNMG PROVIDER HEALTH PLAN			
High Deductible Health Plan (HDHP) w/ HSA			
	TIER 1	TIER 2	TIER 3
Calendar Year Deductible	Individual: \$2,250 Family: \$2,800 per individual / \$4,500 Family maximum		
PNMG HSA Contribution <small>(Prorated each month for new hires hired after January 1. Contribution is one time lump sum and is subject to CA state tax.)</small>	\$1,750 Individual / \$3,500 Family 2023 IRS Max: \$3,850 Individual / \$7,750 Family		
Annual Out-of-Pocket Limit – Calendar Year <small>(includes deductible)</small>	\$3,500 per individual \$7,000 family limit		\$6,000 per individual \$12,000 family limit
Deductible applies to all services EXCEPT Preventive Care			
Physician Office Visit	\$20 copay	\$30 copay	\$30 copay
Specialist Office Visit	\$20 copay	\$30 copay	\$30 copay
Preventive <small>(deductible waived)</small>	No Charge	No Charge	0% Provider, 20% Hospital
Lab and X-ray & Complex Imaging <small>(MRI, CT, PET)</small>			
Facility Charges	No Charge	20%	20%
Professional Charges	10%	20%	20%
Urgent Care Services	\$20 copay	\$30 copay	\$30 copay
Emergency Room <small>(Not admitted to Hospital)</small>	\$100 copay	\$100 copay	\$100 copay
Hospitalization (Inpatient/Outpatient)			
Facility Charges	No Charge	20%	20%
Professional Charges	10%	20%	20%
Telehealth	\$5 copay Adventist Health On-Demand	\$30 copay	\$30 copay
Prescription Drug Coverage (after Calendar Year medical Deductible is Met*)			
<small>*Deductible waived for all IRS Approved Preventive Care Medications.</small>			
	Generic Drugs	Brand Name Drugs	Non-formulary Brand Name Drugs
Retail <small>(up to 30 day-supply)</small>	\$10 per prescription	\$25 per prescription	\$40 per prescription
OptumRx® Home Delivery <small>(up to 90-day supply)</small>	\$20 per prescription	\$50 per prescription	\$80 per prescription
Specialty Drugs <small>(up to 30 supply)</small>	30% up to \$250 copay maximum per prescription		
Tier	High Deductible Per Pay Period Premium		
Employee Only	No Cost		
Employee + Spouse	\$180.00		
Employee + Child(ren)	No Cost		
Employee + Family	\$180.00		

PNMG PROVIDER HEALTH PLAN

PPO Plan

	TIER 1	TIER 2	TIER 3
Calendar Year Deductible	\$0	\$500 per individual / No family max	
Annual Out-of-Pocket Limit – Calendar Year <small>(includes deductible)</small>	\$1,700 Medical + \$3,700 Rx = \$5,400 Individual \$5,100 Medical + \$4,500 Rx = \$9,600 Family		
Physician Office Visit Specialist Office Visit	\$20 copay \$20 copay	\$30 copay \$30 copay	\$30 copay \$30 copay
Preventive Care <small>(deductible waived)</small>	No Charge	No Charge	0% Provider, 20% Hospital
Lab and X-ray & Complex Imaging <small>(MRI, CT, PET)</small> Facility Charges Professional Charges	No Charge 10%	20% 20%	20% 20%
Urgent Care Services	\$20 copay	\$30 copay	\$30 copay
Emergency Room <small>(Not admitted to Hospital)</small>	\$100 copay	\$100 copay after deductible	\$100 copay after deductible
Hospitalization (Inpatient/Outpatient) Facility Charges Professional Charges	No Charge 10%	20% after deductible 20% deductible may apply	20% after deductible 20% deductible may apply
Telehealth	\$5 copay Adventist Health On-Demand	\$30 copay	\$30 copay

Prescription Drug Coverage

	Generic Drugs	Brand Name Drugs	Non-Formulary Brand Name Drugs
Retail <small>(up to 30 day-supply)</small>	\$10 per prescription	\$30 per prescription	\$50 per prescription
OptumRx® Home Delivery <small>(up to 90-day supply)</small>	\$20 per prescription	\$60 per prescription	\$100 per prescription
Zero Dollar Copay Program <small>(available only through OptumRx® Home Delivery)</small>	\$0 copay for generic maintenance medications used to treat asthma, depression, diabetes, heart disease/high blood pressure, and cholesterol. Tier 2 (preferred brand) vial insulins and blood glucose testing supplies are also included.		
Specialty <small>Drugs (up to 30-day supply)</small>	30% up to \$250 copay maximum per prescription		

Tier	PPO Per Pay Period Premium
Employee Only	No Cost
Employee + Spouse	\$470.00
Employee + Child(ren)	No Cost
Employee + Family	\$470.00

WHO TO CONTACT

Health Plan Customer Service

800-441-2524

RSVLCustomerService@ah.org

www.adventisthealth.org/ProviderHealthPlan

- Claims
- Deductible / Out of Pocket Inquires
- Network and coverage questions
- Prior Authorizations

WHAT TIER IS MY MEDICATION?

When you create a member account at OptumRx.com or on the OptumRx app, you can search the formulary status of your medications.

HDHP Plan	Retail	Home Delivery
Tier 1	\$10 after ded.	\$20 after ded.
Tier 2	\$25 after ded.	\$50 after ded.
Tier 3	\$40 after ded.	\$80 after ded.

PPO Plan	Retail	Home Delivery
Tier 1	\$10	\$20
Tier 2	\$30	\$60
Tier 3	\$50	\$100

HIGH DEDUCTIBLE (HSA) PLAN PARTICIPANTS

As a reminder, your prescription drugs are also subject to your medical deductible which resets on January 1st. You may check the status of your deductible on your OptumRx member portal at OptumRx.com.

Calendar Year Deductible	
Individual	\$2,250
Family	\$2,800 per individual \$4,500 family maximum

TRADITIONAL PPO PLAN PARTICIPANTS

Zero Dollar Copay Program – Plan members pay \$0 copay for generic maintenance medications used to treat the asthma, depression, diabetes, heart disease/high blood pressure and high cholesterol. The \$0 copay program is only available through home delivery.

HELPFUL RESOURCES

To learn more about the resources available through OptumRx click here: [Member Educational Materials](#)

PRIOR AUTHORIZATIONS

The PNMG Provider Health Plans use the OptumRx Premium Select Standard Formulary certain medications are subject to prior authorization requirements. Prior to filling your prescription, we recommend reviewing the formulary to determine if your medication will require prior authorization.



Your OptumRx member portal at OptumRx.com contains a drug search feature which will indicate if your medication is subject to any prior authorizations.



You may view the full formulary list under Member Resources on the [PNMG Provider Health Plan member portal](#).

If you don't see the drug listed, contact the OptumRx Customer Care team at 866-868-1707 for additional assistance.

Note: If your provider utilizes PreCheck MyScript through OptumRx they can electronically verify if a medication will require prior authorization. Your provider may initiate the prior authorization process via Covermymeds, OptumRx.com or by calling 844-368-8731.




SPECIALTY MEDICATIONS

Your provider must prescribe specialty medications through the Optum Specialty Pharmacy. Once the prescription is received OptumRx will contact you to finalize the order and coordinate a delivery date that will best suit your needs. To learn more about Optum Specialty Pharmacy, call 855-427-4682.


OptumRx Member Portal & Mobile App		OptumRx Customer Care
<ul style="list-style-type: none"> Search the formulary status of your medications Compare costs for your prescriptions See if generic options are available 	<ul style="list-style-type: none"> Order medications via OptumRx Home Delivery Look up claims information Prior authorization alerts 	<p>24/7 Support - Representatives are available to answer questions about your medications or prescription benefits 24 hours a day, 7 days a week.</p> <p>866-868-1707</p>
<p>Visit OptumRx.com or Apple® App Store® or Google Play™</p>		

UNDERSTANDING THE HEALTH PLAN NETWORK

The PNMG Provider Health Plan offers the choice between a traditional PPO health plan and a high deductible health plan (PPO) which includes a health savings account. Both plans have access to the tiers below.

	<p>Tier 1 Your lowest cost option \$</p>	<p>Incentive Health (Adventist Health, Loma Linda University Medical Center) UC Davis Health</p>
	<p>Tier 2 You will pay slightly more in this tier \$\$</p>	<p>California Foundation for Medical Care (a large and comprehensive statewide network) Outside of California: Utilize the First Health network</p>
	<p>Tier 3 Your HIGHEST COST option. You may receive a bill in addition to your health plan cost share. \$\$\$</p>	<p>Out of Network</p> <ul style="list-style-type: none"> – You may receive a balance bill for any services received out of network. – Before scheduling services out of network, the Plan member must submit a Prior Authorization form to the Plan for review. <i>Prior authorization is not required for any emergency room or urgent care visit, but co-pay and deductible apply.</i>

To find an in-network provider or facility, visit search.incentivehealth.org

- 1) At the top of the page select Provider Search or Facility Search then **Accept and Search** at the bottom.
- 2) Select/Enter the following criteria:
 - a) Plan: PNMG Provider Health Plan
 - b) Provider Specialty AND Zip Code OR Provider Name AND Zip Code
- 3) The results will indicate if the provider(s) is in **TIER 1** or **TIER 2**
- 4) If your provider is out of network (Tier 3), **you will be directed to HST's website where you can see HST's level of success with an out of network provider/facility's acceptance rate of reference based pricing.** 
- 5) Outside of California - Search for a First Health network provider at providerlocator.firsthealth.com. Please note, there is no out of network coverage outside of California, you must utilize a First Health provider except in emergency situations.

If my provider isn't in Tier 1 or Tier 2, can they be added?

You can nominate your provider by clicking **"Nominate a Provider"** at the top of the Incentive Health directory (search.incentivehealth.org), by emailing provider relations at providerrelations@incentivehealth.org or by calling 833-796-0071.

Who can I/my provider contact for additional information?

For questions regarding eligibility, coverage, or whether your provider or facility is in network, call the PNMG Provider Health Plan customer service department at 800-441-2524.

What is a Health Savings Account?

An HSA is a tax-advantaged savings account that belongs to you. It is always paired with a qualified High Deductible Health Plan (HDHP).

Maximize Your Tax-Free Earning Potential

Make your HSA an effective component of your retirement strategy. Once your account meets certain threshold, you can invest in mutual funds to maximize your HSA earning potential. There is no minimum balance to participate in Health Equity’s federally insured account, or to enroll in Yield Plus, but in order to invest in mutual funds, your HSA cash balance must meet a minimum threshold.

HSA Debit Card

When you set up an HSA, you will receive a debit card from Health Equity to pay your out-of-pocket health care expenses. There is no need to file for reimbursement when you use the card, but you need to keep your receipts as required by IRS regulation.

PNMG PRORATED CONTRIBUTIONS (PLAN YEAR)			
Effective Date		Individual	Family
January	1/1/2023	\$1,750	\$3,500
February	2/1/2023	\$1,605	\$3,208
March	3/1/2023	\$1,460	\$2,918
April	4/1/2023	\$1,315	\$2,624
May	5/1/2023	\$1,170	\$2,332
June	6/1/2023	\$1,025	\$2,040
July	7/1/2023	\$880	\$1,748
August	8/1/2023	\$735	\$1,456
September	9/1/2023	\$590	\$1,164
October	10/1/2023	\$445	\$872
November	11/1/2023	\$300	\$580
December	12/1/2023	\$155	\$288

Contribution is a one-time lump sum and is subject to CA state tax.

How much to put in an HSA?

IRS limits the amount you can contribute to a HSA each calendar year (this also includes the PNMG contribution). The 2023 contribution limits are:

- \$3,850 if you have single coverage
- \$7,750 if you have family coverage (employee + one or more dependents enrolled)
- An additional \$1,000 in catch-up contributions if you are at least 55 years old

You are responsible to manage your HSA account and ensure all contributions do not exceed the IRS maximums.

Other things to know about HSAs:

- If currently enrolled in Medicare you are not eligible to enroll in a Health Savings Account (HSA) or receive contributions into a HSA from PNMG.
- There is no “use it or lose it” rule. You can save the money in your account to pay for future expenses like COBRA, Medicare, long term care insurance, qualified medical, dental, vision expenses, etc.
- You (or your employer, on your behalf) cannot contribute to a HSA in the same year you are enrolled in another company’s Non HDHP medical plan, like an HMO or traditional PPO medical plan, Medicare or any other government sponsored medical plan (such as TRICARE or VA benefits).
- A Limited Purpose FSA (LPFSA) is ONLY available to those that are enrolled in a High Deductible Health Plan with a HSA.

Visit www.healthequity.com or call (866) 346-5800 for additional assistance.



What is a Flexible Spending Account?

A healthcare FSA* is an account that allows you to set aside money annually before taxes, to use on eligible health care and dependent care expenses.

You elect how much you want to contribute, and PNMG deducts the amounts from your paycheck throughout the plan year. Since you use pre-tax dollars, you lower your taxable income, and use tax-free money for expenses.

*not available if enrolled in the High Deductible Health Plan. You can only participate in the Limited Purpose FSA for dental & vision expenses.

HEALTH CARE FSA and ELIGIBLE EXPENSES

Calendar year maximum allowed \$3,050 • \$610 Rollover allowed each calendar year

For eligible health care services and items for you, your spouse and dependents.

- PRESCRIPTIONS
- OVER-THE-COUNTER ITEMS AND MEDICATIONS
- COPAYMENTS
- DENTAL CARE, ORTHODONTIA
- VISION CARE, EYE SURGERY
- THERAPIES

Limited Purpose FSA (LPFSA)

ONLY available to those that are enrolled in a High Deductible Plan with Health Saving Account.

**Calendar year maximum allowed \$3,050
\$610 Rollover allowed each calendar year**

What is a Limited Purpose Flexible Spending Account?

The LPFSA enables an employee to pay for eligible dental and vision care with pre-tax dollars. Medical expenses are not allowed (until the deductible has been met on your High Deductible Plan). The Limited Purpose FSA works in almost the same way as a standard Healthcare FSA does. The difference is that it limits what expenses are eligible for reimbursement.

For additional FSA information visit
www.healthequity.com
or contact Health Equity at (877) 924-3967



FSA DEADLINES

Plan Year	1/1/2023 – 12/31/2023
Run Out Period	60 Days (Claims incurred between 1/1/2023 - 12/31/2023 must be submitted by 2/28/2024) Same runout date for separations throughout the year.



PNMG offers a comprehensive dental insurance program through MetLife. The Preferred Provider Option (PPO) allows you to seek care from any licensed dental provider.

This plan is contracted with a network of participating dentists. When you visit a participating dentist, you can maximize your benefit plan with access to lower out-of-pocket expenses. If you visit an out-of-network dentist, you may be responsible for additional costs if the provider’s charges exceed the plan’s usual & customary levels.

Using your MetLife benefits

- How to find a dentist: To find a MetLife dentist, visit www.MetLife.com and click on “Find a Dentist Link” on the home page. To find an in-network dentist, search under PDP Plus Network.
- At your appointment, no ID card is required and your ID number is the main subscriber’s Social Security Number.

	In-Network Benefits	Out-of-Network Benefits
Annual Deductible – Calendar Year	\$50 per individual/ \$150 per family	
Annual Dental Benefits Maximum	\$1,500 per individual	
Diagnostic & Preventive <small>Cleanings, X-rays, Sealants</small>	Plan Pays 100% (deductible waived)	Plan Pays 100% (deductible waived)
Basic Services <small>Filings (including composites), Endodontics, Periodontics</small>	You pay 10% after deductible	You pay 20% after deductible
Major Services <small>Crowns, Bridges, Dentures</small>	You pay 40% after deductible	You pay 50% after deductible
Orthodontia <small>Dependent Children Adults</small>	You pay 50% You pay 50%	You pay 50% You pay 50%
Lifetime Orthodontia Plan Max	\$1,500	
Per Pay Period Employee Contribution		
Employee Only	No Cost	
Employee + Family	No Cost	



Using your VSP Benefits

- How to find an eye care provider: To find a VSP provider, visit www.vsp.com (Choice network) or call (800) 877-7195
- At your appointment, no ID card is required and your ID number is the main subscriber's Social Security Number.

PNMG offers vision benefits through Vision Service Plan (VSP).

The plan includes coverage for vision hardware; either eyeglasses or contact lenses. Please note that the vision hardware plan may not cover all costs including lens coatings, contact lens fitting and taxes. If you choose to use an out-of-network provider, you will have to pay your provider at the time of service and you may be required to submit your own claim to the insurance company.

Benefit	Frequency	
Eye Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
	In-Network	Out-of-Network
Copayment	\$20 copay for exam • \$20 copay for prescription glasses	
Examination	Plan pays 100% after copay	Up to \$45
Frames	\$150 allowance	Up to \$70
Lenses (per pair)		
Single Vision	Plan pays 100% after copay	Up to \$30
Bifocal	Plan pays 100% after copay	Up to \$50
Trifocal	Plan pays 100% after copay	Up to \$65
Contacts (in lieu of glasses)	\$150 allowance	Up to \$105
Primary Eyecare Benefit	\$20 Exam copay; no limit Use your VSP benefits for medical services such as: Diabetes, Glaucoma/Cataracts, Pink Eye	
Extra Savings	20% savings on additional glasses and sunglasses. Retinal Screening – no more than a \$39 copay	

Per Pay Period Employee Contribution	
Employee Only	No Cost
Employee + Family	No Cost



Benefit Amount

2 times your basic annual salary up to a maximum of \$500,000.

Don't forget to designate your beneficiary(ies) for your Life and Accidental Death & Dismemberment insurance plan.

PNMG offers professionals Life and AD&D protection.

Life insurance pays your beneficiary a benefit in the event of your death and AD&D insurance pays a benefit should your death result from an accident OR if you are severely injured in an accident.

Age reductions do apply the year following the applicable birth date:

	YOUR AGE	YOUR % REDUCTION
Percentage by which current amount of coverage (after all previous reductions) will be reduced.	65	35%
	70	35%
	75	35%
	80	25%
	85	25%
	90	25%
	95	25%

You are automatically enrolled in the Life and Disability benefit at no charge.

DISABILITY INCOME

Short Term and Long Term Disability Insurance | Administered by



What is a Disability?

A disability means you are prevented from performing one or more of the essential duties of your occupation and as a result, your current monthly earnings are less than 80% of your weekly pre-disability earnings.

Important contract limitations apply. Note: The age at which you become disabled may affect the duration of your benefits.

SHORT TERM DISABILITY PROTECTION

The Short Term Disability coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and The Hartford will work together to determine how long benefits are payable, based on your condition. Coverage is provided by The Hartford.

Waiting Period: 7 days

Benefit Amount:
Plan pays 60% of your weekly income up to \$3,000 per week.

Benefit Period:
Up to 12 weeks, then carries into LTD as applicable

*Maximum payment period is based on the first day you are disabled, not when benefits begin.

LONG TERM DISABILITY PROTECTION

The Long Term Disability plan pays you a portion of your salary for each month you are unable to work due to a medical reason or a disabling condition. Hartford policy includes Own Specialty and Sub-Specialty definition of disability for Physicians. Benefits begin after 90 days of disability and may continue until your normal retirement age if you are unable to return to work. Please see policy for details.

Waiting Period: 90 days

Benefit Amount:
Plan pays 60% of your weekly earnings up to a monthly maximum of \$10,000.

Benefit Period:

Age When Disabled	Benefits Payable
Prior to Age 63	To Normal Retirement Age or 48 months, if greater
Age 63	To Normal Retirement Age or 48 months, if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and over	18 months

Normal Retirement Age means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act. It is determined by Your date of birth

Enrollment is automatic and PNMG pays the full cost for your coverage.



PERSONALIZED SUPPORT — NO MATTER WHAT PATH TO PARENTHOOD YOU’RE ON

Every family-forming journey is unique. But no matter the road ahead, having a map to help navigate its ups and downs can make a huge difference financially and emotionally.



One-on-one consultations with navigation experts for guidance and support, including helping plan your journey, connecting you to experts, sharing information on providers in your area, and facilitating appointment booking.

Unlimited, free virtual visits with Carrot’s team of family-forming experts, including reproductive endocrinologists, urologists, adoption experts, doulas, midwives, and more.



Fertility Solutions Include:

- Understanding fertility health
- Preservation (egg, sperm, embryo)
- Assisted reproduction (e.g., in vitro fertilization)
- Adoption
- Gestational carrier arrangements
- Donor assistance
- Pregnancy
- Menopause/low testosterone (low T)

*taxes may apply

CARROT

get-carrot.com/signup (effective 1/1/2023)

PNMG Sponsored Stipend \$10,000 (lifetime)*

available to providers & spouses/domestic partners enrolled in a PNMG Provider Health Plan

Carrot Card® The easiest way to pay for your fertility and family-forming care.

- The Carrot Card is a pre-funded card. Request a Carrot Card through the Carrot platform, and then use it to pay for eligible care — no out-of-pocket payment required



Carrot Rx®

- Up to 60% savings
- Free overnight delivery and same day delivery on most medications when needed
- Dedicated, clinician available any time, day or night



PROVIDER DIRECTORY AND DISCOUNTS

- Get connected to 3,100+ clinics and 1,700+ attorneys and agencies
- Access exclusive discounts and expedited appointments at top clinics and agencies

Peer Coaching (confidential and discreet)

Through Peer Coaching you have the opportunity to talk with a licensed medical professional and credentialed coach who understands the unique challenges you face. Peer Coaching offers a collaborative relationship with flexible boundaries allowing for guidance and support in finding ways to navigate difficult situations and grow personally and professionally.

- Finding Joy, Meaning & Purpose in Medicine
- Communication & Conflict Resolution
- Identifying Limits & Setting Boundaries
- Stress & Burnout
- Work/Life Integration
- Establishing Healthy Habits
- Leadership Development

Top 3 Most Valued Coaching Benefits ¹

- Improved Self Awareness
- Improved Confidence
- Emotional Validation



In-Person and Phone Counseling

Confidential, non-diagnostic counseling with our master's and doctorate level professionals

Legal & Financial Consultations and Resources

VITAL WorkLife App

- Connect with your program resources
- Take assessments to evaluate your well being, Including the Well-Being Index, invented by Mayo Clinic
- Access Insights, Videos and more



CONTACT

**877.731.3949 or visit
VITALWorkLife.com**

User Name: pnmg

Password: vitalworklife

1. Ferron, L, Shannon, DW. Peer Coaching Impacts on Physician Well Being. VITAL WorkLife. 2021.

WorkLife Concierge ~ Your Personal Assistant

A time-saving virtual assistant to help with everyday and special occasion tasks

Phone: 888.316.6616

Online: VITALWorkLifeConcierge.com

Email: Service@VITALWorkLifeConcierge.com

VITAL WorkLife App

Personal Services

Grocery shopping, dry cleaning, Spa reservations, interior design, personal trainer, sports lessons and more.

Home & Auto Services

Property maintenance, repair management, liaison with home vendors (plumber, electrician, etc.)

Entertainment & Travel Arrangement Services

Reservations, and golf tee times, airline tickets, rental car, hotel, pet sitter, etc.

Shopping, Return, Exchange Services

Gift purchasing & wrapping, locate hard to find items, unique gift ideas, holiday shopping, etc.

Party & Event Planning Services

Weddings, party themes, photographers, catering, invitations, thank you notes, etc.

Appointment Scheduling Services

Business and personal including doctor, dentist, home repair estimates and more.



SyncTALK

SyncTALK connects individual to certified, masters-level counselors who can help build skills in coping with the stress, anxiety and uncertainties that are increasingly common in today's unprecedented environment. Between sessions, Karla, the platform's virtual coach, offers interactive support, advice and reminders to keep patients on track with goals set with their counselor. Participation is 100% voluntary and confidential.



SERVICE: Individual Psychotherapy Sessions by a Licensed Mental Health Provider

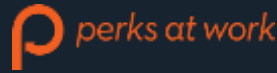
- Biopsychosocial intake assessment
- Individual Psychotherapy Session
- Family Psychotherapy
- Group Psychotherapy

INCLUDED: Up to 8 hours, per year, of counseling per participant in any combination of services

To sign up visit ah.SyncTalk.us
or call 888.915.2752

DISCOUNT PROGRAM

Administered by



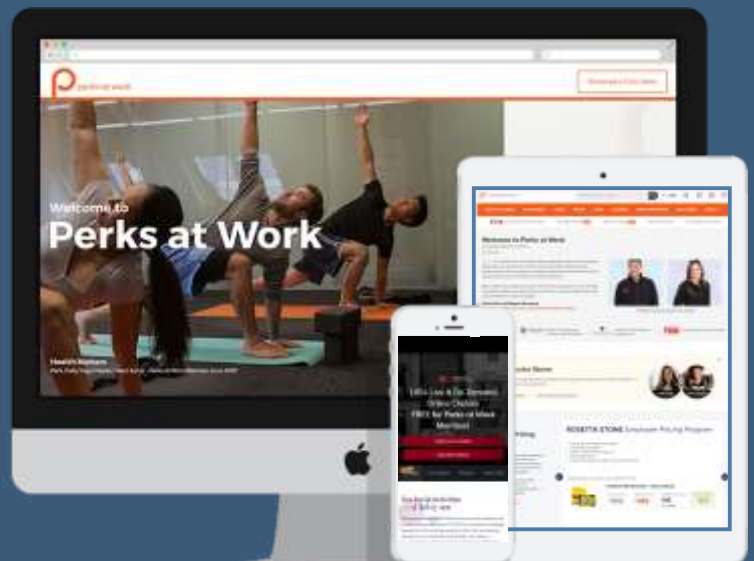
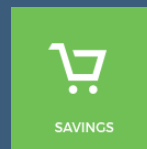
Perks At Work – is a savings program FREE to all providers and their family. Enjoy employee pricing on your favorite brands, personal travel, everyday items, dining and more from over 30,000 vendors.

Perks at Work is here to help you save more on everyday purchases, both big and small. Whether you're planning your next vacation, trying to find that perfect gift, or wanting to take exercise classes at home, Perks at work gives you access to the discounts you need.

Simply log on to:

www.perksatwork.com

Click "Sign Up for Free" and follow the instructions to start saving





PNMG offers a matching 401(k) retirement benefit that gives you an easy way to save money, and often reduce taxes, while providing you with greater opportunity and flexibility to reach your financial goals.

PNMG will match your salary deferrals at the following rate:

- dollar for dollar on the first 3% you contribute
- \$0.50 on the dollar for the next 2% you contribute

If you contribute 5% or more to the Plan, you will receive a matching contribution of 4%. You can defer up to 85% of your eligible compensation for the year, up to the applicable IRS limit.

Eligible salary is gross minus reimbursements or other expense allowances, fringe benefits, moving expenses, deferred compensation and welfare benefits. Employee's pre-tax health insurance contributions are not deducted from gross salary.

The 2023 participant IRS deferral limit is \$22,500, with an additional \$7,500 allowed as a "catch-up" provision for those 50 and older. Deferral changes can be made at any time in the year via the Principal website, and you are encouraged to review periodically to ensure it meets your current financial goals.



HOW TO SET UP YOUR 401K
Please contact Veronica Taylor at
Pensionmark Financial Group
for enrollment assistance.
925-354-2615

2023 Annual Limits:

Annual Salary Deferral Limit*

\$22,500, plus \$7,500 if the employee is age 50 or older

Annual Compensation Limit for Employer Match*

\$330,000

Please consult your financial professional for the most up to date information. The 2023 limits are per IRS Notice 2021-61.

Example: Dr. Smith is over 50 and wants to maximize his 401k for the year. He knows the max he can contribute is \$22,500 + \$7,500 catchup (for a total of \$30,000).

To accomplish this, he visits www.Principal.com and enters \$1,250 in his elective deferral (this is the amount that will pull for 18 pay periods), and \$1,250 in the catchup deferral (this will pull for the remaining 6 pay periods). For anyone under the age of 50 wanting to maximize their contribution, they would enter \$937.50 into Principal. Assuming that this \$30,000 represents 5% or more of Dr. Smith's eligible income, he qualifies for the maximum 4% PNMG match which is deposited in Q1 of the following year.

*example assumes contributions are updated Jan 1 with 24 pay periods

IMPORTANT PLAN INFORMATION

MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the *2023 Annual Notices* located on the PNMG Knowledgebase site for more details.

HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available in the Annual Notices document, located on PNMG Knowledgebase site.

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals.
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

DEADLINE FOR FILING LAWSUIT UNDER ERISA AFTER EXHAUSTION OF ALL CLAIMS PROCEDURES

Any lawsuit must be filed within 36 months of the final decision on the claim. Exhaustion of all claims and appeals procedure is required prior to filing suit. Please refer to the WRAP Summary Plan Description for the plan specific statute of limitations.

SUMMARY PLAN DESCRIPTIONS (SPD)

The legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The following Summary Plan descriptions are available:

- PNMG High Deductible Health Plan
- PNMG Traditional PPO Plan
- Carrot Fertility
- MetLife Dental Plan
- Vision Service Plan (VSP) Plan
- The Hartford Group Life and AD&D, STD and LTD Plans

SUMMARY OF BENEFITS AND COVERAGE (SBC)

A document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. SBC documents are available on PNMG Knowledgebase site.

- PNMG High Deductible Health Plan
- PNMG PPO Plan

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Kim Drizen.

STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the . It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

FREQUENTLY ASKED QUESTIONS

PNMG Provider Health Plan

1. What network does our PNMG Provider Health Plan utilize?

Our new health plan partner is with Incentive Health to offer an expansive network that combines Adventist Health facilities and providers with those already in the Incentive Health network. Additionally, our Tier 2 network (California Foundation for Medical Care) is one of California's largest networks.

2. What if my provider isn't in the Tier Two network?

If your non-Adventist Health provider is not currently in the Tier 2 CFMC network, you will be able to nominate their inclusion in the network at <http://search.incentivehealth.org/>.

3. What happens after I nominate a provider to be included in Tier 2?

Nomination of a provider does not guarantee that provider will be included in Tier 2. Once a provider is nominated, that provider will undergo an approval process to review member utilization. If approved, the provider must agree to contract with CFMC. This process can take up to 90 days or more.

4. What is a balance bill?

You may receive a balance bill for any services received out of network. A balance bill is a bill for the difference between what the provider or facility charged and what the plan paid.

5. How can I avoid paying a balance bill?

Should you receive a balance bill the Plan will pay your balance bill ONLY IF the criteria below are met. If you do not meet the criteria outlined below, you will be responsible for paying the balance bill.

- Before scheduling services out of network, the Plan member must submit a Prior Authorization form to the Plan for review. Prior authorization is not required for any emergency room or urgent care visit, but co-pay and deductible apply.
- If a balance bill is received, the Plan member must first utilize the Patient Advocacy Center (see below) to reprice the bill before the Plan will pay it.

6. Where do I find a Prior Authorization form?

Prior Authorization forms may be found by visiting AdventistHealth.org/ProviderHealthPlan or on the Provider Health Plan's Connect site.

Health Savings Accounts/ Flexible Spending Accounts

7. How can I see my HSA or FSA account balance?

If you haven't already, you can setup an account with Health Equity at www.HealthEquity.com to view your account balance and contributions.

8. Can I change my HSA or FSA elections at any time?

HSA can be changed, however, FSA cannot, only if you have a qualifying life event or during the annual open enrollment period.

9. Where can I find information regarding qualifying expenses for HSA or FSA?

Please visit Health Equity for a list of qualifying and non-qualified expenses at <http://healthequity.com/learn/qualified-medical-expenses>

10. Does my Health Saving Account annual max include PNMG's contribution?

- Yes, your annual maximum includes any contributions you make through payroll deductions, PNMG's contribution and any contributions you make directly through Health Equity.
- It is your responsibility to monitor your contributions and not exceed the maximum amount allowed by the IRS.

11. I used my HSA debit card and the expense was declined, what do I do?

Contact Health Equity at (866) 346-5800 to explore why this occurred. PNMG is unable to view or investigate these matters as they are considered private medical information.

12. What is the optimal way to use my HSA/FSA debit card?

It is best to use the debit card directly for prescriptions, however, office visit payments should be made after the claim has been adjudicated by your health plan. This prevents later adjustments needing to be made. You can either pay the provider online or submit for reimbursement using the form on www.HealthEquity.com.

13. If myself and my spouse are employees of PNMG, can we set up 2 separate HSA, FSA and LPFSA accounts?

The IRS will allow 2 separate accounts, however, both account amounts may not exceed the IRS family maximum limits.

FREQUENTLY ASKED QUESTIONS

Vision/Dental

14. I didn't receive a card for vision or dental in the mail, what do I use?

The subscriber's social security number is used as the member ID for vision and dental. No cards will be required.

Mid-Year Benefit Changes

15. Can I make changes to my benefits during the year?

Changes can only be made if you have a qualifying life event. Otherwise, you will have to wait until the next open enrollment period.

16. What is a qualifying life event?

Qualifying life events include:

- Marriage, divorce, legal separation
- Birth, adoption, placement of a child for adoption or change in custody of a child
- Death of a dependent
- Change in you or your spouse/domestic partner's employment status that affects your benefit eligibility
- A dependent satisfying or ceasing to satisfy the eligibility requirements
- Change in spouse/domestic partner's coverage during other employer's open enrollment period or loss of other group coverage.
- Medicare eligible person who enrolls in Medicare.

Qualifying life event changes must be made within 60 days of the event.

Retirement

17. How can I see my 401(k)?

If you haven't already, you can setup an account with one of the Pensionmark financial advisors listed on the back of the brochure. They will help you get started with an account on www.principal.com.

18. Can I change my 401(k) contributions at any time?

Yes, as long as your contributions remain within the IRS guidelines, you can adjust your contribution as often as you want.

Enrolling

19. Who do I contact for assistance with enrolling?

Please contact PNMG Contact Center at 844-383-5688.

BENEFIT ADMINISTRATION



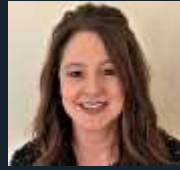
Kim Drizen, PHR
Human Resources
Director



Christy Schreiber
Senior Human
Resources Advisor



Brooke Lewis
Senior Human
Resources Advisor



Tiffany Behrnes
Alliant Benefit Broker



Laura Ortiz
Alliant Benefit Broker



Dayle Buchman
Alliant Benefit Broker



Physicians Network Medical Group, Inc.



Veronica Taylor
Retirement Advisor
(Pensionmark Financial
Group, LLC.)



Jani Walker
Retirement Advisor
(Pensionmark Financial
Group, LLC.)

Should you have a benefit question or need help enrolling online,
please call the Contact Center at:

844-383-5688

Or You May Contact The Carrier/Vendors Directly:

BENEFIT	PROVIDER	TELEPHONE	WEBSITE/EMAIL
Medical Plan/Network	Health Plan Customer Service Team	(800) 441-2524	Email For Assistance: RSVLClaimsCustomerService@ah.org Website: www.AdventistHealth.org/ProviderHealthPlan
Patient Advocacy Center	HST	(888) 837-2237 (949) 891-0420 fax	patientadvocacy@hstechnology.com www.hstechnology.com
Pharmacy/Prescription	OptumRx	(866) 868-1707	www.OptumRx.com
Health Savings Account (HSA) Health Spending Account (FSA)	Health Equity	HSA: (866) 346-5800 FSA: (877) 924-3967	www.healthequity.com
Dental	MetLife	(800) 275-4638	www.metlife.com
Vision	VSP	(800) 877-7195	www.vsp.com
Life/AD&D	The Hartford	(888) 563-1124	www.thehartford.com
Short Term/Long Term Disability	The Hartford	(800) 549-6514	www.thehartford.com
Well-Being Programs	SyncTALK	(888) 915-2752	ah.SyncTalk.us
	VITAL WorkLife	(877) 731-3949	www.vitalworklife.com
	Perks At Work	-	www.perksatwork.com Customer Service: www.perksatwork.com/help/contact
Retirement Account	Principal Financial Group	(800) 986-3343	www.principal.com
Retirement Financial Advisor (Pensionmark)	Veronica Taylor Jani Walker	(925) 354-2615 (415) 233-6112	Veronica.taylor@pensionmark.com Jani.walker@pensionmark.com