



Supplemental Medical Coverage Plan

Versiti cares about the wellbeing of our employees and is committed to ensuring your ability to access healthcare services you may need.

Versiti now offers a Supplemental Medical Coverage plan to employees and/or dependents who are currently enrolled in one of Versiti's medical plans (the HDHP, PPO or Value PPO) and who have the opportunity and decide to enroll in other employer sponsored medical coverage for 2026.

If an employee or dependents enroll in other group coverage and drop Versiti medical plan coverage, Versiti will provide funds to pay for out-of-pocket expenses of the other group plan – deductibles, coinsurance, co-pays - **generating 100% coverage of eligible, in-network claims.**

Employee Premiums

- There are no employee premiums to participate in the Supplemental Medical Coverage plan
- Versiti will also provide a taxable monetary payment on the first and second pay period each month to assist with the other coverage premium payments.
 - \$50 if one person drops Versiti's plan and enrolls in other coverage
 - \$100 if two or more people drop Versiti's plan and enroll in other coverage

Eligibility

- To be eligible you/your dependents must meet the following requirements:
 - **Currently enrolled** in one of Versiti's medical plans (the HDHP, PPO or Value PPO)
 - Have access to another employer sponsored medical plan (not an individual plan, Medicaid or Medicare or Marketplace plan) such as
 - Spouse's plan
 - Second job that offers an employer sponsored plan
 - Parent's plan
 - The other plan cannot be a high deductible health plan with a Health Savings Account
 - Provide documentation of enrollment in the new coverage for individuals dropping Versiti's medical plan (documentation must be provided every year)

How will this plan work?

- Employees and/or dependents will enroll in this plan during Open Enrollment in Dayforce and disenroll their current Versiti coverage
- Employees will need to **provide documentation** of enrollment in another employer sponsored medical plan to HR4You
- Once participants who are enrolled in the Supplement Medical Coverage plan have 2026 medical or pharmacy claims, they will submit an Explanation of Benefits (EOB) document for qualified in-network expenses from the other employer sponsored medical plan to Fidelity, the claims administrator for this plan. Once the claim is verified, Fidelity will reimburse out of pocket expenses (deductibles, co-pays, coinsurance) directly to the employee through a check or direct deposit.