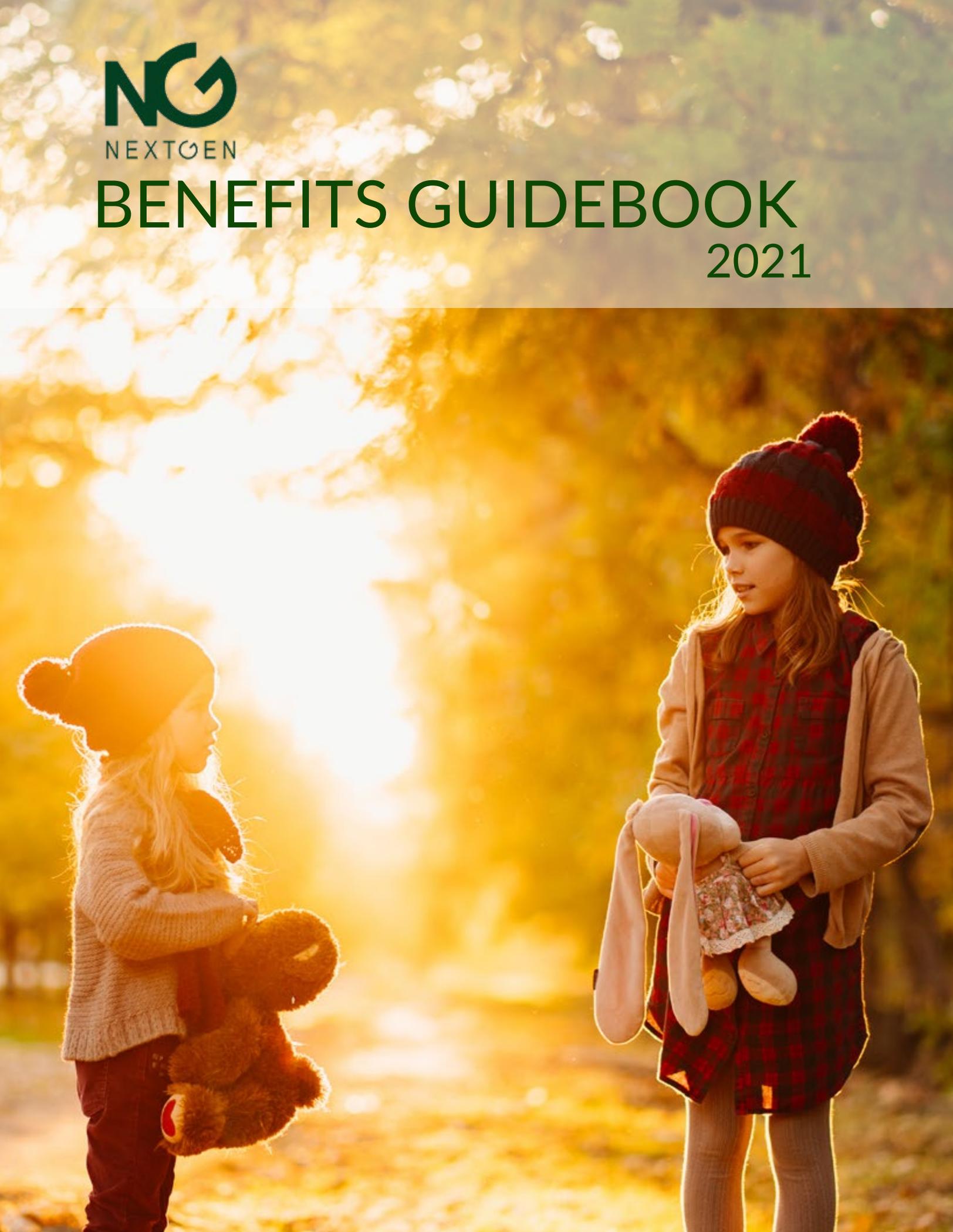




NEXTGEN

BENEFITS GUIDEBOOK

2021





WELCOME

NextGen is committed to providing you a comprehensive variety of benefits. These benefits are significant and an important part of your total compensation package. We are pleased to provide this benefits guidebook to highlight the array of benefits available to full-time employees for the plan year – January 1, 2021 - December 31, 2021.

We encourage you to evaluate and select benefits that best suit the needs for you and your eligible dependents. This benefits guide highlights the many benefit options available to you. Please read this guide carefully, make your decisions, and enroll.

ABOUT THIS GUIDEBOOK

This Benefits Guidebook describes the highlights of NextGen's Benefits Programs in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Guidebook.

In the event there is any discrepancy between the descriptions of the program elements contained within this Benefits Guidebook and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third party administrators for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies. You should be aware that any and all elements of our Benefits Program may be modified in the future to meet Internal Revenue Service rules, or otherwise as determined by NextGen.

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Plan Notes

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PLAN YEAR

NextGen's benefit Plan Year begins on January 1 and ends on December 31. This Benefit Guidebook outlines the benefits that apply for the 2021 plan year.

ELIGIBILITY

All regular, full-time employees are eligible for benefits through NextGen. For benefits purposes only, a regular full-time employee is an employee who is scheduled to work 30 or more hours per week. Lawful spouses, domestic partners and dependent children may be covered under NextGen benefits. For a child to be considered a dependent, he or she must be less than 26 years of age. A child who has a physical or mental disability may be eligible for coverage at any age with proof of disability.

WHEN CAN I CHANGE MY COVERAGE?

The elections you make during open enrollment will be in effect January 1, 2021 through December 31, 2021 for medical, dental, and vision. The elections you make during your enrollment period will remain fixed, unless you experience one of the following Qualifying Life Events:

- » Changes to legal marital status – marriage, divorce, death, legal separation, or annulment
- » Change in number of tax dependents – birth, adoption, placement of a foster child, death
- » Changes in employment status for either employee or spouse
- » Changes in work schedule of either employee or spouse, including reduction/increase in work hours
- » Change in the cost of dependent care (only for the Dependent Care Spending Account)
- » Dependents becoming ineligible
- » Change in residence or worksite for you, your spouse, or dependent
- » Open enrollment for your spouse
- » Entitlement to Medicare

LIFE EVENTS - WHAT YOU NEED TO KNOW

Changes happen to all of us. You may get married, have a baby, move to a new city...and each of those Life Events may impact your decisions about your employer-provided benefits.

For a list of Life Events along with things to think about and actions to take, visit:

<http://mybenefits.nfp.com/Life-Events>

If you qualify for a change in your benefits, please notify NextGen Human Resources within 30 days of the change in status. You will need to provide proof of the change.

Changes in Medicare, Medicaid, or CHIP eligibility status require 60 day notification to Human Resources.

Enrolling in Benefits

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HOW TO ENROLL

Enrolling in Your Benefits | Employee Navigator Benefit Portal

SETTING UP YOUR ACCOUNT - NEW USERS

1. Visit <https://www.employeenavigator.com/benefits/Account/Login>
2. Click on the “Register as a new user” link at the bottom of the page.
3. Enter your personal information and Company Identifier (case sensitive). Your Company identifier is **NextGenGR**
4. Follow the on-screen instructions to create a unique User Name and Password. You must agree to the “Terms of Use” to register.
5. You may now log in using your Username and Password.

UPDATING YOUR PROFILE

1. Log in to the Employee Navigator portal using your previously created username and password.
2. Once logged in, click on the Profile icon in the middle of the screen.
3. Choose either Profile, Dependents, or Emergency Contacts depending on the type of information you want to update.
4. Click the Edit button next to the information you’d like to update.
5. Make your updates and click Save.
6. Once saved, you will see your changes marked as pending so that HR can approve the updates.

*Please note, not all fields may be edited. If you have a question about updating an un-editable field, please contact HR.

ENROLLING IN BENEFITS (NEW HIRE AND OE)

1. Log in to the Employee Navigator portal using your previously created username and password.
2. Once logged in, click the “Start Enrollment” button in the top right-hand corner of the screen.
3. Confirm/update your demographic information. Click “Save & Continue”.
4. Add any dependents you have (or make sure their information is accurate if already loaded into the system).
5. Enroll in benefits! Select which benefit you want and which dependents you want to be covered, then click “Save & Continue”. If you do not want the benefit, select “Don’t want this benefit?” and choose a reason.
6. Repeat step #5 for all benefits offered.
7. Fill out any required forms (if there are any for the plans you’ve selected) such as a life beneficiary.
8. Click “Click to sign” and then “To Employee Management” to finalize your selections.
9. Once complete, you can always update your selections as long as you are still within your New Hire or Open Enrollment window.
10. To make a change while still within the appropriate time frame, log back in and select “make a change” and repeat the steps listed above submitting a life event (outside new hire or open enrollment)

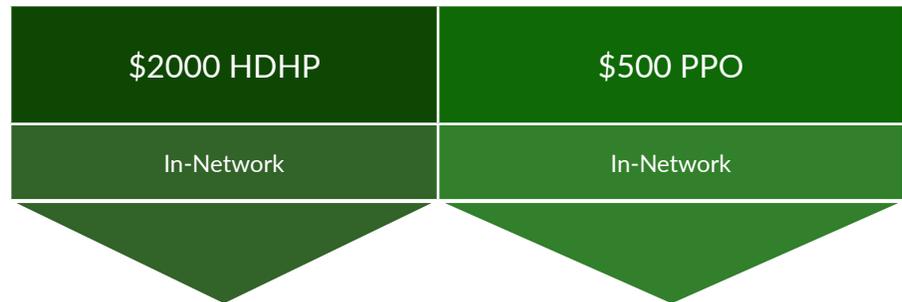
SUBMITTING A LIFE EVENT (OUTSIDE NEW HIRE OR OE)

1. Log in to the Employee Navigator portal using your previously created username and password.
2. Click Benefits icon in the center of the screen and choose the type of change you need to make.
3. Follow the steps for entering the date and required information for the change.
4. Select the applicable plans for your life event change and finalize the life event.
5. Your life event submission is now pending and will be sent to HR for approval.

If you have to exit Employee Navigator before completing your enrollment, the system will save what you’ve finished, and remind you where you left off the next time you login. If you have any additional questions, please reach out to your HR Administrator.



Medical/Rx



	\$2000 HDHP	\$500 PPO
	In-Network	In-Network
Annual Deductible Individual Family	\$2,000 \$4,000	\$500 \$1,500
Out-of-Pocket Maximum Individual Family	\$4,000 \$8,000	\$3,000 \$6,000
Coinsurance (Member Pays)	0%	20%
Primary Care Physician (PCP)	Deductible, then No Charge	\$30 Copay
Specialist	Deductible, then No Charge	\$60 Copay
Preventative Services	No Charge	No Charge
Outpatient Labs	Deductible, then No Charge	Deductible, then 20%
Outpatient X-Rays	Deductible, then No Charge	Deductible, then 20%
Outpatient Diagnostics	Deductible, then No Charge	Deductible, then 20%
Emergency Room (Waived if Admitted)	Deductible, then No Charge	\$300 Copay
Urgent Care	Deductible, then No Charge	\$75 Copay
Inpatient Hospitalization	Deductible, then No Charge	Deductible, then 20%
Outpatient Services	Deductible, then No Charge	Deductible, then 20%
	Out-of-Network	Out-of-Network
Annual Deductible Individual Family	\$4,000 \$8,000	\$1,000 \$3,000
Out-of-Pocket Maximum Individual Family	\$8,000 \$16,000	\$6,000 \$12,000
Coinsurance (Member Pays)	30%	50%

Medical/Rx

PRESCRIPTION DRUGS

GENERIC VS. BRAND FORMULARY VS. BRAND NON-FORMULARY

You can control your out-of-pocket cost based on the medications your physician prescribes. To get the greatest value from your prescription benefits, ask your doctor to prescribe generic medications whenever possible.

MAIL ORDER & MAINTENANCE MEDICATIONS

Use Mail Order for maintenance medications that you routinely fill each month. You may be able to obtain valuable savings on 90-day supplies of medications.

BENEFIT DESCRIPTION	\$2000 HDHP	\$500 PPO
Deductible Individual Family	Combined w/ Medical	\$100/\$300
Retail/Mail Order Tier 1	\$10/\$25	\$10/\$25
Tier 2	\$30/\$45	\$30/\$45
Tier 3	\$50/\$75	\$50/\$75



YOU HAVE RESOURCES.

There is a wealth of information regarding your plans, claims, and other online resources. Please click the links below to learn more about your medical benefits:

- » [\\$2000 HDHP Summary](#)
- » [\\$500 PPO Summary](#)

WHAT IS AN HSA?

A Health Savings Account is just what it sounds like—it's a personal, individual account that you can use to set aside money on a tax-advantaged basis, to use for health care expenses for you and your qualified dependents. Making contributions to your HSA on a pre-tax basis reduces your taxable income in the same way that 401(k) contributions would, meaning that you can save on taxes. Unlike a 401(k) plan, however, your HSA money—including any interest it has earned—remains tax-free even when you withdraw it, so long as it is used for an eligible health care expense that is not paid for by any insurance plan.

ELIGIBLE HEALTH CARE EXPENSES INCLUDE:

- » Medical expenses, including deductible, coinsurance and copays
- » Prescription drug copays
- » Long term care & Medicare insurance premiums (not Medigap)
- » Retiree health expenses
- » Dental expenses
- » Vision expenses

Employees enrolled in one of the HDHP plans, may open a Health Savings Account with the bank of their choice in order to make HSA contributions. Optum Bank is integrated with UHC medical plan, but employees may choose any bank that offers HSAs. Visit Employee Navigator for more information about opening and contribution to an HSA.

Please note: Internal Revenue Service does limit the amount that can be deposited into an HSA each year. For 2021, single subscribers can deposit up to \$3,600, while employees in the 'Employee + Spouse,' 'Employee + Child(ren)' or 'Family' coverage tiers may deposit up to \$7,200. These limits are a total of all contributions, including those made by your employer.

BENEFITS OF AN HSA INCLUDE:

- » Contributions to an HSA are tax-free.
- » Interest earnings are tax-free.
- » Anyone can contribute to your HSA.
- » Unused funds roll over year after year.
- » Your HSA account is fully portable—you can keep it even if you discontinue your employment or disenroll from the HDHP.
- » Money you save is available for health care purchases now, or at any time in the future, even if you no longer participate in a high deductible health plan (though you may only contribute to an HSA while you are enrolled in a high deductible plan).
- » If you are 55 or older, you can make a "catch-up" contribution to your HSA of up to \$1,000 each year.
- » Funds can be transferred to an HSA Investment Account.

HOW DO I MAKE CONTRIBUTIONS?

Contributing to your account is easy. You can use direct deposit via payroll deduction, or by funds transfer, check or money order. You can start, stop or change your contributions by going to Employee Navigator and changing your deduction. For access to the direct deposit form, please [click here](#). Be sure to submit it to Human Resources.

NOTE: If you choose to contribute via payroll deductions, be sure to open an HSA first and provide your account and routing numbers to payroll for processing.

USING HSA FUNDS

Use your HSA funds to pay for qualified medical expenses until you meet your deductible, and for qualified medical expenses not covered by your health care plan.

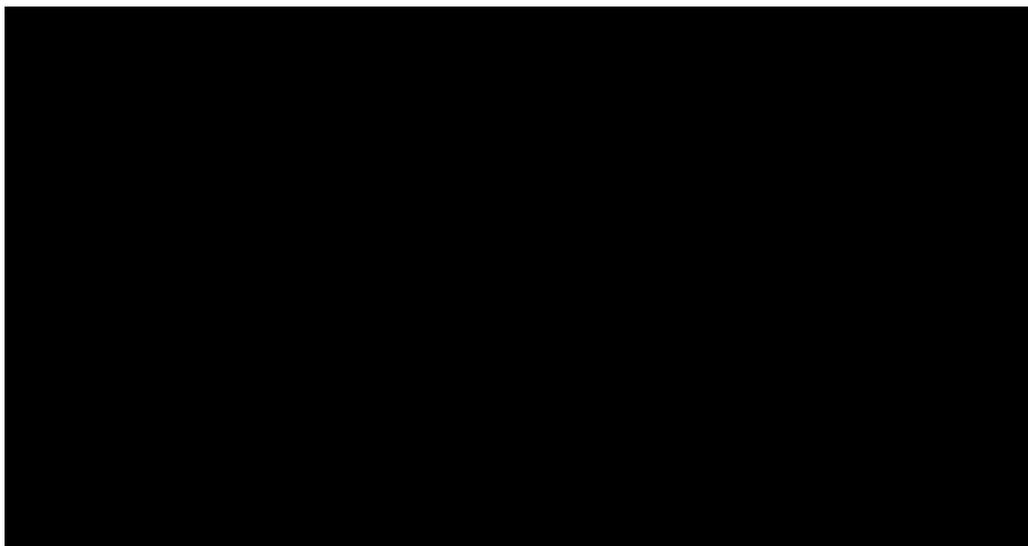
Use your account to pay for:

- » Medical Bills
- » Doctor Visits
- » Prescriptions
- » Laboratory Fees
- » Other qualified expenses, such as vision, dental, chiropractic and more!
- » Copays, coinsurance and out-of-network charges

Remember, you must use your HSA funds for eligible expenses. Penalties apply for misuse of funds. Any money contributed but not used in the 2021 plan year will automatically roll over to the next plan year and continue to earn interest tax-free. You can start, stop or change your HSA contribution amounts at any time.

THINGS TO KEEP IN MIND ABOUT YOUR HSA:

- » You must satisfy your deductible before the plan pays for services – including prescription drugs.
- » Make sure all claims are submitted to the carrier, even if you know you have to pay for the service because you have not met your deductible. This way you can be sure that all expenses are applied to your deductible.
- » Tell the provider you are in a High Deductible Health Plan and that they should bill you after submitting the claim. **Exception: you will have to pay for prescription drugs at time of receipt.**
- » You will receive an Explanation of Benefits that tells you the amount billed, the approved and discounted amount, and what portion of the expense is your responsibility.
- » Your preventive services are covered at 100%. No deductible, no copays!
- » Keep your receipts of any withdrawals and distributions for tax purposes. The best way to avoid taxes or penalties when using your funds is to first pay for medical expenses with personal funds or a credit card, then request a reimbursement from your HSA for the actual medical cost.



Dental

For the 2021 benefit year, NextGen is offering a competitive, comprehensive dental plans through UnitedHealthcare. The rates listed below reflect the percentage UnitedHealthcare will pay.

	UHC BASE PLAN		UHC PLUS PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible Individual Family	\$50 \$150	\$50 \$150	\$50 \$150	\$50 \$150
Preventative Services	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Basic Services	20% after deductible	40% after deductible*	20% after deductible	20% after deductible*
Major Services	50% after deductible	50% after deductible*	50% after deductible	50% after deductible*
Orthodontics Maximum	N/A	N/A	50%/\$1,000 lifetime Max	50%/\$1,000 lifetime max*

Plan	Dental Plan Maximum	Threshold	Rollover Amount	In-Network Only Rollover Amount	Maximum Rollover Limit
Base Plan	\$1,500	\$750	\$400	\$500	\$1,500
Plus Plan	\$5,000	\$2,500	\$900	\$1,000	\$3,750



YOU HAVE RESOURCES.

There is a wealth of information regarding your plans, claims, and other online resources. Please click the links below to learn more about your Dental benefits:

- » [Base Plan Dental Summary](#)
- » [Plus Plan Dental Summary](#)

Vision

VISION BENEFITS

The UnitedHealthcare vision plan provides you with access to affordable, quality vision care coverage. This plan allows you to receive a complete eye examination and materials (if needed). You can choose to receive care from an in-network provider or from any doctor of your choosing (out-of-network). Dollar for dollar, you get the best value from your vision benefit when you visit an in-network provider. If you decide to see an out-of-network provider, you will typically pay more out-of-pocket. The chart below summarizes the benefits provided under the UnitedHealthcare Plan and is for illustrative purposes only. It is not an all-inclusive listing of the benefits available.

UHC VISION PLAN			
	Description	Copay	Frequency
Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10 for exam and glasses	Every 12 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	\$25 Copay	Every 12 months
Frames	<ul style="list-style-type: none"> \$130 allowance 20% savings on the amount over your allowance 	Combined with lens copay	Every 12 months
Frame Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Scratch resistant coating Average savings of 20-25% on other lens enhancements 	\$0 \$95-\$105 \$150-\$175 \$0	Every 12 months
Contact Lenses Necessary Elective	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months



YOU HAVE RESOURCES.

There is a wealth of information regarding your plans, claims, and other online resources. Please click the links below to learn more about your Vision benefits:

 » [Vision Plan Summary](#)

Life & Disability Benefits

NextGen provides Life, Accidental Death and Dismemberment (AD&D) insurance at no cost. Employees may also elect to enroll in Voluntary Life and AD&D, Short-Term and Long-Term Disability coverage. These benefits are insured by Mutual of Omaha. The disability benefits provided by NextGen work together to help you pay your household expenses if you become disabled and cannot work. These disability benefits also work with other sources of coverage to replace a certain percentage of your earnings. As a result, the disability payments you receive from our plans will be reduced by any benefits you are eligible to receive from Social Security, Workers' Compensation, Retirement Benefits or any other disability coverage to which you are entitled.

BASIC LIFE & AD&D INSURANCE - EMPLOYER PAID

NextGen provides basic life insurance and accidental death and dismemberment (AD&D) policy for each eligible employee at no cost to you. The policy provides life and AD&D coverage in the amount of \$10,000.

VOLUNTARY LIFE & AD&D INSURANCE - EMPLOYEE PAID

Employees have the opportunity to buy additional life insurance for themselves and their dependents at affordable group rates. Evidence of Insurability (EOI) may be required based on the amount of life insurance you elect above the guarantee issue amount. EOI is not required for child life insurance or supplemental AD&D for you or your dependents. If required, it must be approved by the insurance company before you purchase coverage. Please see the chart below for details.

Voluntary Life	
Employee Amount	In \$10,000 increments up to \$500,000 (5x earnings)
Spouse Amount	In \$5,000 increments up to \$250,000
Child Amount	In \$1,000 increments up to \$10,000
Guarantee Issue	EE \$200,000; Spouse \$25,000; Child \$10,000
Age Banded Rates/\$1,000 (Non-Tobacco)	
Under 25	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.100
45-49	\$0.180
50-54	\$0.300
55-59	\$0.460
60-64	\$0.720
65-69	\$1.300
70-74	\$2.330
75-99	\$2.330
AD&D Rates	
Employee AD&D	\$0.030
Spouse AD&D	\$0.030
Child AD&D	\$0.040
Child Rates	
Child Rate/\$1,000	\$0.100
Child AD&D (per \$10,000)	\$1.000

Life & Disability Benefits

VOLUNTARY SHORT-TERM DISABILITY (STD) - EMPLOYEE PAID

Mutual of Omaha Voluntary STD	
Benefit	60% of Weekly Salary to \$1,000
Accident Coverage Begins On	8th Day
Illness Coverage Begins on	8th Day
Duration	12 weeks
Rate	\$0.28 per \$10 of weekly benefit

VOLUNTARY LONG-TERM DISABILITY (LTD) - EMPLOYEE PAID

Mutual of Omaha Voluntary LTD	
Benefit	60% of Monthly Salary to \$6,000
Elimination Period	90 Days
Duration	Social Security Normal Retirement Age
Survivor Benefit	3 x Last Monthly Benefit
Age Bands/Rates per \$100 in Coverage	
<25	\$0.120
25-29	\$0.120
30-34	\$0.150
35-39	\$0.240
40-44	\$0.330
45-49	\$0.490
50-54	\$0.710
55-59	\$0.770
60-64	\$0.710
65-69	\$0.270
70-74	\$0.270
75+	\$0.270



YOU HAVE RESOURCES.

There is a wealth of information regarding your plans, claims, and other online resources. Please click the links below to learn more about your Life & Disability benefits:

- » Basic Life and AD&D Summary
- » Voluntary Life and AD&D Summary
- » Voluntary Short-Term Disability Summary
- » Voluntary Long-Term Disability Summary

Value Added Programs

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MUTUAL OF OMAHA EMPLOYEE ASSISTANCE PROGRAM

All eligible employees have access to the Mutual of Omaha EAP. This EAP can assist employees with emotional well-being, legal and financial matters, among other things. It is free to use and includes up to 3 face-to face visits per issue per year. This benefit also extends to all family members. Visit mutualofomaha.com/eap or call 800-316-2796 for confidential consultation and resource services.

MUTUAL OF OMAHA TRAVEL ASSISTANCE

Through the life insurance plan with Mutual of Omaha, employees have access to Travel Assistance. This benefit is free to use and can help assist with:

- » Telephonic Translation
- » Locating Legal Services
- » Lost Baggage
- » Document Replacement
- » Emergency Payment and cash
- » Locating Medical Providers

For inquiries within the United States, please call 800-856-9947 (toll free). For assistance outside of the United States, call collect 312-935-3658.

MUTUAL OF OMAHA WILL PREPARATION SERVICES

Mutual of Omaha provides employees with easy and free will preparation services. Answer a few simple questions and a document will be generated in real time. Log on to www.willprepservices.com and use the code MUTUALWILLS to register.

KELLY PERKS

Kelly Perks is a discount program that allows you to save on some major brands.

- » Create an account by going to <https://kellyservices.perkspot.com>
- » Subscribe, choose your perks - from travel to electronics - and explore your local map.

Model Notices

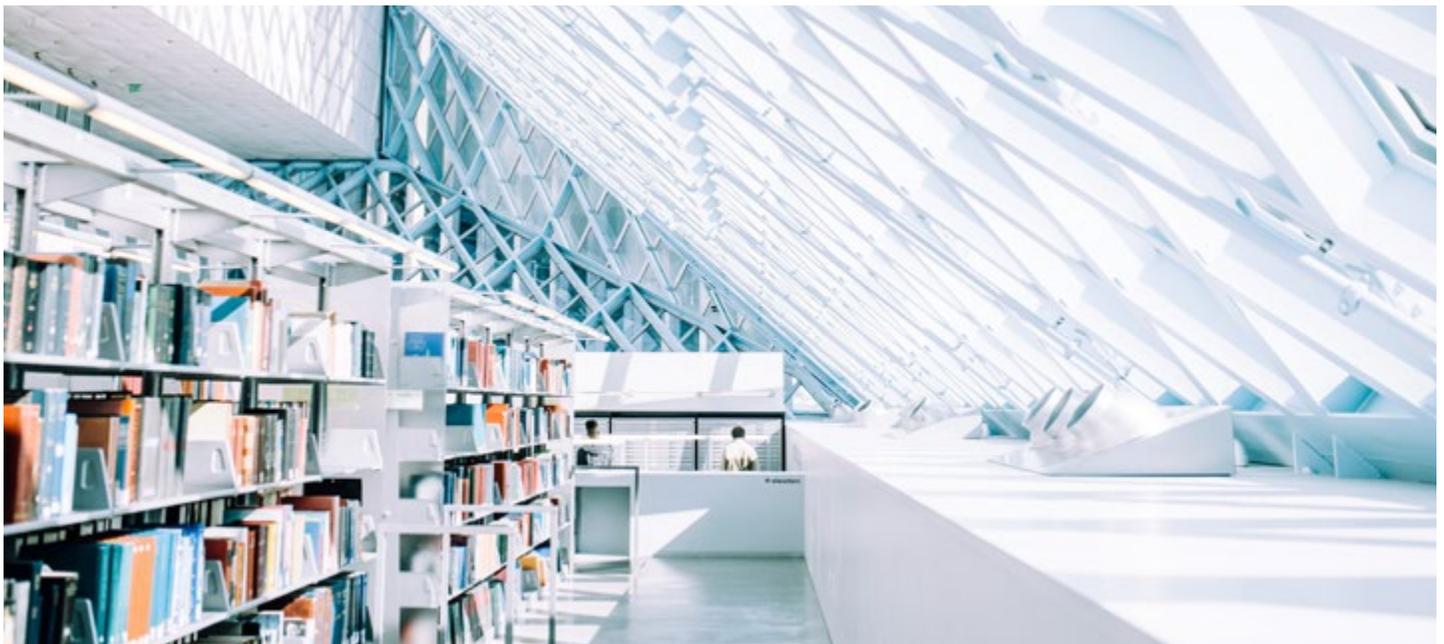
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IMPORTANT MODEL NOTICES

Your model notices contain important information regarding your benefits. The different notices that are covered include:

- » Health Insurance Exchange Notice
- » Notice of Patient Protections
- » Notice of Special Enrollment Rights
- » Women's Health and Cancers Rights Act (WHCRA) Notices
- » Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure
- » Employer's Children's Health Insurance Program (CHIP) Notice
- » Michelle's Law Notice
- » Newborns' and Mothers' Health Protection Act Notice
- » Medicare Part D Creditable Coverage Notice
- » Genetic Information Nondiscrimination Act (GINA) Disclosures
- » General Notice of Cobra Rights
- » General FMLA Notice
- » USERRA Notice

[Click here](#) to view the details of the model notices listed above.



Glossary of Terms

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BRAND PREFERRED DRUGS

A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.

BRAND NON-PREFERRED DRUGS

A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.

CALENDAR YEAR MAXIMUM

The maximum benefit amount paid each year for each family member enrolled in the dental plan.

COINSURANCE

The sharing of cost between you and the plan. For example, 80 percent coinsurance means the plan covers 80 percent of the cost of service after a deductible is met. You will be responsible for the remaining 20 percent of the cost.

COPAY

A fixed amount (for example \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

DEDUCTIBLE

The amount you have to pay for covered services before your health plan begins to pay.

ELIMINATION PERIOD

The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.

GENERIC DRUG

A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.

HIGH DEDUCTIBLE HEALTH PLAN

A qualified High Deductible Health Plan (HDHP) is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.

IN-NETWORK

A designated list of health care providers (doctors, dentists, etc.) with whom the health insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.

INPATIENT

Services provided to an individual during an overnight hospital stay.

MAIL ORDER PHARMACY

Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.

OUT OF NETWORK

Health care providers that are not in the plan’s network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher coinsurances, deductibles and out-of-pocket maximums will apply.

OUTPATIENT

Services provided to an individual at a hospital facility without an overnight hospital stay.

PRIMARY CARE PROVIDER (PCP)

A doctor (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.

SPECIALIST

A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).

SPECIALTY DRUG

A drug that requires special handling, administration or monitoring. Most can only be filled by a specialty pharmacy and have additional required approvals.

Contributions

BENEFIT DESCRIPTION	WEEKLY CONTRIBUTIONS
\$2000 HDHP	
Employee	\$47.09
Employee + Spouse	\$174.71
Employee + Child(ren)	\$155.51
Employee + Family	\$290.94
\$500 PPO	
Employee	\$62.65
Employee + Spouse	\$205.59
Employee + Child(ren)	\$180.19
Employee + Family	\$337.20
Voluntary Dental - Base Plan	
Employee	\$6.27
Employee + Spouse	\$12.74
Employee + Child(ren)	\$16.42
Employee + Family	\$24.45
Voluntary Dental - Plus Plan	
Employee	\$7.92
Employee + Spouse	\$16.07
Employee + Child(ren)	\$20.73
Employee + Family	\$30.85
Voluntary Vision	
Employee	\$1.38
Employee + Spouse	\$2.33
Employee + Child(ren)	\$2.37
Employee + Family	\$3.83

Contact Information

PLAN	CONTACT NUMBER	WEBSITE
Medical and Rx UnitedHealthcare	866-623-2445	www.myuhc.com
Dental UnitedHealthcare	866-623-2445	www.myuhc.com
Vision UnitedHealthcare	800-638-3120	www.myuhcvision.com
Life & Disability Insurance Mutual of Omaha	800-877-5176	www.mutualofomaha.com
Employee Assistance Program Mutual of Omaha	800-316-2796	mutualofomaha.com/eap
NextGen Human Resources	312-566-4377	hr@nextgenr.com
NFP Laurie Marable Benefits & Employee Navigator Questions	240-387-2188	laurie.marable@nfp.com

NOTE: This booklet is intended to summarize the benefits you receive from NextGen. The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. This summary is not legally binding, is not a contract, and does not alter any original plan documents. For additional information, please contact the Human Resources department.