

natus®



# 2024 BENEFITS GUIDE

PLAN YEAR: JANUARY 1 - DECEMBER 31, 2024

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# Introduction

Welcome to Natus – a company dedicated to creating possibilities and opportunities for our patients, customers and team members. At Natus, we understand that our greatest asset is our people. We value your dedication, commitment to delivering exceptional outcomes and your hard work...in turn, we are dedicated to ensuring that our benefit programs deliver for YOU. We are thrilled to provide our comprehensive 2024 Benefits Guide – a roadmap to a brighter, healthier and more secure future.

This guide is more than just a document; it's a testament to our unwavering commitment to your well-being. It's a resource designed to help you make informed choices about your health, finances, and overall quality of life. Within these pages, you'll find important information on our extensive health and welfare benefits, tax savings opportunities and financial security tools available through partner offerings – all designed for customization so that you can choose programs that compliment your financial goals.

We understand that life is a journey, and we want to ensure you have the tools and support you need to navigate it successfully. Your well-being is our top priority, and our Health and Welfare Benefits Guide is your compass. If you have additional questions, you'll find contact information for our providers included in the guide.

Thank you for being a valued member of the Natus team. Your contributions enrich our community, and we are excited to work with you to embrace the countless opportunities that lie ahead. Welcome to a world of well-being; welcome to your 2024 Benefits Guide.

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All benefit eligible new hires **MUST** complete their new hire enrollment elections or waive coverage in PlanSource within 31 days from date of hire.

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**New Hire Enrollment Begins**  
Your date of hire

**New Hire Enrollment Closes**  
31 days from your date of hire



# Benefit Basics

## COVERING YOURSELF AND YOUR FAMILY

You are eligible for benefits if you are an active, full-time employee regularly scheduled to work at least 30 hours per week. You may also enroll your:

- **Legal spouse**, unless you are legally separated or divorced
- **Domestic partner** (as defined by Natus and/or applicable law)\*
- **Dependent children up to age 26**, including:
  - Natural or legally-adopted children, as well as children placed with you for adoption
  - Stepchildren
  - Children of domestic partners
  - Children for whom you are responsible to provide health coverage based on a qualified medical child support order (“QMCSO”)
  - Children for whom you are responsible under court order, including your grandchildren in your court-ordered custody
  - Foster children who have been placed with you by an authorized placement agency or by judgment, decree or other order of any court of competent jurisdiction
  - Any physically or mentally disabled child, regardless of age.

If you are an employee and have a spouse or parent also working with Natus, you cannot be covered as an employee and as a dependent on their coverage. You may only be covered as one or the other, with no dual coverage.

*\* Domestic partners are defined as same-sex and opposite-sex couples. Requirements for proof of relationship apply to both marriages and domestic partnerships.*

## PROOF OF ELIGIBILITY

**During this new hire enrollment, employees are required to sign a dependent verification agreement in PlanSource. Natus reserves the right to conduct audits in the future and ask for supporting documentation.** Additionally, our health plan providers may ask you to show proof of dependent eligibility at enrollment and other times. For example, you may be asked to provide a marriage license, domestic partnership affidavit, birth certificate, or adoption papers.

Enrolling ineligible dependents or continuing them under your benefit coverage is fraud and grounds for disciplinary action, up to and including termination of employment. In addition, you will be financially liable for any applicable charges.

## MAKING CHANGES DURING THE YEAR

Once you enroll, you may not change your benefit elections or cancel coverage until the next Open Enrollment period (in the Fall 2024 for the January 1, 2025 effective date), except as a result of a “qualified status change” or other type of change that qualifies. Sample of status changes include the following:

- Marriage
- Formation of a qualifying domestic partnership
- Divorce
- Birth or adoption
- Death of a dependent
- Change in employment status
- Loss or gain in a dependent’s eligibility for coverage

### IF YOU ADD THIS DEPENDENT

### UPLOAD SUPPORTING DOCUMENTATION TO PLANSOURCE

IF YOU ADD THIS DEPENDENT	UPLOAD SUPPORTING DOCUMENTATION TO PLANSOURCE
<b>Spouse</b>	Marriage Certificate
<b>Domestic Partner</b>	Domestic Partnership Affidavit
<b>Natural Child</b>	Birth Certificate
<b>Adopted Child</b>	Adoption Decree
<b>Stepchild</b>	Birth Certificate
<b>Dependent Child of RDP</b>	Birth Certificate
<b>Foster Child</b>	Court Documents and Last Tax Return
<b>Disabled Dependent Child over Age 26</b>	Birth Certificate, Proof of Condition, and Last Tax Return

You must request changes to your coverage through PlanSource and provide proof of the event to Natus within 31 days from the date of the event.

## WHEN COVERAGE BEGINS

Generally, your coverage will begin on the date of hire or first of the month following the date you submit your changes and supporting documentation (with the exception of birth/adoption). Benefit changes for birth/adoption events will be effective on the date of the event.

For example, if you are married on August 19, 2023, but you do not complete your life event (including supporting document of marriage certificate) until September 5, 2023, your Natus election changes or enrollments will not be effective until October 1. Please be sure to complete your event in a timely manner to ensure this does not occur.

BENEFIT PLANS	IF YOU ARE A NEWLY-HIRED EMPLOYEE AND YOU ENROLL WITHIN 31 DAYS OF YOUR HIRE DATE	IF YOU HAVE A QUALIFYING STATUS CHANGE AND YOU ENROLL WITHIN 31 DAYS OF YOUR QUALIFYING STATUS
<b>Medical, Mental Health, Dental and Vision</b>	Date of Hire	First day of the month following the date of submission for the qualified event. Changes must be submitted in PlanSource.  Birth/adoption: Date of the qualified event
<b>Life, AD&amp;D and Voluntary Life</b>	Date of Hire	
<b>Short-Term Disability, including Buy-Up Short-Term Disability</b>	Date of Hire	
<b>Long-Term Disability</b>	Date of Hire	
<b>Employee Assistance Program</b>	Date of Hire	
<b>Health Savings Account</b>	First day of the month following the date of hire	
<b>Health Care or Dependent Care Flexible Spending Account</b>	First day of the month following the date of hire	
<b>ID Protection</b>	Date of Hire	
<b>Legal Plan</b>	Date of Hire	
<b>Accident, Critical Illness and Hospital Indemnity Plans</b>	First day of the month following the date the enrollment for the coverage was completed by you	
<b>Long-Term Care</b>	First day of the month following the date the enrollment for the coverage was completed by you	

## COVERAGE LEVELS

You may choose from the following coverage levels when enrolling in Medical or Dental/Vision coverage:

- Employee Only
- Employee and Spouse/Domestic Partner
- Employee and Child(ren)
- Family (Employee, Spouse/Domestic Partner and Child(ren))

## WHEN COVERAGE ENDS

- **Medical, dental and vision coverage**, along with life and AD&D insurance coverage, end on the last day of the month in which you are no longer eligible;
- **Short-term disability and long-term disability** coverage end on the date you are no longer eligible;
- **Dependent Care Flexible Spending Account** expenses are reimbursed until the last day of the month in which you are no longer eligible;
- **Health Care and Limited Purpose Flexible Spending Account** expenses will be reimbursed for services incurred up to the date you are no longer eligible;
- **ID Protection, Legal Plan, Accident, Critical Illness, and Hospital Indemnity coverage** end on the last day of the month in which you are no longer eligible.



## COVERAGE UNDER COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you to temporarily continue coverage in Natus sponsored health plans if you, or one of your covered dependents, lose coverage.

Your Natus medical, dental and vision benefits stop on the last day of the month in which you are no longer benefits eligible. COBRA coverage begins the first day of the following month. A COBRA notification and enrollment package will be mailed to the address Natus has on file by Natus' COBRA administrator. You have a 60-day period to elect COBRA; you pay your premiums directly to PlanSource.

The following plans are covered under COBRA:

- Medical
- Dental
- Vision
- Mental Health through Resources for Living and your medical provider
- Health Care Flexible Spending Account (FSA)

## ELIGIBILITY FOR COBRA

Certain events make you eligible for up to 18 months of COBRA, including:

- You voluntarily leave Natus;
- Natus ends your employment for any reason, unless you were terminated because of gross misconduct;
- The number of hours you are scheduled to work at Natus is reduced below that required for benefits eligibility.

In some cases, your covered dependents can continue coverage up to 36 months, such as:

- You are divorced or legally separated;
- You die while you are covered under eligible plans;
- Your dependent no longer qualifies as a covered dependent.

Natus provides the same amount of continued coverage to registered domestic partners\*.

*\* Domestic partners are defined as same-sex and opposite-sex couples. Requirements for proof of relationship apply to both marriages and domestic partnerships.*



# Enrolling for Coverage

## WHEN TO ENROLL

You are eligible for benefits if you are an active, full-time employee regularly scheduled to work at least 30 hours per week.

- **Within 31 days if starting as a new hire.** Your medical, mental health, dental, vision, disability, EAP, Identity and Legal plan coverage begin on the date of hire. Other benefits begin at a later time. Please review the table on [page 6](#) to learn about when coverage begins for each benefit.
- **During Open Enrollment,** for coverage for the upcoming plan year.

## HOW TO ENROLL

We work with a trusted partner, PlanSource, to make benefit enrollment a smooth and straightforward experience.

To access the login page:

Type or paste this link into your web browser's search bar: <https://benefits.plansource.com/>

Log in using your username and password:

Your username will consist of:

- First initial of your First Name
- First six characters of your Last Name
- Last four (4) digits of your SSN

Example: John Employee, whose SSN is 000-00-1234, would have a login of JEMPLOY1234.

Your Password is your birthdate in the format YYYYMMDD.

Example: a birthdate of February 7, 1975 would look like this: 19750207.

First time users will be prompted to select a new password. (Note: Every year during Open Enrollment your password will reset back to your birthdate in the YYYYMMDD format.) If you forget your password, click "Forgot your password." If you have no email address on file for this process, contact:

Natus Benefits Call Center

866-967-0251 Monday - Friday | 5 am - 8 pm PT

Email: [NatusBenefits@Plansource.com](mailto:NatusBenefits@Plansource.com)

## YOUR ENROLLMENT CHECKLIST

Complete this checklist, read the guide, use online tools and resources on the Benefits Website to help you make decisions.

- Understand how your health plan works. Do you have the right medical, dental and vision coverage? Learn more about the plans by reviewing the plan details on the Benefits Website.
- Consider your costs. Review your cost of coverage beginning on [page 42](#).
- Consider additional life and AD&D coverage. Do you have the right coverage to help pay bills if you become disabled or pass away?
- Take advantage of the spending accounts. Health Care and Dependent Care Flexible Spending Accounts (FSA) allow you to set aside pre-tax money to help pay for eligible health care or day care expenses, respectively.
- Consider ID Protection, Legal Plan, Accident, Critical Illness, Hospital Indemnity and Long-Term Care coverage to further protect you and your family's wellbeing.
- Access PlanSource to enroll by the deadline. New hires have 31 days from their date of hire to enroll.
- Add your dependents' information in PlanSource. Make sure it is accurate and complete.

## WHAT HAPPENS IF YOU DO NOT ENROLL

If you choose to waive medical coverage, you may be required to provide a reason for your declination— for example, through your spouse’s employer’s plan or other employer-sponsored health plan.

If you do not enroll within 31 days of starting as a new hire, you will not be able to enroll for health care coverage (medical, dental/vision) or optional coverage (Accident, Long-term Care, Critical Illness, Hospital Indemnity, ID Theft Protection, Legal, Voluntary and Short-Term Disability) and will be required to wait until the next Open Enrollment period, unless you experience a qualified status change. The remainder of the automatically-enrolled options will be paid in full by the Company – Mental Health through Resources for Living, Basic Life and AD&D Insurance, Disability and Employee Assistance Program.

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All benefit eligible employees **MUST** complete their new hire enrollment elections or waive coverage in PlanSource **within 31 days from date of hire.**

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## Have Benefit Questions?

Contact the Natus Benefits Call Center

Phone: 866-967-0251

Monday- Friday | 5 am- 8 pm PT

Email: [NatusBenefits@Plansource.com](mailto:NatusBenefits@Plansource.com)

# Overview of Benefit Program Offering

Below you will find an overview of the benefit program provided by Natus. For some benefits, Natus pays the full cost. For others, either you and/or Natus share in the cost, or you pay for the full cost.

<p><b>Medical and Prescription Drug</b></p>	<p>Two medical and prescription drug benefit plans are provided based on your residence location:</p> <ul style="list-style-type: none"> <li>• BRMS/Anthem Blue Cross Network HDHP+HSA Plan</li> <li>• Low-Cost Medical Plan                             <ul style="list-style-type: none"> <li>– Kaiser HMO Plan in CA and WA</li> <li>– Dean Health Plan in WI</li> </ul> </li> </ul>
<p><b>Employee Assistance Program (EAP) and Mental Health</b></p>	<p>Employee Assistance Program (EAP) and mental health benefits are provided through Aetna’s Resource for Living at no cost to you. All benefits-eligible employees and dependents (including spouses/domestic partners and dependent children ages 13–26, whether or not they live at home) may utilize these services at no cost. Additional wellness and mental health services are available through your medical provider.</p>
<p><b>Dental</b></p>	<p>Two dental plan options are available:</p> <ul style="list-style-type: none"> <li>• Aetna DHMO</li> <li>• Aetna PPO</li> </ul>
<p><b>Vision</b></p>	<p>One vision plan option is available through VSP. Vision coverage is bundled with dental and may not be elected separately.</p>
<p><b>Income Protection</b></p>	<p>The following income protection benefits are provided through The Hartford at no cost to you:</p> <ul style="list-style-type: none"> <li>• Life and Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</li> <li>• Disability benefits</li> </ul> <p>Additionally, you have the opportunity to purchase supplemental life insurance coverage or voluntary short-term disability coverage for yourself and your eligible dependents, paying the costs on an after-tax basis.</p>
<p><b>Accident Plan</b></p>	<p>The Accident benefit plan is available through The Hartford for you to purchase on an after-tax basis. The plan provides tax-free benefits for expenses such as:</p> <ul style="list-style-type: none"> <li>• Emergency room care, doctor’s office visits, physical therapy and related surgery</li> <li>• Out-of-pocket expenses that medical insurance does not pay, including deductibles and copays.</li> </ul>

# Overview of Benefit Program Offering – *Continued*

<b>Long-Term Care</b>	The Long-Term Care plan is available through Chubb for you to purchase on an after-tax basis. The plan is designed to help cover long-term services and supports, including personal and custodial care in a variety of settings such as your home, or LTC facility.
<b>Critical Illness Plan</b>	The Critical Illness plan is available through The Hartford for you to purchase on an after-tax basis. The plan pays a lump-sum benefit upon diagnosis for certain covered illnesses. These funds can be used however you choose – from expenses related to your illness to everyday costs of living such as your mortgage and/or utility bills.
<b>Hospital Indemnity Plan</b>	The Hospital Indemnity plan is available through The Hartford for you to purchase on an after-tax basis. The plan pays a cash benefit if you or an insured dependent are confined in a hospital for a covered illness or injury. The benefits are paid in lump sum amounts and can be used however you choose – from out-of-pocket medical expenses to everyday expenses like your mortgage and/or utility bills.
<b>Legal Plan</b>	The Legal plan is available through ARAG for you to purchase on an after-tax basis. The plan offers legal insurance that gives you access to professional legal help whenever you need it - wherever you are. Legal insurance makes it affordable to get the legal help you need: network attorney fees are 100% paid in full for most covered matters.
<b>Health Savings Account</b>	<p>Health Savings Account (HSA) is available for those who elect the BRMS/Anthem Blue Cross HDHP+HSA Plan. The HSA provides a triple-tax advantage:</p> <ul style="list-style-type: none"> <li>• You can deposit money tax-free;</li> <li>• The account will grow tax-free until you use it;</li> <li>• Your withdrawals are tax-free when used for qualified health care expenses. Natus also makes an annual contribution to your account.</li> <li>• This benefit is yours to keep, even if you leave Natus, which provides you another way to help you save money for retirement.</li> </ul>
<b>Flexible Spending Account</b>	<p>The following accounts are available for you to set aside a portion of your income on a pre-tax basis:</p> <ul style="list-style-type: none"> <li>• Health Care Spending Account to pay for eligible health care expenses</li> <li>• Dependent Care Spending Account to pay for eligible child and dependent care expenses</li> </ul>

# Medical and Prescription Drug Plans

We understand the importance of our employees’ overall health and well-being. Medical and prescription drug benefits help keep you and your family healthy and provide protection in the event of illness or injury.

Natus uses Benefits & Risk Management Services (BRMS) as our Medical Administrator and utilizes the Anthem Blue Cross Network. We also offer Kaiser and Dean Health Plans to employees who reside within those service regions.

You have a number of additional resources available to you through your medical carrier to support your mental health and wellness.

## MEDICAL PLAN CHOICES

Natus offers the following medical plans based on your residence location:

- BRMS/Anthem Blue Cross HDHP + HSA Plan - Nationwide
- Low-Cost Medical Plan:
  - Kaiser HMO Plan in California and Washington
  - Dean Health Plan in Wisconsin

**The BRMS/Anthem Blue Cross HDHP+HSA Plan is available nationwide.**

### Quick link to your medical provider’s resources:

- BRMS/Anthem Blue Cross ([page 14](#))
- Kaiser ([page 19](#))
- Dean Health ([page 22](#))

### Learn more:

- Medical and Prescription Terms You Should Know ([page 25](#))
- Peak Health Wellness ([page 26](#))
- Mental Health Resources ([page 28](#))



# BRMS/Anthem Blue Cross Plan

Natus offers comprehensive care using Benefits & Risk Management Services (BRMS) and utilizing the Anthem Network. BRMS is a nationwide Third Party Administrator leading the industry in delivering innovative employee benefit services and solutions. Anthem represents the largest National network of providers with deep discounts and a growing network of healthcare providers who make it easier for members to receive quality care. By making smart decisions about how you use your medical benefits, you can achieve better health and manage your costs. Please note that while the Network provider and Pharmacy is changing, the Plan design is not changing.

Your medical plan option utilizes the Prudent Buyer Plan (PPO) network of Anthem Blue Cross. Please refer to our Benefits at a Glance chart on the following page for more details about this plan or access the Natus Summary Plan Description (SPD), available on the [Natus Benefits Website](#). The pharmacy network will be provided by Optum Rx through our administrator, RxBenefits. Members can check eligibility through [www.MyHealthBenefits.com](http://www.MyHealthBenefits.com).

## BRMS/ANTHEM BLUE CROSS HDHP + HSA PLAN

**Network: Anthem Prudent Buyer PPO/EPO**

BRMS/Anthem Blue Cross HDHP+HSA Plan provides coverage for in-network and out-of-network care, and you do not need to select a Primary Care Physician (PCP) for care coordination. It qualifies as a high-deductible health plan, giving you access to a tax-advantaged Health Savings Account (HSA). The HSA is a bank account that allows you to set aside pre-tax dollars to help you pay for eligible health care expenses. Natus also makes an annual contribution to your account (review details on [page 16](#)).



## CONTROLLING YOUR OUT-OF-POCKET EXPENSES

BRMS is contracted with Anthem Blue Cross as it's core provider network because of this contract you are saving out-of-pocket expenses when you use in-network providers.

You may also control you expenses by:

- Considering the use of Generic drug prescriptions verses Brand Name. This can bring a savings of 30-80%.
- Reserving the emergency room for true medical emergencies. Use Urgent Care facilities when appropriate.
- Using OptumRx Mail Order for your prescriptions when possible. You can get up to a 90-day supply of approved maintenance medications by mail.
- Be sure to go in for your preventive health screenings. Early detection is always best!

If you and/or your eligible dependents will be eligible for Medicare in the next 12 months, a federal law gives you more choices for prescription drug coverage.

More information is included in the "Medicare Notice of Creditable Coverage," provided in the Annual Notices.

## PRESCRIPTION DRUG

If you are enrolled in the BRMS/Anthem Blue Cross HDHP medical plan, you will automatically receive prescription drug coverage through Optum Rx, administered by RxBenefits. You may obtain your prescription drugs at participating in-network facilities.

# BRMS/Anthem Blue Cross Benefits at a Glance

## BRMS/ANTHEM BLUE CROSS MEDICAL PLAN

### IN-NETWORK

### OUT-OF-NETWORK

Network	Prudent Buyer PPO/EPO	Prudent Buyer PPO/EPO
<b>Deductible</b>		
– Individual	\$3,200	\$3,200
– Individual in Family	\$3,200	\$3,200
– Family	\$6,400	\$6,400
<b>Out-of-Pocket Maximum</b>		
– Individual	\$4,000	\$6,000
– Individual in Family	\$4,000	\$6,000
– Family	\$8,000	\$12,000
<b>HSA Contribution from Natus</b>		
– Employee Only and Employee + Spouse		\$1,000
– Employee + Child(ren) and Family		\$1,500
<b>Office Visit</b>	10% after deductible	30% after deductible
<b>Urgent Care</b>	10% after deductible	30% after deductible
<b>Preventive Care</b>	Covered in Full	30% after deductible
<b>Emergency Room</b>	10% after deductible	10% after deductible
<b>Outpatient Surgery</b>	10% after deductible	30% after deductible
<b>Hospital Coverage</b>	10% after deductible	30% after deductible
<b>Lab &amp; X-Ray</b>	10% after deductible	30% after deductible
<b>Chiropractic Care</b>	10% after deductible, up to 20 visits	30% after deductible, up to 20 visits
<b>Bariatric Surgery</b>	10% after deductible for hospital stay (subject to standard requirements)	30% after deductible for hospital stay (subject to standard requirements)
<b>Mental Health &amp; Substance Abuse</b>		
– Outpatient	10% after deductible	30% after deductible
– Inpatient	10% after deductible	30% after deductible
<b>Optum Rx thru RxBenefits Retail Pharmacy (30 days)</b>	Preventive Medication – Deductible Does Not Apply	Not Covered
Generic	All Other medications – Deductible Applies	
Preferred Brand	10%, \$10 max (R), \$20 max (MO)	
Non-Pref. Brand Specialty	30%, \$75 max (R), \$150 max (MO) 50%, \$100 max (R), \$200 max (MO) 20%, \$200 max (R), N/A (MO)	

**Important notes:**

These benefit highlights are not intended to replace the detailed information in each plan's [Summary Plan Description or Summary of Coverage](#). These resources are available on [Natus Benefits Website](#). Please refer to them for limitations and exclusions, pre-admission review requirements, and referral procedures. Failure to follow rules as detailed in plan resource materials may result in a reduction in your benefits and a higher cost to you.

# Health Savings Account (HSA)

Natus’ BRMS/Anthem Blue Cross HDHP+HSA Plan qualifies as a high-deductible health plan, giving you access to a tax-advantaged Health Savings Account (HSA).

The HSA is a bank account that allows you to set aside pre-tax dollars. Natus also contributes funds into the account twice a year in January and July that can be used to help you pay for eligible medical expenses now or later. The total HSA contribution will be split in half and you will receive one contribution in January and the second in July (amounts are pro-rated for those hired during the period). The money contributed to your HSA rolls over from year to year and is yours to keep even if you leave Natus, making the HSA another way to help you save for retirement.

Natus contracts with Inspira Financial to administer HSA for its employees.

## Eligible Expenses

Eligible expenses may include:

- Deductibles, copays and coinsurance
- Eligible prescriptions
- Medical care

## Tax Advantages

An HSA offers a triple tax advantage:

1. Contributions to an HSA (from both you and Natus) are tax-free in most states.\*
2. Earnings and interest on the account are tax free.
3. Funds withdrawn from the HSA for qualified medical expenses are tax-free.

*\*HSA contributions, including contributions from Natus, are subject to state taxes in AL, CA and NJ. State taxes are subject to change. Consult with your tax advisor for more information.*

### Invest Your HSA Account

You can invest your account balance in a select group of investment funds once you have \$1,000 in your account. Any money earned on your investments grows tax free.

## CONTRIBUTIONS

Natus contributes to your HSA. You may also elect to contribute to your HSA account on a pre-tax basis.

CONTRIBUTION BY TIER	FROM NATUS	FROM EMPLOYEE	2024 IRS LIMIT FOR UNDER 55**
Employee Only	\$1,000	Up to \$3,150	\$4,150
Employee + Spouse	\$1,000	Up to \$7,300	\$8,300
Employee + Child(ren)	\$1,500	Up to \$6,800	\$8,300
Employee + Family	\$1,500	Up to \$6,800	\$8,300

**\*\*You may contribute an additional “catch-up” of \$1,000 if you are age 55 or older.**

## To open an HSA, you must meet these criteria:

- You must be enrolled in the BRMS/Anthem Blue Cross HDHP+HSA Plan.
- You must be enrolled in the plan on the first day of the month. Otherwise, your eligibility to make contributions to your HSA begins the first day of the following month.
- You and your spouse may not have a “general purpose” Health Care Flexible Spending Account (FSA), even if your spouse is not covered by the BRMS/Anthem Blue Cross HDHP+HSA Plan.
- You must not be enrolled in Medicare or TRICARE.
- You must not be eligible to be claimed as a dependent on another individual’s tax return.
- You must be a U.S. resident.
- If you are a veteran, you may not have received veterans’ benefits within the last three months.
- You must not be in active military.

Visit [inspirafinancial.com](https://inspirafinancial.com) or call directly at 888-678-8242 for more information.



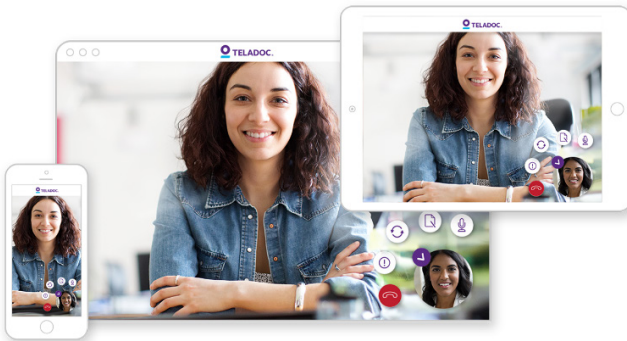
# Teladoc Health and Resources

BRMS/Anthem Blue Cross members have access to Teladoc Health. Teladoc is the only virtual, stepped-care model that supports people not only when they are sick, but throughout their lifelong journeys to better health.

## GENERAL MEDICAL

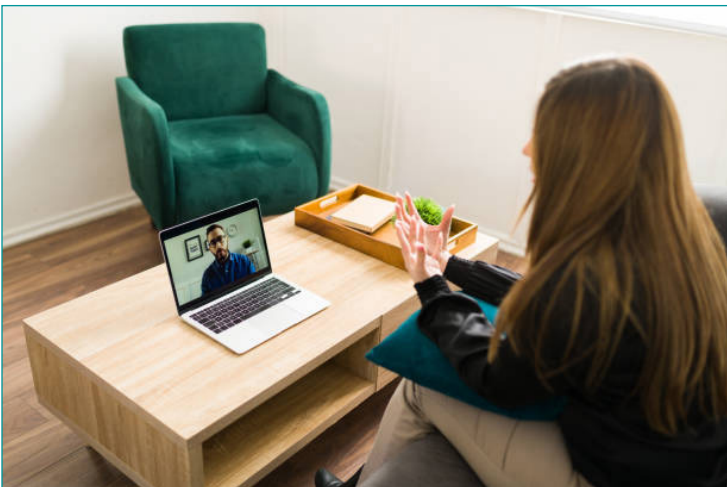
Members have access to U.S. board-certified adult and pediatric doctors on demand by phone or video, they have easy access to the care they need from wherever they are. With General Medical, members with a broad array of healthcare issues—from cold and flu to allergies, bronchitis and so much more—can be diagnosed, treated and prescribed medication if necessary.

General Medical provides a more cost-effective front door to the healthcare system so members and their families can get back to feeling better, faster.



## MENTAL HEALTH

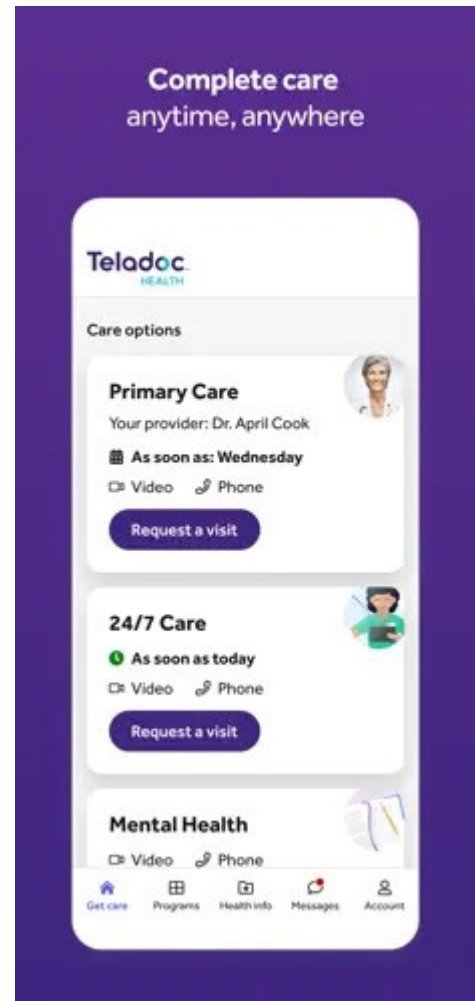
With our Mental Health service, members have access to the quality care they need without the obstacles of conventional in-office options. Members conveniently speak with board-certified psychiatrists, licensed psychologists or therapists by video or phone from wherever they feel most comfortable. Members can book appointments with ease seven days a week and build ongoing relationships with mental health professionals of their choice—all without having to travel to or wait at the doctor's office.



## TELADOC HEALTH APP

Teladoc Health connects you with complete care, at your convenience and an affordable cost. You'll find what you need to get well—like 24/7 care—alongside primary care, therapy and programs proven to keep you well.

### 24/7 access to doctors from anywhere



# Additional Teladoc Resources



## PRE-DIABETES & DIABETES

### WHOLE-PERSON SOLUTION

Empowering members to develop healthy habits and improve glycemic control. Our evidence-based program is fully recognized by the Centers for Disease Control and Prevention (CDC) and makes weight management achievable. We work with members to drive lasting outcomes and combat the risk of diabetes complications. Personalized outreach drives ongoing engagement, with health challenges that drive small changes for big wins.

Members can expect an integrated and personalized approach to diabetes management.

- Lifestyle behavior change tools
- Medication optimization
- Expert health coaching
- Provider coordination
- Cellular-connected devices
- Personalized plans for reaching health goals



## CARDIOVASCULAR

### WHOLE-PERSON SOLUTION

Members can track progress and receive personalized interventions for hypertension as well as dyslipidemia, weight management and mental health.

Our data-driven approach provides members with personalized, actionable and timely support to drive lasting outcomes and combat the risk of hypertension complications. Registered members are equipped with appropriate devices, interventions, programming and coaching support based on their needs.



## TOBACCO CESSATION

Tobacco Cessation is a program that combines health coach support, physician treatment and smoking cessation content to help members break their tobacco habit once and for all. Teladoc gives you the resources, support and accountability you'll need to get through each day tobacco-free.

To enroll in our free Tobacco Cessation program, simply request a General Medical visit and tell the doctor you're interested in the program.

- Ongoing support and follow-up from a tobacco cessation coach at regular intervals
- 24/7 support hotline available to answer questions and provide helpful resources
- FDA-approved medication for tobacco cessation can be prescribed if necessary

Take the first step to being tobacco-free, visit [teladoc.com](https://teladoc.com) or call 800-835-2362.



# Kaiser HMO Plans

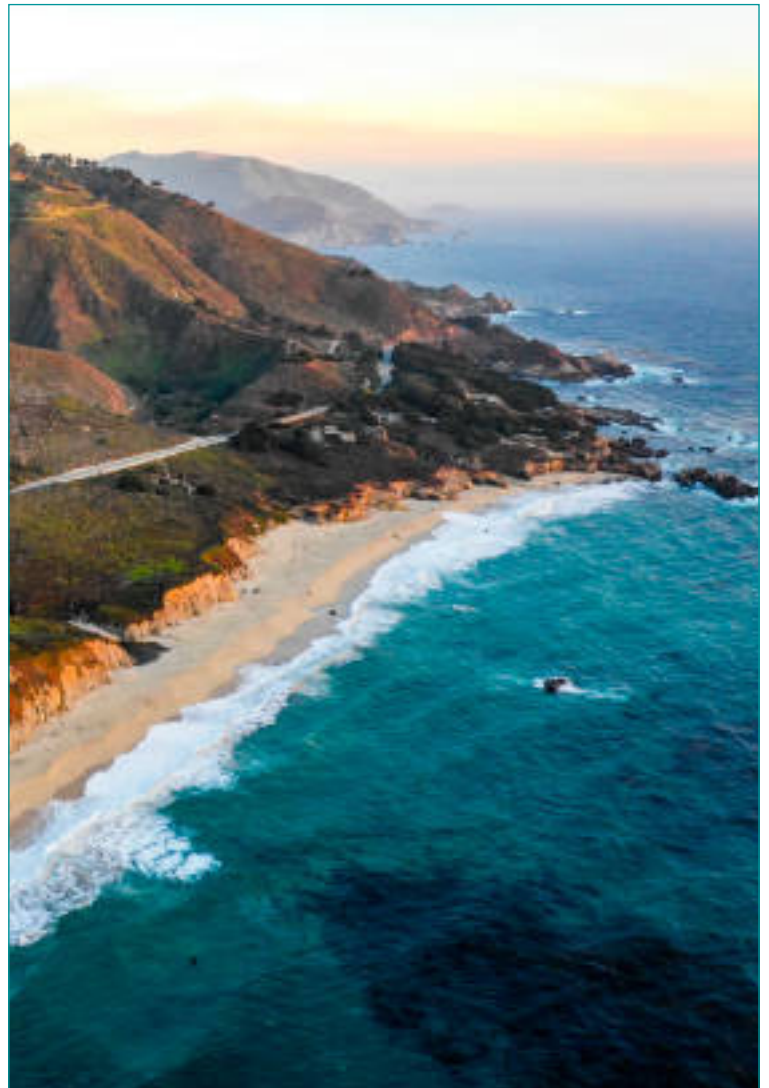
Kaiser is one of Natus' low cost medical plans, available to employees who live in California and Washington. Kaiser is a Health Maintenance Organization (HMO) that provides patient services, hospitalization, supplies and prescription drugs through its own network of doctors, hospitals and other Kaiser-affiliated health care facilities. Kaiser covers your expenses only if you go to a Kaiser provider or facility; only emergencies are covered out-of-network.

Once enrolled, you will select a Primary Care Physician (PCP) to manage your care within Kaiser's network and to refer you to specialists. Kaiser offers cost-effective managed care and places a strong emphasis on wellness and preventive care. With Kaiser, you have no deductible and no claims to file; you have a fixed copay for each office visit, emergency room visit, and hospital stay.

**You must live within the Kaiser service areas to be able to enroll in a Kaiser plan.**

The following Kaiser plans are available:

- Kaiser HMO in California
- Kaiser HMO in Washington



## PRESCRIPTION DRUG

If you are enrolled in one of the Kaiser medical plans, you will automatically receive prescription drug coverage through Kaiser. You are required to obtain your prescription drugs at the Kaiser facilities.

# Kaiser Benefits at a Glance

KAISER HMO IN CALIFORNIA

KAISER HMO IN WASHINGTON

IN-NETWORK ONLY

IN-NETWORK ONLY

Network	Kaiser California	Kaiser Washington
<b>Deductible</b> – Individual – Individual in Family – Family	\$0 \$0 \$0	\$0 \$0 \$0
<b>Out-of-Pocket Maximum</b> – Individual – Individual in Family – Family	\$3,500 \$3,500 \$7,000	\$3,500 \$3,500 \$7,000
<b>Office Visit</b>	\$30 PCP copay; \$50 Specialist copay	\$25 PCP copay; \$50 Specialist copay
<b>Urgent Care</b>	\$30 copay	\$25 copay
<b>Preventive Care</b>	Covered in Full	Covered in Full
<b>Emergency Room</b>	\$150 copay / visit	\$150 copay / visit
<b>Outpatient Surgery</b>	\$250 copay / procedure	\$250 copay / procedure
<b>Hospital Coverage</b>	\$500 copay / day	\$500 copay / day up to \$2,500 / admission
<b>Diagnostic Lab &amp; X-Ray</b>	\$10 / encounter	No charge
<b>Chiropractic Care</b>	\$15 copay / visit, up to 20 visits	\$25 copay / visit, up to 20 visits
<b>Bariatric Surgery</b>	Medical necessity only; covered in the same manner as other conditions	Medical necessity only; covered in the same manner as other conditions
<b>Mental Health &amp; Substance Abuse</b> – Outpatient – Inpatient	\$30 copay / individual visit \$500 copay / day	\$25 copay / individual visit \$500 copay / day up to \$2,500 / admission
<b>Retail Pharmacy (30 days)</b> Generic Preferred Brand	\$15 copay \$35 copay 30%, \$250 max	\$10 copay \$35 copay \$70 copay

**Kaiser Washington Hearing Aid Benefit:**  
Covered at \$3,000 (maximum) per ear per 36 months.

*Important notes:*

*These benefit highlights are not intended to replace the detailed information in each plan’s [Summary Plan Description](#) or [Summary of Coverage](#). These resources are available on [Natus Benefits Website](#). Please refer to them for limitations and exclusions, pre-admission review requirements, and referral procedures. Failure to follow rules as detailed in plan resource materials may result in a reduction in your benefits and a higher cost to you.*

# Kaiser Resources

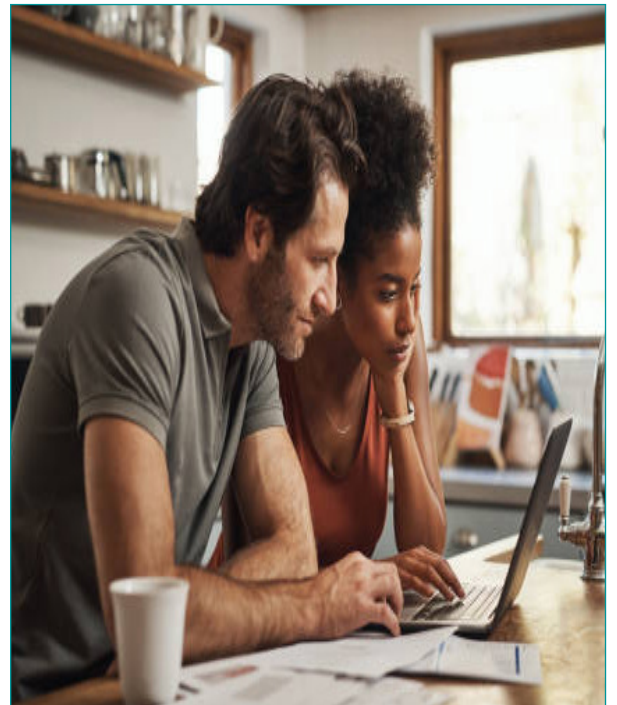
## CHOOSE HOW YOU GET CARE

- **Make an appointment for therapy or counseling.** Call your local medical center to schedule an appointment at the mental health, behavioral health, or psychiatry department.
- **Get care advice 24/7.** Find your local 24/7 phone number at [healthy.kaiserpermanente.org/get-care](https://healthy.kaiserpermanente.org/get-care).
- **For emergency care.** If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital.

## WELLNESS RESOURCES

- **Healthy Lifestyle Programs:** Online wellness programs are available to help you eat healthier, lose weight, quit smoking, reduce stress, and manage ongoing conditions such as diabetes or depression.
- **Health Classes:** Choose from health classes and support groups offered at Kaiser facilities. Visit [kp.org/classes](https://kp.org/classes) to see what's available in your area.
- **Wellness Coaching:** Work with a personal wellness coach by phone at no cost to explore options for meeting your health goals.

Start here: [kp.org/wellnesscoach](https://kp.org/wellnesscoach).



## BEHAVIORAL & MENTAL HEALTH RESOURCES

- **Mental Health:** Mental health services include assessment, treatment, and support for a variety of mental, emotional, and substance use conditions. At Kaiser Permanente, adults, families, teens, and children can get clinical and support services for a wide range of issues. Visit [kp.org/mentalhealth](https://kp.org/mentalhealth) to access local resources.
- **Mind/Body:** Practicing self-care is good for the mind, body, and spirit. Get tips for meditation, dealing with everyday stressors and finding simple ways to take care of yourself. Visit [kp.org/mindbody](https://kp.org/mindbody).
- **Mental Health & Wellness:** Check out additional Kaiser wellness resources at [Kaiser Health and Wellness Resources](#).
- **Behavioral Health:** Kaiser offers a number of support programs to help you and your loved ones if you need assistance with managing a variety of behavioral health needs.

## ONLINE RESOURCES

- **Kaiser Permanente App:** Find doctors and locations, view upcoming appointments, message your doctor's office with non-urgent questions. Visit [kp.org/mobile](https://kp.org/mobile).
- **MyStrength App:** A program based on cognitive behavioral therapy offering guided resources and tools for a range of mental health needs and challenges.
- **Calm App:** A meditation and mindfulness app that can help users develop self-care skills.

## DISCOUNTS

- Get reduced rates on a variety of health-related products and services through The ChooseHealthy Program, for example, acupuncture, chiropractic care, message therapy, access to fitness centers. Visit [kp.org/choosehealthy](https://kp.org/choosehealthy) or call 877-335-2746.
- Get discounts to ClassPass.

# Dean Health Plan

Dean Health Plan is one of Natus' low cost medical plans, [available to employees who live in Wisconsin](#). If you elect Dean Health Plan, you must obtain all care from in-network providers, including doctor visits, lab work, surgeries, hospital visits and pharmacy. Dean Health Plan requires you to select a Primary Care Physician to manage your care within the network and to refer you to specialists; only emergencies are covered out-of-network.

Dean Health Plan [offers many wellness and preventive care programs to help you stay healthy](#). There are also care management resources available to help if you have chronic or complex conditions.

You must live within the Dean Health Plan service areas to be able to enroll in the Dean Health Plan.



## PRESCRIPTION DRUG

If you are enrolled in the Dean Health Plan, you will automatically receive prescription drug coverage through Dean Health Plan.

# Dean Health Plan

## Benefits at a Glance

### DEAN HEALTH PLAN

#### IN-NETWORK ONLY

Network	Dean Health Plan
<b>Deductible</b> – Individual – Individual in Family – Family	\$1,500 \$1,500 \$3,000
<b>Out-of-Pocket Maximum</b> – Individual – Individual in Family – Family	\$3,000 \$3,000 \$6,000
<b>Office Visit</b>	\$30 PCP copay; \$50 Specialist copay
<b>Urgent Care</b>	\$30 copay and/or 0% coinsurance after deductible
<b>Preventive Care</b>	Covered in Full (deductible waived)
<b>Emergency Room</b>	\$125 copay/visit and/or 0% coinsurance after deductible
<b>Outpatient Surgery</b>	\$500 copay / admission to facility; deductible applies for physician/surgeon fees (\$1,000 max per year)
<b>Hospital Coverage</b>	\$500 copay / admission to facility; deductible applies for physician/surgeon fees (\$1,000 max per year)
<b>Diagnostic Lab &amp; X-Ray</b>	0% after deductible
<b>Chiropractic Care</b>	Covered if approved by PCP
<b>Bariatric Surgery</b>	\$500 copay / admission to facility; deductible applies for physician / surgeon fees (subject to Dean Health Plan's standard requirements)
<b>Mental Health &amp; Substance Abuse</b> – Outpatient – Inpatient	\$30 copay / individual visit \$500 copay / admission (\$1,000 max per year)
<b>Retail Pharmacy (30 days)</b> Tier 1 Tier 2 Tier 3 Tier 4	Deductible does not apply \$10 copay \$30 copay \$50 copay 30% coinsurance

*Important notes:*

These benefit highlights are not intended to replace the detailed information in each plan's [Summary Plan Description](#) or [Summary of Coverage](#). These resources are available on [Natus Benefits Website](#). Please refer to them for limitations and exclusions, pre-admission review requirements, and referral procedures. Failure to follow rules as detailed in plan resource materials may result in a reduction in your benefits and a higher cost to you.

# Dean Health Plan Resources

As a Dean Health member, you have a number of additional programs to support your overall health. Check out the following programs and discounts available to you through Dean Health.



## GET VIRTUAL CARE

Call or email to make appointments, get advice or meet face-to-face online. For more information, call 800-279-1301 or visit [www.deancare.com](http://www.deancare.com).

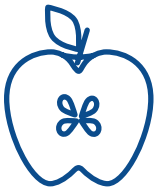


## BEHAVIORAL & MENTAL HEALTH RESOURCES

Dean Health's team of nurses, social workers and program outreach specialists help you locate and navigate community and provider resources and set personal goals.

For members with mental health and substance use disorders, Dean Health's case management provides an individualized approach to help you manage your health.

- **Learn more about Behavior Health Case Management** at: [www.deancare.com/wellness/care-management/behavioral-health-and-substance-use](http://www.deancare.com/wellness/care-management/behavioral-health-and-substance-use)
- **Search for a behavioral health provider** at: [www.deancare.com/find-a-doctor](http://www.deancare.com/find-a-doctor)
- **Find additional mental health resources** at: [www.ssmhealth.com/mental-health](http://www.ssmhealth.com/mental-health)



## WELLNESS RESOURCES

- **REAL goals:** Realistic, Easy, Attainable, Life Goals that people can set and work on. Visit [www.deancare.com/wellness/real-goals](http://www.deancare.com/wellness/real-goals).
- **Health Transformation Consultant:** Dean Health's team can provide staff or manager training on a Stigma Free Workplace through NAMI or offer employees a Personal Wellness Plan appointment.
- **Wellness Care Package:** Look for a wellness package each month highlighting the many resources available to all employees.
- **Wellness Events:** Includes Learning Loft, Book Club, Move with a Doc.
- **Discounted Fees at Local Fitness Facilities.**
- **Living Healthy Wellness Program:** <https://www.deancare.com/livinghealthy>
- **Health Assessment:** Brief questionnaire to help you take the first steps to a healthy lifestyle.
- **Living Healthy Rewards:** Earn wellness rewards (up to \$150 in 2023) for completing a health assessment and participating in well-being activities (annual flu vaccine, preventive office visit, dental visit, etc.).



## ONLINE RESOURCES

- **Dean Health Member Website:** Site includes secure, personalized features for registered members, including access to claims and benefit status. Visit [www.deancare.com](http://www.deancare.com) to log on and get started.
- **WebMD wellness member portal:** Helpful tools like self-assessments for anxiety & depression, and mental health podcasts by Beyond Well Solutions. Login and click "Living Healthy."
- **Wellness Webinar Series:** Watch our webinar series focuses on a number of topics. Watch at [www.youtube.com/playlist?list=PLSOoz5utmXgnR87m440q2pibkl6FCeyC7](https://www.youtube.com/playlist?list=PLSOoz5utmXgnR87m440q2pibkl6FCeyC7)



# Medical and Prescription Drug Terms You Should Know

<b>Copay</b>	A fixed dollar amount you pay at the time of service.
<b>Deductible</b>	The amount you pay for covered services before the medical plan begins to pay its share for services. A new annual deductible applies each calendar year. The annual deductible is not prorated for new hires.
<b>Coinsurance</b>	A form of cost-sharing in which you and the medical plan each pay a set percentage for covered provider services.
<b>Out-of-Pocket Maximum</b>	The maximum amount of money you will have to pay in a calendar year for medical expenses. When you reach the out-of-pocket maximum, medical benefits for the rest of the year are paid by the plan at 100%. The out-of-pocket maximum is not prorated for new hires. After you reach the out-of-pocket maximum, you no longer pay coinsurance for the remainder of the calendar year. However, you remain responsible for dollar copays under the traditional PPO, and for non-PPO providers costs that are in excess of the covered expense.
<b>High Deductible Health Plan (HDHP)</b>	This is a medical plan with a higher deductible than a traditional plan. A High Deductible plan can be combined with a Health Savings Account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes. Natus' BRMS/Anthem Blue Cross HDHP+HSA Plan is such a plan. For 2024, the IRS defines a high deductible health plan as any plan with a deductible of at least \$1,600 for an individual or \$3,200 for a family. An HDHP's total annual out-of-pocket expenses (including deductibles, copayments, and coinsurance) can't be more than \$8,050 for an individual or \$16,100 for a family. (This limit doesn't apply to out-of-network services.)
<b>Provider Network</b>	The facilities, providers and suppliers your medical plan carriers (BRMS/Anthem Blue Cross, Kaiser, Dean Health Plan) have contracted with to provide health care services under discounted fees.
<b>Summary of Benefits and Coverage</b>	An easy-to-understand summary of your coverage which is made available from your health insurance plan under the Affordable Care Act.
<b>Brand-name drug</b>	A medication which is marketed under a distinctive trade name and is, or at one time was, protected by patent laws.
<b>Formulary</b>	A formulary is a list of preferred generic and brand-name drugs used to identify medications which have been approved based on their safety, clinical effectiveness and cost. Each medical carrier develops its own list. <ul style="list-style-type: none"> <li>• <b>Kaiser CA</b> visit: <a href="http://info.kaiserpermanente.org/html/kpic/formulary.html">info.kaiserpermanente.org/html/kpic/formulary.html</a></li> <li>• <b>Kaiser WA</b> visit: <a href="http://healthy.kaiserpermanente.org/washington/health-wellness/drug-formulary">healthy.kaiserpermanente.org/washington/health-wellness/drug-formulary</a></li> <li>• <b>Dean Health Plan</b> visit: <a href="http://deancare.com/members/pharmacy_benefits/member-drug-formulary">deancare.com/members/pharmacy_benefits/member-drug-formulary</a></li> </ul>
<b>Generic drug</b>	These drugs contain the same active ingredient as their brand-name counterparts and are FDA-approved as therapeutically equivalent, but are typically less expensive. Using generic drugs is one of the easiest ways you can reduce your prescription drug costs, so always ask your doctor if a generic version is right for you.
<b>Specialty drug</b>	There is no standard definition for a specialty medication, but drugs in this category typically are difficult to administer, may require special handling, and are expensive. These drugs are used to treat complex conditions such as rheumatoid arthritis, multiple sclerosis, psoriasis, etc. They may be injected, infused or taken by mouth. Patients taking these medications may need ongoing clinical assessment to manage challenging side effects.

# Peak Health Program - BRMS/Anthem Members

Peak Health, for employees enrolled in the BRMS/Anthem Blue Cross medical plan, is designed to reward you for your efforts in developing and maintaining a healthy lifestyle. The program provides health and fitness education, including information on disease prevention and behaviors that may be negatively affecting your overall well-being. In this program, you will have the opportunity to complete an online Health Assessment, obtain regular labs (blood-work), participate in preventive care, and be regularly evaluated by a board certified RN (registered nurse). Your assigned RN will review your medical information with you, help you to establish realistic and attainable health goals, and assign a “health phase” to you.

Participation in Peak Health is strictly voluntary. If you do not wish to participate, fail to complete the enrollment requirements by the noted deadlines, or fail to meet ongoing participation requirements, you will default to the full employee cost-share premiums. The deadline for the incentive credit is the 15th of each month.

## WELLNESS CREDIT

Employees who enroll in the BRMS/Anthem medical plan will be rewarded while actively participating with Peak Health. You may earn a wellness credit of \$75 per month to offset the cost of your share of the 2024 medical premiums. The wellness credit will be applied to your paycheck for as long as you stay engaged in the program. When you participate, you gain valuable information about your health, education on disease prevention, and details about lifestyle behaviors that could be negatively affecting your well-being.

The program provides:

- A mobile friendly online portal for health-related activities.
- FREE comprehensive lab-work at a participating LabCorp.
- Regular access to a board-certified Registered Nurse who advocates for your health and supports your goals for improvement.
- Up to \$900 per year in medical premium savings!

The program includes four steps and allows employees 90 days to complete all four steps to earn your \$75 wellness credit.

### ACTIVITY REQUIRED

### DEADLINE TO COMPLETE STEPS

<b>STEP 1</b> Enroll in Peak Health Platform	All four steps must be completed <b>within 90 days</b> of enrollment
<b>STEP 2</b> Complete the online annual Health Assessment	
<b>STEP 3</b> Obtain free Lab-Work from LabCorp	
<b>STEP 4</b> Attend your telephonic Nurse Visit(s) as advised	

**Steps 1 and 2** are completed online using the Peak Health Portal: [www.peak-health.net/wellness](http://www.peak-health.net/wellness). Simply follow the Get Started steps on the next page to register and complete your Health Assessment (HA).

**Step 3:** You may complete your lab-work requirement at no cost when using a LabCorp facility. Download and print the Lab Order Form received via email from Peak Health, or print it from your Peak Health portal, and take it to LabCorp at least one week prior to your Nurse Appointment. Your lab results will be available on the Peak Health portal. To find a location near you and schedule an appointment, visit [www.labcorp.com](http://www.labcorp.com).

**Step 4:** Once you complete your annual online Health Assessment and labs, Peak Health will schedule your appointment with a nurse evaluator. Within a few weeks, you will be notified by mail or e-mail of the date and time of your scheduled Nurse Visit. Do not hesitate to contact Peak Health at (252) 237-5090 or [appointment@peak-health.net](mailto:appointment@peak-health.net) to verify the date and time of your upcoming appointment. Employees must continue to attend recurring nurse visits, at the frequency determined by your nurse, and the health phase you have been assigned (frequencies can be 4, 8, or 12 months apart).

# Peak Health Program - BRMS/Anthem Members – *Continued*

## GET STARTED

1. Go to [www.peak-health.net/wellness](http://www.peak-health.net/wellness)
2. Click **Register** under **New Users**, then read and accept the Program Acknowledgment Form
3. Enter your Peak Health Username: NM + PlanSource ID (the first letter of your first name, the first six (6) letters of your last name, and then 4 digits of your Social Security number) e.g NMsanders6789
4. Enter your **date of birth** (for verification purposes)
5. Enter your **work email address**
6. Click **Register**: If username and date of birth match what is on file, you will be accepted and asked to enter a new password.
7. Click **Sign In**



## CONTACT PEAK HEALTH

For more information, please contact Peak Health at phone (252) 237-5090 or by email [appointment@peak-health.net](mailto:appointment@peak-health.net).

# Mental Health Services through Resources for Living

The Employee Assistance Plan (EAP) through Aetna Resources for Living (RFL) provides confidential counseling and referral services for up to **10 visits per issue per year (with unlimited issues)**. The EAP is available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home.

You can go to [www.resourcesforliving.com](http://www.resourcesforliving.com) to locate a provider or you can contact Aetna Behavioral Health at 800-342-8111. To access services: User name: Natus; Password: eap

The Employee Assistance Program (EAP) through Resources for Living offers free, confidential 24/7 support for all Natus employees.

Call (800) 342-8111 to get started.

## RESOURCES FOR LIVING (RFL) CLINICIANS ARE TRAINED TO PROVIDE SUPPORT FOR A NUMBER OF STRESS-CAUSING ISSUES, INCLUDING:

- Work/life balance challenges
- Parenting issues
- Child and elder care referrals
- Disaster support (i.e., COVID-19, wildfires, hurricanes)
- Dealing with depression
- Drug and substance abuse
- Legal counseling + referrals
- Financial counseling + referrals
- ID theft concerns
- Self-improvement



## CONVENIENT ACCESS FOR SUPPORT

Resources for Living clinicians make it easy to connect, based on your schedule. You have the option to talk over the phone, in-person, video or even via chat therapy. That way, you can choose the way that works best for you.



Phone

Call (800) 342-8111 or use the Resource for Living Google or Apple app to make appointments, get advice or meet face-to-face online.



Face-to-Face

Connect with a counselor in-person for personalized guidance. Services are always free and confidential.



Televideo

Exactly like in-person visits, televideo allows you to connect with a counselor at your convenience. It's the next best thing to being in the same room - without the commute!



ChatTherapythroughTalkSpace

Send unlimited text, video and audio messages to your dedicated therapist via web browser or the Talkspace app. No commutes, appointments or scheduling hassles. One week of chat equals one therapy session.

## WHAT HAPPENS IF I EXCEED 10 SESSIONS PER ISSUE IN A YEAR?

If counseling needs exceed 10 sessions per issue per year (with unlimited issues), or if you require more managed care, your RFL clinician will coordinate care with your medical plan or will refer you to a local resource.

See the additional mental health resources provided through your provider.

- BRMS/Anthem Blue Cross members (see [page 17](#))
- Kaiser members (see [page 21](#))
- Dean Health members (see [page 24](#))

## NEED MORE INFORMATION?

- Log on to [www.resourcesforliving.com/login](http://www.resourcesforliving.com/login)
- Username: Natus | Password: eap
- Download the Resources for Living app for tips, support articles and questions on where to start. Simply search for "Resources For Living" in your device's app store to install
- Call 1-800-342-8111 to talk to a RFL clinician today

# Dental Plans

## COMPREHENSIVE DENTAL CARE TO SUPPORT LONG-TERM DENTAL HEALTH

### AETNA DENTAL: DMO AND PPO DENTAL PLANS

Aetna offers two dental plans administered by Aetna (Aetna DMO and PPO). Aetna dental DMO and PPO plans are available to all eligible employees and their eligible dependents. **Note that dental benefits are bundled with vision and may not be elected separately.**

Visit [www.aetna.com](http://www.aetna.com) for a more detailed description of how to use the dental plans and locate DMO and PPO providers. Click on “Find A Doctor” at the top and click on “Plan from an employer,” toward the middle of the web page, to access Aetna’s DocFind search. Please see the plans to select below for use with Aetna DocFind:

- DMO: DMO/DNO/Managed Dental > DMO/DNO
- PPO: Dental PPO/PDNwithPPOIINetwork>Dental PPO/PDN with PPO II

For more information regarding Aetna dental network providers, contact Aetna at 877-238-6200.

	DMO	PPO
<b>Annual Deductible (waived for preventive)</b>	N/A	Yes
– Individual	None	\$50
– Family	None	\$150
<b>Annual Maximum</b> Preventive, Basic, and Major	None	\$1,500
<b>Preventive</b> Exams, Cleanings, Fluoride, X-Rays	100%	100%
<b>Basic</b> Fillings, Extractions	100%	80%
<b>Major</b> Inlays, Crowns, Dentures, Implants	50%	50%
<b>Orthodontia</b> Adult and Child	50%	50%
<b>Orthodontic Lifetime Maximum</b>	24 months of comprehensive orthodontic treatment plus 24 months of retention.	\$1,500

# Vision Plan

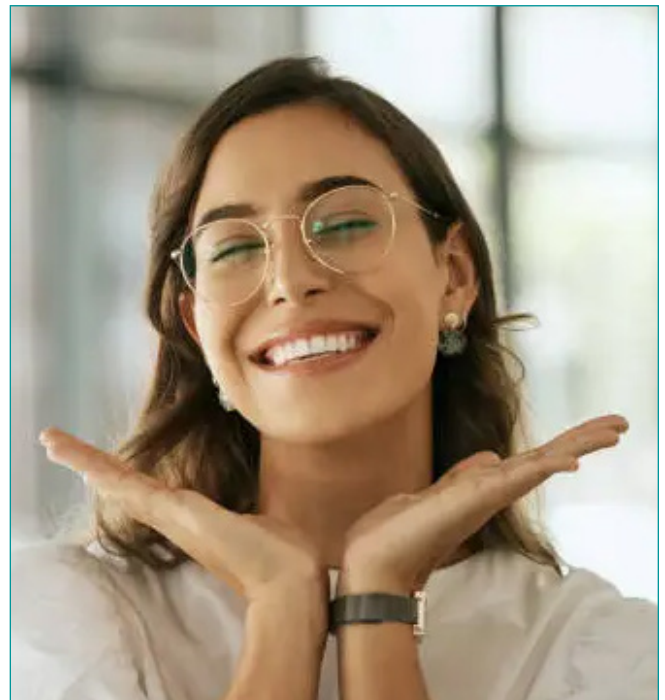
## AN IMPORTANT ELEMENT TO YOUR OVERALL HEALTH IS YOUR VISION

If you elect dental coverage, you and your covered eligible dependents also receive vision coverage through VSP. **Vision coverage is bundled with dental and may not be elected separately.** For more information regarding how to use the plan and VSP network providers, contact VSP at 800-877-7195 or visit [vsp.com](http://vsp.com).

	VSP PROVIDER	NON-VSP PROVIDER
<b>Copayments</b>		
– Examination Copay	\$20 copay	None
– Glasses Copay	\$20 copay	None
– Contact Lens Fitting Copay	Up to \$60 copay	None
<b>Examination</b> Once every 12 months	100% after copay	Covered up to \$50
<b>Lenses</b> Once every 12 months		
– Single Vision Lenses	100%	Covered up to \$50
– Bifocal Lenses	100%	Covered up to \$75
– Trifocal Lenses	100%	Covered up to \$100
<b>Frames</b> Once every 24 months	\$150/\$170 allowance (after copay)	Covered up to \$70
<b>Contact Lenses</b>	Copay Applies	
– In lieu of Lenses & Frames	\$150 allowance	Covered up to \$105
– Necessary Elective	100%	Covered up to \$210

### ADDITIONAL BENEFITS WITH VSP

- **Affiliate Providers:** VSP has contracts with **affiliate providers such as Costco**. Check with Costco for member pricing on frame and lens options.
- **Discounted Frames:** VSP offers a \$20 discount on featured frame brands like Calvin Klein, Diane von Furstenberg, Valentino, Sean John, and many more. To find a doctor who carries the discounted brands, visit [www.vsp.com](http://www.vsp.com).
- **Discounted Hearing Aids:** Through the TruHearing Program, you and your dependents may receive a pair of hearing aids discounted up to 60%. Membership in the TruHearing Program gives you access to a national network of more than 4,000 licensed hearing aid professionals and savings of up to \$1,300 per hearing aid purchase, and deep discounts on batteries. Additionally, each hearing aid purchase from TruHearing includes three professional visits, a 45-day money-back guarantee, and 48 replacement batteries. Learn more about this program at [www.vsp.com/offers/](http://www.vsp.com/offers/)



# Income Protection Plans

## LIFE INSURANCE, AD&D INSURANCE, AND DISABILITY COVERAGE

Natus provides all eligible employees with Basic life, AD&D, short- and long-term disability protection. **Natus covers 100%** of premium cost for employees.

### PLAN ADMINISTERED BY THE HARTFORD

### BENEFITS

<b>Life Insurance</b>	Two times your annual salary to \$500,000
<b>Accidental Death &amp; Dismemberment Benefit</b>	Two times your annual salary to \$500,000
<b>Short-Term Disability</b>	60% of total weekly earnings to a maximum of \$3,000, beginning the 8th day of illness or injury and payable for up to 12 weeks
<b>Long-Term Disability</b>	50% of total monthly earnings to a maximum of \$8,500, beginning 90 days from the date of disability

### FINANCIAL SECURITY FOR YOUR FAMILY

\* The IRS considers the value of group term life insurance in excess of \$50,000 “imputed income” and subject to tax. (You will see this on your paystub as “GTL”.) Natus Medical provides all eligible employees Basic Life, Accidental Death & Dismemberment and Disability benefits at no cost to you.

**Life, AD&D, and Disability Benefits\* Natus covers 100% of premium cost for employees**

## HELPFUL TERMS TO KNOW

### Guarantee Issue Amount:

This is the amount of Supplemental Life Insurance coverage you may elect without having to satisfy proof of good health as described below.

### Imputed Income:

The value of Company-paid life insurance coverage over \$50,000 is considered taxable income under federal tax law. This “imputed income” will be included in your annual gross income reported on your W-2 form.

### Proof of Good Health:

Proof of good health (also referred to as Evidence of Insurability) is required for any Supplemental Life Insurance in excess of the guarantee issue level. Benefit amounts requiring proof of good health are subject to The Hartford. You must complete an evidence of insurability application and take any requested medical exams and lab tests. You may be responsible for the cost of the exams.



## VOLUNTARY LIFE BENEFITS (EMPLOYEE-PAID)

Employees interested in purchasing additional coverage may purchase Voluntary Life from The Hartford for themselves or for themselves and their eligible dependents. The cost of the voluntary life plan is paid 100% by the employee.

Voluntary life elections are available in increments of \$10,000 up to a maximum of \$500,000.

If you are a newly hired employee electing coverage within your first 31 days, you may purchase coverage up to the guaranteed issue amount of \$350,000. For amounts exceeding \$350,000, you will need to complete an Evidence of Insurability (EOI) form and obtain approval from The Hartford.

For your spouse, you can purchase voluntary life in increments of \$5,000 up to the lesser of 100% of the employee’s amount or \$250,000. New or increased election amounts require you to complete an Evidence of Insurability (EOI) form and obtain approval from The Hartford before your new coverage election is effective. If you are a newly hired employee electing coverage within your first 31 days, you may purchase coverage up to the guaranteed issue amount of \$50,000.

For your child or children (to age 26), coverage of \$10,000 is available.

**Age reduction is a very common feature for life insurance coverage. Important to note that Natus Life Insurance payout value does not reduce with age.**

### PLAN ADMINISTERED BY THE HARTFORD

### VOLUNTARY BENEFIT

Employee Benefit	Voluntary Benefit
Employee Benefit	Increments of \$10,000 up to \$500,000.
Spouse Life	Any multiple of \$5,000 to a maximum of \$250,000, but not to exceed 100% of the employee’s approved election. You may not elect coverage for your spouse if you do not elect coverage for yourself. You may not elect coverage for your spouse if your spouse is covered as an employee under this policy.
Child Life	Coverage of \$10,000 is available for your child(ren) to age 26 as long as you elect supplemental life coverage for yourself.
Guarantee Issue	Evidence of Insurability is generally required for any benefit amount for new enrollees, unless you are a new hire and this is the first time the plan is being offered to you. For new hires, Evidence of Insurability is required above the following amounts: <ul style="list-style-type: none"> <li>• Employee: \$350,000</li> <li>• Spouse: \$50,000</li> </ul>

## VOLUNTARY SHORT-TERM DISABILITY BENEFITS (EMPLOYEE-PAID)

Natus provides an opportunity for you to purchase additional short-term disability coverage to help protect more of your income if you’re ever unable to work.

If you decide to [purchase the voluntary short-term disability plan](#), the combined basic and voluntary plan will replace 70% of your weekly earnings up to a \$3,500 weekly benefit maximum. The maximum number of weeks you can receive benefits while you’re disabled is 12 weeks. The weekly benefit may be reduced or offset by other sources of income.

You are already enrolled in the [basic short-term disability plan provided by Natus at no cost to you](#). The basic short-term disability plan will replace 60% of your weekly earnings up to a \$3,000 weekly benefit maximum, if you are unable to work.

# Accident Insurance Plan

Natus' Accident plan is offered through The Hartford. You may elect the plan and pay your premiums with after-tax dollars through payroll deductions.

With Accident Insurance, if you experience an accident, you will receive payment(s) associated with the injury and related services, including emergency room care, doctor's office visits, physical therapy or related surgery.

The funds you receive from this insurance can be used to help offset medical expenses that primary health insurance doesn't cover and it can also be used to pay for any non-medical expenses. Some examples include:

- Deductibles, coinsurance or copays
- Get an extra physical therapy session
- Order takeout while you heal
- Other bills you may have (such as mortgages, rent, groceries, car expenses, etc)

This benefit provides protection for everyday occurrences. All kinds of expenses can quickly add up after a mishap. Accident insurance helps with those expenses.

Learn more: [www.thehartford.com/resources/accident](http://www.thehartford.com/resources/accident)

Receive cash for a covered accident. Some examples include:



GROUND AMBULANCE



EMERGENCY ROOM



ACCIDENT FOLLOW-UPS



PHYSICAL THERAPY APPOINTMENTS

Use your cash for the expenses you choose



DEDUCTIBLES AND COPAYS



MORTGAGE PAYMENT



GROCERIES



OTHER BILLS YOU MAY HAVE





# Hospital Indemnity

The Hospital Indemnity plan is designed to help guard against large out-of-pocket expenses. If you or a loved one has a hospital stay, hospital indemnity insurance pays a cash benefit for a covered illness or injury.

Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up. The benefits are paid in lump sum amounts to you and can be used however you choose.

The funds can be used to help offset medical expenses that primary health insurance doesn't cover (like deductibles, coinsurance or copays) or can be used to pay for any non-medical expenses (like mortgages, rent, groceries, car expenses, etc.).

Natus' Hospital Indemnity plan is offered through The Hartford. You may elect the plan and pay your premiums with after-tax dollars through payroll deductions.

# Long-Term Care (LTC)

## VOLUNTARY LONG-TERM CARE BENEFIT (EMPLOYEE-PAID)

Natus offers an employee-paid benefit designed to help you and your family plan for the high cost of long-term care. The need for long-term care can arise unexpectedly, due to accident, illness, or stroke. We encourage you to learn about the Chubb insurance plan and you can choose a benefit amount that fits you and your family's needs.

The Long-Term Care plan is available through Chubb for employees to purchase on an after-tax basis. Spouses and Domestic Partners are also eligible to apply for coverage (underwriting required for all levels of coverage). All applications are subject to underwriting, including employee only coverage.

## WHAT IS LONG-TERM CARE?

Chubb's Life Insurance + LTC combines the benefits of life insurance with living benefits which can be utilized for Long-Term Care. Long-Term Care includes custodial care needed to perform normal activities of daily living such as transferring, eating, bathing, or getting dressed. Although Long-Term care is often needed by the elderly, it can also help you after a serious accident or if you suffer from a severe cognitive impairment.

The odds of needing long-term care are high and can occur at any time. The cost of long-term care is more expensive than most people realize. The median cost for home care, assisted living, and nursing home is between \$63,629-\$111,657 per year and the average stay is between 2.5-3 years. The Chubb benefit is designed to cover the cost of care which is not covered by health or disability insurance, and can help protect your retirement funds and family finances in unexpected situations.

- The Chubb Life + LTC benefit pays up to 75 months for qualified Long-Term Care services, up to 3x your policy value (4% per month LTC benefit for up to 75 months).
- Coverage is portable - Your policy is yours to keep, so you can take it with you – at the same cost – if you leave employment for any reason.
- Employees ages 71-80, Spouses and Domestic Partners are eligible to apply with underwriting consideration.



# Long-Term Care (LTC) – Continued

## ADVANTAGES OF THE GROUP LIFE + LTC PLAN

<p><b>Issue Age Rates &amp; Portable Benefit</b></p>	<p>Your rate is based on your age at the time of effective date.  <i>For example, if you are age 30 on the effective date of the plan, your rate will stay at age 30 and will not increase with age.</i>                  Your policy is yours to keep at the same cost if you leave employment for any reason.</p>
<p><b>Participants will Receive a Benefit</b></p>	<p>You WILL receive benefits from this plan.                  If you do not receive a LTC benefit, you can receive a Terminal Illness or Life Insurance benefit.</p> <ul style="list-style-type: none"> <li>• LTC benefit</li> <li>• Terminal Illness</li> <li>• Life Insurance Benefit</li> <li>• LTC and Life Insurance Benefit</li> </ul>



## NEED MORE INFORMATION?

- Learn More, View Rates, and Apply Online at: [www.my LTCguide.com/natus](http://www.my LTCguide.com/natus)
- Email: [LTCiBenefitsTeam@ltc-solutions.com](mailto:LTCiBenefitsTeam@ltc-solutions.com)
- Speak with a LTC Benefits Expert: (877) 286-2852



# Critical Illness

The Critical Illness plan is designed to guard against large out-of-pocket expenses that result from a serious illness.

If you are diagnosed with a serious illness, your Natus medical plan will pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly.

Critical Illness insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose for expenses not covered by your Natus medical plans (out-of-pocket medical expenses related to care, assistance around the home, other everyday expenses, etc.).

Natus' Critical Illness plan is offered through The Hartford. You may elect the plan and pay your premiums with after-tax dollars through payroll deductions.

# Legal Help

Whether you are buying a home, preparing a will or trust, or encountering an unexpected problem such as a speeding ticket or a credit problem, you may find yourself needing professional legal help at some point.

Natus' partnership with ARAG gives you access to a nationwide network of thousands of attorneys who can address your legal situation by providing advice, document preparation or review and representation if needed.

The plan will include the Diversity & Inclusion package to provide inclusive solutions that apply across multiple, diverse lifestyles. These benefits are designed to complement existing benefits such as prenuptial and postnuptial agreements, adoption (second parent), name change, and estate planning documents.

For fully covered non-excluded matters, there are no co-pays or deductibles as the plan pays the network attorney's fee. For matters not fully covered and not excluded, you can receive a reduced fee that is at least 25% off the network attorney's normal hourly rate. You pay your premiums with after-tax dollars through payroll deductions. Members can receive legal help from a network attorney by phone, in person or online.

Once you have enrolled in the plan, you simply select a network attorney in the area of practice that you need, either online or by phone. [Your spouse/domestic partner and dependent children are also covered under the plan.](#) There is [no limit](#) during the year [to how many times you can use the services](#) of a network attorney for covered legal matters.

## EXAMPLES OF COVERAGES

- Contested Divorce –now up to 30 hours
- Egg/Sperm/Embryo Donation Agreement
- Pre-Birth/Post-Birth Parentage Order
- Surrogacy Agreement
- Drivers License Suspension and Revocation—now with DWI
- Drivers License Restoration –now with DWI
- Minor Traffic Ticket –Non-Moving
- Executor Appointment
- Protection of Inheritance Rights
- Services for Parents/Grandparents
- Document Preparation
- Document Review
- Miscellaneous Legal Services (up to 4 hours per year)
- Wills & Power of Attorney

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If you need assistance,  
contact ARAG at  
**800-247-4184.**

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# Identity Theft

Natus has partnered with IdentityForce to offer identity theft protection services to you and your family. IdentityForce can help you minimize threats, monitor personal information and manage recovery if you are ever the victim of identity theft or fraud. Identity theft can take months to resolve, so it is as important as ever to get the protection you and your family deserve.

To purchase these services from IdentityForce, you simply make your election and pay your premiums with after-tax dollars through payroll deductions.

After you're enrolled in the plan, you'll receive an email from IdentityForce with a link and instructions. You can activate your account by following the instructions and then logging into your online account at <https://mybenefits.identityforce.com> at any time. At IdentityForce, you will find a comprehensive set of tools to help reduce your online vulnerabilities and detect and eliminate cyber threats to keep your identity secure.

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If you have other questions,  
contact 877-694-3367.

You can also visit  
[www.IdentityForce.com](https://www.IdentityForce.com)  
for more information.

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# Flexible Spending Accounts

You can choose to enroll in one or both FSA accounts:

- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account

These Flexible Spending Accounts allow you to set aside a portion of your income on a pre-tax basis per calendar year. Natus allows employees to contribute up to the 2024 IRS limits of \$3,200 for Health Care FSA and \$5,000 for Dependent Care FSA.

The Flexible Spending Accounts are administered by our vendor, Inspira Financial.

You may only make an election within 31 days of becoming a new hire or during open enrollment. If you incur a qualified family status change (e.g., marriage divorce, birth of your child, etc.), you will have 31 days from the event to make a change or enroll in the FSA plans.

For more information about Natus' FSAs, contact Inspira at 888-678-8242 or [inspirafinancial.com](https://www.inspirafinancial.com).

## EXAMPLES OF ELIGIBLE EXPENSES

### Health Care FSA

- Deductibles and copays
- Health Care expenses not covered by your plan and approved by the IRS
- Over-the-counter drugs
- Medical equipment
- Therapy

### Dependent Care FSA

- Childcare for children under age 13
- Adult dependent daycare
- Dependent daycare centers

## HEALTH CARE FSA

- Full service, traditional FSA for employees who are not enrolled in a Health Savings Account (HSA). Employees may enroll in a full service, traditional FSA and will be able to fund qualified health care, dental and vision expenses with pre-tax dollars. (You may not set up an HSA if you elect to have a full service, traditional FSA.)
- Limited-purpose FSA for employees who are enrolled in a Health Savings Account (HSA). Employees may enroll in a limited purpose FSA and will be able to fund qualified non-medical expenses with pre-tax dollars. For example, qualified dental and vision.

## CARRYOVER FSA FUNDS

The IRS limits how much money you may contribute to your FSA each plan year and limits the amount of unused funds you can carryover into the new plan year. For 2024:

- Health Care FSA (including Limited-Purpose FSA): You will be able to carryover up to \$610 of your 2023 unused funds into 2024. Remaining unused funds will be forfeited.
- Dependent Care FSA: You cannot carryover unused funds into 2024. All unused funds will be forfeited.

You will have until March 31, 2025 to submit qualified Health Care and Dependent Care FSA expenses incurred through December 31, 2024 for reimbursement.

# Benefit Plan Costs

Natus subsidizes a significant portion of the cost for employees and eligible dependents for medical, dental and vision. Your contributions for the health plans are made on a “pre-tax” basis, unless you elect otherwise.

If you are covering a domestic partner/same-sex spouse, you pay the cost of their coverage on an after-tax basis per the IRS.

In general, you will be taxed on the value (imputed income) of the coverage provided for your domestic partner and his/her dependent children, if applicable.

If your domestic partnership (or same-sex marriage) meets the requirements of local law, you may not be charged imputed income for state income tax purposes.

## 2024 BI-WEEKLY EMPLOYEE CONTRIBUTIONS

### MEDICAL PLANS

### EMPLOYEE BI-WEEKLY CONTRIBUTIONS

#### BRMS/ANTHEM BLUE CROSS HDHP + HSA

*Engaging in the Peak Health wellness program*      *Not engaging in the Peak Health wellness program*

	<i>Engaging in the Peak Health wellness program</i>	<i>Not engaging in the Peak Health wellness program</i>
Employee Only	<b>\$84.25</b>	\$118.86
Employee + Spouse/Domestic Partner	<b>\$192.50</b>	\$227.11
Employee + Child(ren)	<b>\$130.74</b>	\$165.36
Employee + Family	<b>\$288.00</b>	\$322.62

#### KAISER CA HMO (CALIFORNIA)

Employee Only	\$65.51
Employee + Spouse/Domestic Partner	\$170.40
Employee + Child(ren)	\$134.26
Employee + Family	\$270.58

#### KAISER WA HMO (WASHINGTON)

Employee Only	\$56.47
Employee + Spouse/Domestic Partner	\$146.87
Employee + Child(ren)	\$115.72
Employee + Family	\$233.21

#### DEAN HEALTH PLAN HMO

Employee Only	\$38.20
Employee + Spouse/Domestic Partner	\$99.11
Employee + Child(ren)	\$78.13
Employee + Family	\$157.71

# Benefit Plan Costs – Continued

## DENTAL & VISION

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS

### DMO + VISION

Employee Only	\$4.97
Employee + Spouse/Domestic Partner	\$11.03
Employee + Child(ren)	\$12.61
Employee + Family	\$17.32

### PPO + VISION

Employee Only	\$9.00
Employee + Spouse/Domestic Partner	\$20.75
Employee + Child(ren)	\$23.50
Employee + Family	\$32.75

## VOLUNTARY LIFE AND DISABILITY RATES

### EMPLOYEE AGE

*Voluntary Life for Employee  
Monthly Rates per \$1,000  
Covered Earnings*

*Employee Age\**

*Voluntary Life for Spouse  
Monthly Rates per \$1,000  
Covered Amount*

	<i>Voluntary Life for Employee Monthly Rates per \$1,000 Covered Earnings</i>	<i>Employee Age*</i>	<i>Voluntary Life for Spouse Monthly Rates per \$1,000 Covered Amount</i>
Under 30	\$0.07	Under 30	\$0.06
30 - 34	\$0.08	30 - 34	\$0.08
35 - 39	\$0.09	35 - 39	\$0.09
40 - 44	\$0.16	40 - 44	\$0.13
45 - 49	\$0.26	45 - 49	\$0.22
50 - 54	\$0.38	50 - 54	\$0.38
55 - 59	\$0.59	55 - 59	\$0.63
60 - 64	\$0.77	60 - 64	\$0.83
65 - 69	\$1.27	65 - 69	\$1.31
70 - 74	\$2.60	70 - 74	\$2.39
75+	\$2.60	75+	\$2.39

### CHILD LIFE

*Child Rate per \$1,000 Covered Amount*

Child Life	<b>\$0.20</b>
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### VOLUNTARY SHORT-TERM DISABILITY

*Monthly Rate per \$10 of Weekly Benefit*

Per Employee	<b>\$0.184</b>
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## ARAG GROUP LEGAL

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS

### ARAG

Per Employee	\$11.28
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# Benefit Plan Costs – *Continued*

## ACCIDENT INSURANCE

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS

### HARTFORD

Per Employee	\$4.83
Employee + Spouse/Domestic Partner	\$7.62
Employee + Child(ren)	\$8.26
Employee + Family	\$12.92

## HOSPITAL INDEMNITY INSURANCE

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS

### HARTFORD

Per Employee	\$5.79
Employee + Spouse/Domestic Partner	\$12.20
Employee + Child(ren)	\$11.01
Employee + Family	\$18.28

## CRITICAL ILLNESS INSURANCE - PER PAY PERIOD

### HARTFORD

Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18 - 24	\$1.38	\$2.24	\$2.10	\$3.07
25 - 29	\$1.66	\$2.66	\$2.37	\$3.49
30 - 34	\$1.86	\$2.96	\$2.57	\$3.80
35 - 39	\$2.36	\$3.73	\$3.08	\$4.56
40 - 44	\$3.33	\$5.22	\$4.05	\$6.05
45 - 49	\$5.13	\$8.00	\$5.85	\$8.84
50 - 54	\$7.11	\$11.07	\$7.83	\$11.91
55 - 59	\$9.66	\$15.04	\$10.38	\$15.88
60 - 64	\$13.53	\$21.02	\$14.24	\$21.85
65 - 69	\$18.54	\$28.68	\$19.26	\$29.51
70 - 74	\$12.56	\$19.49	\$13.08	\$20.10
75 - 79	\$16.39	\$25.31	\$16.91	\$25.91

## IDENTITY THEFT PROTECTION

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS

### IDENTITYFORCE

Per Employee	\$3.69
Employee + Spouse/Domestic Partner	\$6.92
Employee + Child(ren)	\$6.92
Employee + Family	\$6.92



# Military Families

TRICARE is the health care program for uniformed service members, retirees, and their families around the world. TRICARE provides comprehensive coverage to all beneficiaries that include health plans, prescriptions, and dental plans. There are different plans for military personnel based on their status (active, reserve, etc.). TRICARE may be considered the same as “other group coverage”.

TRICARE is comprehensive care and covers the following benefits for the service member, and their family if they enroll:

- Outpatient visits,
- Hospitalization,
- Preventive services,
- Maternity care,
- Immunizations, and
- Mental/Behavioral health services.

Employees who qualify to enroll in TRICARE plans may also sign up for the employer plans as additional coverage to their TRICARE plan. This double coverage is helpful if the VA is experiencing delays in care; this gives the member options and may provide faster or better network providers. Employees may still enroll in the HDHP+HSA Plan to have the secondary coverage, but will not be eligible to open an HSA, since TRICARE is considered another form of health care and that would **disqualify employees from contributing to an HSA**.

Each supplemental insurance plan has its own rules. Carefully consider you and your family’s health care needs before purchasing a supplemental insurance plan.

For more information, please visit:

[TRICARE NEWSROOM](#) – Access the latest TRICARE news online.

[TRICARE HANDBOOK](#) – Easy access to the latest publications to help you learn about the variety of healthcare options.

**THANK YOU FOR YOUR SERVICE!**

# Retirement Plan

Natus provides a 401(k) plan with a discretionary employer matching contribution. All full-time employees, as defined in the plan document, are immediately eligible to participate in this retirement plan. As a result, there are a few ways to contribute. You may contribute monies from your payroll check to your individual 401(k) retirement account on a pre-tax basis (Traditional), or you may also make after-tax contributions (Roth), or a combination of both.

## CONTRIBUTION PLAN

YEARS OF SERVICE FOR VESTING      PERCENTAGE

YEARS OF SERVICE FOR VESTING	PERCENTAGE
Less than 1	0%
1	50%
2	100%

Those contributions can be 1% to 60% of pre-tax pay up to IRS limits. As of 2024, those limits are **\$23,000**, or up to **\$30,500** if age 50 during the calendar year. (Please check the plan website at 401k.com for more information.) The employer matching contributions are subject to a two-year vesting schedule, as noted below.

Employees who wish to maximize their retirement savings, can contribute up to **\$41,000 on an after-tax** basis into a ROTH account. This contribution is in addition to the IRS limits for pre-tax and the Natus employer contribution. Employees age 55+ can contribute an additional \$7,500 for 2024.

You may take out one loan at a time. Be sure you understand the plan guidelines and impact of taking a loan out on your 401(k) before initiating a loan from your individual 401(k) retirement account. (Additional fees may apply.) Generally, you may borrow the lesser of 50% of your vested account balance or \$50,000. Any outstanding loan balances over the previous 12 months may reduce the amount you have available to borrow. The minimum amount you may borrow is \$1,000.

Important: Loan repayments (plus interest) to your individual 401(k) retirement account are automatically deducted from your pay through after-tax payroll deductions.

Additionally, you may make a withdrawal upon the event of termination of employment, retirement, disability or death. Keep in mind withdrawals are subject to income taxes and possibly to early withdrawal penalties.

For more information about Natus' retirement plan, please call Fidelity at 800-835-5097 and/or go to [www.401k.com](http://www.401k.com).

Watch this video to learn how to make the most of your retirement savings: <https://www.brainshark.com/fidelityemg/retirementsavings>.





# Paid Time Off (PTO)

Natus provides four weeks (20 days) of combined vacation, personal and sick days per calendar year, referred to as Paid Time Off (PTO).

PTO accrues at 6.15 hours per pay period.

**After 5 years of continuous employment, PTO increases to 7.69 hours per pay period (25 days per year).**

Regular, part-time employees (between 30 and 40 hours of work per week) accrue PTO on a prorated basis.

PTO may be accrued up to a maximum of 180 hours and can be rolled over into the following calendar year.

An employee must obtain PTO approval in advance from his/her manager for all scheduled absences. Managers will make reasonable efforts to grant you your requested days off; however, your request is subject to the operating needs of the company and availability of accrued PTO hours. Employees should report PTO to payroll during the pay period it was taken. Your manager will review with you the procedures for recording PTO.

Remember PTO is to be used for vacation, personal, family care and sick time off. It is unacceptable to come to work when ill and possibly contagious in order to preserve accumulated PTO hours.

# Contact Information

PLAN TYPE/PROVIDER WEBSITE PHONE GROUP NUMBER

**MEDICAL**

<b>Benefit &amp; Risk Management Services (BRMS)</b> HDHP Medical Administrator	<a href="http://www.brmsonline.com">www.brmsonline.com</a>	877-713-2917	
<b>Anthem Blue Cross</b> HDHP Medical Network	<a href="http://www.myhealthbenefits.com">www.myhealthbenefits.com</a>		
<b>Optum Rx through RxBenefits</b> HDHP Prescription	<a href="http://www.optumrx.com">www.optumrx.com</a>	800-880-1188	
<b>Kaiser California</b>	<a href="http://www.kp.org">www.kp.org</a>	800-464-4000	Northern CA: 606090 Southern CA: 234217
<b>Kaiser Washington</b>	<a href="http://www.kp.org/wa">www.kp.org/wa</a>	888-901-4636	1908400
<b>Dean Health Plan</b>	<a href="http://www.deancare.com">www.deancare.com</a>	800-279-1301	176XQSA

**DENTAL**

<b>Aetna Dental</b> • PPO • DMO	<a href="http://www.aetna.com">www.aetna.com</a>	877-238-6200	847244
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**VISION**

<b>Vision Service Plan (VSP)</b>	<a href="http://www.vsp.com">www.vsp.com</a>	800-877-7195	12262730
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**LIFE/DISABILITY/ACCIDENT**

<b>The Hartford</b> • Life • Disability • Accident • Critical Illness • Hospital Indemnity	<a href="http://thehartford.com/employeebenefits">http://thehartford.com/employeebenefits</a>	Life Claims: 877-567-1954  Disability Claims: 877-567-1954  Critical Illness, Accident, Hospital Indemnity Claims: 866-547-4205	
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**ADDITIONAL BENEFITS**

<b>Chubb Long-Term Care</b>	<a href="http://www.myltcguide.com/natus">www.myltcguide.com/natus</a>	877-286-2852	
<b>ARAG Legal Insurance</b>	<a href="http://legal.com/myinfo">http://legal.com/myinfo</a>	800-247-4184	
<b>IdentityForce ID Theft Protection</b>	<a href="http://www.IdentityForce.com">www.IdentityForce.com</a>	877-694-3367	
<b>Aetna Resources for Living (Employee Assistance Program)</b>	<a href="http://www.resourcesforliving.com">www.resourcesforliving.com</a> (user = Natus; password = eap)	800-342-8111	EA600920
<b>Inspira Financial</b>	<a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>	888-678-8242	
<b>Fidelity 401(k) Plan</b>	<a href="http://www.401k.com">www.401k.com</a>	800-835-5097	

**NATUS CONTACTS**

<b>Natus Benefit Call Center</b>	<a href="mailto:NatusBenefits@Plansource.com">NatusBenefits@Plansource.com</a>	866-967-0251	
<b>Natus Benefits</b>	<a href="http://www.natusbenefits.com">www.natusbenefits.com</a>		