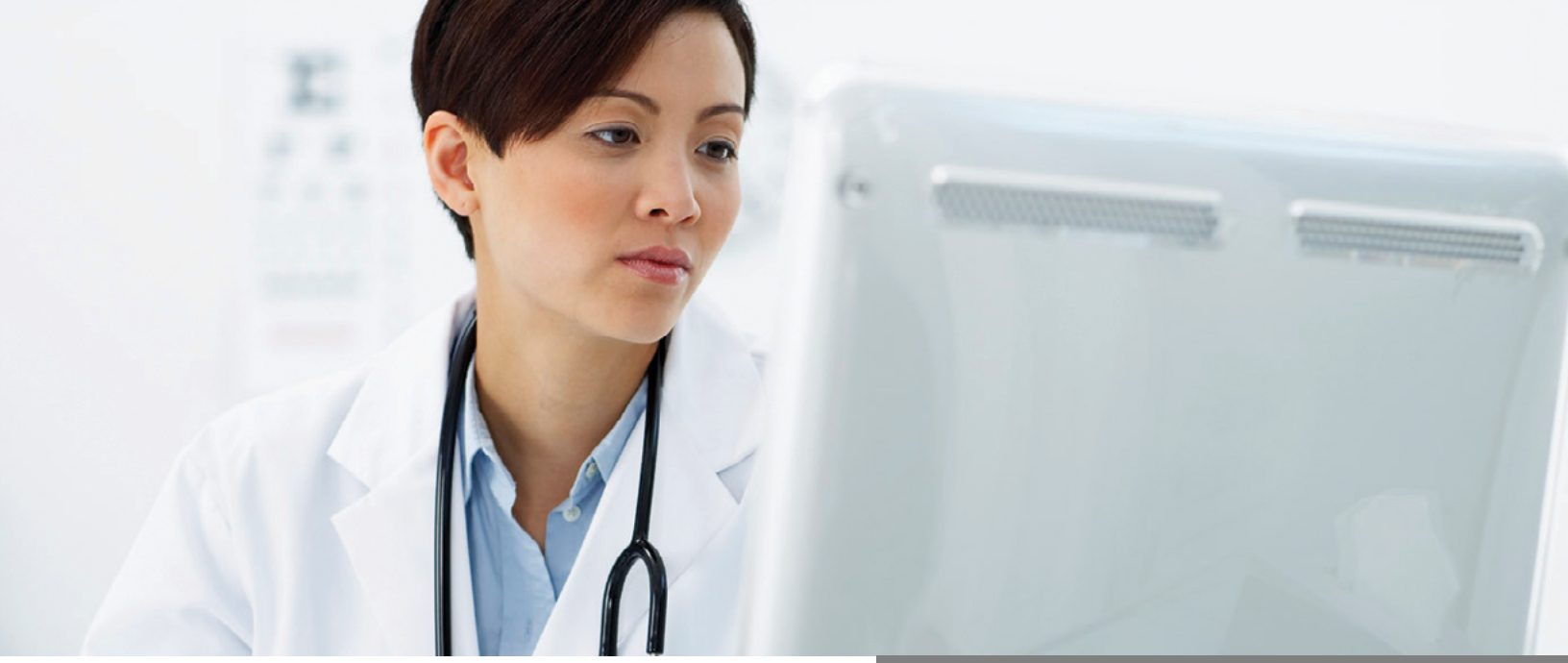
natus

2019 Benefits Guide



Introduction

At Natus Medical Incorporated (also referred to as "the Company" or "Natus"), we recognize our employees are key to our success and growth in the medical device industry. We are committed to providing you with a comprehensive and competitive benefit package to help keep you and your family healthy and secure, while paying a significant share of the cost.

We are pleased to offer you a choice of plans to best meet your needs. In addition to health care and company-paid income protection benefits, you can purchase additional financial protection and take advantage of tax savings opportunities through several of our plans.

Please take the time to learn, apply and use your benefits, including programs available from our benefit plan providers. If you have questions, you can call the plan providers' customer service centers, visit their websites, or contact Health Advocate at **1-866-695-8622 or** answers@healthadvocate.com.

As an additional resource, we have developed a website to guide you through the Open Enrollment process. It contains detailed information about Natus benefits programs: www.natusbenefits.com.

Contents

Benefit Basics

Covering Yourself and Your Family

You're eligible for benefits if you're an active, full-time employee regularly scheduled to work at least 30 hours per week. You can also enroll your spouse/domestic partner and children, as described below.

- 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
  - Step children
  - Children of enrolled 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, whose coverage was continued under your former plan of insurance that was in effect on the day before the effective date of this coverage.

** Domestic partners are defined as same-sex and opposite-sex couples registered with any state or local government domestic partner registry. Requirements for proof of relationship or waiting periods apply to both marriages and domestic partnerships.*

*** If totally disabled before age 19, unable to work and solely dependent on you for their support and maintenance*

Proof of Eligibility

Natus and its 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 benefits paid for ineligible dependents.

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 2019 for January 1, 2020), except as a result of a "qualified status change" and other types of changes that qualify. Sample of status changes include the following:

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

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

If you add this dependent	You must provide HR with a copy of this document
Spouse	Marriage Certificate
Registered Domestic Partner	Registered Domestic Partnership Certificate
Natural Child	Birth Certificate
Adopted Child	Adoption Decree
Stepchild	Birth Certificate
Dependent Child of RDP	Birth Certificate
Foster Child	Court Documents and Last Tax Return
Disabled Dependent Child over Age 26	Birth Certificate, Proof of Condition, and Last Tax Return

When Coverage Begins

If you are a newly-hired employee and you enroll within 31 days of your hire date, your coverage will begin on your date of hire.

If you enroll during Open Enrollment, your coverage will begin on January 1.

If you have a qualifying status change and you enroll within 31 days, your coverage will begin on the date of the qualified status change.

For the Health Care or Dependent Care Flexible Spending Account, your participation starts first of the month following date of hire.

When Coverage Ends

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

- Medical, dental and vision coverage, along with life and AD&D insurance coverage, ends on the last day of the month in which you are no longer eligible
- Short-term disability and long-term disability coverage ends 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
- Coverage for dependents ends on the last day of the month in which they are no longer eligible.

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)

Enrolling for Coverage

When to Enroll

You may enroll for coverage at the following times:

- Within 31 days of starting as a new hire, for coverage effective on the date of hire
- During Open Enrollment, for coverage for the upcoming plan year (January 1, 2019 – December 31, 2019)

How to Enroll

You enroll for your Natus benefit coverage online using our benefit administration system BeneTrac. The system is generally available 24 hours a day.

To access the login page:
Log into Benetrac: https://www.eenroller.net/login.asp?ST=NTUS4523

To register and log in for the first time:
Your username will be the first six letters of your last name (or less for last names with fewer than six letters) followed by the last four digits of your social security number. For example, Mary Employee would enter employ9999.

If you have forgotten your password or your password has expired, please use the "Forgot your User Name or Password?" link on the BeneTrac login page.

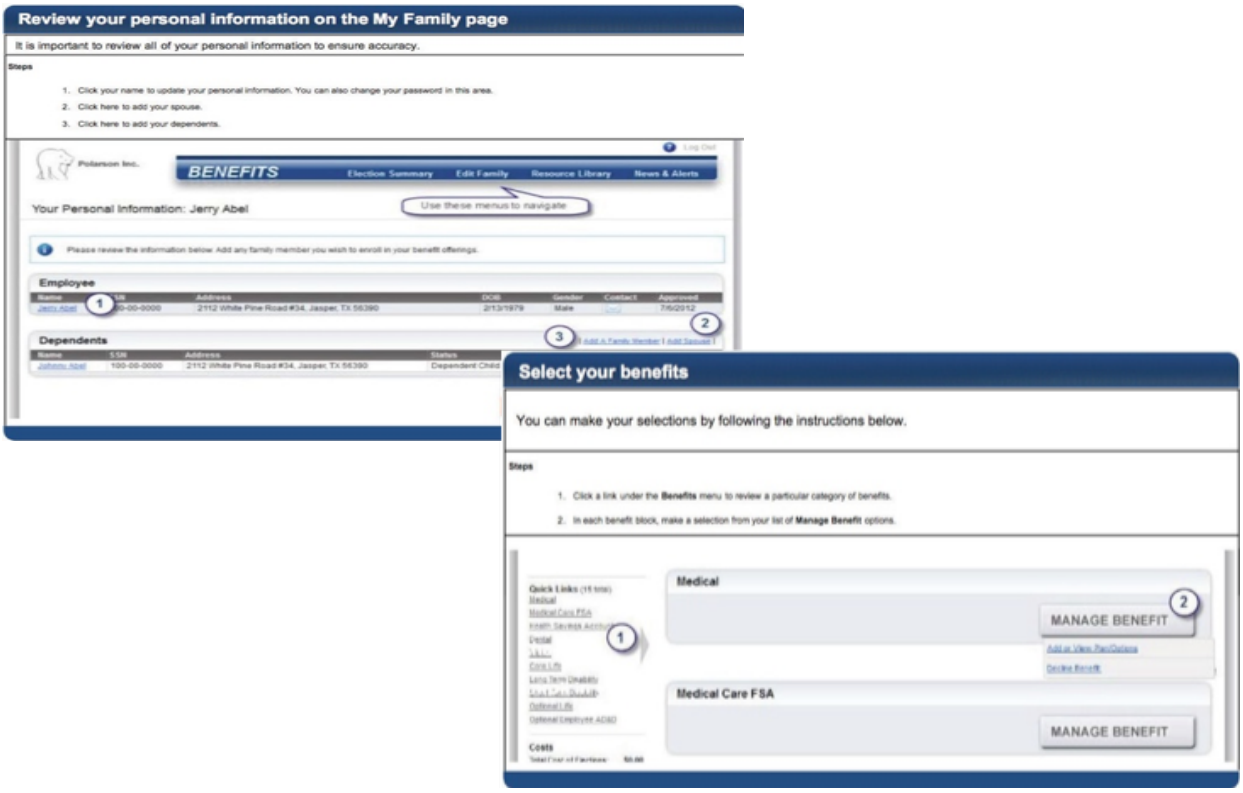
Your Enrollment Checklist

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 on page 34.
- 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 Savings and Dependent Care Flexible Spending Accounts allow you to set aside pre-tax money to help pay for eligible health care or day care expenses, respectively.
- Access BeneTrac to enroll by the deadline. If you're a new hire, you have 31 days from your date of hire to enroll.
- Add or review your dependents' information in BeneTrac. Make sure it's accurate and complete.
- Enroll in or review your 401(k) account and review other benefits.

To make your benefit elections:
You can make your selections by following the instructions below:

1. Click a link under the Benefits menu to review a particular category of benefits.
2. In each benefit block, make a selection from your list of Manage Benefit options.



To complete enrollment:

When you are finished making your elections, you will be asked to Review and Finalize your elections.

You may print a summary of your elections for your records.

What Happens If You Do Not Enroll

If you choose to waive medical coverage, you will be asked to provide proof of other medical insurance coverage - 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 medical, dental or vision coverage 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 - Basic Life Insurance, AD&D Insurance, Disability and Employee Assistance Program.

If you do not enroll during Open Enrollment as an active, full-time employee, your current coverage will automatically continue to the following plan year with the applicable per-paycheck contributions

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, you and/or Natus share in the cost.

Medical and Prescription Drug	Three medical and prescription drug benefit plans are provided based on your residence location: • Aetna PPO Plan with Aetna Choice POS II (Open Access) Network • Aetna PPO Plan with HSA with Aetna Choice POS II (Aetna HealthFund) Network • Low Cost Medical Plan – Kaiser HMO Plan in CA and WA – Dean Health Plan in WI – Aetna EPO Plan in all other locations, with Aetna Select (Open Access) Network
Dental	Two dental plan options are available: • Aetna DMO • Aetna PPO
Vision	One vision plan option is available through VSP
Income Protection	The following income protection benefits are provided through Aetna at no cost to you: • Life and Accidental Death & Dismemberment (AD&D) Insurance • Disability benefits Additionally, you have the opportunity to purchase supplemental life insurance coverage for yourself and your eligible dependents, paying the costs on an after-tax basis.
Accident Plan	Accident benefits are available through Unum for you to purchase on an after-tax basis. The plan provides tax-free benefits for expenses such as: • Emergency room care, doctor's office visits, physical therapy and related surgery • Out-of-pocket expenses that medical insurance does not pay, including deductibles and co-pays.
Employee Assistance Program	EAP benefits are provided through Aetna at no cost to you.
Health Savings Account	Health Savings Account (HSA) is available for those who elect the Aetna PPO with HSA plan. HSA provides a triple-tax advantage: • You can deposit money tax-free • The account will grow tax-free until you use it • Your withdrawals are tax-free when used on qualified health care expenses.
Flexible Spending Account	The following accounts are available for you to set aside a portion of your income on a pre-tax basis: • Health Care Spending Account to pay for eligible health care expenses • Dependent Care Spending Account to pay for eligible child and dependent care expenses
Health Advocate	Health Advocate is a confidential concierge service available to help you navigate the complex world of health care, answer questions about insurance, help you find the right providers, locate second opinions, transfer medical records, provide cost comparisons for medical procedures, sort out billing concerns, and much more.

Medical and Prescription Drug Plans

We at Natus 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.

Medical Plan Choices

Natus offers you three choices of medical plans based on your residence location:

- Aetna PPO Plan
- Aetna PPO with HSA Plan
- Low Cost Medical Plan:
  - Kaiser HMO Plan in California and Washington
  - Dean Health Plan in Wisconsin
  - Aetna EPO Plan in all other locations where Kaiser and Dean Health Plan are not available.

Only one Low Cost Medical Plan is available to you and it's based on your residence location. Aetna PPO Plan and Aetna PPO with HSA Plan are available nationwide.

Opt-Out Payment Program

Natus offers a medical opt-out benefit to all eligible employees. In order to qualify, employees may be required to provide proof of alternate coverage and must fall into one of the following categories:

- You are currently enrolled in Natus' medical plan and choose to opt out. You will receive an opt-out benefit based on the tier of coverage you were enrolled in at the time you opt out of the plan.
- You are a new hire and opt out of coverage. You are eligible to receive the employee only opt-out amount.

The opt-out amounts are as follows:

- $750 for employee only
- $750 for employee plus spouse
- $750 for employee plus child(ren)
- $1,500 for employee plus family

Note: the opt-out payment will be added to your paychecks on a pro-rated basis throughout the plan year on a go-forward basis. Employees who wish to elect the opt-out may be asked to provide a copy of their ID card or a letter from the spouse's HR department indicating they are covered under their plan.

Natus' national medical plans offer comprehensive care through Aetna. By making smart decisions about how you use your medical benefits, you can achieve better health and manage your costs.

Aetna PPO Plan

Network: Aetna Choice POS II (Open Access)

Aetna PPO Plan provides coverage for in-network and out-of-network care, so you can see any doctor of your choosing. There is no Primary Care Physician (PCP) requirement for care coordination. You will pay lower out of pocket expenses when you use in-network doctors because Aetna negotiates lower rates and higher discounts with these providers.

Aetna PPO Plan with HSA

Network: Aetna Choice POS II (Aetna HealthFund)

Aetna PPO with HSA Plan works similarly to the Aetna PPO plan. The plan provides coverage for in-network and out-of-network care, and you do not need to select a 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.

Aetna EPO Plan: New for 2019

Network: Aetna Select (Open Access)

Aetna EPO Plan is one of Natus' new low cost medical plans, available to employees who live in areas without access to the local HMO plans (Kaiser and Dean Health Plan). Aetna EPO Plan provides coverage for in-network care only, although emergency care by out-of-network providers is covered. There is no PCP requirement for care coordination.

Prescription Drug

If you are enrolled in one of the Aetna medical plans, you will automatically receive prescription drug coverage through Aetna.

If you and/or your eligible dependents will be eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. More information is included in the "Medicare Notice of Creditable Coverage," provided on page 40.

Locating In-Network Aetna Providers

Using in-network providers allow you to save money through Aetna's negotiated rates with the providers. To locate in-network Aetna providers:

1. Log on to: http://www.aetna.com/dse/search
2. Continue as a guest and enter required fields.
3. Select plan type and the plan name:

For Aetna PPO Plan:

Select "Aetna Open Access Plans"; Then select "Aetna Choice POS II (Open Access)"

For Aetna PPO with HSA Plan:

Select "Aetna HealthFund Plans"; Then select "Aetna Choice POS II (Aetna HealthFund)"

For Aetna EPO Plan:

Select "Aetna Open Access Plans"; Then select "Aetna Select (Open Access)"

4. Click "Medical Doctors & Specialists"
5. Click "All Primary Care Physicians" and the provider listing will appear.

Aetna Benefits at a Glance

	AETNA PPO		AETNA PPO WITH HSA		AETNA EPO
	In-network	**Out-of-network**	**In-network only**	**Out-of-network only**	**In-network only**
Network	Aetna Choice POS II (Open Access)	n/a	Aetna Choice POS II (Aetna HealthFund)	n/a	Aetna Select (Open Access)
Deductible - Individual - Individual in family - Family	 $750 $750 $1,500	 $1,500 $1,500 $3,000	 $2,700 $2,700 $5,400	 $3,000 $3,000 $6,000	 $2,000 $2,000 $4,000
Out-of-Pocket Maximum - Individual - Individual in family - Family	 $3,000 $3,000 $6,000	 $6,000 $6,000 $12,000	 $4,000 $4,000 $8,000	 $6,000 $6,000 $12,000	 $4,000 $4,000 $8,000
HSA Contribution from Natus - Single EE - EE + Spouse/Child - Family	 n/a n/a n/a	 n/a n/a n/a	 $1,000 $1,500 $2,000		 n/a n/a n/a
Office Visit	$30 PCP; $50 Specialist (no deductible)	40% after deductible	10% after deductible	30% after deductible	$30 PCP; $50 Specialist (no deductible)
Urgent Care	$50 copay (no deductible)	40% after deductible	10% after deductible	30% after deductible	$50 copay (no deductible)
Preventive Care	Covered in Full	40% after deductible	Covered in Full	30% after deductible	Covered in Full
Emergency Room	$125 copay (no deductible)	$125 copay (no deductible)	10% after deductible	10% after deductible	$125 copay (no deductible)
Outpatient Surgery	20% after deductible	40% after deductible	10% after deductible	30% after deductible	20% after deductible
Hospital Coverage	20% after $500 copay, after deductible	40% after $500 copay per admission, after deductible	10% after deductible	30% after deductible	20% after $500 copay per admission, after deductible
Lab & X-Ray	20% after deductible	40% after deductible	10% after deductible	30% after deductible	20% after deductible
Chiropractic Care	$50 copay / visit, up to 20 visits (no deductible)	40% after deductible, up to 20 visits	10% after deductible, up to 20 visits	30% after deductible, up to 20 visits	$50 copay / visit, up to 20 visits (no deductible)
Bariatric Surgery	20% after $500 copay & deductible for hospital stay (subject to Aetna's standard requirements)	40% after $500 copay per admission, after deductible (subject to Aetna's standard requirements)	10% after deductible for hospital stay (subject to Aetna's standard requirements)	30% after deductible for hospital stay (subject to Aetna's standard requirements)	20% after $500 copay & deductible for hospital stay (subject to Aetna's standard requirements)
Mental Health & Substance Abuse - Outpatient - Inpatient	 $50 copay / visit (no deductible) 20% after $500 copay / admission	 40% after deductible 40% after $500 copay / admission	 10% after deductible 10% after deductible	 30% after deductible 30% after deductible	 $50 copay / visit (no deductible) 20% after $500 copay / admission
Retail Pharmacy (30 days) Generic Preferred Brand Non-Pref. Brand Specialty	No deductible $10 copay $30 copay $50 copay 20%, $20 min & $200 max	 Not covered Not covered Not covered Not covered	After deductible 10%, $10 max 30%, $75 max 50%, $100 max 20%, $20 min & $200 max	 Not covered Not covered Not covered Not covered	No Deductible $10 copay $40 copay $75 copay 20%, $20 min & $200 max
Mail-Order Pharmacy (90 days) Generic Preferred Brand Non-Pref. Brand Specialty	No deductible $20 copay $60 copay $100 copay n/a	 Not covered Not covered Not covered Not covered	After deductible 10%, $20 max 30%, $150 max 50%, $200 max n/a	 Not covered Not covered Not covered Not covered	No Deductible $20 copay $80 copay $150 copay n/a

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Aetna Resources

Aetna Navigator

Self-service website that provides a single source for online health and benefit information 24 hours a day, 7 days a week. Through Aetna Navigator, you can replace an ID card, research Aetna's products and programs, contact Aetna directly, and access health and wellness information. Aetna Navigator also includes secure, personalized features for registered members, including access to claims and benefit status.

Hearing Aid Discounts

Available through Hearing Care Solutions and Amplifon Hearing Health Care (formerly HearPro).

- Hearing Care Solutions: To schedule an appointment, call Hearing Care Solutions at 1-866-344-7756. There are 2,000 providers at more than 1,800 locations.
- Amplifon Hearing Health Care: To receive discounted rates, call Amplifon Hearing Health Care at 1-877-301-0840 to order a validation packet. When you receive the packet, make an appointment with a provider. There are more than 1,600 participating locations.

Informed Healthline

Contact Aetna nurses at 1-800-556-1555 if you have a health-related question.

Telemedicine through Teladoc

Talk to a doctor anytime for $40 or less! 24 hours/day, 7 days/week 1-855-teladoc (1-855-835-2362) www.teladoc.com/aetna

Special Savings Programs

Programs including fitness, vision services discounts, alternative health care programs, programs for moms-to-be and a variety of wellness programs and services can be found through www.aetna.com and sign into Aetna Navigator. For the Beginning Right Maternity Program, call 1-800-CRADLE-1 (1-800-272-3531).

Aetna Health App

Finding a doctor and comparing costs, paying claims, viewing ID card, track spending and progress toward meeting your deductible, etc. Download from Apple Store or Google Play.

Two Preferred National Labs

Quest Diagnostic and LabCorp (effective 1/1/2019)
Save on out-of-pocket costs by getting work done in-network www.aetna.com and check out on-line provider directory.

Urgent Care

Urgent care centers offer care for serious medical matters that are not life threatening. Consider visiting an urgent care center instead of emergency room to save money. No appointment needed!
www.aetna.com. Click on "Find Care." Select "Urgent Care." Scroll down and select "Urgent Care Facilities."

Check out "The Health Guide" on Aetna.com for more information.

KAISER PERMANENTE®

Kaiser HMO Plans – New for 2019

Kaiser is one of Natus' new 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. You are also covered if you have a life-threatening emergency when you are outside of a Kaiser service area.

Once enrolled, you will select a 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 co-pay for each office visit, emergency room visit and hospital stay.

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

The following Kaiser plans are available in 2019:

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
Deductible - Individual - Individual in family - Family	 $0 $0 $0	 $0 $0 $0
Out-of-Pocket Maximum - Individual - Individual in family - Family	 $3,500 $3,500 $7,000	 $3,500 $3,500 $7,000
Office Visit	$30 PCP; $50 Specialist	$25 PCP; $50 Specialist
Urgent Care	$30 copay	$25 copay
Preventive Care	Covered in Full	Covered in Full
Emergency Room	$150 copay / visit	$150 copay / visit
Outpatient Surgery	$250 copay / procedure	$250 copay / procedure
Hospital Coverage	$500 copay / day	$500 copay / day up to $2,500 / admission
Diagnostic Lab & X-Ray	$10 / encounter	No charge
Chiropractic Care	$15 copay / visit, up to 20 visits	$25 copay / visit, up to 20 visits
Bariatric Surgery	Medical necessity only; covered in the same manner as other conditions	Medical necessity only; covered in the same manner as other conditions
Mental Health & Substance Abuse - Outpatient - Inpatient	 $30 copay / individual visit $500 copay / day	 $25 copay / individual visit $500 copay / day up to $2,500 / admission
Retail Pharmacy Generic Preferred Brand Non-Pref. Brand Specialty	(30 days) $15 copay $35 copay $35 copay 30%, $200 max	(30 days) $10 copay $35 copay $70 copay Same copay as above
Mail-Order Pharmacy Generic Preferred Brand Non-Pref. Brand Specialty	(100 days) $30 copay $70 copay $70 copay n/a	(90 days) $20 copay $70 copay $140 copay n/a

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Kaiser Resources

Choose how you get care

Call, email or video to make appointments, get advice or meet face-to-face online.

Kaiser Permanente App

Find doctors and locations, view upcoming appointments, message your doctor's office with non-urgent questions. www.kp.org/mobile

Healthy Lifestyle Programs

Check out online wellness programs to help you eat healthier, lose weight, quit smoking, reduce stress, and manage ongoing conditions, such as diabetes or depression.

Wellness Coach

Work with personal wellness coach by phone at no cost
www.kp.org/wellnesscoach

Health Classes

Join health classes and support groups offered at Kaiser facilities (some may require a fee)
www.kp.org/classes

Member 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 www.kp.org/choosehealthy or call 877-335-2746.

For more information, call 800-464-4000 or visit www.kp.org.

DeanHealthPlan

Dean Health Plan – New for 2019

Dean Health Plan is one of Natus' new 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 PCP to manage your care within the network and to refer you to specialists. You are also covered if you have a life-threatening emergency when you are outside of a Dean Health Plan service area.

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 Dean Health Plan.

Prescription Drug

If you are enrolled in 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
Deductible - Individual - Individual in family - Family	 $1,500 $1,500 $3,000
Out-of-Pocket Maximum - Individual - Individual in family - Family	 $3,000 $3,000 $6,000
Office Visit	$30 PCP; $50 Specialist
Urgent Care	$50 copay
Preventive Care	Covered in Full
Emergency Room	$125 copay / visit
Outpatient Surgery	$500 copay / admission to facility; deductible applies for physician/surgeon fees
Hospital Coverage	$500 copay / admission to facility; deductible applies for physician/surgeon fees
Diagnostic Lab & X-Ray	0% after deductible
Chiropractic Care	Covered if approved by PCP
Bariatric Surgery	$500 copay / admission to facility; deductible applies for physician/surgeon fees (subject to Dean Health Plan's standard requirements)
Mental Health & Substance Abuse - Outpatient - Inpatient	 $30 copay / individual visit $500 copay / admission
Retail Pharmacy (30 days) Generic Non-preferred Generic and Preferred Brand Non-preferred Generic and Non-preferred Brand Specialty	 $10 copay $30 copay $50 copay Same copay as the above
Mail-Order Pharmacy (90 days) Generic Non-preferred Generic and Preferred Brand Non-preferred Generic and Non-preferred Brand Specialty	 $20 copay $60 copay $150 copay N/A

Important notes:
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Dean Health Plan Resources

Virtual Visit

Call, email or video to make appointments, get advice or meet face-to-face online.

Comprehensive Wellness Program

- 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 2018) for completing a health assessment and participating in well-being activities (annual flu vaccine, preventive office visit, dental visit, etc.)
- Health Coach – Online and phone support from WebMD for condition self-management
- Free Smoking Cessation Program
- Discounted Fees at Local Fitness Facilities

For more information, call 800-279-1301 or visit www.deancare.com.

Health Savings Account (HSA)

Natus' Aetna PPO with 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 that can be used to help you pay for eligible medical expenses now or later. 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 PayFlex to administer HSA for its employees.

Eligible expenses may include:

- Deductibles, copays and coinsurance
- Eligible prescriptions
- Medical care
- Dental care, including orthodontia
- Vision care, including LASIK eye surgery

HSA Advantage: The HSA has unique features that make it a powerful savings tool.

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.

Contributions*:

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

Annual Contribution by Tier	From Natus	From Employee**	IRS Limit
Employee Only	$1,000	Up to $2,500	$3,500
Employee + Spouse	$1,500	Up to $5,500	$7,000
Employee + Child(ren)	$1,500	Up to $5,500	$7,000
Employee + Family	$2,000	UP to $5,000	$7,000

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.

* 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.

** 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 covered by an HSA-compatible health plan (Natus' Aetna PPO with HSA Plan fits this description).
- 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 Aetna PPO Plan with HSA.
- You must not be enrolled in Medicare.
- 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 payflex.com or call directly at 888-678-8242 for more information.

Medical Terms You Should Know

Copay:	A fixed dollar amount you pay at the time of service.
Deductible:	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.
Coinsurance:	A form of cost-sharing in which you and the medical plan each pay a set percentage for covered provider services.
Out-of-Pocket Maximum:	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, as determined by Aetna.
High Deductible Health Plan:	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' Aetna PPO with HSA is such a plan. For 2019, the IRS defines a high deductible health plan as any plan with a deductible of at least $1,350 for an individual or $2,700 for a family. An HDHP's total annual out-of-pocket expenses (including deductibles, copayments, and coinsurance) can't be more than $6,650 for an individual or $13,300 for a family. (This limit doesn't apply to out-of-network services.)
Provider Network:	The facilities, providers and suppliers your medical plan carriers (Aetna, Kaiser, Dean Health Plan) have contracted with to provide health care services under discounted fees.
Summary of benefits and coverage:	An easy-to-understand summary of your coverage which is made available from your health insurance plan under the Affordable Care Act.

Prescription Drug Terms You Should Know

Brand-name drug:

A medication which is marketed under a distinctive trade name and is, or at one time was, protected by patent laws.

Formulary:

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. All medical carriers use such a list.

For Aetna, you can review their Standard Plan Formulary List for 2019 at:

https://www.aetna.com/individuals-families/find-a-medication/2019-aetna-standard-plans.html?plan-year=2019&plan-name=aetna-standard-plans

For Kaiser and Dean Health Plan, contact their customer service.

Generic drug:

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 is available.

Specialty drug:

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.

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 for a more detailed description of how to use the dental plan 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 webpage, 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
DPPO: Dental PPO/PDN with PPO II Network > Dental PPO/PDN with PPO II

For more information regarding Aetna dental network providers, contact Aetna at **1-877-238-6200**.

	DMO	PPO
Annual Deductible (Waived for preventive) Individual Family	N/A None None	Yes $50 $150
Annual Maximum (for Preventive, Basic, and Major)	None	$1,500
Preventive (Exams, Cleanings, Fluoride, X-Rays)	100%	100%
Basic (Fillings, Extractions)	100%	80%
Major (Inlays, Crowns, Dentures)	50%	50%
Orthodontia (Adult and Child)	50%	50%
Orthodontic Lifetime Maximum	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 1-800-877-7195 or www.vsp.com.

Plan administrated by Vision Service Plan	VSP Provider	Non-VSP Provider
Copayments		
Examination copay	$20 copay	None
Glasses copay	$20 copay	None
Contact Lenses copay	Up to $60 copay	None
Examination Once every 12 months	100%	Up to $50
Lenses Once Every 12 Months		
Single Vision Lenses	100%	Up to $50
Lined Bifocal Lenses	100%	Up to $75
Lined Trifocal Lenses	100%	Up to $100
Frames Once every 24 months	$150/$170 allowance	Up to $70
Contact Lenses In lieu of Lenses & Frames		
Necessary	100%	Up to $210
Elective	$150 allowance	Up to $105

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 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 vsp.truhearing.com or call 877-396-7194.

Income Protection Plans

Financial security for your family

Life Insurance, AD&D Insurance, and Disability Coverage

Natus provides all eligible employees with basic life, AD&D, short- and long-term disability protection at no cost to you.

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

You can purchase employee supplemental life in increments of one to four times salary for a total election up to the lesser of four times salary or $500,000.

For your spouse, you can elect up to the lesser of 100% of the employee's amounts or $250,000, and for your child or children (to age 26) up to $10,000. Evidence of insurability will be required, unless you are a newly hired employee electing coverage within your first 31 days.

If you elect supplemental insurance above the Guarantee Issue amount ($305,000), you will need to provide Evidence of Insurability for Aetna's review and approval.

Life, AD&D, and Disability Benefits* (provided at no cost to you by Natus)

Plan administered by Aetna	Benefits
Life Insurance	Two times your annual salary to $500,000
Accidental Death & Dismemberment Benefit	Two times your annual salary to $500,000
Short-Term Disability	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
Long-Term Disability	50% of total monthly earnings to a maximum of $8,500, beginning 90 days from the date of disability

* 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.

Voluntary Life Benefits (Employee-Paid)

Plan administered by Aetna	Voluntary Benefit
Employee Benefit	Increments of one to a maximum of four times salary 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	$10,000 benefit. You may elect coverage 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: Employee: 3x basic annual earnings or $305,000, whichever is less. Spouse: $25,000

Terms You Should 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.

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 approval by the insurance company (Aetna). 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.

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.

Accident Insurance Plan

Accident Insurance pays tax-free benefits based on the injury you receive and the treatment you need, including emergency room care, doctor's office visits, physical therapy and related surgery.

The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and co-pays. This benefit provides much-needed protection for everyday occurrences.

Natus contracts with Unum to make this benefit available to Natus employees. Premiums are deducted from your paychecks on a post-tax basis so that the paid benefit is tax free.

Advantages of the plan:

- Coverage is available to eligible employees who are actively at work.
- You can buy coverage for your spouse and dependent children.
- No medical questions asked.
- Benefits are paid for accidents that occur off the job.
- Policy is fully portable.
- Pays directly to employee and not provider (benefit flexibility).
- Tax-free benefit.
- Helps offset any deductible exposure.

Employee Assistance Program

Confidential support when you need it and much more

The Employee Assistance Plan (EAP) through Aetna Resources for Living provides confidential counseling and referral services for up to 3 visits per issue every 6 months. Resources for Living also offers work-life services, including legal and financial counseling, elder care and child care referrals and an extensive library of reference articles.

You can go to www.resourcesforliving.com to locate a provider or you can contact Aetna Behavioral Health at 1-800-342-8111. To access services: User name: Natus; Password: eap

EAP	Benefits through Aetna Resources for Living
Counseling & Telephone Consultation Services	Aetna Resources for Living is there for you when you need it. This confidential round-the-clock service offers support and resources for issues such as: • Parenting • Work situations • Stress management • Relationships • Substance abuse • Many more. Benefits include 3 face-to-face counseling sessions per issue every 6 months for you and each of your household family members.

HealthAdvocate

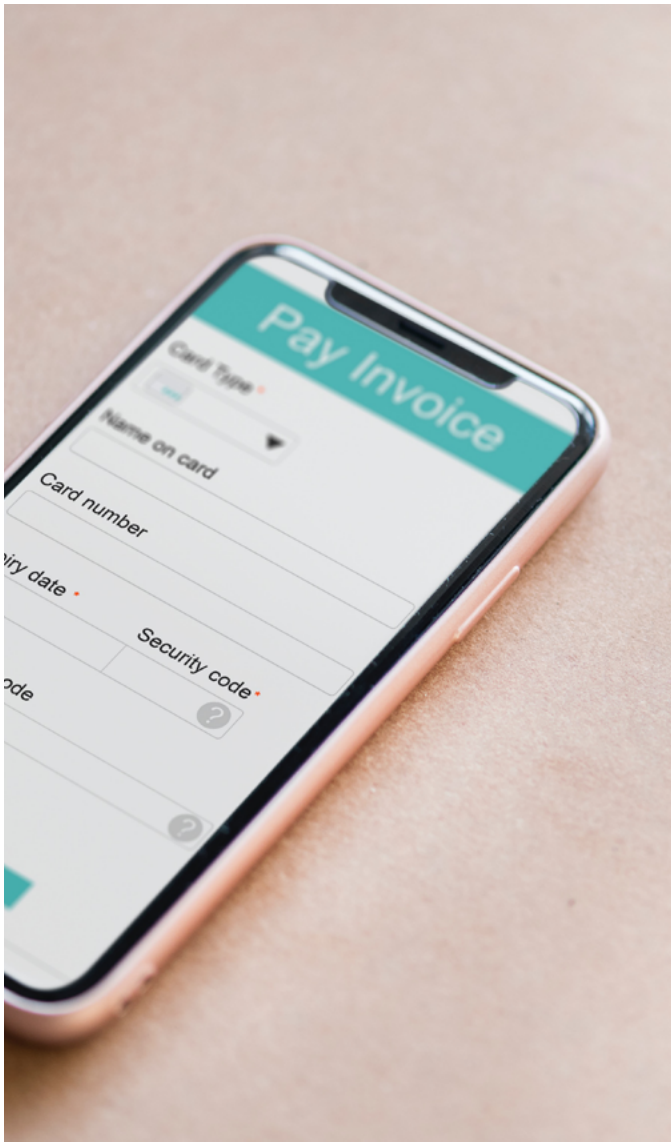
Health Advocate

Your Source for all Plan Questions

Navigating the health care system can be confusing. This is why Natus offers you Health Advocate, an independent, confidential resource to help you manage your health and your health care benefits throughout the year.

Your personal health care advocate at Health Advocate can:

- Troubleshoot insurance issues such as claims, eligibility and network access concerns
- Assist with investigating and resolving billing issues, plan grievances and appeals
- Coach you on how to be a more informed health care consumer
- Help you locate quality health care resources and online tools
- Educate you on your plan options, including how each plan works, how to find a network provider and more.



Contact Health Advocate at 1-866-695-8622 or email your questions to them at answers@healthadvocate.com or visit their site at www.healthadvocate.com.

Flexible Spending Accounts

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

- Healthcare 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 2019 IRS limits of $2,700 for Healthcare FSA and $5,000 for Dependent Care FSA. You must use your elected flexible spending account dollars for eligible expenses during the calendar year, or you will lose it.

Example of eligible expenses:

Healthcare FSA

- Deductibles and copays
- Healthcare 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
- Preschool expenses

Regarding Healthcare 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 healthcare, 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-healthcare expenses with pre-tax dollars. For example, qualified dental and vision expenses.

The flexible spending accounts are administered by Payflex, and you may only make an election within 30 days of becoming a new hire or during the FSA enrollment period. If you incur a qualified family status change (e.g., marriage divorce, birth, etc.), you will have 31 days from the event to make a change or enroll in the flexible spending account plans.

For more information about Natus' flexible spending accounts, contact Payflex at 888-678-8242 or www.payflex.com.

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.

2019 Bi-weekly Employee Contributions for Aetna Medical Plans

	Bi-weekly Contributions		
	Aetna PPO	Aetna PPO with HSA	Aetna EPO
Employee Only	$124.50	$75.00	$49.50
Employee + Spouse	$287.25	$171.50	$129.00
Employee + Child(ren)	$263.75	$167.25	$101.75
Employee + Family	$455.00	$256.50	$205.00

2019 Bi-weekly Employee Contributions for Kaiser HMO Plans

	Bi-weekly Contributions	
Kaiser HMO Plans	Kaiser CA HMO	Kaiser WA HMO
Employee Only	$49.50	$49.50
Employee + Spouse	$129.00	$129.00
Employee + Child(ren)	$101.75	$101.75
Employee + Family	$205.00	$205.00

2019 Bi-weekly Employee Contributions for Dean Health Plan

	Bi-weekly Contributions
Dean Health Plan	Dean Health Plan HMO
Employee Only	$29.50
Employee + Spouse	$76.75
Employee + Child(ren)	$60.50
Employee + Family	$122.25

2019 Bi-weekly Employee Contribution for Dental and Vision

Dental and Vision	Bi-weekly Contributions	
	DMO + Vision	PPO + Vision
Employee Only	$4.25	$8.00
Employee + Spouse	$9.25	$18.50
Employee + Child(ren)	$10.75	$21.00
Employee + Family	$14.75	$29.00

2019 Monthly Voluntary Life Rates

Employee Age	Employee Rates per $1,000 Covered Earnings	Spouse Age	Spouse Rates per $1,000 Covered Earnings
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 Earnings
Child Life	$0.20

2019 Bi-weekly Rates for Unum Accident Benefits

Unum	Bi-weekly Rates
Employee Only	$5.69
Employee + Spouse	$9.10
Employee + Child(ren)	$11.26
Employee + Family	$14.69

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, you may contribute monies from your payroll check to your individual 401(k) retirement account on a pre-tax basis. Those contributions can be 1% to 60% of pre-tax pay up to IRS limits.

As of 2018, those limits are $18,500, or up to $24,500 if age 50 during the calendar year. Please check the plan website at www.401k.com for any updates to these limits for 2019.

The employer matching contributions are subject to a two-year vesting schedule, as noted below.

Contribution Plan

Years of Service for Vesting	Percentage
Less than 1	0%
1	50%
2	100%

You may take out up to two loans 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 1-800-835-5097 and/or go on-line at www.401k.com.

Personal 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 accrue PTO (between 30 and 40 hours of work per week) on a pro-rated basis.

PTO may be accrued up to a maximum of 180 hours and can be rolled over into the following calendar year. If you have reached the maximum of 180 hours, you will no longer accrue PTO; therefore, you must use your PTO, or lose it.

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.

Provider and Benefit Contact Information

Medical Carriers	Group Number	Web Site Address	Phone Number
Aetna • Aetna PPO • Aetna PPO with HSA • Aetna EPO	847244	www.aetna.com	 877-204-9186 877-869-4077 877-204-9186
Kaiser California	Northern CA: 606090 Southern CA: 234217	www.kp.org	800-464-4000
Kaiser Washington	1908400	www.kp.org/wa	800-464-4000
Dean Health Plan	176XQSA	www.deancare.com	800-279-1301
Aetna Dental • PPO • DMO	847244	www.aetna.com	 877-238-6200 877-238-6200
VSP	12262730	www.vsp.com	800-877-7195
Aetna • Life/AD&D • Disability	847244	www.aetna.com	 800-523-5065 866-326-1380
Aetna Resources for Living (Employee Assistance Program)	EA600920	www.resourcesforliving.com (user = Natus; password = eap)	800-342-8111
Unum Accident Insurance	R0589366	www.unum.com	800-635-5597
Health Advocate		www.healthadvocate.com	866-695-8622
PayFlex		www.payflex.com	888-678-8242
Fidelity 401(k) Plan		www.401k.com	800-835-5097

Important Notices

HIPAA Notice of Availability of Notice of Privacy Practices

The Plan's HIPAA Notice of Privacy Practices is available upon request. To obtain a copy of the Plan's HIPAA Notice of Privacy Practices, or for more information on the Plan's privacy policies or your rights under HIPAA, contact the Natus' Human Resources Department at hrsupport@natus.com.

Women's Health and Cancer Rights Act of 1998

If you or one of your covered dependents have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided for the following services in a manner determined in consultation with the attending physician and the patient:

- All stages of reconstruction of the breast on which the mastectomy was performed Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of the mastectomy, including lymphedemas

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits available under your medical plan.

For information on any state maternity benefits or details about any state laws that may apply to your medical plan, please refer to the benefit plan material for the medical plan in which you are enrolled.

Newborns' and Mothers' Health Protection Act of 1996

Federal law protects the benefit rights of mothers and newborns related to any hospital stay in connection with childbirth. In general, group health plans and health insurance issuers may not:

- Restrict benefits for the length of hospital stay for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).
- Require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay of up to 48 hours (or 96 hours).

For information on any state maternity benefits or details about any state laws that may apply to your medical plan, please refer to the benefit plan material for the medical plan in which you are enrolled.

California Maternity Coverage

Group health plans and health insurance issuers with policies or contracts issued in the State of California generally may not, under California law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, the law generally does not prohibit the mother's or newborn's treating physician, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

In addition, California law requires the Plan to cover a post-discharge follow up visit for the mother and newborn within 48 hours of discharge when prescribed by the treating physician. The visit shall be provided by a licensed health care provider whose scope of practice includes postpartum care and newborn care.

The visit shall include, at a minimum, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary maternal or neonatal physical assessments. The treating physician shall disclose to the mother the availability of a post-discharge visit, including an in-home visit, physician office visit, or plan facility visit.

The treating physician, in consultation with the mother, shall determine whether the post-discharge visit shall occur at home, the plan's facility, or the treating physician's office after assessment of certain factors.

These factors shall include, but not be limited to, the transportation needs of the family, and environmental and social risks.

Furthermore, the Plan may not:

- Reduce or limit the reimbursement of the attending provider for providing care to an individual enrollee in accordance with the coverage requirements.
- Provide monetary or other incentives to an attending provider to induce the provider to provide care to an individual enrollee in a manner inconsistent with the coverage requirements.
- Deny a mother or her newborn eligibility, or continued eligibility, to enroll or to renew coverage solely to avoid the coverage requirements.
- Provide monetary payments or rebates to a mother to encourage her to accept less than the minimum coverage requirements.
- Restrict inpatient benefits for the second day of hospital care in a manner that is less than favorable to the mother or her newborn than those provided during the preceding portion of the hospital stay.
- Require the treating physician to obtain authorization from the Plan prior to prescribing any services covered by this section.

Nevada Maternity Coverage

Group health plans and health insurance issuers with policies or contracts issued in the State of Nevada generally may not, under Nevada law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the law generally does not prohibit the mother's or newborn's treating physician, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). Furthermore, the plan may not:

- Deny a mother or her newborn infant coverage or continued coverage under the terms of the plan or coverage if the sole purpose of the denial of coverage or continued coverage is to avoid the requirements of this section;
- Provide monetary payments or rebates to a mother to encourage her to accept less than the minimum protection available pursuant to this section;
- Penalize, or otherwise reduce or limit, the reimbursement of an attending provider of health care because he provided care to a mother or newborn infant in accordance with the provisions of this section;
- Provide incentives of any kind to an attending physician to induce him to provide care to a mother or newborn infant in a manner that is inconsistent with the provisions of this section; or
- Restrict benefits for any portion of a hospital stay required pursuant to the provisions of this section in a manner that is less favorable than the benefits provided for any preceding portion of that stay.

Genetic Information Nondiscrimination Act

Congress passed the Genetic Information Nondiscrimination Act (GINA) establishing a national and uniform standard to protect workers from genetic discrimination. In addition to prohibitions on discrimination in employment practices, GINA prohibits group health insurers and group health plans from adjusting premiums or contributions based on genetic information. Also, GINA amended the HIPAA privacy rules to include genetic information in the definition of protected health information.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A. General Information

As a key part of the health care law, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefits costs covered by the plan is no less than 60% of such costs.

Note:

If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources Department at hrsupport@natus.com.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B. Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name:	Natus Medical Incorporated
EIN:	77-0154833
Employer Street Address:	6701 Koll Center Parkway, Suite 120.
Phone:	650-802-0400
City:	Pleasanton
State:	CA
Zip:	94566
Who can we contact about employee health coverage at this job?	Human Resources Department
Phone No. (if different from above):	321-235-8258
Email:	hrsupport@natus.com

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to eligible employees working 30+ hours per week.

With respect to dependents, we do offer coverage. Eligible dependents are: Spouses/Domestic Partners, Children.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

Special Enrollment Rights for Medical Coverage

You and your eligible dependents may enroll for medical program coverage outside of annual Open Enrollment if you lose coverage or acquire newly eligible dependents, as long as you enroll yourself and/or your dependents within 31 days after one of the events described below.

- If you decline enrollment for yourself or your dependents (including your spouse) because of other health coverage and you later lose that other coverage, you may be able to enroll yourself or your dependents in a Company-sponsored medical program.
- If you gain a newly eligible dependent (through marriage, birth, adoption or placement for adoption), you may enroll yourself, your spouse and your eligible dependent children in a Company-sponsored medical program.

Enrollment in a medical plan outside Open Enrollment is also permitted if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.
- For these last two enrollment opportunities, you will have 60 days—instead of 31—from the date of the Medicaid/CHIP eligibility change to request enrollment in a Natus medical plan. Note that this 60 day extension does not apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

Continuation of Coverage Rights Under COBRA

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct; n Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee'semployment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

What is COBRA Continuation Coverage?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other COBRA qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. For additional information and instructions for notifying the Plan Administrator, contact the Natus Human Resources Department at hrsupport@natus.com.

Qualified Medical Child Support Orders (MCSO)

A 1993 amendment to the Employee Retirement Income Security Act (ERISA) requires employment-based group health plans to extend health care coverage to the children of a parent-employee who is divorced, separated, or never married when ordered to do so by state authorities.

Generally, a State court or agency may require an ERISA-covered health plan to provide health benefits coverage to children by issuing a medical child support order. The group health plan must determine whether the medical child support order is "qualified." Such an order is referred to as a Qualified Medical Child Support Order (QMCSO). In addition, a State child support enforcement agency may obtain group health coverage for a child by issuing a National Medical Support Notice that the group health plan determines to be qualified.

National Medical Support (NMS) Notice

State child support agencies send the National Medical Support Notice (OMB 0970-0222) to employers to help ensure that children receive health care coverage when it is available and required as part of a child support order. The notice is designed to simplify the work of employers and plan administrators by providing uniform documents to request health care coverage.

Medical support is a form of child support often provided through an employer's health insurance plan. However, there are several ways a parent can provide medical support:

- Provide health care coverage through a noncustodial parent or custodial party's employer
- Pay for private health insurance or reimburse another parent for health insurance premiums
- Pay additional amounts for ongoing medical bills or as reimbursement for uninsured medical costs (cash medical support)

Notice Regarding Wellness Program

Natus' Wellness Program through Aetna is a voluntary wellness program available to all eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

You will also be asked to complete a biometric screening, which will include a blood test for total cholesterol, HDL, calculated LDL, calculated HDL ratio, triglycerides and glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations. However, employees who choose to participate in the wellness program will receive an incentive of a 5% discount for employee contributions. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive a discount.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the HR department at (650) 801-7240.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Natus may use aggregate information it collects to design a program based on identified health risks in the workplace, Aetna will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a registered nurse, a doctor, or a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Natus' HR department at (650) 801-7240.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563
KANSAS – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742

MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Important Notice from Natus About Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Natus medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage. This is known as "creditable coverage."

Why this is important.

If you or your covered dependent(s) are enrolled in any pre- scription drug coverage under the Natus medical plan and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty—as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members are not currently covered by Medicare and will not become covered by Medicare in the next 12 months, this notice does not apply to you.

Special Enrollment Rights for Medical Coverage

Please read this notice carefully. It has information about prescription drug coverage with Natus and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by a Natus medical plan, you will be interested to know that prescription drug coverage in the Natus medical plan is, on average, at least as good as standard Medicare prescription drug coverage. This is called creditable coverage. Coverage under a Natus medical plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Natus coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Natus plan.

You should know that if you waive or leave coverage with Natus and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future—such as before the next period you can enroll in Medicare prescription drug coverage, if this Natus coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here is how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call **1-800-772-1213 (TTY 1-800-325-0778)**.

Remember

Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.