



Welcome to your FlexWork benefits



2026 enrollment guide for BrightSpring Health Services

Welcome

This enrollment guide will help you learn more about your health benefits and choose the plans that best fit your needs. You'll also have a chance to explore additional wellness programs and resources, many of which are included in your plan at no extra cost.

What coverage is available?

Your UnitedHealthcare FlexWork® benefits are designed to help you care for your health with:

- Limited medical plan with pharmacy

Who is eligible to enroll?

Benefits are available to employees and their eligible dependents. Employees must be covered to elect dependent coverage.

Answers and support



UnitedHealthcare FlexWork

1-855-892-2401

Monday–Friday

7:30 a.m.–8 p.m. CT



Learn more about your
FlexWork plans

uhc.care/BrightSpringBrainshark

FlexWork Limited Medical Plan, Minimum Essential Coverage

UnitedHealthcare FlexWork Limited Medical Plan, Minimum Essential Coverage (MEC) is a limited medical plan designed to make being healthier more accessible and affordable. The plan covers preventive services¹ at no cost to you, as well as many of the most frequently utilized health care services at fixed copayments.

Key features



\$0 cost benefits

- Health care reform preventive services and medications¹
- Unlimited \$0 copay 24/7 virtual doctor visits for many non-urgent needs
- Unlimited \$0 copay Emotional Support Line visits
- Diagnostic Laboratory Testing
- Optum Perks™ Discount Pharmacy Card
- MedCents Advocacy bill negotiation services for non-covered medical bills



Benefits from day one

- All benefits are effective on your first day of coverage
- No deductible and no coinsurance for medical benefits except emergency room visits, when covered
- Fixed copayments for covered non-emergency medical benefits
- Medical and preventive pharmacy benefits included
- Annual limits for physician visits and other outpatient services
- Per admission limits for inpatient services, when covered



Nationwide provider and pharmacy access

- UnitedHealthcare Choice network
- 1.7 million+ medical providers and facilities²
- 75,000+ pharmacies³
- Plan covers services rendered by network providers and pharmacies only. Out-of-network services are not covered unless required by law.
- Walgreens® is a preferred pharmacy – you may save more when you use it



Other features

- ✓ No pre-existing condition exclusions
- ✓ Member ID card to present to your medical provider
- ✓ No annual or lifetime dollar limits
- ✓ Pretax payroll deductions help to lower your taxable income



FlexWork is a limited medical plan and does not provide comprehensive coverage and therefore may not be suitable for everyone.

¹ See complete list of ACA Preventive services within this benefits guide.

² UnitedHealthcare Employer and Individual network statistics, ending Q3 2024.

³ UnitedHealthcare pharmacy network count, accessed December 2021: uhc.com/employer/health-plans/pharmacy/total-cost-management/retail-pharmacy-networks.

FlexWork Limited Pharmacy Plan

The Limited Medical Plans include Optum Rx®* for pharmacy benefit management services. The Limited Pharmacy Plan provides coverage for medications as described in the FlexWork Limited Benefit Prescription Drug List (PDL). Specialty drugs are not covered.

Prescription benefit overview

- \$0 cost preventive medications, including select contraceptives and tobacco cessation**
- No limit on the number of prescriptions covered by the plan
- 30-day retail supply at participating network pharmacies only, mail order not covered
- Copay for Tier 1 and 2 acute medications including antibiotics, pain management and substance use disorder treatment
- Coinsurance for Tiers 3 and 4 medications including for select condition management and select brand medications
- Optum Perks and Enhanced Savings Program (ESP) provide discounts for non-covered medications at the time of service
- The ESP will automatically detect if a drug is not covered and provides the discounted price to the pharmacist at the time of service
- Walgreens® is the preferred pharmacy – you may save more money when you use it



Making it easy to manage your medications

Once your plan is active, you can use flexwork.uhc.com to help you:

- Locate participating pharmacies
- Find and compare medication costs
- Search the PDL to see if your medications have any requirements before filling them

Note: Please review your plan information online. If you have any prescription coverage questions or need more information, contact FlexWork Pre-member Services at **1-855-892-2401**.

Two ways to save money



Use network pharmacies

Your pharmacy benefits are available through network pharmacies only, which may cost you less out of pocket.



Use Tier 1 and Tier 2 medications

Ask your prescriber to choose lower-tier medications on the FlexWork PDL.

*Optum Rx is an affiliate of UnitedHealthcare Insurance Company.

** To find covered preventive medications, visit flexwork.uhc.com and select **FlexWork Support** at the bottom of the screen.

FlexWork Basic Limited Medical MEC Plan with Pharmacy

Benefit and cost summary

| General description | Basic MEC medical plan | |
|---|---|--|
| Deductible, coinsurance | \$0 deductible, 0% coinsurance (except Tiers 3, 4 pharmacy benefits) | |
| Annual out-of-pocket maximum | \$9,200 individual, \$18,400 family | |
| Network access | UnitedHealthcare Choice (medical), Optum Rx Network (pharmacy) | |
| Covered benefits (in-network only unless otherwise required) | Member copayment cost | Annual limit |
| Preventive care services* | \$0 copay (covered in full) | ACA allowable |
| Physician office visits | \$25 copay primary care visit \$50 copay specialist | 6 combined visits |
| Urgent care | \$100 copay | 2 visits |
| Virtual Care | \$0 copay | Unlimited |
| Emotional Support Line | \$0 copay | Unlimited |
| Emergency room visits | Not covered | |
| Hospital admissions <small>Includes radiology, anesthesiology, pathology and mental health substance use disorder services</small> | Not covered | |
| Outpatient surgery <small>Includes radiology, anesthesiology and pathology services</small> | Not covered | |
| Minor diagnostic lab | \$50 office/freestanding \$150 hospital outpatient | 1 date of service (unlimited tests per day) |
| Minor diagnostic imaging (X-ray) | Not covered | |
| Major diagnostic imaging tests (MRI, CT, etc.) | Not covered | |
| Chiropractor, acupuncture visits | Not covered | |
| Outpatient mental health, substance use disorder | Members can access care via the physician office visit, Emotional Support Line or Virtual Care benefits | |
| Pharmacy benefits | Member cost | |
| FlexWork Limited prescription drug benefit (FlexWork Limited PDL) <small>Enhanced Savings Discount Program and Optum Perks pharmacy discount card included</small> | \$15 copay tier 1 \$30 copay tier 2 50% coinsurance tiers 3 and 4 | Unlimited |
| Bi-weekly payroll deductions | | |
| Employee only | \$45.71 | |
| Employee and spouse | \$107.34 | |
| Employee and child(ren) | \$80.86 | |
| Employee and family | \$146.83 | |

* Annual checkups, OB-GYN checkups (Pap smear), screening tests for breast cancer, flu and COVID-19 vaccinations, colonoscopies (colorectal cancer screening tests, including bowel prep medication with prescription once every 5 years), shots for measles or other childhood diseases (immunizations), birth control (women's preventative contraceptives), breastfeeding support, supplies and counseling, screenings based on age and risk status (e.g., diabetes, depression, lung cancer), tobacco cessation program and medications. This is not a complete list. Certain preventative care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments or coinsurance for these benefits. Always review your benefit plan documents to determine your specific coverage details.

FlexWork Medical Products are not available for enrollment in Hawaii and Puerto Rico.

Health and wellness resources

Once your plan becomes active, you'll have access to wellness programs, health support services and other useful tools and discount programs – all at no additional cost to you.



24/7 Virtual Visits

Talk to a doctor 24/7 virtually for the diagnosis of nonemergency medical conditions such as the flu and allergies as well as conditions affiliated with mental health and dermatology.* Register at healthiestyou.com or call **1-866-703-1259.****



MedCents Consumer Advocacy

If you're enrolled in any UnitedHealthcare medical plan and receive a bill beyond what your plan covers, MedCents can help. A MedCents advocate will guide you through the necessary steps, negotiate a reduction in your bill, or help arrange easier payment terms.



Hearing discounts

UnitedHealthcare Hearing offers access to hundreds of name-brand and private-label hearing aids at significant savings, along with convenient ordering options and personalized care. Plus, you can take a free online hearing test to help you get started.



24/7 support

When life gets stressful, the Employee Assistance Program (EAP) support line is just a phone call away. Our coordinators are available 24/7 for confidential*** conversations and referrals to expert care and services.



Optum Perks Pharmacy Discount Card****

Save on medications not covered by your pharmacy plan and get discounts of up to 80% on most FDA-approved medications. perks.optum.com/discount-card



UnitedHealthcare Discount Marketplace

Find ways to stay healthy and enjoy thousands of negotiated prices on items such as health and wellness, apparel, auto, beauty, personal care, cell phone, virtual learning, electronics, entertainment, everyday savings, flowers and food. Visit flexwork.uhc.com for details.

*Data rates may apply.

** HealthiestYou™ is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose and prescribe at their own discretion. HealthiestYou physicians provide cross-coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA-controlled substances, nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state. HealthiestYou by Teladoc and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations.

*** Confidential in accordance with the law.

**** Where available by state.

Preventive care for children and adults

Focusing on regular preventive care can help you—and your family—stay healthier

Preventive care can help you avoid potentially serious health conditions and/or obtain early diagnosis and treatment. Generally, the sooner your doctor can identify and treat a medical condition, the better the outcome.

Under the Affordable Care Act (ACA),* most health plans provide coverage for certain preventive health care services at 100%, without any cost to you. Just obtain your preventive care from a health plan network provider. Diagnostic (non-preventive) services are also covered, but you may have to pay a copayment, coinsurance or deductible.

High-level summary of health care reform mandated preventive benefits – covered at 100% of the allowed amount with \$0 copays, network only

Adults**

| | |
|--------------------------------------|--|
| Abdominal aortic aneurysm | Screening for adults who are 65–75 years old and have ever smoked |
| Alcohol misuse | Screenings during wellness examinations, with brief counseling intervention for certain people |
| Annual wellness exam | Includes flu vaccinations, body mass index assessment and blood pressure for all adults |
| Blood pressure | Screening for all adults at wellness examination |
| Cholesterol | Screening for adults who are 40–75 years old |
| Colorectal cancer | Screening for adults over 45–75 years old |
| Depression | Screening for adults in a primary care setting |
| Diabetes | Screening for adults who are 35–70 years old and are overweight or obese, or with history of gestational diabetes |
| Diet | Behavioral counseling for adults with higher cardiovascular disease risk factors, in a primary care setting |
| Falls prevention | Counseling for community-dwelling older adults during wellness exam |
| Hepatitis B virus infection | Screening during pregnancy and for people at high risk |
| Hepatitis C virus infection | Screening for all adults who are 18–79 years old |
| Human immunodeficiency virus (HIV) | Screening for all adults |
| Immunization and vaccinations | Vaccines and immunizations that are FDA-approved and have explicit ACIP recommendations for routine use. For more information, visit cdc.gov/vaccines |
| Lung cancer screening | With low-dose CT scan with prior authorization for people who are 50–80 years old with a history of smoking 20 packs per year |
| Obesity | Screening and counseling for all adults at each wellness examination |
| Sexually transmitted infection (STI) | Behavioral counseling for prevention for adults who are sexually active or otherwise at increased risk, in a primary care setting |
| Syphilis | Screening for higher-risk adults |
| Tobacco use/cessation | Screening and behavioral counseling for adults who smoke, in a primary care setting (refer to pharmacy vendor for pharmacotherapy for tobacco cessation) |
| Tuberculosis | Screening for people at increased risk |

* Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age and other health factors. UnitedHealthcare also covers other routine services that may require a copay, coinsurance or deductible. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

** These guidelines are based, in part, on the requirements of the Patient Protection and Affordable Care Act, and recommendations of the U.S. Preventive Services Task Force (USPSTF), the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services, and the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions that may not be covered as a preventive benefit. These guidelines do not necessarily reflect the vaccines, screenings or tests that will be covered by your benefit plan. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive care benefits may not apply to certain services listed above. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

Expanded women's preventive health services

| | |
|-------------------------------------|--|
| Bacteriuria | Screening for pregnant women |
| Breast cancer | Medications for risk reduction (counseling) for women at high risk, but low risk for adverse effects |
| Breastfeeding | Support, counseling and supplies during pregnancy and after birth. Includes a personal-use electric breast pump. |
| Cervical cancer | Screenings (Pap smear) for women who are 21-65 |
| Chlamydia/gonorrhea | Screening for sexually active women who are 24 and younger, and older women at increased risk |
| Contraception | FDA-approved for women, including education and counseling |
| Domestic violence | Screening for intimate partner violence for women, during wellness examination |
| Gestational diabetes mellitus | Screening during pregnancy |
| Hepatitis B | Screening during pregnancy for people at high risk |
| Human papillomavirus (HPV) DNA test | For women who are 30 and older |
| Mammography | Mammography screenings |
| Osteoporosis | Screening for women over age 65 and younger women at increased risk |
| Perinatal counseling | Perinatal depression counseling for pregnant or postpartum women at risk |
| Pregnancy counseling | Healthy weight gain during pregnancy counseling with nutritional counseling for pregnant women |
| Rh incompatibility | Screening during pregnancy |
| Well-woman visits | Including routine prenatal visits |

Children***

| | |
|---------------------------------|--|
| Alcohol, tobacco and drug use | Assessments for adolescents |
| Anemia | Anemia screenings |
| Autism and developmental | Screening for children under age 3 |
| Fluoride | Application by primary care physician for children under age 6 |
| Hearing screening | Screening by primary care physician |
| Immunization and vaccinations | For more information, visit cdc.gov/vaccines |
| Lead | Screening for children at risk of exposure |
| Newborn screening | Includes metabolic screening panel, phenylketonuria (PKU), hypothyroid and sickle cell |
| Obesity | Screenings and counseling for children on promoting improvements in weight |
| Sexually transmitted infections | Behavior counseling during well-child examination to prevent sexually transmitted infections |
| Tuberculosis | Screenings for certain children at high risk |
| Well-child exam | Includes psychosocial, depression and behavioral assessments |

Questions?

To find covered preventive medications, visit flexwork.uhc.com and select FlexWork Support at the bottom of the screen

*** Development, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Discuss with your doctor how these guidelines may be right for your child, and always consult your doctor before making any decisions about medical care. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive care benefits may not apply to certain services listed above. Always refer to your plan documents for your specific coverage. Source: Centers for Disease Control and Prevention, Recommended immunization schedules for children and adolescents aged 18 years or younger - United States, 2020, at: <https://www.cdc.gov/vaccines/schedules/index.html>.

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: uhc_civil_rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Department of Health and Human Services:

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at:
hhs.gov/ocr/complaints/index.html

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意: 如果您說中文 (Chinese), 我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LŪ Y: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تامدخ نإف (Arabic)، ةيبرعلا ثدحت تنك اذا: هي بنت مقرب لاصتال ايجري. كل ةحاتم ةي ن اجملا ةي وغلل اءعاسملا لىل ع جردملا ي ن اجملا فتاهل اكب ةصاخلا في رعنتلا ةقاطب

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

است، خدمات امداد زبانی به طور رایگان در اختیاری شناسایی شما قید شده تماس توجه: اگر زبان شما فارسی شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت بگیری.

ध्यान दे: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nitl'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.



Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

Noninsurance services are offered only on specific lines of coverage and are not insurance. These services may be modified or terminated at any time, may not be available in all states and may vary depending on state laws and regulations. Not available in New York and Washington. Person must reside within the United States. An employee residing in Hawaii or Puerto Rico is not an Eligible Person.

All trademarks are the property of their respective owners.

Benefit summaries are illustrative. For complete coverage details, please review your Summary of Benefit Coverage (SBC) or Summary Plan Description (SPD) document carefully to be sure the plan is right for your needs. This plan has exclusions, limitations and terms under which the policy may be continued in force or discontinued.

UnitedHealthcare FlexWork Limited Medical (MEC) Plans

Plans have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call 1-855-892-2401 or visit flexwork.uhc.com

UnitedHealthcare Hearing is provided through UnitedHealthcare and offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility.

HealthiestYou

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA-controlled substances, nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state. HealthiestYou by Teladoc® and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations.

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

Benefit Assist support is available at no additional cost to groups with a health plan and supplemental health plan from UnitedHealthcare. Benefit payments associated with the Supplemental Health Plan Benefit Assist program are subject to eligibility requirements and benefits outlined in your UnitedHealthcare policy.

The MedCent's Advocacy Program is separate from your health plan, amounts paid for non-covered services will not apply to your health plan's annual out-of-pocket limit.