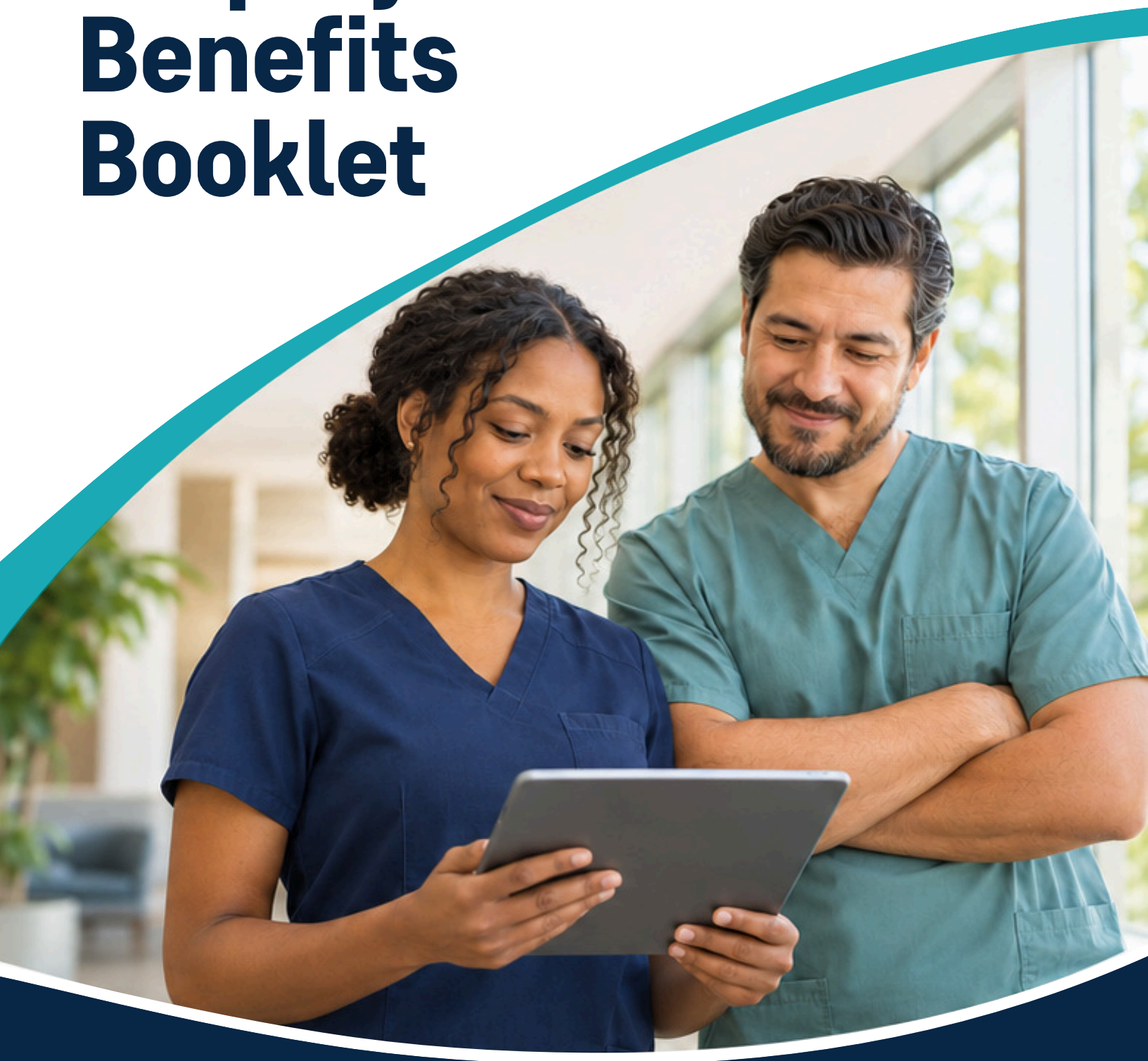
nightingale

2027

Employee Benefits Booklet



WELCOME

To your employee benefits package

Use this booklet to compare your benefits, prepare for enrollment and find help throughout the year. Refer to the applicable plan documents for complete coverage terms.



KEY CONTACT INFORMATION

Your All Atlantic Benefits team

aab All Atlantic Benefits

CONTACT	ROLE	PHONE	EMAIL
John Tolan	Chairman, Benefits Consultant	954-623-8443	johnt@allatlanticbenefits.com
Priscilla Porras	Senior Account Manager	305-809-8211	priscillap@allatlanticbenefits.com
Emilio Rodriguez	Account Manager	305-809-8211	emilior@allatlanticbenefits.com
Juan Montenegro	Benefits Education Specialist — enrollment help	305-676-0521	juanm@allatlanticbenefits.com

NIGHTINGALE HUMAN RESOURCES

nightingale

Jessica Jaramillo
Vice President, Human Resources
404-383-4332
jjaramillo@nightingalenurses.net

BENEFITS WEBSITE

View your benefits resources

Scan the code or select the link.

SCAN TO OPEN

View your benefits resources

OUR CARRIERS

curative

HEALTH
Curative Insurance Company

MetLife

DENTAL
MetLife — PDP Plus

VISION
Davis Vision by MetLife

Mutual of Omaha

LIFE / AD&D / VOLUNTARY LIFE · DISABILITY
Mutual of Omaha — United of Omaha Life Insurance Company

Carrier phone numbers and online tools are in the **Employee Resource Center**, page 17.

ENROLLMENT & BENEFITS ACCESS

All Atlantic Benefits

BENEFITS EFFECTIVE

January 1, 2027

MEDICAL COVERAGE PERIOD

January 1–December 31, 2027

Using Employee Navigator

Use **Employee Navigator**: Open Employee Navigator

1. **Returning users:** sign in with your existing username and password. Use the password-reset option if needed.
2. **First-time users:** follow your registration invitation or HR's registration instructions. For the existing Admin account, the company identifier is **NIGHTINGALE_ADMIN**; use the identifier in your invitation if different.
3. Review your personal and dependent details and your available benefit options.
4. When eligible, complete elections and required beneficiary or other forms.
5. Review the enrollment summary, select **Sign & Agree** or the final confirmation shown, and save a copy for your records.

SCAN TO ACCESS

Open Employee Navigator



BENEFITS HELP

Juan Montenegro

Benefits Education Specialist
All Atlantic Benefits

305-676-0521

juanm@allatlanticbenefits.com

Book benefits help with Juan

ELIGIBILITY & LIFE CHANGES

Who is eligible, covering your dependents, and changes during the year

WHO IS ELIGIBLE

Full-time employees working **30 or more hours per week** are eligible for benefits, subject to the applicable plan requirements.

The selected Mutual life and disability benefits apply to eligible employees in both **Admin and International**. Mutual requires active-at-work status and work in the United States unless the carrier approves otherwise. MetLife dental and Davis Vision cover eligible active full-time employees working 30 hours. MetLife generally limits eligibility to people residing in the United States unless it approves otherwise. The name International does not itself establish an exception.

COVERING YOUR DEPENDENTS

Eligible dependents generally include your **spouse or eligible domestic partner** and your **children under age 26**, including natural children, stepchildren, adopted children and children for whom you are the legal guardian, subject to the applicable plan's definitions. An unmarried dependent child unable to support themselves because of a qualifying disability may be eligible beyond age 26 under the plan's requirements.

For MetLife dental, eligible dependent children are covered **until the day they turn 26**. Davis Vision specifies dependent children and students **up to age 26**. Mutual voluntary life covers dependent children **under age 26**; you must elect employee coverage before spouse or child coverage.

JOINING DURING THE YEAR

For eligible new hires, coverage becomes effective on the **first day of the month following 60 days after your date of hire**, subject to completing enrollment and the applicable plan's eligibility requirements.

CHANGES AFTER A LIFE EVENT

Events such as marriage, divorce, birth, adoption, a change in dependent eligibility or loss of other coverage may allow a benefit election change outside annual open enrollment. Notify Nightingale Human Resources **within 30 days** of the event. HR will explain the documentation and steps required.

For special enrollment after loss of Medicaid/CHIP eligibility or eligibility for Medicaid/CHIP premium assistance, request enrollment **within 60 days**. Changes must meet the applicable plan rules; effective dates depend on the event. Contact **Jessica Jaramillo, 404-383-4332,** jjaramillo@nightingalenurses.net.

PLEASE NOTE: This booklet summarizes benefits and does not replace the applicable insurance policies or plan documents. Refer to those documents for eligibility, benefits, exclusions and complete terms.

MEDICAL INSURANCE

Curative Insurance Company

curative

855-428-7284 · Visit Curative

Amounts show what you pay for covered services, after any applicable deductible. Plan limits and prior authorization requirements apply. No specialist referral is required.

Provider network: Curative directly contracted providers; outside Texas, Florida, and Georgia, the Curative Wrap combines direct contracts with the HealthSmart Preferred Care PPO network. See page 8.

Fully insured Zero Always PPO — FI PPO-Only January 1–December 31, 2027	IN NETWORK		OUT OF NETWORK
	WITH BASELINE COMPLETION	**WITHOUT BASELINE COMPLETION**	
OPPORTUNITIES FOR CARE		*Out of network, immunizations for children under age 6 have no charge.	
Preventive Care	No charge	No charge	$50 copay per visit*
Physician — primary care for injury or illness	No charge	$25 copay per visit	$50 copay per visit
Specialist	No charge	$50 copay per visit	$100 copay per visit
Curative Telehealth — 24/7	No charge	No charge	In network only
Urgent Care	No charge	20% coinsurance	50% coinsurance
Emergency Room	No charge	20% coinsurance	No charge with Baseline Completion; 20% coinsurance without
Emergency Medical Transportation	No charge	20% coinsurance	
Services performed during a preventive visit may have different cost sharing if they are not preventive services.			
DIAGNOSTIC SERVICES		Prior authorization is required for imaging.	
Independent Clinical Lab / X-Ray	No charge	20% coinsurance	50% coinsurance
Diagnostic Testing Facility — imaging such as CT/PET scans and MRIs	No charge	20% coinsurance	50% coinsurance
OUTPATIENT & INPATIENT SERVICES		Prior authorization is required for outpatient surgery and inpatient hospital services.	
Outpatient Surgery — facility and physician/surgeon fees	No charge	20% coinsurance	50% coinsurance
Inpatient Hospital — facility fees	No charge	20% coinsurance	50% coinsurance
Provider Services Inpatient Hospital — physician/surgeon fees	No charge	20% coinsurance	50% coinsurance
PHARMACY BENEFITS		Retail — 30 Day Supply · Copays are per prescription	
Preferred drugs, including generic, preferred brand, and specialty drugs	No charge	$50 copay	40% coinsurance
Non-preferred brand and generic drugs	$50 copay	$100 copay	40% coinsurance
Non-preferred specialty drugs	$250 copay	25% coinsurance	40% coinsurance
Drug coverage depends on the current formulary and applicable authorization requirements. Prior authorization may be required for preferred drugs; without it, the drug may not be covered. See page 7.			
DEDUCTIBLE			
Deductible — individual / family	**$0 / $0**	**$5,000 / $10,000**	**$10,000 / $20,000**
Member Co-Insurance	See the specific service and prescription rows above		
MAXIMUM BENEFITS Premiums, balance-billing charges, and care the plan does not cover are not included in the out-of-pocket limit.			
Member Out of Pocket Maximum — individual / family	**$0 / $0** for network providers, with the separate prescription limit below	**$12,000 / $24,000**	**$15,000 / $30,000**

Separate prescription limit: The $0 network limit does not mean every prescription is free. With Baseline Completion, non-preferred and non-preferred specialty drugs have copays that count toward the separate **$7,500 individual / $15,000 family** limit.

Baseline Completion: Every covered adult completes their own Baseline Visit within **120 days of their effective date** to receive the "With Baseline Completion" cost-sharing amounts. See page 6.

SPECIAL NOTE: This is a summary of selected benefits. Coverage is subject to the applicable plan documents, limitations, exclusions, and authorization requirements. Refer to the carrier's certificate and plan documents for complete terms.

MEDICAL INSURANCE

Curative Insurance Company · your Baseline Visit

curative

855-428-7284 · Visit Curative

Complete your Baseline Visit

Open your Curative member portal to register, arrange your Baseline appointments and confirm the steps for your location.

SCAN TO OPEN

Member portal

FIRST
Register
in your Curative member portal

1

BASELINE · PART 1
Baseline onboarding
with a Care Navigator

2

BASELINE · PART 2
Clinical check-in
with a Curative clinician

Timing and your costs

Every covered adult completes their own Baseline Visit within **120 days of their effective date** to receive the "With Baseline Completion" cost-sharing amounts. Children under age 18 do not need a separate visit; a parent's visit covers them.

Both sets of amounts are in the medical grid on page 5.

During the first 120 days of your first plan year, the "With Baseline Completion" amounts apply automatically when you use network providers. If you do not complete the visit within that period, the "Without Baseline Completion" amounts apply.

What to expect

You do not have to answer questions about disability or genetic information, or have a medical exam, to complete the visit.

Before your visit

Before your appointment, write down questions about providers, medications, upcoming care, and using your benefits. Your Care Navigator can help you find plan information and check coverage.



MEDICAL INSURANCE

Curative Insurance Company · your prescriptions

curative

855-428-7284 · Visit Curative

Understand your prescriptions



Preferred and non-preferred medications have different costs; see the Pharmacy Benefits grid on page 5. Use an in-network pharmacy and ask Curative about delivery options where you live.

Drug list and authorization

Drug coverage depends on the current formulary and applicable authorization requirements. Prior authorization may be required for preferred drugs; without it, the drug may not be covered. **Check prescription coverage** and contact Curative before filling a prescription if you need help.

SCAN TO CHECK

Drug list

SEPARATE PRESCRIPTION LIMIT

The $0 network limit does not mean every prescription is free.

With Baseline Completion, non-preferred and non-preferred specialty drugs have copays that count toward the separate

$7,500 individual / $15,000 family limit.

Moving a prescription?

Before your next refill:

1. Contact Curative to confirm coverage and any new prior authorization requirements. A prior carrier's authorization may need to be replaced.
2. Ask your prescriber to submit the required information.
3. Confirm the status with Curative before filling.

PHARMACY HELP

Get Curative pharmacy help

MEDICAL INSURANCE

Curative Insurance Company · finding care and getting help

curative

855-428-7284 · Visit Curative

Check your providers

Use Find a Curative provider before scheduling care. Confirm that both the provider and facility participate in your specific network. Out-of-network care may cost more, and a provider may bill you for the difference between their charge and the amount the plan pays.

SCAN TO SEARCH

Provider search

Your provider network

The network includes Curative's directly contracted providers. Outside Texas, Florida and Georgia, the Curative Wrap combines direct contracts with the HealthSmart Preferred Care PPO network.

Curative Telehealth — 24/7

Curative Telehealth is available 24/7 as an in-network-only benefit, at no charge with or without Baseline Completion. See the medical grid on page 5.

Get help with your benefits

CURATIVE MEMBER SERVICES

855-428-7284

AVAILABLE

24/7



Open your Curative member portal to find your Care Navigator's contact information. For app information, select Get the Curative app.

DENTAL INSURANCE

MetLife — PDP Plus

MetLife

Provider-list / claim-form help: 800-275-4638
Find a PDP Plus dentist
Member portal: Open MetLife MyBenefits

Choose between the **Low Plan** and **High Plan**. Both offer in-network and out-of-network coverage. Percentages below show **what the plan pays**, subject to the applicable allowance, deductible, frequency limits and benefit maximums.

BENEFIT	LOW PLAN		HIGH PLAN	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Provider Network	PDP Plus	Nonparticipating dentists	PDP Plus	Nonparticipating dentists
Preventive — Type A	100%	100%	100%	100%
Deductible — Individual / Family	**$50 / $150**	**$50 / $150**	**$50 / $150**	**$50 / $150**
Basic — Type B	80%	80%	100%	80%
Major — Type C	50%	50%	60%	50%
Endodontics — root canal	Type C: 50%	Type C: 50%	Type B: 100%	Type B: 80%
Periodontal scaling / root planing	Type C: 50%	Type C: 50%	Type B: 100%	Type B: 80%
Periodontal maintenance	Type B: 80%	Type B: 80%	Type B: 100%	Type B: 80%
Periodontal surgery	Type C: 50%	Type C: 50%	Type C: 60%	Type C: 50%
Calendar-Year Maximum — per person	**$1,250**	**$1,250**	**$3,250**	**$3,250**
Orthodontics	Not covered	Not covered	50%	50%
Orthodontic Eligibility	Not applicable	Not applicable	Adults and eligible dependent children	
Orthodontic Lifetime Maximum — per person	Not applicable	Not applicable	$2,000	$2,000
Dependent Child / Student Age	Until the day the child turns 26			

The deductible applies to **Type B and Type C services only**. Percentages apply to the plan's negotiated/scheduled allowance, not necessarily the dentist's full charge. With an out-of-network dentist, you may owe charges above that allowance in addition to your normal cost sharing.

SPECIAL NOTE: This is a summary of selected benefits. Coverage is subject to the applicable plan documents, limitations, exclusions and frequency limits. Ask your dentist for a pretreatment estimate for major services. The estimate is not a guarantee of payment.

DENTAL INSURANCE

MetLife — PDP Plus · using your plan

MetLife

Provider-list / claim-form help: 800-275-4638
Find a PDP Plus dentist
Member portal: Open MetLife MyBenefits

High Plan state variation

The High Plan's **ET States** schedule changes out-of-network Type B and Type C benefits as shown below. Preventive and orthodontic percentages, deductibles and maximums match the High Plan on page 9.

OUT OF NETWORK	HIGH PLAN	HIGH PLAN — ET STATES SCHEDULE
Basic — Type B	80%	**100%**
Major — Type C	50%	**60%**

Your applicable High Plan schedule is shown in your enrollment materials; contact HR if you need help identifying it.

Exams, cleanings and service categories

Routine oral exams and cleanings are covered **once in six months**, subject to plan terms. Services within the same broad category can have different frequency limits. The High and Low plans classify some periodontal and endodontic services differently, as shown on page 9.

Find a dentist and manage your benefits

Search the PDP Plus network for a dentist, or use MetLife MyBenefits to manage your benefits.



DENTIST SEARCH

Find a PDP Plus dentist

MEMBER PORTAL

Open MetLife MyBenefits

VISION INSURANCE

Davis Vision by MetLife

MetLife

Vision questions: 833-393-5433

Open MetLife MyBenefits

Plan Name: **Davis Vision PPO** Provider Network: **Davis Vision (NET041)**

> **Benefit frequency:** exams, lenses, frames and contact lenses are each available **once every 12 months**; this is not a calendar-year reset. Contact lenses replace the eyeglass benefit for the same benefit period.

BENEFIT	IN NETWORK	OUT-OF-NETWORK REIMBURSEMENT
EXAMINATIONS		
Eye Exam	Covered in full after $10 copay	Up to $45 after $0 copay
MATERIALS CO-PAY		
Single Vision Lenses	Covered in full after $10 eyewear copay	Up to $30
Lined Bifocal Lenses		Up to $50
Lined Trifocal Lenses		Up to $65
Lenticular Lenses		Up to $100
The **$10 eyewear copay applies to lenses and frames only, not contact lenses**. Lens enhancements may cost extra. Out-of-network materials reimbursements are after a $0 copay and remain subject to the plan's allowance.		
ALLOWANCES		
Frames	$200 allowance after the $10 eyewear copay	Up to $70
CONTACT LENS BENEFIT		
Elective	$200 allowance	Up to $105
Medically Necessary	Covered in full with prior authorization	Up to $210
Contact fitting and evaluation are **not covered as an insured benefit**. Optional provider discounts are separate from insurance; ask your provider about availability.		
DEPENDENTS		
Dependent Child / Student Age	Up to age 26	Up to age 26

Find a provider at Find a Davis Vision provider and select **Davis Vision by MetLife**. Once coverage is effective, use Open MetLife MyBenefits for your benefit details. Out-of-network services are paid by you first and then submitted for reimbursement, subject to plan terms.

SPECIAL NOTE: This is a summary of selected benefits. Coverage is subject to the applicable plan documents, limitations, exclusions and authorization requirements. Refer to the carrier's certificate and plan documents for complete terms.

LIFE INSURANCE

Mutual of Omaha — United of Omaha Life Insurance Company

EMPLOYER PAID BASIC LIFE & AD&D BENEFIT

$10,000

BASIC LIFE BASE BENEFIT AND BASIC AD&D BASE PRINCIPAL SUM — EACH

Nightingale provides these **employer-paid** benefits to eligible employees in **Admin and International**. Basic life pays your designated beneficiary if you die while covered, subject to policy terms. Keep your beneficiary information current. The basic AD&D principal sum equals the basic term life amount.

Your Benefits Will Reduce

The guarantee issue amount follows the same reduction schedule.

AGE	BENEFIT
Age 65	65% of original amount
Age 70 or older	50% of original amount

VOLUNTARY LIFE & AD&D

Eligible Admin and International employees may elect additional, employee-paid life and AD&D coverage.

FEATURE	EMPLOYEE BENEFITS	SPOUSAL BENEFITS
Benefit Amount	$10,000 increments, from $10,000 to $500,000	$5,000 increments, from $5,000 up to 100% of the employee's elected benefit, with a $250,000 maximum
Guarantee Issue	Up to $150,000, subject to enrollment and participation requirements	Up to 100% of the employee's elected benefit, with a $30,000 maximum, subject to requirements

Child Benefits

Choose $1,000 increments, from $1,000 up to 100% of the employee's elected benefit, with a $10,000 maximum. The child guarantee issue amount is up to $10,000, subject to applicable requirements.

You must elect employee coverage before enrolling your spouse or children.

Dependent children must be **under age 26**. **Spouse coverage terminates when the employee reaches age 70.** Spouse premiums are based on the **employee's age**.

LIFE INSURANCE

Mutual of Omaha — United of Omaha Life Insurance Company

DISCLOSURES

VOLUNTARY LIFE & AD&D

Guarantee issue is coverage available without health information when enrollment and participation requirements are met. Eligible new hires may elect up to the guarantee issue limit. Coverage above that limit, and all coverage for late entrants, requires a health application/evidence of insurability. The plan requires **25% minimum participation**; guarantee issue amounts may be reduced or withdrawn if that requirement is not met.

The employee benefit and guarantee issue amount reduce to 50% at age 70.

The AD&D principal sum equals the elected voluntary term life amount for the employee and eligible dependents. Payment for a covered accidental loss depends on the policy's benefit schedule.

Coverage costs depend on the amount elected and applicable age-based rates. Review your employee cost during enrollment.

Refer to the certificate for complete eligibility, termination, coverage terms, restrictions and exclusions.

DISABILITY INSURANCE

Short-term disability on this page · long-term disability and definitions on page 14

EMPLOYER PAID SHORT TERM DISABILITY

Nightingale provides employer-paid short-term disability coverage to eligible employees in both Admin and International. This coverage can replace part of your covered earnings when a covered off-the-job injury or sickness prevents you from working.

FEATURE	BENEFIT
Elimination Period	7 days for accident and sickness; benefits begin on day 8
Maximum Weekly Benefit	**60% of covered weekly earnings, up to $2,000**
Benefit Duration	Up to 12 weeks
Pre-Existing Condition Limitation	Does not apply
Cost of Coverage	Employer paid

DISABILITY INSURANCE

Mutual of Omaha — United of Omaha Life Insurance Company

VOLUNTARY LONG TERM DISABILITY

Eligible employees in both Admin and International may elect employee-paid long-term disability coverage.

FEATURE	BENEFIT
Elimination Period	Benefits begin on the later of 90 calendar days after disability begins or the date STD ends
Maximum Monthly Benefit	**60% of covered monthly earnings, up to $10,000**
Benefits Duration	Disability beginning before age 62: to age 65, Social Security Normal Retirement Age, or 3.5 years, whichever is longest. At age 62 or older, a reduced duration schedule applies; see the certificate for the schedule.
Own Occupation	24 months
Pre-Existing Period	3/12: excludes disability beginning in the first 12 months from a condition for which you received medical attention, or were prescribed or took prescription medication, in the 3 months before coverage. See the certificate for complete terms.
Minimum Monthly Benefit	$100, subject to policy terms
Cost of Coverage	Employee paid; review cost during enrollment

DEFINITIONS AND REQUIREMENTS

SHORT-TERM AND LONG-TERM DISABILITY

Elimination Period
The time you must be disabled before benefits become payable.

Maximum Benefit
The highest weekly or monthly benefit payable under the plan, subject to covered earnings and applicable offsets.

Benefit Duration
The maximum period benefits may be payable for a covered disability.

Definition of Disability
The applicable policy definition governs. The LTD definition changes after the own-occupation period.

Other income may reduce your disability benefit. For LTD, 24-month lifetime limits apply to mental disorders and drug or alcohol conditions; see the certificate for definitions and exceptions.

SPECIAL NOTE: This is a summary of selected benefits. Coverage is subject to the applicable plan documents, limitations, exclusions, and authorization requirements. Refer to the carrier's certificate and plan documents for complete terms.

SUPPORTING BENEFIT MATERIALS

Mutual employee assistance program

Mutual's enhanced EAP offers **three counseling sessions per year per household**, delivered face to face or by video telehealth. EAP professionals are available **24/7/365 for individual assessments**. Call **800-316-2796** or use Get confidential EAP support.

The program covers full-time employees and immediate family members residing with them, including a spouse and unmarried dependent children under 26. For California residents, face-to-face counseling is additionally limited to no more than three sessions in a six-month period per person. Legal/financial consultations can be substituted for a counseling session; see the program details.

SCAN TO OPEN

Confidential EAP support

Travel assistance

Your Mutual travel-assistance program is provided by **AXA Assistance USA** and is available for business and personal travel. It assists you, your spouse and dependent children on a single trip of **up to 120 days**, **more than 100 miles from home**.



WITHIN THE U.S.	OUTSIDE THE U.S., CALL COLLECT	ASSISTANCE IS AVAILABLE
800-856-9947	312-935-3658	24/7

What the program can help with

The program can help locate medical providers, coordinate emergency travel assistance and replace lost travel documents. Pre-trip assistance and identity-theft help are available without the 100-mile travel requirement.

Before using the service

AXA's designated personnel must authorize and arrange covered services. Out-of-pocket reimbursement claims are not accepted. Medical costs and other additional costs remain the member's responsibility; trip, service and benefit limits apply. Refer to the travel-assistance program details for exclusions and maximums.

Will-preparation tools

Mutual group life customers can use Epoq's online will-preparation tools to create documents such as a will, power of attorney and healthcare directive. Select Start your will-preparation documents and register using **MUTUALWILLS**.

The service is voluntary, is not available in New York and is not a substitute for an attorney's advice. Follow the applicable state requirements for executing documents.

SCAN TO START

Will-preparation documents

SUPPLEMENTAL ACCIDENT & CRITICAL ILLNESS INSURANCE

MetLife

MetLife

Additional financial protection

Accident and critical illness insurance can help with expenses that may follow a covered injury or illness. Benefits are paid directly to you, subject to the policy, so you can use them for eligible treatment costs or other financial needs.

Accident insurance provides scheduled benefits for covered injuries and related services, such as emergency treatment, ambulance services and hospitalization. The amount payable depends on the covered event and policy schedule.

$15,000

INITIAL CRITICAL ILLNESS BENEFIT

Critical illness insurance pays a lump-sum benefit for a covered diagnosis, subject to the policy's covered-condition definitions and payment provisions.

Review the policy details and your available options during enrollment.



ENROLLMENT HELP

Juan Montenegro

Benefits Education Specialist
All Atlantic Benefits

305-676-0521

juanm@allatlanticbenefits.com

Book enrollment help with Juan

SPECIAL NOTE: These supplemental policies do not replace comprehensive medical coverage. Benefits, exclusions and limitations are governed by the applicable policy and certificate.

EMPLOYEE RESOURCE CENTER

TOOLS TO HELP YOU GET THE MOST OUT OF YOUR BENEFITS

NEED	RESOURCE
MEDICAL · Curative Insurance Company	curative
Medical questions	Curative Member Services: 855-428-7284, available 24/7 · Visit Curative
Member portal	Open your Curative member portal
Find a medical provider	Find a Curative provider — confirm your specific plan and location
Drug coverage	Check prescription coverage
Pharmacy help and transfers	Get Curative pharmacy help
Curative mobile app information	Get the Curative app
ENROLLMENT AND HUMAN RESOURCES	
Enrollment	Enroll in Employee Navigator
Enrollment help	Juan Montenegro · 305-676-0521 · juanm@allatlanticbenefits.com
Enrollment appointment	Book enrollment help with Juan
Nightingale HR	Jessica Jaramillo · 404-383-4332 · jjaramillo@nightingalenurses.net
DENTAL AND VISION · MetLife — PDP Plus · Davis Vision by MetLife	MetLife
Dental / vision portal	Open MetLife MyBenefits
Dental provider-list / claim-form help	800-275-4638 · Find a PDP Plus dentist — PDP Plus
Vision help / providers	833-393-5433 · Find a Davis Vision provider — select Davis Vision by MetLife
LIFE, DISABILITY AND SUPPORT PROGRAMS · Mutual of Omaha	Mutual of Omaha
Mutual EAP	800-316-2796 · Get confidential EAP support
Travel assistance — AXA	U.S. 800-856-9947; outside U.S. collect 312-935-3658
Will-preparation tools	Start your will-preparation documents · code MUTUALWILLS; unavailable in New York
Mutual billing / eligibility / general service	800-769-7159 · Contact Mutual of Omaha
NIGHTINGALE BENEFITS RESOURCES	
Benefits website	View your benefits resources

WELLNESS

Using your Curative preventive benefits

If you enroll in Curative, plan preventive care with your clinician and confirm that your providers participate in your plan's network. Covered in-network preventive care has no charge with or without Baseline Completion. Other services performed during a preventive visit may have different costs.

See Medical Insurance, pages 5–8, for Baseline requirements, prescription costs and help using your plan.



Curative Member Services: **855-428-7284**

DISCLOSURES

Medicare Part D, Section 125, COBRA, and Medicaid and CHIP

MEDICARE PART D

Medicare's annual enrollment period is **October 15–December 7**. If you are eligible for Medicare, review your prescription drug coverage before deciding whether to enroll in Part D. Going **63 consecutive days or longer** without Medicare drug coverage or other creditable prescription coverage may result in a late-enrollment penalty.

Creditable coverage is expected to pay, on average, at least as much as standard Medicare prescription drug coverage. Ask Human Resources for the notice that applies to your selected medical plan and keep it with your records. Contact HR before changing coverage to understand how your decision may affect you and your covered family members. For Medicare information, call **1-800-MEDICARE (1-800-633-4227)** or select **Explore Medicare coverage**.

SECTION 125 & CHANGES DURING THE YEAR

Eligible benefit premiums may be paid through the employer's Section 125 cafeteria plan on a pre-tax basis. Elections generally remain in place for the plan year. Certain changes in family, employment or coverage circumstances may permit a corresponding election change under the plan and applicable rules.

Report a qualifying life event to Nightingale Human Resources **within 30 days** and ask what documentation is required. Special enrollment following loss of Medicaid/CHIP eligibility or eligibility for Medicaid/CHIP premium assistance has a **60-day request window**. Other applicable special-enrollment rights remain available. Effective dates depend on the event and applicable plan rules; HR can explain the timing for your request.

COBRA CONTINUATION COVERAGE

You and your covered family members may be eligible to continue group health coverage temporarily under COBRA after certain events that cause coverage to end, such as termination of employment, reduced hours or a change in family circumstances. Eligibility, duration, cost and deadlines depend on the event and applicable rules. Contact Human Resources promptly and follow the instructions in any continuation-coverage notice you receive.

MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children qualify for Medicaid or CHIP and are eligible for employer health coverage, your state may offer assistance with the employer-plan premium. Contact your state Medicaid/CHIP office, call **1-877-KIDS-NOW (1-877-543-7669)**, or select **Explore children's health coverage**.

If you or an eligible dependent lose Medicaid/CHIP coverage because of loss of eligibility, or become eligible for Medicaid/CHIP premium assistance, request special enrollment in the employer health plan **within 60 days**. Ask HR for the current premium-assistance notice with state contacts.

PLEASE NOTE: These summaries explain general benefit rights. Refer to the applicable plan documents and separate notices for complete terms, eligibility and instructions. Contact Jessica Jaramillo in Human Resources at **404-383-4332** or **jjaramillo@nightingalenurses.net** for assistance.

All Atlantic Benefits
4000 Hollywood Boulevard
Suite 270-N
Hollywood, FL 33021

