

2023 BENEFITS GUIDE





TABLE OF CONTENTS

Benefits Overview	3
Eligibility & Enrollment	4
Medical Benefits	5
Medical Plan Comparison & Contributions.....	6
Cost Saving Tips	7
Blue Cross Blue Shield Resources & Programs	8
Health Savings Account (HSA).....	9
Flexible Spending Account (FSA).....	11
Dental Benefits	12
Vision Benefits.....	13
Life & Disability Insurance	14
Voluntary Benefits	15
401(k) Retirement Benefits	17
Work-Life Benefits	18
Benefits FAQ.....	19
Contact Information	20
Annual Notices	21

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



BENEFITS OVERVIEW

BENEFITS OFFERED

ATI is proud to provide you with a wide range of progressive benefits that are a vital part of your Total Rewards package. You have the flexibility to select the health plan that best meets the needs of you and your loved ones, along with the opportunity to elect additional benefits to protect your income, build financial security, and balance your work and personal life.

Benefit	Carrier/Vendor
Core Benefits	
Medical	Blue Cross Blue Shield of IL
Dental	MetLife
Vision	MetLife
Health Savings Account	HealthEquity
Flexible Spending Accounts	HealthEquity
Life Insurance	Reliance Matrix
Short Term Disability	ATI Physical Therapy
Long Term Disability	Reliance Matrix
Employee Assistance Program	ACI Specialty Benefits
401k Retirement Plan	Principal Financial
Voluntary Benefits	
Legal Plan	MetLife
Hospital Indemnity	MetLife
Accident Insurance	Reliance Matrix
Critical Illness	Reliance Matrix
Cancer Screening and Support	Cancer Guardian
Identity Theft	Norton Life Lock
Pet Insurance	Nationwide Insurance
Commuter Transit & Parking Account	HealthEquity
Universal Life & Long Term Care	Chubb
Purchasing Power	Purchasing Power

ELIGIBILITY & ENROLLMENT

ELIGIBILITY

Employee Eligibility

- Full-time employees who work a minimum of 30 hours per week are eligible for healthcare benefits.
- Benefits are effective the 1st of the month following date of hire of active, full-time employment.
- New Hire Enrollment must be made **within 31 days following** your date of hire.
- If you elect to waive coverage for yourself or dependents for any of the benefits, you will only be allowed to revise coverage during the next annual open enrollment period, unless you have a qualifying life event and notify us within 31 days of the event.

Dependent Eligibility

- Lawful spouse as determined under federal law.
- Domestic partners defined as same or opposite sex partner in a committed, exclusive relationship, sharing a principal residence, financially interdependent, not married to another person, age 18 or older, not related to each other and have the intention of a long-term relationship.
- Married or unmarried children through the end of the month in which (s)he reaches age 26 for medical, dental, vision and life coverage.
- Children who are incapable of self-support due to severe physical or mental handicap so long as they become incapable of self-support while covered as a dependent. You must be legally responsible for this dependent's support or care.
- Children for whom you are required to provide coverage under the terms of a Qualified Medical Child Support Order (QMCSO).
- Your children by birth or children who are legally adopted by you or placed with you for purpose of legal adoption prior to age 18;
- Your spouse's children who are in your spouse's custody, reside in your home and depend on your spouse for support;
- A minor related by blood or marriage who (1) permanently resides with you, (2) receives 50% or more of her/his support from you and (3) was reported as a dependent on your most recent federal income tax return or who will be claimed as a dependent on your federal income tax return for the current year;
- Children for whom you have legal guardianship, who are in your custody, residing in your home and are dependent on you for support.

Dependent Verification

If you are adding new dependents (spouse and/or children) to your medical, dental or vision coverage, you are required to submit documents confirming dependent status, such as a marriage certificate, birth certificate, etc. Domestic partners will be required to provide an affidavit documenting the relationship.

Failure to submit these documents timely, will result in your dependents being denied coverage. For new hires and qualified events, documentation needs to be submitted within 31 days of the effective date of coverage.

ENROLLMENT

Enrollment Process

Employees have the opportunity to enroll online via Dayforce. ATI has also partnered with EOI Service Company to help our employees enroll in the coverage that is best suited for them and their families and to answer any questions.

The counselors will:

- Review our core and voluntary benefits package during your personalized individual meeting
- Answer questions and provide additional information
- Complete enrollments through Dayforce for ATI employees

To schedule your 30-minute, confidential appointment, call 833.501.0755 or visit ATI.MyBenefitsAppointment.com





MEDICAL BENEFITS

PLAN OPTIONS

Provider: **BlueCross BlueShield of Illinois (BCBSIL)** | www.bcbsil.com/ | 800.828.3116

ATI offers three medical plans, Standard PPO Plan and 2 High Deductible Health Plans (HDHP). Choice is important when selecting the right medical plan. Take the time to learn about your options to ensure you select the right plan for you and your family. All plans have access to the BCBSIL PPO Network. Each plan pays benefits for in-network and out-of-network services.

- **High Deductible Health Plan (HDHP 5000): \$5,000 single/\$9,100 family**
- **High Deductible Health Plan (HDHP 3000): \$3,000 single/\$6,000 family**
- **Standard PPO Plan**

Comparing your medical plan options

The main difference between a HDHP and a traditional PPO is how and when you pay for your healthcare.

	HDHP 5000	HDHP 3000	PPO Plan
Per-paycheck Cost for Coverage	\$	\$\$	\$\$\$
Annual Deductible	\$\$\$	\$\$	\$
Annual Out-of-pocket Maximum	\$\$\$	\$\$	\$
Using the Plan	Pay less with each paycheck and more when you need care	Pay less with each paycheck and more when you need care	Pay more with each paycheck and less when you need care
Spending Account Options	Health Savings Account (HSA)	Health Savings Account (HSA)	Health care FSA

3 Things to Consider

1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care? (PPO) Or, do you prefer to pay less out of your paycheck, but more when you need care? (HDHP)
2. What planned medical services or prescriptions do you expect to need in the upcoming year?
3. Are you able to budget for your deductible by setting aside pre-tax dollars from your paycheck in an HSA or FSA?

Did you know?

Regardless of which plan you select, there are a number of ways to help manage your healthcare spend.

- Check out pages 8 & 9 of this guide, for Cost Saving Tips, including information on a new service called **Benefits Value Advisors** as well as other free programs.
- **Pay with pre-tax dollars!** Learn more about Health Savings Accounts and Flexible Spending Accounts on pages 10 & 11
- Nervous about deductible and out-of-pocket costs? ATI offers an extensive list of **Voluntary Benefits** that will help pay if you or a covered family member are sick, injured or hospitalized. Added bonus? Some of these plans even pay you to get an annual health screening through your personal physician. Check our pages 15 and 16 for more information on these affordable options.

Preventive Services

All Medical Plans include 100 percent coverage with no deductible for certain preventive care services as specified by the Affordable Care Act when you see a network provider.

Prescription Program

Every year drugs are moved on and off the Performance Drug List, while others may have a generic become available. We encourage you to check the [Performance Drug List](#) every year to avoid surprises at the pharmacy. As an added benefit the 90DayMyWay program allows you to receive a 90-day supply of maintenance drugs from one of the extended supply pharmacies or through the mail order program with AllianceRx Walgreens Prime. For a listing of maintenance drugs, go to mybam.bcbsil.com, www.myprime.com or contact customer service at the toll-free number on the back of your identification card. All specialty medications are administered by BCBSIL's Prime Specialty Pharmacy.



MEDICAL PLAN COMPARISON

	HDHP 5000	HDHP 3000	Standard PPO
	In-network	In-network	In-network
Deductible			
Single/ Family	\$5,000 / \$9,100	\$3,000 / \$6,000	\$2,000 / \$4,000
Out-of-pocket maximum			
Medical (Single / Family)	\$7,500 / \$9,100	\$6,000 / \$9,100	\$4,000 / \$8,000
Rx (Single/ Family)	Included in Medical	Included in Medical	\$3,600 / \$7,200
Your costs for covered care			
Preventive Services	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Office Visit	30% after deductible	20% after deductible	\$20 copay
Specialist Office Visit	30% after deductible	20% after deductible	\$40 copay
Emergency Room	30% after deductible	20% after deductible	\$300 copay
Rehabilitation Services	30% after deductible	20% after deductible	\$40 copay
Other Medical Services	30% after deductible	20% after deductible	20% after deductible
Prescription Drugs			
Generic	30% after deductible	20% after deductible	\$15 copay
Brand Name Drug	30% after deductible	20% after deductible	35% after \$250 deductible per person
Brand Name Drug with Generic Available*	30% after deductible	20% after deductible	35% after \$250 deductible per person
Mail Order - 3 months supply	30% after deductible	20% after deductible	3x Retail

*Drugs with a generic available are covered at the Brand coinsurance amount of 35% plus the difference between the generic and brand name drugs costs per prescription.

Medical Plan Per Pay Contributions

2023 Biweekly Rates			
Coverage Tier	HDHP 5000	HDHP 3000	Standard PPO
Employee Only	\$22.47	\$31.58	\$75.06
Employee + Spouse	\$127.43	\$160.29	\$299.36
Employee + Child(ren)	\$24.96	\$41.32	\$186.95
Family	\$139.91	\$180.95	\$415.09
Spousal Verification	-\$92.31	-\$92.31	-\$92.31

Spousal Verification

If your spouse or domestic partner is offered coverage elsewhere, and you choose to cover them under your ATI medical plan, you will pay the biweekly rates listed in the table above. If your spouse or domestic partner does not have access to other coverage, then \$92.31 will be subtracted from the rates above. When you are completing your enrollment, you will be asked a "yes or no" question on whether your spouse or domestic partner has access to other medical insurance. If your spouse's insurance options change, it is up to you to notify ATI Human Resources.



COST SAVING TIPS

MAKE THE MOST OF YOUR MEDICAL PLAN

Take advantage of your free preventive care and screenings

All three of the medical plans cover an annual screening for preventive services, including immunization shots, at no cost to you. These services are free only when delivered by a doctor or provider in your plan's network.

Compare prices for providers and services

Prices to see a specialist, for a service such as an MRI, or for a medical procedure can vary greatly for the same service. While cost shouldn't be the sole basis for selecting a health care provider, it should be part of your process. You can talk to a Benefits Value Advisor or use the online cost comparison tool at www.bcbsil.com to search for a provider or facility in your network. For more information on the exciting new Benefits Value Advisor service, please see page 8.

Stay in network

You will pay a lower in-network rate if you stick with the health providers in the Blue Cross Blue Shield network. Locate a provider on www.bcbsil.com, and verify when scheduling your appointment that the provider is still in network.

Choose the right place for care

Understanding when to visit your primary care physician (PCP), urgent care or emergency room is important to make sure you get the right care when you need it; however, going to the appropriate place for care can help you make the most of your plan. Start with your PCP for most concerns, and use urgent care when your PCP is not available and the condition is not life threatening. For urgent medical concerns that are life threatening, know where your closest ER is so that you can keep you and your family safe.

Search for facilities and providers at www.bcbsil.com, click on "Find Care"

Take advantage of MDLive

- Virtual healthcare is a convenient way to get the care you need without the wait at a doctor's office.
- For the HDHP plans, the cost is less than a regular visit and for the Standard PPO plan the copay is the same as an office visit.
- MDLive is a good option if you have a sinus infection, ear ache, sore throat or upset stomach.



Enroll in Voluntary Benefits

The voluntary benefit plans complement your medical benefits and provide additional financial protection.

- Accident
- Critical Illness
- Hospital Indemnity
- Cancer Guardian



Open and Fund an HSA

With qualifying high-deductible plans (HDHP), you are able to open a health savings account (HSA) where you can deposit pretax earnings to spend on healthcare. See page 9 and 10 for more information on the HSA.

Shop for medications

Until you meet the deductible on a HDHP Plan, you will pay the cost of the medication. There is also a separate deductible and out-of-pocket maximum for the Standard PPO plan. Therefore, it is important to shop for the best price.

- Ask your doctor if generic medications are available for your prescriptions.
- Reference BCBSIL's preventive medications drug list that are covered at no cost to you. Log in to your [BCBSIL Blue Access for Members](#) or [My Prime](#) account to check your drug list.
- Find medications and compare prices on [My Prime](#) or at pharmacies online such as Costco.com, SamsClub.com, or Walmart.com.





BCBSIL RESOURCES & PROGRAMS

BLUE CROSS BLUE SHIELD OF IL RESOURCES & PROGRAMS

Blue Access for Members - Website & Mobile App

Blue Access for Members is the gateway to BCBSIL's many online tools and services. You can view claims, access ID cards, and review explanation of benefits. Register or login at mybam.bcbsil.com!

Benefits Value Advisor - Shop Your Options!

If you need surgery or your doctor recommends imaging, let a Benefits Value Advisor (BVA) help you find a provider.

A Benefits Value Advisor can help you:

- Understand your benefits
- Compare costs at different providers near you
- Schedule your appointment
- Get pre-authorized for in-network providers
- Find online educational tools

They can also contact providers for many health issues, including:

- CAT or CT scans, MRIs
- Endoscopy procedures
- Colonoscopies
- Orthopedic surgery
- Bariatric surgery

It's easy to talk to a BVA! Just call the Customer Service number on your member ID card and ask to speak to a Benefits Value Advisor. In addition, you can find the BVA toll-free number in the **BCBSIL App**. From the dashboard, tap **Contact**.

Learn to Live - Digital Mental Health

More than half of people will struggle with a **mental health** concern at some point in their lives. But you can learn new skills to break old patterns that may be holding you back. Digital mental health programs from Learn to Live can help you get your mental health on track so you can feel better and enjoy life more. Completing an online assessment helps pinpoint the right programs for you such as: stress, anxiety, depression, insomnia, social anxiety, substance abuse.

Learn to adjust unhelpful thoughts and control your moods - Explore quick and easy lessons whenever it fits your schedule.

An expert coach can guide you - If you need one-on-one support to reach your goals, connect with a coach by phone, text, or email.

Your personal details are private - Your personal results, program progress and messages with your coach will not be shared with your employer.

Log in at www.bcbsil.com, click **Wellness**, Choose **Digital Mental Health**

Women's and Family Health Pregnancy and Parenting Support

Whether you are pregnant or planning to get pregnant, you should prepare as much as you can. Blue Cross and Blue Shield of Illinois (BCBSIL) has tools to help you – at no extra cost to you.

Ovia Health™ apps are for tracking your cycle, pregnancy and baby's growth. The apps are available in English and Spanish, and provide videos, tips, coaching and more.

Well onTarget® has self-guided courses about pregnancy that you can take online, covering topics such as healthy foods, body changes and labor.

Plus if your pregnancy is high-risk, BCBSIL will provide support from maternity specialists to help you care for yourself and your baby. Having a baby changes everything, so use these tools to help get you ready.

Blue365® - Wellness Discounts

With this program, you can save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or pre-authorizations.

Once you sign up for Blue365 at blue365deals.com, you will receive weekly emails with "Featured Deals" that offer special savings for a short period of time. Some of the ongoing deals offered through Blue365 are with EyeMed, Jenny Craig®, Nutrisystem®, Fitbit®, SKECHERS®, Reebok, Snap Fitness™ and many more. Sign up today at blue365deals.com!

Livongo

Livongo for Diabetes and Hypertension, offers a simple and advanced blood pressure monitor combined with the power of personalized coaching, covered by BCBSIL. This program is available to you and your family members with diabetes, who are on the medical plan, at no cost to you.

Get Started Today!

Text "GO ATIPT" to 85240 to learn more and join. You can also join using the info below and use registration code: ATIPT.

Online: join.livongo.com/ATIPT/hi

Phone: (800) 945-4355



HEALTH SAVINGS ACCOUNT

THE HEALTH SAVINGS ACCOUNT (HSA)

Provider: HealthEquity | HealthEquity.com/wageworks | 877.924.3967

What is a health savings account?

Employees who enroll in the high-deductible health plan are eligible to contribute to a health savings account (HSA). The pre-tax funds you choose to set aside in your HSA can be used to pay for qualified medical expenses for yourself and your eligible dependents. This includes doctor visits, prescriptions, dental and vision expenses and more. It's your account - you can use the funds or save your money for future health care costs.

Why should I contribute to an HSA?

- You own your HSA, even if you change jobs.
- You determine how much you will contribute and when to use the money to pay for qualified medical, dental and vision expenses.
- Contributions are tax-free and funds earn interest.
- An HSA allows you to save and "roll over" money if you do not spend it in the calendar year.
- Your HSA is another way to save for retirement expenses.
- Investment options once your account reaches \$1,000.

How much can I contribute?

2023 Annual HSA Contribution Limits	
Employee Only	\$3,850
Family	\$7,750
Catch up (55+)	\$1,000

Employees should consult their tax professional for contribution limits when covering a non-spouse domestic partner.

You are eligible to open and fund a HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan (HDHP), such as ATI's Medical Plan
- You are not covered by your spouse's health plan (unless it is a qualified HDHP), Flexible Spending Account (FSA) or health reimbursement account (HRA).
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life
- You have not received Veterans Administration benefits in the past three months.

How does it work?

You pay for 100% of medical expenses with HSA funds or out-of-pocket until you reach your Annual Deductible.

The plan pays 100% of in-network preventive care



After you meet the annual deductible, you pay coinsurance for remaining medical expenses with HSA funds or out-of-pocket.



You continue to pay coinsurance until you have reached the out-of-pocket maximum. Any unused HSA funds roll over to next year.

Important! If you or your spouse currently utilize a Flexible Spending Account or have any FSA rollover dollars you are not eligible to open a HSA for the entire year.



HEALTH SAVINGS ACCOUNT

THE HEALTH SAVINGS ACCOUNT (HSA)

Provider: HealthEquity | [HealthEquity.com/wageworks](https://www.healthequity.com/wageworks) | 877.924.3967

HealthEquity Member Portal

The online member portal is a powerful tool that gives you access to all account management features. Using the HealthEquity member portal, you can check your balance, review transactions, view insurance claims, invest in mutual funds, pay providers and submit for reimbursement.

To log on to the HealthEquity member portal:

- Go to www.myhealthequity.com.
- Type in your username and password.
- If you have never logged in before, select that you are logging in for the first time as a member. Be prepared to enter your first and last name, the last four digits of your Social Security number, birth date, and the ZIP code of your current residence.

HealthEquity Debit Card

If you elect to contribute to the HealthEquity HSA you will receive a HealthEquity Visa debit card in the mail. You may order additional cards for your spouse and/or dependents via the HealthEquity member portal.

What investment options are available?

Members must maintain a minimum cash balance of \$1,000 in their HSA before investing.

Three investment options empower members to get more out of their HSA. With access to several investing tools, including Advisor, a web-based service available from HealthEquity Advisors, LLC, members are enabled to choose control or convenience.

1. Self-driven: Easy access to fund data, research and fund prospectus so you can direct your own investments.
2. Advisor GPS: Get web-based portfolio guidance giving you a suggested route to your destination (fees apply).
3. Advisor AutoPilot: Let web-based automated technologies manage your HSA portfolio (fees apply).

For more information on investment options, please visit: <https://healthequity.com/investment-education-center/>

HSA Case Study

Camila decides to contribute \$2,400 to her HSA. Her annual tax savings¹ are \$480. After 5 months of contributing to her HSA, she received a \$700 hospital bill, and is interested in seeing how much she saved.

Without an HSA	With an HSA
+ \$1,000 from paycheck	+ \$1,000 in HSA
- \$200 to taxes	- \$0 to taxes
- \$700 hospital bill	- \$700 hospital bill
\$100 leftover	\$300 leftover

¹Assumes Camilla pays 20% of her income in federal, State and social security taxes. Actual tax savings will depend on your HSA contributions, applicable State tax rates and your personal tax situation. Please consult your tax adviser for details. The example used is for illustrative purposes only.

How to spend your HSA dollars:

HSA isn't just for doctor visits and prescriptions. You can also use your HSA to cover a host of other qualified medical expenses.

- Pain relievers
- Dental cleaning
- Cold/cough medicine
- Prescription eyeglasses/contacts
- Lab tests
- Chiropractic care
- Hearing aids
- Psychiatric care
- Breast pumps

HSAs now cover OTC medication without a prescription.

See the full list: [HealthEquity.com/QME](https://www.healthequity.com/QME)

HealthEquity's expert specialists are standing by 24/7/365 to answer your questions about anything and everything related to your HealthEquity accounts. If you have any questions regarding how to log in or how to best use your accounts, please contact HealthEquity at 877.713.7682.

You can also manage your HSA account on the HealthEquity mobile app!





FLEXIBLE SPENDING ACCOUNT

FLEXIBLE SPENDING ACCOUNTS (FSA)

Provider: HealthEquity | [HealthEquity.com/wageworks](https://www.healthequity.com/wageworks) | 877.924.3967

FSAs allow you to use pre-tax dollars to pay for many health care expenses and dependent care expenses. The Health Care and Dependent Care FSA benefits are calendar year programs.

How does it work?

You decide how much you would like to set aside for health care expenses and/or dependent care expenses in 2023. That amount will be deducted from your biweekly paycheck on a pre-tax basis and credited to an individual "account" for you. You submit claims and are reimbursed from the account for your eligible expenses. Your election (payroll deduction amount) may not be changed during the year unless you have a qualifying life event or change in status.

How much can I set aside in the accounts?

Health Care	\$2,850
Dependent Care Account	\$5,000 if you file your taxes jointly, \$2,500 if you file individually

Important!

If you contribute to or accept contributions into a HSA, you cannot use a Health Care Flexible Spending Account (FSA).

Health Care FSA

You can use the Health Care FSA for eligible health care expenses incurred by you, your spouse or any of your eligible dependents for certain medical, dental and vision expenses.

Eligible expenses include (but are not limited to):

- Deductibles, copays and coinsurance; over the counter medications (if prescribed by a physician)
- Glasses and contact lenses not covered by a vision discount plan; laser eye surgery; hearing aids; and other expenses allowed by the IRS
- You can find a full list of eligible expenses at [healthequity.com/qme/](https://www.healthequity.com/qme/)

Procedures performed for cosmetic reasons do not qualify.

Dependent Care FSA

You can use the Dependent Care FSA to pay for eligible daycare services. If you are married, you can use this account only if your spouse is employed or actively seeking work, is a full-time student for at least five months of the year, or is disabled.

You can pay daycare expenses for children under age 13, disabled children, disabled parents, a disabled spouse or relatives who qualify as dependents under the Internal Revenue Code. For your Dependent Care FSA contributions to be eligible for reimbursement, your provider must claim your payments as taxable income. Additional rules apply during leaves of absence for use.

Eligible daycare arrangements include (but are not limited to):

- Licensed nursery school and daycare centers for preschool children
- Day camps, after school care or in-home daycare for children under age 13
- Daycare centers for other qualifying dependents (elder care centers)
- Individuals other than your dependents who provide daycare for your qualifying dependents, either inside or outside of your home

Use it or Lose it

Health Care FSA and Dependent care FSA participants are subject to the "use it or lose it" rule. At the end of the plan year, **you will only be allowed to roll over \$610 or less to the next year's plan for the health care FSA and no roll over dollars are allowed for the dependent care FSA.** Any leftover amount in the Healthcare FSA, above the \$610 roll over will be forfeited per IRS rules. Careful planning can help you reduce that risk. You will be given 90 days after the end of the plan year or 90 days after your last day of employment to submit claims incurred during that plan year.

Important!

If you roll over any amount of the Health Care FSA, you could be disqualified from having a HSA.





DENTAL BENEFITS

DENTAL PLAN

Provider: MetLife | metlife.com/mybenefits | 800.GET.MET8

The MetLife dental plan offers you the flexibility to visit any licensed dentist, but you will stretch your benefit dollars by visiting a dentist in MetLife's dental PPO network. MetLife's In-Network dentists have agreed to accept negotiated fees for covered services, which are typically 30-45% less than the average fees charged by Out-of-Network dentists in the same community.

Preventive services, such as cleanings and regular check-ups, are covered at 100% with no deductible both In-Network and Out-of-Network. Be sure to schedule an appointment.

MetLife Dental Benefits Summary		
	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	Reasonable & Customary charge 90th Percentile
Type A - Preventive	100%	
Type B - Basic	80%	50%
Type C - Major	50%	
Calendar Year Deductible	Applies to type B and C services	
Individual	\$50	\$75
Family	\$150	\$225
Calendar Year Maximum (applies to A, B, C services)	\$1,500	\$1,000
Orthodontia	50%	
Orthodontia Lifetime Maximum	\$1,500	

*Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based upon the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charges of most dentists in the same geographic area for the same or similar services as determined by MetLife ('Customary Charge'). Services must be necessary in terms of generally accepted dental standards. Some states may require out-of-network benefits to be paid at in-network cost. Out-of-Network benefits for those who work in Alaska, Massachusetts, Mississippi and Texas will match In-Network benefits per state regulations. Please contact MetLife for more information.

Keep your smile healthy

Routine visits to the dentist help prevent costly dental bills later on, as well as problems linked to medical conditions like diabetes.

The dental plan covers two preventive dental cleaning visits per year!

MetLife Mobile App

Viewing your dental plan just got easier! You can:

- Find a dentist
- Get estimates for most procedures
- View your claims
- Track your brushing and flossing
- View your ID card

It's available on iTunes App Store and Google Play by searching "MetLife".

Dental Plan Per Pay Contributions

Coverage Tier	2023 Biweekly Rates
Employee Only	\$15.12
Employee + Spouse	\$31.01
Employee + Child(ren)	\$33.58
Family	\$56.42



VISION BENEFITS

VISION PLAN

Provider: MetLife | [metlife.com/mybenefits](https://www.metlife.com/mybenefits) | 800.GET.MET8

Your vision benefits with MetLife allow you to visit the vision provider of your choice. MetLife has made it easier to access In-Network vision benefits with the addition of Walmart vision centers. If you prefer to shop for frames from your home, [the Eyeconic benefit](#) is an In-Network provider that allows you to virtually try on the latest frames.

MetLife Vision Benefits Summary		
	In-Network (Using a Network Provider)	Out-of-Network (Using a Non-Network Provider)
Eye Examination - 1 per 12 months		
Comprehensive exam of visual functions and prescription of corrective eyewear	\$10 copay	Up to \$45 reimbursement
Retinal Imaging This screening is used to take pictures of the inside of the eye, particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam reimbursement
Standard Corrective Lenses - 1 per 12 months		
Single Vision Lenses	\$25 copay	Up to \$30 reimbursement
Lined Bifocal Lenses	\$25 copay	Up to \$50 reimbursement
Lined Trifocal Lenses	\$25 copay	Up to \$65 reimbursement
Lenticular Lenses	\$25 copay	Up to \$100 reimbursement
Frames Allowance - 1 per 24 months		
All participating locations except Sam's Club, Walmart, Costco.	\$150 allowance after \$25 copay	Up to \$70 reimbursement
Sam's Club, Walmart, Costco	\$85 allowance after \$25 copay	
Contact Lenses - 1 per 12 months		
Elective	\$150 allowance	Up to \$105 reimbursement
Necessary	Covered in full after eyewear copay	Up to \$210 reimbursement
Contact Fitting and Evaluation	Standard or Premium Fit: Covered in full with maximum copay of \$60	Applied to contact lenses reimbursement
In-Network Value Added Features—These are available at all participating locations except Costco.		
Additional Savings on glasses and sunglasses*	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.	
Laser Vision correction	Savings averaging 15% off the regular price or 5% off of a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.	

*Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at [metlife.com/mybenefits](https://www.metlife.com/mybenefits). All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

Vision Plan Per Pay Contributions

Coverage Tier	2023 Biweekly Rates
Employee Only	\$3.80
Employee + Spouse	\$6.07
Employee + Child(ren)	\$6.20
Family	\$10.00



LIFE AND DISABILITY INSURANCE

Life Insurance

Provider: Reliance Matrix | reliancestandard.com | 800.351.7500

Basic Life Insurance

Basic Life is an ATI paid benefit which provides a \$50,000 life insurance policy for employees only. You will automatically be enrolled in this benefit at no cost to you.

Supplemental Life Insurance

ATI provides you the opportunity to purchase additional supplemental life insurance coverage for yourself, your spouse and your dependent children. Domestic partners are not eligible for supplemental life benefits.

Employees: \$10,000 increments to a maximum of \$500,000

Employee Guaranteed Issue for new hires, newly eligible employees and enrollments/increases due to a qualified life event: \$500,000.

Spouse: \$5,000 increments to a maximum of \$100,000

Spouse Guaranteed Issue for new hires, newly eligible employees and enrollments/increases due to a qualified life event: \$25,000.

Your Spouse Life election may not exceed 50% of the Employee Supplemental Life amount.

Child: \$10,000 (Live birth to age 26, no proof of good health needed)

If you would like to enroll in additional spouse life insurance in excess of \$25,000, please see the online application and Evidence of Insurability instructions available on Dayforce.

Important!

You must elect Employee Supplemental Life Insurance in order to elect Spouse or Child Supplemental Life Insurance.

Evidence of Insurability (EOI) is required for any amount of Employee or Spouse Supplemental Life coverage if you are enrolling outside the open enrollment period or beyond 31 days from the date you first become eligible for coverage.

Coverage requiring approval of good health will be effective the first of the month following approval.



Short-Term Disability (STD)

Provider: ATI Physical Therapy | 630.296.2222 ext. 7400 option 1

Short-Term Disability insurance provides you with income protection in the event of an injury, hospital admission or illness. You are eligible for STD coverage on the first day of the month following your date of hire, and you will be automatically enrolled with this benefit at no cost to you.

STD: Benefits begin on the eighth consecutive day of total disability and will not extend beyond 12 weeks. The maximum benefit is an amount equal to 80% of your covered earnings for the first five weeks, and 50% for the next seven weeks. STD Benefits are paid through normal ATI payroll.

Note:

You are eligible for STD benefits for your pregnancy as you would be with any other disability. Remember to enroll in the [BCBSIL Women's and Family Health Pregnancy program](#) to give your baby a healthy start.

If you are eligible for benefits under a state leave law, you are ineligible for STD benefits from ATI.

Long-Term Disability (LTD)

Provider: Reliance Matrix | reliancestandard.com | 800.351.7500

Long-Term Disability insurance is provided by ATI Physical Therapy. This coverage continues a portion of your pay in the event that you are disabled beyond approved short-term disability. LTD benefits begin on the 90th consecutive day of total disability and will not extend beyond Social Security retirement age or the duration of benefits listed in the plan's certificate. The monthly benefit is an amount equal to 60% of your covered base earnings, up to a maximum benefit of \$5,000 per month.



VOLUNTARY BENEFITS

Voluntary Benefits

ATI recognizes that everyone is unique with different family situations and needs. ATI is offering several voluntary benefits for you to select and have premiums deducted right from your paycheck. An overview of each benefit is below. You can get more details or schedule an appointment with an EOI Benefit Counselor by visiting ATI.mybenefitslibrary.com.

Legal Plan

Provider: MetLife | metlife.com/mybenefits | 800.GET.MET8

The MetLife Legal Plan provides easy, direct access to a national network of attorneys who provide telephone advice and office consultations on personal legal matters. Examples of covered legal services include preparation of wills and trusts, real estate matters, debt matters, consumer protection, document preparation and review, traffic and juvenile matters, and family law.

Hospital Indemnity Insurance

Provider: MetLife | metlife.com/mybenefits | 800.GET.MET8

Even with health insurance, a stay in the hospital can become very costly very quickly as out-of-pocket charges begin to add up. Hospital Indemnity Insurance through MetLife can reduce the financial and emotional stress of a hospital stay by providing a lump-sum cash benefit directly to you that can be used however you need, whether that's for coinsurance or childcare. **Enroll without answering medical questions!**

Benefit Examples*	
Hospital Admission	\$500
Daily Hospital Confinement	\$100 per day, 15 days maximum
ICU Admission	\$1,000
Daily ICU Confinement	\$200, 15 days maximum

**This is not a comprehensive list of covered benefits. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.*

Critical Illness Insurance

Provider: Reliance Matrix | reliancestandard.com | 800.351.7500

No one can be completely prepared when a critical illness strikes, but if you or a loved one is diagnosed with a covered condition such as cancer, stroke, or heart attack, Critical Illness Insurance provides a lump-sum cash benefit to help pay for out-of-pocket medical expenses or any other bills that need attention, including rent or groceries. It can help provide financial protection so you can focus on what's really important — getting better. You also have the option of choosing your level of coverage so you can make sure you have the right protection for your family. And every year that you and up to 4 covered dependents complete a qualified health screening, you are eligible for a \$50 Health Screening Benefit. **Enroll without answering medical questions!**

Accident Insurance

Provider: Reliance Matrix | reliancestandard.com | 800.351.7500

When you suffer an on- or off-the-job accident such as a burn or broken bone, Accident Insurance through Reliance Matrix provides a lump-sum cash benefit based on your injury(s) and the treatment you receive. These benefits are paid on top of what your health insurance covers and can be used at your discretion. This policy also pays an additional 25% on each benefit for injuries sustained by a child under age 18 in a school-sanctioned sport or a competitive sport requiring registration. And every year that you and up to 4 covered family members complete a qualified health screening, you are each eligible for a \$75 Health Screening Benefit.

Benefit Examples*	
Ambulance (ground)	\$150
Diagnostic Examination	\$200 per CT/MRI scan
Emergency Treatment	\$225
Hospital Admission	\$1,000
ICU Confinement	\$600 per day, 30 days maximum

**This is not a comprehensive list of covered benefits. Speak to a benefit counselor for a complete list of covered events. Limitations may apply.*

CancerGuardian

Provider: CancerGuardian | genomiclife.com | 844-694-3666

A new and innovative, high touch support program designed to provide you and your family with the genetic testing, dedicated resources, and technology needed to effectively navigate cancer while improving the chances of survival. Some features of CancerGuardian include:

- Genetic Health Screening
- Carrier Screening
- Comprehensive Genomic (DNA) Profiling
- Cancer Guardian Support Line
- Dedicated Nurse Case Manager
- Medical Records Storage & Transmission Platform



VOLUNTARY BENEFITS

LifeTime Benefit Term Insurance with Long Term Care

Provider: Chubb | chubb.com | 855.241.9891

As life insurance, LifeTime Benefit Term Insurance with Long Term Care through Chubb protects your family with a death benefit that can be used any way they choose, most often for the mortgage or rent, education for children, debt, and final expenses. This policy includes living benefits that provide financial support and resources to cover the cost of long term care you might need as a result of an accident, illness, or aging. Coverage is permanent and flexible. **You can elect up to \$100,000 of coverage for yourself without answering any medical questions.**

Identity Theft Protection

Provider: NortonLifeLock | nortonlifelock.com | 800.607.9174

Enrolling in one of the NortonLifeLock plans, either Benefit Essential or Premier, is an important step in helping to protect your identity, personal information and connected devices. From the moment you become a member, you will receive communications about your membership, keeping you up to date on information you need to know.

If you have a personal policy (not with ATI) and choose to enroll, you must cancel your current LifeLock policy, then enroll with NortonLifeLock to confirm your identity, create your account and register accounts and devices.

In addition to traditional personal information and financial account protection, included with your NortonLifeLock membership is:

- Password manager
- Automatic password changer
- Digital wallet for storing credit card and bank account details
- Parental controls for monitoring and managing kids' online activity
- Device security protection from malware threats
- Cloud backup as an extra layer of protection from malware, stolen devices, ransomware and hard drive failures

Pet Insurance

Provider: Nationwide Insurance | petinsurance.com/ati | 877.738.7874

Pet Insurance will help cover your expenses if your pet is sick or injured and needs prescriptions, diagnostic tests, hospitalization or surgeries. The plans reimburse eligible veterinary expenses relating to accidents, illnesses and injuries to dogs, cats, birds and exotic pets. The premium for this coverage will be made through convenient biweekly payroll deduction.

- You can select the deductible and coinsurance to fit your budget
- You also have 24/7 access to the vet helpline for veterinarian support



Purchasing Power

Provider: Purchasing Power | ATIPT.purchasingpower.com | 888.923.6236

When paying with cash or credit is challenging, Purchasing Power helps you buy brand-name computers, appliances, and more. You get your product upfront, with payment made over 6 or 12 months - taken directly from your paycheck.

There is no interest, hidden fees or credit checks. You can browse thousands of brand-name products and services on the Purchasing Power site. Need a new dishwasher? Computer? Visit Purchasing Power for more information. You must be employed at ATI for at least 12 months to be eligible.





401(K) RETIREMENT BENEFITS

401(K) RETIREMENT BENEFITS

Provider: Principal Financial | principal.com | 800.986.3343

The ATI Physical Therapy 401(k) Profit Sharing Plan offers you an easy way to save for retirement.

Eligibility and Contributions

To be eligible to join and contribute to the 401(k) Plan, an employee must be 21 years or older*. Features of our plan include:

- Deferrals from 1% to 80% of your salary
- Maximum employee contribution of \$22,500** per plan year
- Additional employee catch-up contribution of \$7,500** if you are 50 years or older
- Match begins after one year of service and 1,000 hours & starts the first of the following quarter
- ATI matches 50% of each dollar up to 6%, with a maximum match of 3% (Example: Sam Doe contributes 6%, ATI matches 3%)
- 100% immediate vesting

*Employees who are not covered by a collective bargaining agreement or are not non-resident aliens.

**If the IRS maximum changes, you will be given the opportunity to elect to the maximum

Enroll Now!

To enroll online or via your smart device, visit Principal at www.principal.com/welcome or text 78259

- Provide your name, birth date, SSN, mobile number and zip code
- Create your username and password
- To ensure your account is secure, you'll be asked to set up 2-factor authentication
- Once these steps are complete, you'll be prompted to the progress dashboard which will walk you through setting up contributions, selecting investment options and beneficiaries and picking your communication preferences

You can also call Principal at 800.986.3343 to enroll.

Know your Wellness Score!

Once you've successfully logged in to your account, you'll see your Retirement Wellness Score, front and center.

Your Retirement Wellness Score helps indicate how prepared you may be for retirement.¹ The higher your score, the better! Studies suggest achieving a score of at least 70-85 in order to maintain your current lifestyle once you retire.²

¹ In some cases you may need to unlock your score by providing some additional information.

² 80% assumption. Based on our industry experience and GAO Retirement Security Report to Congressional requestors. The estimated average total spending for post-retirement households was about 77 percent of the spending levels for pre-retirement households. GAO, 2013 CE Data; 16-242, Retirement Replacement Rates.





WORK-LIFE BENEFITS

Employee Assistance Program (EAP)

Provider: ACI Specialty Benefits | rsl.acieap.com | 855.775.4357

ATI's Employee Assistance Program (EAP) provides professional and confidential services to help employees and family members address a variety of personal, family, life and work-related issues.

Confidential and professional assessment and referral services for employees and their family members.

From the stress of everyday life to relationship issues or even work-related concerns, the EAP can help with any issue affecting overall health, wellbeing and life management.

- Unlimited telephonic sessions of professional assessment for employees and family members
- Unlimited child care and elder care referrals
- Legal consultation for unlimited number of issues per year
- Financial consultation for unlimited number of issues per year
- Unlimited pet care consultation
- Unlimited education referrals and resources
- Unlimited referrals and resources for any personal service
- Unlimited community-based resource referrals
- Online legal resource center
- Affinity™ online work-life website
- myACI app for mobile access
- Multicultural and Multilingual providers available nationwide



Student Loan Refinancing

Provider: SoFi | SoFi.com/ATI | 855.456.7634

ATI Physical Therapy has partnered with SoFi to offer our employees and their families a student loan refinancing benefit. Upon refinancing your student or Parent PLUS loans through SoFi.com/ATI you'll receive a **\$300 Welcome Bonus**.¹ Refinancing can be especially helpful for professionals, who've typically taken out larger student loans.

Why check this out?

Not only do members save thousands on average when they refinance to a shorter term, but there are also lower interest rates and no application or prepayment fees for a quicker payoff.

¹ Welcome Bonus will be issued electronically once you become a SoFi borrower; you have submitted a completed application with documents and your loan has been disbursed. Offer good for new customers only.

ATI Foundation Our Giving Program

Founded in 2003, the ATI Foundation was created as a way for ATI employees and patients to give back to the communities in which we live, work, and serve.



From 2003 to 2020, the ATI Foundation raised more than \$4 million to make a meaningful impact in the lives of nearly 4,500 children with physical impairments.

The ATI Foundation is excited to provide funding to both children and adults with physical impairments so they may lead their most fulfilling lives.

Through the payroll contribution program, you can donate any amount from your bi-weekly paycheck to the ATI Foundation by completing the form in Dayforce. Together, we can make a lasting difference in the lives of people with physical impairments and MSK-related disorders.

Travel Assistance Services

Provider: On Call International | oncallinternational.com | 800.456.3893 or Worldwide: 603.328.1966

Through your group coverage with Reliance Matrix, you automatically receive travel assistance services provided by On Call International (On Call), which is a 24-hour, toll-free service that provides a comprehensive range of information, referral, coordination and arrangement services.

Covered Services

When traveling more than 100 miles from home or in a foreign country, On Call offers you and your dependents the following services:

- Pre-Trip Assistance
- Emergency Medical Transportation
- Emergency Personal Services
- Some Medical Services

For a complete description of all services and the program terms and limitations, please request a Description of Covered Services from the ATI Benefit Service Center at 630.296.2222 ext. 7400, option 1 or benefits@atipt.com.

Commuter Transit and Parking Accounts

Provider: Health Equity | healthequity.com/wageworks | 877.924.3967

A Commuter account is a pre-tax benefit that can save you up to a third of what you pay for parking and public transit as part of your daily commute, which includes train, subway, bus, ferry and eligible vanpool.

You can contribute up to \$300 for the transit benefit **and** up to \$300 for the parking benefit. You are able to change the election for each on a monthly basis. The money rolls over month to month and year to year as long as you are an ATI employee.

Get the free MyFlex™ mobile app and manage your account on the go.



BENEFITS FAQ

Q: Can I enroll in my benefits at home?

A: Yes! Please use the Dayforce link: dayforcehcm.com

Q: How can I see what my current benefits are?

A: Once logged into Dayforce, click on the Benefits icon. Click on the "Current Elections" tab along the top left. This is where you can see each plan you're enrolled in and the cost per paycheck.

Q: How can I confirm my medical services will be covered under my medical plan?

A: You are advised to contact BCBSIL for procedures. Please do so prior to scheduling and/or having any major surgery or procedure as 2023 plan guidelines will apply.

Q: Why have I not received my Dental and Vision insurance cards?

A: Our Dental and Vision carrier, MetLife, does not issue insurance cards. When you see your ophthalmologist and dentist, you simply explain that you have MetLife insurance, and they will look you up in MetLife's system by your full Social Security Number.

Q: Will I get insurance cards for each of my dependents?

A: No, our medical provider will only supply one set of insurance cards. You can visit www.bcbsil.com to request additional cards to be sent to your home address. ID cards will only list your name, they will not contain dependent names. Dental and vision plans do not provide ID cards.

Q: Can I change my benefits outside of Open Enrollment?

A: The only time you are able to change your benefits, outside of the Open Enrollment period, is if you have a Qualifying Life Event (QLE) or a status change with ATI. When a QLE occurs, you have 31 days, per IRS regulations, to update your benefits. No exceptions are made to this process.

Q: What is a Qualifying Life Event (QLE)?

A: Examples of Qualifying Life Events include marriage, birth of a child, adoption of a child, divorce, death of a spouse/child, loss of coverage through spouse/other employer and gaining coverage through spouse/other employer.

If you are a current employee with ATI you can also change your benefits if you have a status change. If you were listed as Part Time, Part Time Benefits or On Call, and moved to Full Time, you will have 31 days to enroll in benefits.

Q: Do I need to provide supporting documentation to add an eligible dependent?

A: Yes! If you are adding new dependents (spouse and/or child(ren)) to your medical, dental, vision and optional life insurance, you are required to send over documents confirming dependent status, such as marriage certificate, birth certificate, etc. Failure to submit these documents within 31 days of the effective date as a new hire or with a qualified event will result in your dependents being removed from coverage.

Q: I am ending employment with ATI, or moving from Full Time to Part Time/On Call/Part Time Benefits, when will my benefits end?

A: Your benefits will end at 11:59 p.m. on the last day you are employed with ATI or last day of full-time status (i.e. termination date 8/25/2023, benefits end at 11:59 p.m. on 8/25/2023).

Q: How long do I have to notify ATI, if my dependent is no longer eligible for coverage?

A: You must notify ATI **within 31 days of ineligible status** to ensure (s) he does not lose the right to elect COBRA continuation coverage.

Q: Can I cover my domestic partner?

A: Yes! ATI recognizes that families take many diverse forms and we want to protect yours. Your domestic partner is eligible for medical, dental and vision benefits if they meet the definition outlined on page 4. Premium contributions are not pre-tax in this scenario.

Q: Can I continue my benefits after my employment ends?

A: Yes! Once your employment is terminated, or status changed from Full Time to another status, your information will be submitted to Discovery. You will receive COBRA paperwork within 2-3 weeks after termination. Once this paperwork is submitted and processed, they will back date your COBRA coverage to be effective the day following your termination date.

Q: Can I make changes to my HSA contributions? FSA contributions?

A: **HSA:** Yes! Because this account is funded solely on what you contribute, you can change your contribution amount at any time throughout the year as long as you don't go over your annual maximum contribution amount.

Healthcare FSA: No. You cannot change your annual election unless a qualifying life event allows a change to your FSA. Your contributions are taken each paycheck through the end of the plan year.

Dependent Care FSA: No. You cannot change your annual election unless you have a qualifying life event. Your contributions are taken each paycheck through the end of the plan year. You are only able to use the amount that has already been contributed at the time of your reimbursement request.

Q: Are there resources to help me with my HSA or FSA?

A: Yes! Your FSA is administered by HealthEquity and includes decision support tools and information on eligible expenses, along with much more. Please visit HealthEquity.com/wageworks or call them at 877.924.3967.

Q: How do I enroll in my 401(k)?

A: To enroll in the 401k, you must complete your registration online via the Principal Financial site at www.principal.com. For questions, feel free to contact Principal Financial at 800.986.3343.

Q: Who is EOI?

A: EOI Service Company is a benefits concierge service that ATI is providing to you to assist you in the benefits enrollment process. EOI's benefit counselors will provide an overview of our benefit plans with all team members via personalized one-on-one appointments to help ensure that team members have the information needed to make appropriate and timely decisions.

Q: How do I complete my enrollment?

A: Schedule your confidential appointment with an EOI benefits counselor by calling 833-501-0755 or visiting ATI.MyBenefitsAppointment.com.

Q: Can I enroll without setting up an EOI benefits counselor appointment?

A: Yes, you can complete your enrollment directly in Dayforce, however we strongly recommend taking a few minutes to review and learn more about your current benefits options with an EOI benefits counselor.



CONTACT INFORMATION

To support your important health and wellness decisions, ATI offers a variety of online resources and tools. Visit Homebase > Human Resources > Employee Benefits on the left hand side to view benefit summaries, links to carriers and other valuable information.

Benefit Provider	Benefit	Customer Service Number	Website	App
Blue Cross Blue Shield of Illinois	Medical	800.828.3116	www.bcbsil.com	
Livongo	Diabetes Program	800.945.4355	www.livongo.com	
MDLive	Telemedicine	800.400.6354	www.mdlive.com	
Health Equity	Health Savings Account Flexible Spending Account	877.924.3967	www.HealthEquity.com/wageworks	
MetLife	Dental	800.GET.MET8	www.metlife.com/mybenefits	
MetLife	Vision	855.MET.EYE1	www.metlife.com/mybenefits	
Reliance Matrix	Life, Disability, Critical Illness, Accident Insurance, Absence Management	800.351.7500	www.reliancestandard.com	
Principal Financial	401(k)	800.986.3343	www.principal.com	
Metife	Hospital Indemnity Legal Plan	800.GET.MET8	www.metlife.com/mybenefits	
Nationwide	Pet Insurance	877.738.7874	www.petinsurance.com/ati	
CancerGuardian	Cancer Screening & Support	833.248.2734	www.cancerguardian.com	
NortonLifeLock	Identity Theft	800.607.9174	www.nortonlifelock.com	
Chubb	Universal Life & Long Term Care	855.241.9891	www.chubb.com	
Purchasing Power	Purchasing Power	888.923.6236	www.purchasingpower.com	
ACI Specialty Benefits	Employee Assistance Program	855.775.4357	www.rsl.acieap.com	
On Call International	Travel Assistance	800.456.3893	www.oncallinternational.com	
SoFi	Student Loans	855.456.7634	www.SoFi.com/ATI	
ATI My Benefits Library	Use this site to view your voluntary benefit information.		ATI.mybenefitslibrary.com	
ATI Homebase	Use this site to access all of your benefits information online.		atipt.sharepoint.com/sites/HR/Benefits/	
Dayforce Portal	Login to Dayforce and click on Menu, then Benefits		dayforcehcm.com	
For more information	630.296.2222 ext. 7400 option 1		benefits@atipt.com	



ANNUAL NOTICES

ATI Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

PATIENT PROTECTIONS DISCLOSURE

The ATI Physical Therapy Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, BlueCross BlueShield of Illinois (BCBSIL) Health Plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the BCBS Health Plan at 800.828.3116 or www.bcbsil.com

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from BlueCross BlueShield of Illinois Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the BlueCross BlueShield of Illinois Plan at 800.828.3116 or www.bcbsil.com.

WOMEN'S HEALTH & CANCER RIGHTS ACT

If you 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 of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- 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; and Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. If you would like more information on WHCRA benefits, please contact Human Resources.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal 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, 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). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



Annual Notices

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, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medi-
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	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268



Annual Notices

GEORGIA – Medicaid	MAINE – Medicaid
<p>A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</p> <p>Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</p> <p>Phone: (678) 564-1162, Press 2</p>	<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms</p> <p>Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740.</p>
INDIANA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/</p> <p>Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>Website: https://www.mass.gov/masshealth/pa</p> <p>Phone: 1-800-862-4840</p>
IOWA – Medicaid and CHIP (Hawki)	MINNESOTA – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members</p> <p>Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki</p> <p>Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</p> <p>Phone: 1-800-657-3739</p>
KANSAS – Medicaid	MISSOURI – Medicaid
<p>Website: https://www.kancare.ks.gov/</p> <p>Phone: 1-800-792-4884</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
KENTUCKY – Medicaid	MONTANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p> <p>Phone: 1-855-459-6328 Email: KIHIP.PPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx</p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>



Annual Notices

<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov</p> <p>Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcftp.nv.gov</p> <p>Medicaid Phone: 1-800-992-0900</p>	<p>SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov</p> <p>Phone: 1-888-549-0820</p>
<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm</p> <p>Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>	<p>SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov</p> <p>Phone: 1-888-828-0059</p>
<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/</p> <p>Phone: 1-800-440-0493</p>
<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>	<p>UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/</p> <p>CHIP Website: http://health.utah.gov/chip</p> <p>Phone: 1-877-543-7669</p>
<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/</p> <p>Phone: 919-855-4100</p>	<p>VERMONT– Medicaid</p> <p>Website: http://www.greenmountaincare.org/</p> <p>Phone: 1-800-250-8427</p>
<p>NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/</p> <p>Phone: 1-844-854-4825</p>	<p>VIRGINIA – Medicaid and CHIP</p> <p>Website: Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp</p> <p>Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924</p>
<p>OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org</p> <p>Phone: 1-888-365-3742</p>	<p>WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/</p> <p>Phone: 1-800-562-3022</p>



Annual Notices

OREGON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA – Medicaid	WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND – Medicaid and CHIP	WYOMING – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

U.S. Department of Health and Human Services

Employee Benefits Security Administration

Centers for Medicare & Medicaid Services

www.dol.gov/agencies/ebsa

www.cms.hhs.gov

1-866-444-EBSA (3272)

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)



Annual Notices

HIPPA NOTICE OF PRIVACY PRACTICES REMINDER PRACTICES REMINDER

Protecting Your Health Information Privacy Rights

ATI Physical Therapy is committed to the privacy of your health information. The administrators of the ATI Physical Therapy Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources.

HIPAA SPECIAL ENROLLMENT RIGHTS

ATI Physical Therapy Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the ATI Physical Therapy Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources.



Annual Notices

Medicare and Prescription Drug Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with ATI Holdings, LLC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. ATI Holdings, LLC has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current ATI Holdings, LLC coverage may be affected. You may reference your current BCBS of Illinois Summary Plan Description for benefits in place at the current time. Or you may request a copy of the Summary Plan Description from Human Resources or BCBS of Illinois if you need to review or clarify the level of benefits currently being administered.

If you do decide to join a Medicare drug plan and drop your current ATI Holdings, LLC coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with ATI Holdings, LLC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through ATI Holdings, LLC changes. You also may request a copy of this notice at any time.

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. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date:	January 1, 2023
Name of Entity:	ATI Holdings, LLC
Contact and Position:	Kelly King or Tricia Sax
Address:	790 Remington Blvd., Bolingbrook, IL 60440
Phone Number:	630-296-2222, ext. 7478

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

ATI is proud to provide you with a wide range of progressive benefits that are a vital part of your Total Rewards package. You have the flexibility to select the health plan that best meets the needs of you and your loved ones, along with the opportunity to elect additional benefits to protect your income, build financial security, and balance your work and personal life.

While we're here to support you, we encourage you to be an 'active participant' in your health! Please take the time to review the 2022 Benefits Guide and choose the best options for you and your family.



This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting