

Frequently Asked Questions (FAQs)

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Section 1: General questions

Question	Answer
Are there any changes for 2024?	<ul style="list-style-type: none"> • Redefined medical plan cost tiers • Increased UBS absorption of rising medical costs • Elimination of the working spouse surcharge • Enhanced dental plan • Enhanced vision plan • Improved short-term disability benefits • Expanded family building benefits • A new voluntary Accident Plan • Expanded MetLife legal plan
Do other companies offer similar healthcare plan options?	Yes, many U.S. companies (including a number of other companies in the industry) have changed their healthcare approach and transitioned to high deductible health plans (with a Health Savings Account), similar to what we offer today.
How can I learn more about the plan and other health and wellness benefits UBS provides?	<p>There are a number of resources and tools available to help you understand your UBS benefits:</p> <ul style="list-style-type: none"> • US Benefits Microsite (www.ubs.com/usbenefits) to learn about all your benefits, including details about your medical, prescription drug, dental and vision coverage, more about your Health Savings Account and how you can earn wellness incentives. • Benefits Express (+1-888-251-2500 (or +1-646-254-3465 outside the U.S.), Monday – Friday, 9:00 a.m. – 7:00 p.m. ET.) for benefits support and answers to your questions. • Alight Healthcare Navigation (+1 888-251-2500 (or +1-646-254-3465 outside the U.S.), Monday – Friday, 9:00 a.m. – 7:00 p.m. ET. or via goto.usbenefits > Connect with your Health Pro) for personalized support from a Health Pro to help you compare costs, better understand your benefits, find providers and more¹. • Alight Worklife (from work: goto.usbenefits; from home: digital.alight.com/ubs) to find all your personalized benefits information, view your account balances (Health Savings Account and Flexible Spending Accounts), add or change beneficiaries, locate third-party providers and vendors, etc. This is also where you can find Summary Plan Descriptions (SPDs), which include a more comprehensive description of your benefits plans and important legal notices. <p><i>Whenever possible, access Alight Worklife via your UBS desktop/network. Use the UBS provided single sign on (SSO) link to access your account via goto.usbenefits. If you do not have access to your UBS desktop/network you can access Alight Worklife via digital.alight.com/ubs (requires login/password). As a precaution, do not access your account from public computers.</i></p>

¹ Claims administration procedures contained in the governing Plan document or Summary Plan Description (SPD) for the underlying benefit component shall govern the resolution of any and all claims for benefits and appeals under UBS's Group Health and Welfare Plans. The receipt of services via Alight Healthcare Navigation or any other benefit outlined herein does not relieve or modify a plan participants' obligation to comply with the terms and conditions set forth in the relevant Plan document or SPD.

Section 2: Medical plans

Question	Answer
<i>How the plans work</i>	
How do the medical plans work?	<p>In many ways, the Core and Core Plus options work the same:</p> <ul style="list-style-type: none"> • Preventive care is generally covered at 100% when it's received from in-network providers. So, too, are preventive prescription drugs. No deductible applies. <ul style="list-style-type: none"> ○ To learn more about preventive care, visit https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html. ○ Contact your insurance provider to see what qualifies as preventive care. ○ To see what qualifies as a preventive drug, visit www.ubs.com/usbenefits. • You must meet the annual deductible before the plan covers most other care and prescription drugs. (Keep in mind, prescription drugs count toward the annual deductible unless they're on the carrier's preventive drug list.) • After the annual deductible is met, primary care doctor's office visits are covered at 100% by in-network providers. Otherwise, the plan pays a percentage of the cost of each covered service, and you pay the rest ("coinsurance"). • If you reach the plan's out-of-pocket maximum, the plan pays 100% of covered services for the rest of the plan year. • The medical plan's annual deductibles, out-of-pocket maximums and payroll contributions are tiered to align with your Benefits Base Salary (BBS). In 2024, the BBS tiers have been adjusted to further support our employees. As a result, some employees will pay less in 2024. (Note: no employees will pay more than they do today due to this change.²) • Out-of-network coverage is available (except for Kaiser, which does not permit this) at the same level under both medical plan options but at a significantly higher out-of-pocket cost to you. When you use an out-of-network provider, you are responsible for the difference between the plan's maximum Allowable Amount and the provider's actual charges in addition to any applicable deductible and coinsurance amounts. Keep in mind, out-of-network expenses do not count toward your in-network annual deductible or out-of-pocket maximum. Your in-network expenses and out-of-network expenses are tracked separately and do not cross accumulate. • Both plans offer a Health Savings Account (HSA) to help you set aside pre-tax dollars for healthcare expenses and offset the deductible.
What is a maximum Allowable Amount?	A maximum Allowable Amount is the amount your medical plan will consider when processing an eligible claim from your out-of-network healthcare provider (i.e. doctor, hospital, lab or other provider). If the provider's actual charges exceed the maximum Allowable Amount, any portion above the maximum Allowable Amount will be excluded from coverage. When you use an out-of-network provider, you are responsible for the difference

² Premiums, deductibles, and out-of-pocket maximums are tied to your benefit elections, your Benefits Base Salary (BBS) and how many family members you cover. So, your costs may increase if you change your elections, your BBS changes, or you enroll additional family members in 2024.

Question	Answer
	<p>between the plan's maximum Allowable Amount and the provider's actual charges, in addition to any applicable deductible and coinsurance amounts.</p> <p>Note: The charges that exceed the maximum Allowable Amount do not count toward your annual deductible or out-of-pocket maximum. For UBS's Core and Core Plus medical plan options, the maximum Allowable Amount is set at 300% of what Medicare would pay for a service.</p> <p>Remember, this threshold applies to out-of-network services and facilities only. You can avoid significant out-of-pocket expenses by choosing in-network providers and facilities.</p>
<p>What are the differences between Core and Core Plus?</p>	<p>Core and Core Plus generally work the same. The only difference is in the way you pay for coverage:</p> <ul style="list-style-type: none"> • The amount you pay for coverage out of your paycheck (the premiums) is lower for Core and higher for Core Plus. • The amount you pay out-of-pocket (the annual deductible, coinsurance level and out-of-pocket maximum) is higher for Core and lower for Core Plus.
<p>How does the deductible work?</p>	<p>The annual deductible is the amount you need to pay out of your pocket before you and the plan begin to share the cost of care. Your deductible is based on your Benefits Base Salary (or BBS) and how many people you cover under the plan. If you cover one or more family members, you must meet the total family annual deductible before you and the plan begin to share the cost of care.</p>
<p>What is an out-of-pocket maximum? How does it work?</p>	<p>The out-of-pocket maximum is the most you'll pay out-of-pocket for eligible services in a plan year. If you reach this cap, the plan generally pays 100% of covered services for the rest of the year*. Your annual deductible and coinsurance both apply toward the out-of-pocket maximum.</p> <p>Keep in mind:</p> <ul style="list-style-type: none"> • These annual maximums are higher for out-of-network care. • If you use an out-of-network provider, you are responsible for paying expenses above the maximum Allowable Amount, even after the out-of-pocket maximum has been met. • Your in-network expenses and out-of-network expenses are tracked separately and do not cross accumulate. So your out-of-network expenses <i>do not count</i> toward your in-network annual deductible or in-network out-of-pocket maximum, and vice versa. <p>* The medical plan covers only those services and supplies that are medically necessary and included in the <i>What the Core and Core Plus plan cover</i> section of the SPD</p>
<p>What does Benefits Base Salary or BBS mean? And, how is it calculated?</p>	<p>Your BBS is your Benefits Base Salary, and it is defined as your gross cash-eligible earnings prior to any pre-tax deductions, as determined by the plan administrator in its sole discretion. Generally, eligible earnings are your salary, the cash portion of your discretionary annual bonus and commissions (as applicable). Eligible earnings do not include, without limitation, the following:</p> <ul style="list-style-type: none"> • Any non-cash compensation (including, but not limited to, restricted stock and any awards under UBS deferred compensation plans, whether or not paid in cash);

Question	Answer
	<ul style="list-style-type: none"> • All non-recurring compensation (including, but not limited to, the amounts realized on the exercise of stock options, employee transition bonus payments/Employee Forgivable Loans, and prizes and awards); and • Payments from the UBS PartnerPlus Plan and UBS Deferred Award Plan. <p>Note: BBS will be calculated as of August 31 of the prior calendar year and will remain constant for the entire calendar year, regardless of any changes in your compensation after January 1 of that year.</p>
How can I find out if a provider is in my plan's network?	To find the providers in your plan's network (including doctors, specialists, hospitals, etc.), check your plan's provider directory by visiting the carrier's website or calling directly. Visit www.ubs.com/usbenefits for your carrier's contact information. You can also contact your Health Pro by calling +1 888-251 2500 or via goto/usbenefits > Connect with your Health Pro .
Can I switch medical plans or carriers during the year?	<p>Changes in enrollment elections during the year are permitted only if you experience a Qualifying Life Event (QLE) (like marriage, divorce or the birth or adoption of a baby) or another status change (like if your spouse/partner loses coverage elsewhere).</p> <p>In addition, the type of change you can make must relate to your QLE. For example, if you have a baby, you can change from employee plus spouse/partner coverage to family coverage.</p> <p>You have 30 days from the date of the QLE to make a change to your elections. Unless you have a QLE, your next opportunity to change your benefit elections will only be during next fall's Open Enrollment period.</p>
Who can be covered as a dependent under the UBS medical plans?	<p>For purposes of your benefits plans, eligible dependents include your:</p> <ul style="list-style-type: none"> • Spouse (opposite/same-sex) unless you are divorced*; • Domestic partner or civil union partner (opposite/same-sex), provided all legal requirements are met; • Children (including stepchildren, adopted children, foster children and children of your partner) up to the end of the calendar year (or the end of the month if required by the carrier) in which they turn age 26; and • Children of any age who are dependent on you for support due to physical or mental disability (subject to certain restrictions). <p>Notes:</p> <ul style="list-style-type: none"> • If you cover a domestic partner or civil union partner who does not qualify as a tax dependent, you will be subject to income tax, on a per-paycheck basis, based on the cost for coverage that UBS pays for your partner.
How long can my son or daughter be covered under my plan as a dependent?	<p>You can cover children (including stepchildren, adopted children, foster children and children of your partner) up to the end of the year (or the end of the month if required by the carrier) in which they turn age 26.</p> <p>You can cover children who are dependent on you for support due to physical or mental disability (subject to certain restrictions) up to any age (provided they continue to meet eligibility requirements).</p>

Using your plan and paying for care	
What can I do to keep my out-of-pocket costs low?	<p>While everyone has different healthcare needs, there are some tips to help you get the most from your plan (and ensure you're not paying more than you need to):</p> <ul style="list-style-type: none"> • Use in-network doctors and hospitals – you'll pay considerably more for out-of-network providers; • Request generic prescription drugs – they typically cost less and may be just as effective for most people. Ask your doctor if a generic alternative is appropriate for your course of care. • Take advantage of preventive care each year – it's 100% covered when you use an in-network provider; • Compare medical costs before you receive care – the cost estimator tools are available on your medical plan carrier's website; and • Install your plan carrier's mobile app – you can access on-the-go information and resources.
How does the payment process work to receive care? Do I need to pay at the time of service?	<p>You won't need to pay at the point of service for in-network doctors or services.³ The claim will be processed and you'll get a bill. Here's how it works:</p> <ol style="list-style-type: none"> 1. Show your medical plan ID card during your visit. Your provider will file the claim with your medical carrier before you make any payments. 2. Your doctor sends a bill to your carrier. Your carrier will apply the network discount to each claim. 3. You and your doctor will receive an Explanation of Benefits (EOB) from your carrier. 4. Your doctor will bill you for any amount you owe. 5. You pay the doctor out-of-pocket or with your Health Savings Account (HSA).
I am currently enrolled in family coverage under a UBS medical plan. If my child requires medical care, does he need to meet the individual deductible or family deductible before the plan begins to pay for benefits?	<p>If you cover one or more family members under your UBS medical plan, you must meet the total family annual deductible before you and the plan begin to share the cost of care.</p>
What is an Explanation of Benefits (EOB)?	<p>An Explanation of Benefits (EOB) is a statement you will receive from your plan carrier after you receive treatment or care, explaining:</p> <ul style="list-style-type: none"> • The medical care or services you received (including the date of service, the description and/or insurer's code); • The full cost of service (before any adjustments); • The amount or percentage of cost that is being paid by the plan; and • The amount you are responsible for paying.
If I need to go to the emergency room, but the doctor or hospital is out-of-network, what will I have to pay?	<p>If you visit an emergency room for the care or treatment of a true medical emergency*, it will be treated as in-network (even if the hospital or treating physician is out-of-network). You will need to pay the applicable in-network deductible and/or coinsurance.</p> <p>*Emergency rooms are meant for true medical emergencies and can handle trauma, x-rays, surgical procedures and other life-threatening situations (examples: broken bones, chest pains, continuous bleeding).</p>

³ Provider billing practices vary; a payment may be required at the point of service.

Do I need a referral to see a specialist?	No, you do not need a referral to see a specialist.
What are insurance codes?	<p>Your healthcare providers use a set of codes to describe the services and/or treatment you received during a particular visit. Your insurance plan carrier then uses those codes to determine the amount or percentage that should be paid by the plan, and the amount you are responsible for paying.</p> <p>When you receive an Explanation of Benefits (EOB) (following treatment or care), it's important to make sure the codes used accurately describe the service or care you received.</p> <p>If you think there's been a coding error, or you need help understanding a bill, you can contact your Health Pro⁴: +1-888-251 2500 (or +1-646-254 3465 outside the U.S.), Monday – Friday, 9:00 a.m. – 7:00 p.m. ET or via goto/usbenefits > Connect with your Health Pro.</p>
Are there any resources to help me determine my treatment plan options?	The Expert Medical Opinion program, through Included Health, connects you with top doctors to review, discuss diagnoses and create personalized treatment plans for any specialty condition affecting you or a family member. Visit includedhealth.com/ubs or call +1-855-431 5509 for more information.
How can I take advantage of the UBS Employee Health Centers?	The UBS Employee Health Centers are in partnership with Premise Health, a leading direct healthcare provider. Onsite Centers are available for employee use in New York, Weehawken and Nashville. Services are designed to focus on you – addressing your health needs and concerns with resources to get you in, out, and back to your life. You can also connect one-on-one with an onsite master's-level certified and licensed counselor at the UBS Health Centers. Virtual appointments are also available, depending on state licensing. For more information, including covered services, visit www.ubs.com/usbenefits > Employee Health Centers.
Preventive care	
What is considered preventive care?	Under the Affordable Care Act, plans must generally cover in-network preventive care services at 100%. These covered services include (but are not limited to) annual physicals, immunizations, counseling and screenings. For a full list of preventive care services and preventive drugs, visit www.ubs.com/usbenefits.
Who determines what is considered preventive care? Is it UBS?	<p>As part of the Affordable Care Act, the federal government identified a list of preventive care services that can help you avoid serious illness and improve your health. When using an in-network provider, these services are covered at 100% by your medical plan.</p> <p>This list is regulated by the federal government – UBS does not determine what is and is not included.</p>
Why did I receive a bill for a preventive care visit (like my annual physical)? How can I avoid this happening in the future?	<p>If you visit your in-network provider for an annual physical (which is considered a preventive care visit and covered at 100%) but get any additional testing or treatment (that is not considered preventive), you may receive a bill for that additional service. It's important to talk to your doctor at the beginning of the visit and ask him/her to let you know if anything he/she recommends is considered additional or outside of the preventive care parameters.</p> <p>In addition, some plans limit preventive care visits to once per calendar year. If you need care more frequently, any additional visit will be treated as non-preventive and you will be responsible for the associated costs.</p>
Are out-of-network preventive care services covered at 100% (like in-network preventive care services)?	No. If you use an out-of-network provider for a preventive care visit, you will be required to pay the full cost of care, until you meet the plan deductible. Once you meet the plan deductible, you will pay 40% coinsurance for an out-of-network preventive care visit.

⁴ Claims administration procedures contained in the governing Plan document or Summary Plan Description (SPD) for the underlying benefit component shall govern the resolution of any and all claims for benefits and appeals under UBS's Group Health and Welfare Plans. The receipt of services via Alight Healthcare Navigation or any other benefit outlined herein does not relieve or modify a plan participants' obligation to comply with the terms and conditions set forth in the relevant Plan document or SPD.

Tools to help you get the most from your plan

How can I compare the cost of medical care (including a specific service or procedure) among different providers in my area?

Your Alight Health Pro can provide personalized support to compare costs for procedures and care. You can contact your Health Pro by calling +1 888-251 2500 (or +1-646-254 3465 outside the U.S.), Monday – Friday, 9:00 a.m. – 7:00 p.m. ET or via **goto/usbenefits > Connect with your Health Pro**.

You can also use the cost estimator tools, available on your plan carrier’s website, to determine and compare medical costs for specific procedures within your region or area:

- Aetna: **www.aetna.com** and search for the Member Payment Estimator;
- Cigna: **www.mycigna.com** and select the Estimate Health Care cost option;
- Anthem: **www.anthem.com** and click on Estimate Your Costs; or
- Kaiser: **my.kp.org/ubs**.

Is there a resource available to compare overall costs (including my monthly premiums) among the Core and Core Plus plan options?

To see how the Core and Core Plus plan options compare to one another, visit the US Benefits Microsite at **www.ubs.com/usbenefits**.

You can also contact your Health Pro by calling +1 888-251 2500 or via **goto/usbenefits > Connect with your Health Pro**.

The microsite also has a Medical Plan Comparison Table to help you evaluate your options.

What other tools or resources are available to help me get the most from my plan?

Through your carrier’s member website, you have 24/7 access to a wealth of health information, tools and apps:

Benefits information

- Details about your UBS medical plan;
- Your claims information;
- How you’re tracking against your deductible; and
- Explanation of Benefits documents.

Tools and resources

- Personalized support through Alight Healthcare Navigation
- Cost estimator tools to help you determine medical costs for specific procedures;
- Locate a doctor/hospital in your network; and
- Access a nurse-line or health information line for 24/7 health support.

Education and support

- Tip sheets, articles, webinars (and more) on a range of health and wellness topics; and
- Maternity management programs to provide support before, during and after pregnancy.

Tools when you’re on the go

- Aetna Health App;
- myCigna App;
- Sydney Health App by Anthem;
- Kaiser App; and
- CVS Caremark App.

Visit your plan carrier’s website to access these tools and resources:

	<ul style="list-style-type: none"> • Aetna: www.aetna.com; • Cigna: www.mycigna.com; • Anthem: www.anthem.com/login; or • Kaiser: my.kp.org/ubs/.
Are there any tools available to help me with my prescription drug coverage?	<p>Yes. Visit www.caremark.com for access to tools that can help you:</p> <ul style="list-style-type: none"> • Learn more about your plan benefits; • Locate a participating retail pharmacy in your area; • Compare medications and pricing; and • Renew and refill your prescriptions. <p>You can also check the list of preferred brand name medications at www.ubs.com/usbenefits > Physical Well-being > Prescription Drugs.</p>
<i>Your coverage once you reach age 65</i>	
How will I receive coverage when I retire?	UBS provides post-65 Medicare-eligible retirees and all future terminated employees (regardless of age/service) upon becoming Medicare-eligible with access to healthcare coverage through a private Medicare insurance marketplace. <i>See the section below for more information.</i>
I'm over age 65 and eligible for Medicare; I'm also still an active employee at UBS. Can I use the UBS medical plan and Medicare?	Yes. Since you're still an active employee, the UBS medical plan you choose will act as your primary coverage and Medicare will be secondary. That means when you receive care, the UBS medical plan you're enrolled in will pay first (up to the limits of its coverage). Then, your Medicare plan will pay any costs the UBS plan didn't cover (up to any Medicare limits). (Note: Paying "first" means paying the whole bill up to the limits of the coverage. It doesn't always mean the primary payer pays first in time.) If you are enrolled in Medicare, you are not eligible to participate in an HSA. As an alternative UBS provides the option to select a Health Reimbursement Arrangement (HRA).
Can I use the funds in my Health Savings Account to pay for eligible healthcare expenses once I retire?	Yes. Once you retire and leave the company you can use the funds in your Health Savings Account to pay for eligible healthcare expenses that you incur. UBS contributions to your HSA will end upon the date you retire. If you enroll in the retiree CDHP plan, you may continue to make direct deposits to your HSA; UBS will not contribute to your retiree HSA.
<i>Via Benefits</i>	
What is Via Benefits?	<p>Via Benefits is the nation's largest and most experienced private Medicare marketplace. This service helps Medicare-eligible individuals research and enroll in individual healthcare plans that work with their Medicare coverage. Via Benefits provides you with access to a variety of plans that allows you to shop for a plan that meets your needs and budget. It offers more choices, greater flexibility and often lower costs for post-65 healthcare needs. These plans pay secondary to Medicare coverage. In addition to providing access to a variety of plans, Via Benefits will provide ongoing assistance before, during and after the enrollment period — for years to come. If you retire at or after age 55 with at least 10 years of service, you and your spouse/partner and/or dependent child(ren) are eligible for Retiree Medical and Prescription Drug coverage under the UBS group plan until you/your spouse/partner turn age 65.</p> <p>Call Via Benefits at +1-888-586 0696 with questions. If you're under age 65 and have Medicare questions, you can call +1-855-803 2540 or visit https://my.viabenefits.com/ubs</p>
Who's eligible for this service?	The services of Via Benefits are available to all active and terminated employees (regardless of age and service at time of termination) and their family members, upon becoming Medicare-eligible. Family member is not limited to

	just your spouse/partner, it includes grandparent, parent, siblings, and children. Anyone electing medical coverage through Via Benefits must be enrolled in Medicare Parts A and B first.
How are my pre-65 retiree benefits impacted?	To be eligible for pre-65 benefits continuation through the group plan, you must be at least age 55 with at least 10 years of continuous service at the time of your retirement. Pre-65 retirees and/or their spouses/partners who have not yet turned age 65 will continue to receive coverage through the UBS group plan until the first day of the month in which they turn 65. Via Benefits will contact you within three months of your 64 th birthday, so that you have time to understand the Medicare marketplace, and the variety of plans available to you.
Can you share an example of how this service works?	Joe is age 67 and leaves UBS after 14 years of continued service. His wife (age 59) and two children (ages 20 and 24) are covered under his health insurance at the time of his termination. Based upon his age and years of service, Joe meets the pre-65 eligibility rules. As such, Joe's wife is eligible to remain covered under the UBS group plan as a retiree until she attains age 65, and the children are eligible to remain covered until December 31 st of the year in which they each attain age 26. However, Joe is not eligible to remain covered under the group plan as a retiree, as he is over age 65. Joe must enroll in Medicare Parts A and B upon termination from UBS, and then elect healthcare coverage through a private Medicare insurance marketplace with the assistance of Via Benefits.
What's a private Medicare marketplace?	A private Medicare marketplace is a service that helps Medicare-eligible individuals research and enroll in individual healthcare plans that work with their Medicare coverage. Private marketplaces are different from public marketplaces (or exchanges associated with Healthcare Reform), and are not managed or sponsored by the federal or any state government. The private Medicare marketplace has evolved in recent years and offers a broad range of quality, cost-effective plans in a way we can no longer provide as a single employer. It provides a more attractive alternative than our UBS-sponsored group health coverage for post-65 Medicare-eligible retirees.

The Health Savings Account (HSA)

General questions

How does a Health Savings Account (HSA) work?	<p>If you enroll in the Core or Core Plus medical option, you are eligible to contribute to an HSA. Your HSA allows you to set aside money on a tax-free basis (except in a few states) to help pay for eligible healthcare expenses and offset the deductible.</p> <p>UBS may also make contributions to your HSA, depending on your BBS, and if you take certain wellness-related actions. The money in your HSA rolls over from year to year, and can grow over time through interest. Once your HSA balance reaches \$1,000, you can invest the amount above \$1,000, choosing from a range of fund options through UMB Bank (a \$3 monthly fee will apply). Plus, the money in your HSA is yours, wherever you go, even if you retire.</p> <p><i>Important Notes:</i></p> <ul style="list-style-type: none"> • <i>UBS contributions to your HSA are contingent upon your being employed by UBS on the date the contributions are made to the account and upon your having an HSA through UMB Bank. Under IRS rules, you cannot contribute to a Health Savings Account unless you are covered under a high deductible health plan or consumer directed health plan (CDHP). If you don't enroll in UBS's Core or Core Plus medical plan option, you cannot open an HSA through UBS and therefore you cannot receive UBS contributions to an HSA.</i> • <i>UBS will not see your or your family's individual information, health status or the details of your participation in any wellness programs. With respect to wellness programs, UBS will only be notified by MyActiveHealth of the completion of a given activity, not of its results. For more information, please see the Rewards for wellness section of www.ubs.com/usbenefits.</i> <p>As a Health Savings Account holder, you will need to be responsible for ensuring your compliance with all IRS rules governing the account.</p>
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<p>How do I qualify for an HSA through the UBS plan (offered by UMB Bank)?</p>	<p>To be eligible for an HSA offered by UMB Bank, you must satisfy the following:</p> <ul style="list-style-type: none"> • You must be enrolled in either the Core or Core Plus medical plan option; • You are not covered under another health plan, unless the health plan provides only very limited coverage such as dental or vision coverage; • You are not enrolled in Medicare or another government-sponsored medical plan (such as TRICARE); • You are not covered by a general purpose healthcare Flexible Spending Account (including through UBS or through another source like your spouse's/partner's plan) for the tax year in which you will make and/or receive HSA contributions.
<p>Can I participate in an HSA if I have medical benefits through the Department of Veterans Affairs (VA)?</p>	<p>Yes, you are eligible to participate in an HSA if you are a disabled veteran, even if you use VA facilities and have ongoing VA treatment.</p>
<p>Whose healthcare expenses can be paid for from my HSA?</p>	<p>In a given year, you may use the money in your HSA to pay qualified medical expenses for:</p> <ul style="list-style-type: none"> • You and your opposite- or same-sex spouse, your domestic partner or your civil union partner; • Any dependent you claim on your tax return; • Any covered dependent of your spouse/domestic partner/civil union partner; and • Any person you otherwise could have claimed as a dependent on your tax return except if: <ul style="list-style-type: none"> ○ The person filed a joint return; ○ The person had gross income above a certain amount; or ○ You, or your spouse if filing jointly, could be claimed as a dependent on someone else's tax return in that year.
<p>I have employee-only coverage; can I use money in my HSA to pay for healthcare expenses for my spouse if he/she is covered by another medical plan such as Medicare?</p>	<p>Yes. If you enroll in employee-only coverage, you may pay for eligible expenses for your spouse (as defined under federal law) and other eligible tax dependents, provided they are included on your income tax return and the expense is not otherwise reimbursed.</p>
<p>What are the tax benefits of an HSA?</p>	<p>Your HSA has a triple-tax advantage. That means:</p> <ul style="list-style-type: none"> • Contributions into your HSA are tax-deductible (up to the IRS limits); • Interest and other earnings on account balances are also tax-free; and • Withdrawals from your HSA used for qualified healthcare expenses are tax-free. <p>Important notes: No federal taxes apply to HSA contributions (made by you or UBS), interest, investment earnings or withdrawals used for qualified healthcare expenses. Most state and local taxes follow the same approach, although it is at their own discretion and may change at any time. Contributions to HSAs are currently taxed in California and New Jersey. Earnings on HSA investments are currently taxed in New Hampshire and Tennessee. UBS does not provide tax advice. Please consult with your accountant or tax advisor.</p>
<p>I'm enrolled in Medicare. What does that mean for me?</p>	<p>According to IRS regulations, those who are enrolled in Medicare (or another government-sponsored medical benefits plan), are not eligible to contribute, or receive contributions to an HSA. So, while you are still eligible to enroll in the Core or Core Plus plan option, you will not be able to open an HSA or receive UBS's HSA contributions (including the annual core contribution or wellness contribution). However, if you have an existing HSA through a previous employer or through the UBS Core or Core Plus Plans, you are able to use the remaining</p>

	<p>funds to help pay for eligible medical expenses.</p> <p>UBS wants to make sure that you have access to any UBS contributions for which you would otherwise be eligible to receive if you were enrolled in UBS's group health plan and HSA. In order to have access to these UBS contributions, UBS is providing you with the opportunity to participate in a Health Reimbursement Arrangement (HRA).</p>
Who is the custodian for my HSA?	If you enroll in the HSA during the Open Enrollment period, your HSA will be established with UMB Bank, which means UMB will manage your account.
What happens if I have a status change during the year and my coverage under Core or Core Plus changes from employee-only coverage to family coverage (or vice versa)?	<p>Your annual HSA contribution limit is based on whether you enroll yourself or if you enroll yourself and any other family members for coverage in Core or Core Plus. If your coverage changes during the year due to a status change, your annual HSA contribution limit is adjusted accordingly, starting in the month following your status change. It is your responsibility to adjust your HSA contribution if that is your intent. Remember, you can change your HSA contribution at any time during the year.</p> <p>Please note: Your contributions plus any UBS contributions to your HSA can't exceed IRS limits. As a Health Savings Account holder, you are responsible for ensuring your compliance with all IRS rules governing the account including annual contribution limitations.</p>
What happens if I'm no longer participating in medical coverage under Core or Core Plus?	You can continue to spend any funds in your HSA to pay for qualified medical expenses. However, you can no longer make contributions to your HSA or receive contributions from UBS. If you're no longer enrolled in the Core or Core Plus medical plans through UBS, your account will be assessed a monthly maintenance fee by UMB Bank.
In the event of my death, what happens to my HSA funds?	<p>What happens to your HSA upon your passing / death depends on whom you designate as the beneficiary for your HSA.</p> <ul style="list-style-type: none"> • If your spouse/partner is the designated beneficiary of your HSA, the account will be treated as his/her HSA after your death. • If your spouse/partner is not the designated beneficiary of your HSA, the account stops being an HSA, and the fair market value of the HSA becomes taxable to your designated beneficiary (or beneficiaries) in the year of your death. If your estate is the beneficiary, the value is included on your final income tax return. <p>To designate a beneficiary for your HSA, log in to the Your Spending Account website at goto/usbenefits > Reimbursement Accounts > Health Savings Account > Edit Your Profile and fill out a beneficiary designation form.</p> <p>Important note: UBS does not provide tax advice. Please consult with your accountant or tax advisor.</p>
Are there any tax forms that I will receive to prepare my taxes at year-end?	<p>Yes. For tax purposes, there are a few important forms.</p> <ul style="list-style-type: none"> • IRS Form 1099-SA: This form provides you with the total distributions that were made from your HSA. If you did not receive any distributions during the year, you will not receive a 1099-SA. • IRS Form 5498-SA: This form provides you with the contributions you made to your HSA in a tax year. This form is generally sent out the following April from UMB for the prior year. <p>Also, UBS will send you a W-2 showing the amount of any pre-tax contributions you made to your HSA and any contributions UBS made to your HSA. Please consult your tax advisor for further information regarding your specific situation.</p>

How can I track the funds in my HSA?	You will receive a quarterly account statement from UMB detailing your account activity. You can also track your account activity by logging in to the Your Spending Account website at goto/usbenefits and selecting <i>View Activity</i> .
Using your HSA to pay for care	
How can I use my Health Savings Account to pay for eligible healthcare?	<p>There are a few different ways you can pay for eligible expenses with your HSA.</p> <ul style="list-style-type: none"> • With the Your Spending Account debit card. This debit card can be used like any other debit card, and is accepted by most providers and pharmacies. The funds available on your card are equal to your balance in the HSA; • Get reimbursed through direct deposit. You can make deposits from your HSA into a personal checking, savings or investment account by accessing the <i>Get Reimbursed</i> link on the Your Spending Account website (goto/usbenefits); or • Pay the provider directly from the HSA website. You can set up provider payments on the HSA website (goto/usbenefits), similar to how you would pay other bills using your own bank's online payment capabilities. <p><i>Whenever possible, access Alight Worklife via your UBS desktop/network. Use the UBS provided single sign on (SSO) link to access your account via goto/usbenefits. If you do not have access to your UBS desktop/network you can access Alight Worklife via digital.alight.com/UBS (requires login/password). As a precaution, do not access your account from public computers.</i></p>
If I use my HSA to pay for eligible healthcare (like a doctor's visit), do I need to keep the receipt and submit that as proof?	You do not need to submit any receipts to be able to use the funds in your HSA to pay for eligible healthcare expenses; however, it is important to retain those receipts and records of your eligible medical expenses and reimbursements for tax purposes or in the event you're audited by the IRS.
If I paid for an eligible expense with my HSA, but then got a portion of the cost back due to a billing error, can I deposit that refunded money back into my HSA? Will I incur a penalty?	Yes, you can deposit that money back into your HSA on an after-tax basis. You will not receive a penalty for doing this. You can contact UMB (your HSA administrator) directly for more information.
Contributions	
How can I earn money toward my HSA?	<p>You can earn money toward your HSA in a few ways:</p> <p>UBS makes an annual contribution for employees with a BBS of \$300k or less:</p> <ul style="list-style-type: none"> • For employees with a BBS < \$100k: <ul style="list-style-type: none"> ○ \$300 for employee-only coverage ○ \$600 for family coverage • For employees with a BBS \$100k – \$300k: <ul style="list-style-type: none"> ○ \$200 for employee-only coverage ○ \$400 for family coverage <p>UBS makes contributions based on your completion of wellness activities:</p> <ul style="list-style-type: none"> • Up to \$400 (for employee-only coverage) • Up to \$800* (if you enroll any family members for coverage) <p><i>* Employees and their covered spouses/ partners are eligible to earn these UBS contributions to their HSA provided they complete wellness activities as described on www.ubs.com/usbenefits in the Rewards for wellness section. However, covered dependent children cannot earn these incentives. So, if you cover yourself and a child or children, but not a spouse!</i></p>

	<p><i>partner, you will personally have to complete additional wellness activities in order to earn the maximum \$800 contribution for family coverage.</i></p> <p>You can also make contributions up to the annual limit set by the IRS (which applies to employee and UBS contributions combined).</p> <p>Important notes: UBS contributions to your Health Savings Account are contingent upon your being employed by UBS on the date the contributions are made to the account. UBS reserves the right to change or terminate its benefit plans at any time, including, without limitation, changing the amount of any UBS contributions to HSAs. Wellness: UBS will not see your or your family's individual information, health status or the details of your participation in any wellness programs. With respect to wellness programs, UBS will only be notified by MyActiveHealth of the completion of a given activity, not of its results. For more information, please see the <i>Rewards for wellness</i> section of www.ubs.com/usbenefits.</p>
When will I see the UBS contributions in my HSA?	Your HSA will be funded with UBS's annual core contributions as soon as administratively possible during January, provided your HSA account is opened (and can receive contributions) as of January 1, 2024.
Who can contribute to my HSA?	Anyone can contribute to your HSA, however, it's your responsibility as the account holder to ensure your HSA contributions do not exceed the IRS-mandated limits. (See question below for the 2024 IRS limits.)
What are IRS-mandated HSA contribution limits?	<p>There are limits set by the IRS (and adjusted each year) on how much you can contribute to an HSA in a calendar year. Those limits apply to employee contributions, along with contributions from UBS or another source.</p> <p>For 2024, the limits are:</p> <ul style="list-style-type: none"> • \$4,150 for employee-only coverage • \$8,300 for family coverage <p>If you are age 55 or older, you are also permitted to make an additional annual "catch-up" contribution of \$1,000.</p> <p>Note: the limits may be lower in certain circumstances depending on whether participation in the plan is for the entire year.</p>
Once I turn age 55, can I contribute the full "catch-up" amount (i.e. \$1,000) to my HSA for that year?	<p>Yes. If you are age 55 or older and participate in the Core or Core Plus plan for the full year, you can contribute the entire catch-up amount for the year as long as you were eligible for HSA contributions on the first day of each month in that year.</p> <p>You can contribute up to one-twelfth of the full catch-up amount each month with pre-tax payroll deductions, starting on the month following your 55th birthday. You can also make additional catch-up contributions to your HSA on a post-tax basis to take as a federal tax deduction when you file your taxes for that year. Keep in mind that the annual IRS-mandated HSA contribution limit for catch-up contributions applies to pre-tax and post-tax contributions combined.</p>
What happens to my HSA contributions if I leave UBS?	<p>Your HSA is an individually owned account and is yours to keep even if you leave UBS.</p> <p>Your payroll contributions will cease when you leave UBS for any reason, including retirement, and are no longer employed as an "active" employee, UBS will make no additional contributions to your HSA and you will be responsible for the monthly account maintenance fee. If you continue to be covered by a qualified medical plan (HDHP, CDHP, etc.), you may continue to contribute to your HSA on a post-tax basis, although important rules apply. Contact UMB to learn more.</p>

What happens to my HSA contributions if I am on a leave of absence?	Taking an approved leave of absence (other than long-term disability) does not affect your HSA eligibility as long as you continue to participate in the Core or Core Plus plan. If you are on an unpaid leave of absence, no HSA payroll contributions will be taken for the months in which you receive no pay. However, any UBS contributions (as applicable) will continue as long as you continue to be enrolled in the Core or Core Plus plan. You may make a post-tax lump-sum contribution at your discretion to make up for any missed payroll contributions, but you are not required to do so. When you return from an unpaid leave, your HSA payroll contributions will restart, unless you make an election to cease contributions. Remember, your HSA payroll contribution amount can be modified at any time.
Can I make changes to my initial HSA contribution election?	You can increase or decrease the amount of your contribution to an HSA at any time and for any reason. Be sure to keep in mind the IRS-mandated HSA contribution limits. Your payroll contributions will change in the month following the date you make the change.
Can I make contributions to my HSA in addition to my payroll contributions?	Yes. You can make post-tax contributions at any time directly to your HSA up to the IRS-mandated contribution limits and take a federal tax deduction when you file your taxes for that year. Important IRS-mandated rules apply; contact UMB for additional details. In addition, be sure to check with your tax advisor for state regulations that may affect you.
Covered expenses	
What type of healthcare expenses does the HSA cover?	You can use the money in your HSA to pay for all eligible healthcare expenses (including dental, vision and prescription drugs) for yourself and any covered spouse/partner or tax dependent* For a list of eligible healthcare expenses, visit www.irs.gov and search for Publication 969, or visit www.ubs.com/usbenefits . Keep in mind, you should always consult your tax advisor should you require specific tax advice. <i>* A child can be a tax dependent only up to age 19, up to age 24 if a student, or if permanently and totally disabled regardless of age.</i>
Can I use the money in my HSA to pay for health insurance premiums?	Although money in your HSA cannot be used to pay for most health insurance premiums, some exceptions apply. The following premiums may be treated as qualified medical expenses and reimbursed from your HSA on a tax-free basis: <ul style="list-style-type: none"> • Qualified long-term care insurance premiums (up to amounts allowed by the IRS); • COBRA healthcare continuation coverage contributions; • Health plan coverage while an individual is receiving unemployment compensation; and • For those age 65 or older, Medicare premiums (for Parts A, B or D; Medicare HMO coverage) and out-of-pocket expenses, other than Medigap coverage, and the individual's share of premiums for employer-sponsored retiree health insurance.
Can I use the money in my HSA to pay for dental and vision expenses?	Yes.
Can I use the money in my HSA to pay for over-the-counter (OTC) drugs?	The CARES Act, signed into law on March 27, 2020, repeals the Affordable Care Act requirement that OTC drugs and medicines must be prescribed in order to be reimbursed under HSAs, FSAs or HRAs. This means that these plans can now pay for, or reimburse, OTC drugs and medicines without a prescription from a doctor. This provision is effective for expenses incurred and/or paid after December 31, 2019.
What happens if I use money in my HSA to pay for non-qualified medical expenses?	Any money you use for purposes other than to pay for eligible healthcare expenses prior to age 65 are taxable as income and subject to a 20% additional penalty. The 20% additional penalty does not apply after you, as the primary account holder, become eligible for Medicare at age 65. In addition, it does not apply in cases of distributions made after your death or disability.

How do I keep track of the eligible medical expenses that I pay for with my HSA?	It is your responsibility to retain receipts and records of your eligible medical expenses and reimbursements for tax purposes.
HSAs and FSAs	
How is the HSA different from a Healthcare Flexible Spending Account (FSA)?	<p>The HSA differs from a Healthcare Flexible Spending Account (FSA) in a few ways.</p> <p>With an HSA:</p> <ul style="list-style-type: none"> • You can enroll in an HSA, as well as update your contribution amount, at any time throughout the year; • The money in your account rolls over from year to year, there is no "use-it-or-lose-it" rule; • The money is yours to keep, which means you can take the account with you, even if you leave the company; • Once your HSA balance reaches \$1,000, you can invest the amount above \$1,000, choosing from a range of fund options through UMB; and • The funds in an HSA are available as they're deposited, like a debit account. <p>With an FSA:</p> <ul style="list-style-type: none"> • You can only enroll in an FSA during the Open Enrollment period—and you cannot change your contribution amount after you make your election; • With a general purpose Healthcare FSA, the full amount you have elected to contribute is available in January of the plan year, before all your payroll deductions have occurred; • Your employer owns the account; and • You must use the funds within the plan year. (Note: there is a \$610 carry over provision for the general use Healthcare FSA and Limited Purpose FSA only. This means that you can carry over up to \$610 of the remaining unused amount in your Healthcare FSA or Limited Purpose FSA (as applicable) to the following plan year to be used for eligible healthcare expenses.)
Does UBS contribute to a Dependent Care Flexible Spending Account (DCFSA)?	If you're eligible and participate in the Dependent Care Flexible Spending Account, UBS will match 100% of your contribution up to \$1,000 per year to your FSA to offset dependent day care expenses. To be eligible for the contribution, your 2024 Benefits Base Salary must be under \$100,000. This contribution will be made in full in early January, so you have access to these dollars as you start the year.
Can I have an HSA and Healthcare FSA at the same time?	No. Since the HSA and (general purpose) Healthcare FSA are both tax-advantaged accounts that can be used to pay for eligible healthcare expenses, the federal government does not allow you to have both at the same time. You can however have a Limited Purpose FSA for healthcare and an HSA.
Can I have both an HSA and a Limited Purpose Flexible Spending Account?	Yes, you are able to have an HSA and Limited Purpose FSA at the same time. The Limited Purpose FSA allows you to set aside more of your pay on a pre-tax basis to pay for covered dental and vision expenses. It can also be used for qualified medical expenses incurred <i>after</i> the annual deductible is met. You may elect to contribute between \$120 and \$3,050 per year. The "use-it-or-lose-it" rule applies to the Limited Purpose FSA. So be sure to estimate your contributions carefully.
What if I'm enrolled in a medical plan through another source (like my spouse's/partner's employer); can I continue to enroll in a Healthcare	Yes, if you're not enrolled in the Core or Core Plus plan, a general purpose Healthcare FSA will be available. You will only be allowed to elect a Healthcare FSA during Open Enrollment—you cannot elect or make contribution changes throughout the year, you must wait until the following Open Enrollment period.

Flexible Spending Account through UBS?

Section 3: Prescription drugs

Question	Answer
<p>How does my prescription drug coverage work?</p>	<p>Prescription drug coverage is automatically provided if you participate in the Core or Core Plus medical plan option. There is no separate annual deductible for prescriptions. Instead, the annual deductible under the medical plan applies to prescription drugs, unless they qualify as preventive. Non-preventive prescription drug expenses also count toward the medical plan's out-of-pocket maximum.</p> <p>How your prescription drugs are covered is based on two factors:</p> <ul style="list-style-type: none"> • Whether the drug is considered preventive. The annual deductible does not apply to preventive drugs, including those specified under the ACA as preventive; an extensive list of preventive drugs maintained by the carrier are covered as though the deductible had been met. • What tier the medication falls into. Tiers are the different cost levels you pay for any covered medication. Generic drugs generally cost the least, so are your lowest cost option. Higher cost, brand-name drugs, on the other hand, cost the most. <p>You can access a network of retail pharmacies and the mail-order program through CVS Caremark. For more details about your prescription drug coverage, visit www.ubs.com/usbenefits.</p>
<p>What is a generic drug?</p>	<p>A generic drug is intended to be chemically identical, or bioequivalent, to a brand-name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. They are typically sold at a substantial discount when compared to the brand-name price.</p> <p>Under the Core and Core Plus medical plan options, if you choose to fill a prescription with a brand-name medication when a chemically-equivalent generic alternative is available, your cost will be significantly higher.</p>
<p>What pharmacies can I use to fill my prescriptions? Will I pay more if I use a different pharmacy?</p>	<p>You can use any retail pharmacy that's included in the CVS Caremark network to fill a 30-day supply of medication. If you choose to fill your prescription at an out-of-network pharmacy, it will not be covered by the plan and you'll be responsible for the full cost.</p> <p>For ongoing maintenance medication, you are required to use the CVS Caremark mail-order program, which delivers a 90-day supply of your medication(s) to your home or other address in private, tamper resistant and (when necessary) temperature-controlled packaging. If you prefer to pick up your maintenance medication at a CVS network pharmacy, you can do so through the Maintenance Choice Program (which allows you to obtain a 90-day supply of your maintenance medications at retail CVS pharmacies while paying the reduced mail-order rates).</p> <p>If you do not use the mail-order program or Maintenance Choice Program for your maintenance medication, your prescription will not be covered by the plan and you'll be responsible for the full cost.</p>

	For more information, visit www.caremark.com or call +1-800-378 9280 and speak to a representative.				
Why do my prescription drugs cost more now than they used to?	<p>Under the Core and Core Plus plan options, prescription drug expenses apply towards the annual deductible. This means you need to satisfy the annual medical deductible before the plan begins to pay for any prescription drug expenses that are not on the carrier's preventive drug list or the Affordable Care Act preventive drug list.</p> <p>If you have not met the plan's annual deductible, you will pay the full cost of the prescription drug. Keep in mind, you can use the funds in your HSA to pay for prescription drug expenses.</p>				
Does the full cost of my specialty prescription get applied to my deductible or out-of-pocket maximum?	If you've been using manufacturer copay card programs to lower the cost of your specialty prescriptions , only the amount you actually pay for your prescriptions will be applied towards your deductible or out-of-pocket maximum when using a third party ("manufacturer") copay card program.				
What resources are available to me/my covered dependents if specialty drugs are required for treatment?	<p>If you or a covered dependent require specialty drugs to treat certain serious or complex conditions, the CVS Caremark Advanced Control Specialty Formulary and Quantity Limits Program can help you manage your prescription and costs. If there is no generic specialty drug available for your condition, the Advanced Control Specialty Formulary can help you and your doctor identify preferred brand-name medicines that are clinically appropriate and cost-effective.</p> <p>If you currently take a name-brand specialty drug, check to see if it's listed as a preferred brand-name medication. You can check the list any time at ubs.com/usbenefits > Physical Well-being > Prescription Drugs.</p>				
What is considered a preventive drug?	Under the Affordable Care Act, there is a list of prescription drugs that are considered "preventive" and covered at 100% (whether or not you met the plan deductible). To find a list of preventive drugs, go to the US Benefits Microsite at www.ubs.com/usbenefits .				
How does the prescription drug mail-order program work? Am I required to use it for ongoing medications?	<p>If you're taking long-term or maintenance medication (for issues such as high blood pressure, diabetes, heart disease, etc.), you can save significant time and money by enrolling in your prescription drug carrier's mail-order program. Here's how it works:</p> <ul style="list-style-type: none"> • Step 1: Talk to your doctor, get the right prescription. Ask your doctor for up to a three-month supply, with refills for up to one year (if appropriate) that can be filled through the mail-order program. If you need your medication right away, ask your doctor to also write a prescription for a one-month supply that can be immediately filled at a participating retail pharmacy. • Step 2: Complete the mail service order form. Click here for the mail service order form for CVS Caremark (for Aetna, Cigna and Anthem participants) • Step 3: Submit the mail service order form in one of three ways: <table border="1" data-bbox="699 1338 1581 1461"> <tr> <td></td> <td>CVS Caremark</td> </tr> <tr> <td>Mail</td> <td>Complete and send in the Mail Service Order Form to the address provided (along with your prescription and payment). Download the Caremark Mail Order form.</td> </tr> </table>		CVS Caremark	Mail	Complete and send in the Mail Service Order Form to the address provided (along with your prescription and payment). Download the Caremark Mail Order form.
	CVS Caremark				
Mail	Complete and send in the Mail Service Order Form to the address provided (along with your prescription and payment). Download the Caremark Mail Order form.				

	Online	Your physician can e-prescribe or fax in your prescription www.caremark.com
	By phone	Call +1-800-875 0867 for CVS Caremark and provide the requested information
<p>If you prefer to pick up your prescriptions at a pharmacy, you can enroll in the Maintenance Choice Program to obtain a 90-day supply of your maintenance medications at retail CVS or Target pharmacies, while still paying the mail-order rates. For more information, visit www.caremark.com or call +1-800-378 9280 and speak to a representative.</p>		

Section 4: Dental and vision coverage

Question	Answer
How does my dental coverage work?	<p>Your Cigna dental plan options are designed to encourage preventive care by covering 100% of eligible in-network preventive care expenses.</p> <p>You have two dental plan options:</p> <p>Cigna Dental PPO Eligible expenses beyond preventive care are covered at a certain percentage after you meet the annual deductible. The PPO plan offers the benefits of using the Cigna Dental PPO Advantage Network while maintaining the option to visit any dentist you want. If you use an out-of-network provider, you will be responsible for all amounts over the Reasonable and Customary (R&C) charge.</p> <p>In 2024, the Annual Benefit Maximum is increasing to \$3,000 per person for in-network care for employees enrolled in the Cigna Preferred Provider Organization (PPO).</p> <p>Cigna Dental Care (DHMO) Access Plus The Cigna Dental Care (DHMO) Access Plus plan has no deductible, and procedures such as fillings and root canal extractions are covered at 100%. The DHMO has a lower monthly payroll contribution compared to the PPO Plan. With this plan, you can only receive care from a Cigna Dental Care Access Plus network dentist.</p> <p>Visit cigna.com and click on <i>Find a Doctor, Dentist or Facility</i> then choose a Directory by clicking on <i>Employer or School</i> to find a dentist; when prompted, select <i>Cigna Dental Care Access Plus</i> from the menu. You should also call the provider to confirm they are participating in the Cigna Dental Care Access Plus Network.</p> <p>For a summary of the dental benefits, visit www.ubs.com/usbenefits.</p>
How does my vision coverage work?	The Vision Plan, administered by VSP Vision Care, includes:

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|--|---|
| | <ul style="list-style-type: none">• 100% coverage for in-network annual eye exams and prescription eyeglass lenses, and coverage for frames and contact lenses; and• Pre- and post-operative services and laser correction (at a discounted rate). |
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There is no ID card for the Vision Program. If you choose to use a non-VSP provider, you will need to pay upfront and submit a claim to be reimbursed.

For a summary of the vision benefits, visit www.ubs.com/usbenefits.

Section 5: Wellness

Question	Answer
<p>Will my manager or other UBS employees get information about my health status, activities or the wellness programs in which I participate?</p>	<p>No. When it comes to healthcare, your privacy is protected by federal law. Your personal information and results are yours and yours alone, although you may wish to share them with your doctor. Our plans will report overall claims information and wellness participation results to UBS (no individual data) so we can track the health risks that challenge our population as a whole, as well as the results of our wellness programs. This gives us an opportunity to develop and modify our programs and resources so they are most beneficial to our employees. UBS will not see your individual information or health status.</p>
<p>What can I do to earn wellness dollars toward my HSA?</p>	<p>There are a number of different healthy activities that you and your spouse/partner can complete to earn wellness dollars toward your HSA. Following are the wellness activities being offered for 2024:</p> <ul style="list-style-type: none"> • Earn \$25 <ul style="list-style-type: none"> ○ Participate in Weight Watchers ○ Register with telemedicine ○ First telemedicine visit ○ Register on the UBS Financial Wellness website • Earn \$50 <ul style="list-style-type: none"> ○ Register with your medical carrier's website ○ Sync a fitness tracker ○ Complete an organized walking or running event ○ Complete the hydration challenge ○ Complete the sleep challenge ○ Complete the weight tracking challenge ○ Complete an assessment with a financial wellness coach ○ Complete the mental health check-in series • Earn up to \$100 <ul style="list-style-type: none"> ○ Attend up to 4 qualifying UBS Financial Wellness webinars • Earn \$100 <ul style="list-style-type: none"> ○ Complete a health assessment • Earn \$75 <ul style="list-style-type: none"> ○ Complete an annual preventive exam ○ Complete a journaling exercise • Earn \$125 <ul style="list-style-type: none"> ○ Obtain a biometric screening • Earn up to \$190 <ul style="list-style-type: none"> ○ Complete an American Heart Association movement challenge each month • Earn up to \$200 <ul style="list-style-type: none"> ○ Complete Corporate Counseling Associates Life Utilization webinars • Earn up to \$400 <ul style="list-style-type: none"> ○ Complete digital coaching

	<p>The activities you saw last year will continue to be available in 2024 to earn wellness incentives, such as taking a health assessment, obtaining a biometric screening, getting an annual preventive exam, completing digital coaching, and more. You do not need to be enrolled in a UBS medical plan to participate in wellness activities and participating in wellness activities, if you are not enrolled in a UBS medical plan, will not result in earning wellness incentives. Visit MyActiveHealth at myactivehealth.com/ubs for more information.</p> <p>Keep in mind, you can only earn up to the maximum amount of \$400 for employee-only coverage or \$800 for family coverage.</p> <p>Important note: When it comes to healthcare, your privacy is protected by federal law. Your personal information and results are yours and yours alone, although you may wish to share them with your doctor. Our plans will report overall claims information and wellness participation results to UBS (no individual data) so we can track the health risks that challenge our population as a whole, as well as the results of our wellness programs. This gives us an opportunity to develop and modify our programs and resources so they are most beneficial to our employees. UBS will not see your individual information or health status.</p>
<p>What is MyActiveHealth?</p>	<p>MyActiveHealth (myactivehealth.com/ubs) is the place to stay on top of your health. You can find:</p> <ul style="list-style-type: none"> • All of the wellness incentives offered by UBS—and keep track of what you've earned so far; • A health assessment, which is a short questionnaire about your health that will outline any health risks; and • News and information about all health and wellness-related topics. <p>You and your spouse/partner and any children over the age of 18 can register and log on to the site. The MyActiveHealth site is confidential and private. Your personal health information is not shared with UBS.</p>
<p>I completed wellness activities to earn additional contributions from UBS. When will I see them in my Health Savings Account?</p>	<p>You will typically see the wellness incentive dollars in your Health Savings Account the month following the month that you completed the wellness activity.</p>
<p>How can I track the contributions I've earned by completing wellness activities?</p>	<p>Visit MyActiveHealth (at myactivehealth.com/ubs) to find everything you need to stay on top of your health and track your wellness incentives. Plus, the site is open to you, your spouse/partner and children over age 18.</p>

Section 6: Other Benefits

Life, Accident and Disability	
Question	Answer
How are my income protection benefits changing this year?	<p>Starting January 1, 2024, STD benefits will no longer be tied to service. You will be required to apply sick days until your request for leave is approved. Once approved, your sick days will be removed and STD pay will be applied from Day 1 at 100% of your pay for all employees regardless of tenure. Your STD Base Compensation amount will be your Benefits Base Salary (BBS) divided by 26 weeks.</p> <p><small>*If you are an eligible participant, and your claim for STD benefits is approved, you may receive benefits in accordance with the terms and conditions described in the STD brochure. **Employee Life Insurance coverage is tax-free in amounts up to \$50,000. The IRS requires you to pay taxes on the value of firm-paid coverage over \$50,000. The amount is subject to Social Security and income tax withholding and is included in your paychecks as W-2 pay. In general, any life insurance benefit paid to your Beneficiary is not subject to federal income tax. Note: The firm does not provide tax advice. Tax laws may change, and you should consult with a professional tax advisor.</small></p>
What is the Long-Term Disability benefit?	<p>UBS offers Basic Long-Term Disability (LTD) coverage to all employees. This coverage provides a benefit for a qualifying disability, and is provided by UBS at no cost to you.</p> <p>Basic LTD provides a benefit of 50% of your LTD BBS, up to \$5,000 per month, with an LTD BBS limit of \$120,000 if The Hartford determines you have a qualifying disability. This Basic LTD coverage is provided at no cost to you.</p> <p>You also have the option to purchase Supplemental LTD coverage. Combined with Basic LTD, this provides a benefit of 60% of your LTD BBS, up to \$30,000 per month, with an LTD BBS limit of \$600,000. The cost for this coverage is \$0.189 per \$100 of monthly LTD BBS, after-tax. Enrollment in Supplemental LTD is subject to Evidence of Insurability if you weren't enrolled in LTD in 2023 or have been denied LTD in the past.</p>
Support for financial well-being	
What life essentials resources do I have access to?	<p>As part of our partnership with The Hartford, our insurer for life and disability coverage, UBS employees have access to a range of other helpful services, including:</p> <ul style="list-style-type: none"> • Funeral Concierge • Beneficiary Assist Counseling • EstateGuidance Will Services • Travel Assistance with ID Theft Protection • Ability Assist Counseling • HealthChampion Health Care Support. <p>To learn more, visit ubs.com/usbenefits > Financial Well-being > Other Financial Benefits > Life Essentials by The Hartford.</p>
What legal services do I have access to?	<p>Through our partnership with MetLife you have access to the following legal services:</p> <ul style="list-style-type: none"> • Identity management • Personal property protection • Small claims assistance • Protection from domestic violence • Immigration assistance • Home equity loans • Property tax assessment

	<ul style="list-style-type: none"> • Refinancing of home • Sale or purchase of residence (second or vacation home) • Security deposit assistance (tenant only) • Zoning applications • Attorney services for non-covered matters (4 hour maximum) • Reproductive assistance law coverage (24 hour maximum) • And more. <p>Starting in 2024, your coverage has been upgraded to provide more extensive coverage for you and your loved ones through Plus Parents and Reproductive Assistance Law coverage.</p> <p>With Plus Parents, you can cover your parents, parents-in-law, and grandparents for many common legal issues. Your MetLife group legal enrollment will cover attorney’s fees for covered matters while ensuring no deductibles, no co-pays, no claim forms or usage limits when using a network attorney.</p> <p>The Reproductive Assistance Law coverage grants you 20 hours of legal services and court work related to reproductive assistance matters. Note that surrogacy and reproductive assistance laws vary by state. You can enroll in the MetLife Legal Plan for 2024 during Open Enrollment. To learn more, visit ubs.com/usbenefits > Financial Well-being > Other Financial Benefits > Legal.</p>
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Support for employees and families

<p>What policies are in place to help me balance my professional and personal responsibilities?</p>	<p>Flexible Work Arrangements: We’re aware that professional and personal demands can be difficult to balance. We want to support you by providing flexibility to meet your personal needs while remaining productive and successful in your career. Talk to your manager if you would like to consider a flexible work arrangement or visit goto/flexibleworking for more information.</p> <p>Childcare Leave: Childcare Leave can be taken within 12 months of your child’s birth, adoption or foster care placement in either 20 consecutive weeks or in two x 10 consecutive week blocks. If the leave is being taken by an employee who has given birth, it needs to start on the day of the child's arrival to enable coordination with short term disability and state disability benefits. In all other cases, it can begin any time after the arrival the of child and needs to be completed within 12 months of the child's arrival.</p> <p>Childcare Leave phased return to work: Employees returning from childcare leave have the option to ease back with a 3-day workweek schedule for the first 2 weeks, paid at 100%, before resuming a 5-day workweek.</p> <p>Adoption and Surrogacy reimbursement program: The adoption and surrogacy program assists you with the expenses incurred when becoming a parent to a new child through adoption or surrogacy. Beginning January 1, 2024, the maximum benefit has been increased to \$25,000 per year, including failed attempts.</p> <p>Grandparent Leave: If your son or daughter has a child, you can take 3 paid days to spend time with your family following the birth, adoption or foster care placement during this exciting part of your life.</p> <p>Family Care Leave: Family Care Leave also includes your in-laws. You can take up to 4 weeks of paid leave to care for an in-law who has a serious health condition.</p> <p>Bereavement Leave: Up to five days of paid time for bereavement leave after the death of an important person in your life. This policy also covers pregnancy loss.</p>
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<p>Does UBS offer support for employees' childcare arrangements?</p>	<p>If you're eligible and participate in the Dependent Care Flexible Spending Account, UBS will match 100% of your contribution up to \$1,000 per year to your FSA to offset dependent day care expenses. To be eligible for the contribution, your 2024 Benefits Base Salary must be under \$100,000. This contribution will be made in full in early January, so you have access to these dollars as you start the year.</p> <p>The Bright Horizons Emergency Backup Child Care Program gives you a way to access cost-effective child care when you need an alternative solution to your usual approach, up to 20 times per year per dependent. UBS absorbs the cost of the first two copays with Bright Horizons per dependent.</p> <p>To learn more about the FSA and backup childcare – including eligibility and how these can be used – visit www.ubs.com/usbenefits or call +1-877-242 2737.</p>
<p>I have a child with a learning/developmental challenge. Does UBS offer any programs to help me help me and my child?</p>	<p>UBS has partnered with RethinkCare: an award-winning program that gives your family 24/7 access to tools and resources to help you understand, teach and better communicate with your child, including those with developmental and learning challenges.</p> <p>Visit connect.rethinkcare.com/sponsor/ubs to enroll or find additional information on RethinkCare's capabilities. You may also contact RethinkCare at +1-800-714 9285 or support@rethinkbenefits.com.</p>
<p>I am an employee with a learning/developmental challenge. Does UBS offer any programs to help me?</p>	<p>RethinkCare offers a neurodiversity program for new entrants into the workforce. To set up your virtual consultation with a Board Certified Behavior Analyst, visit connect.rethinkcare.com/sponsor/ubs and use the enrollment code UBS.</p>

This FAQ document is for general reference and highlights certain plans and programs of UBS for eligible employees in the United States (not including Hawaii and Puerto Rico). More detailed descriptions of these plans and programs can be found in the legal plan documents governing these benefits. While we have made every effort to make this document accurate, if there is any conflict between the information contained herein and the applicable plan documents, the plan documents will govern. The information contained herein does not imply that participation in the plans and programs is a guarantee of continued employment with UBS. It also does not imply or guarantee that the plans and programs will exist or remain unchanged in the future. Nothing herein creates any vested or contractual rights. UBS continues to reserve the right to change or terminate its plans and programs at any time in the future for any reason.
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