2021 Benefits Guide

VEOLIA

Gum Springs Represented Employees

At Veolia North America (VNA), we know the future is unpredictable, and the safety and health of you and your loved ones is an even greater priority than in years past. That's why VNA is proud to offer a comprehensive benefits program that provides you and your family with the support you need – at work and at home – throughout the year.

To understand your options, review this guide and navigate to **YourVeoliaBenefits.com > Eligibility/Enrollment** to access the benefits enrollment website. If you need help or have questions, contact the Veolia Benefits Center at 1-844-690-0918, Monday through Friday from 7:30 a.m. to 6:00 p.m. CST.

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>> Who is eligible for benefits?

- All active hourly employees at a Company location or participating subsidiary that offers the plan,
- Employees covered by a collective bargaining agreement that contains that plan as part of the agreement,
- Your spouse, common law spouse or domestic partner,
- Your children, stepchildren and children of your domestic partner, and
- Children in your guardianship up to age 26 or children of any age who are deemed disabled.

You will be required to provide documentation supporting the eligibility of your dependents.

Eligibility (contd.)

New hires/newly eligible

You are eligible for benefits starting on the first day you are actively at work.

If you do not take action, you will be enrolled in the following coverage (and associated costs, if applicable, will be deducted from your pay):

- Basic life and basic AD&D insurance,
- Short-term disability (STD) insurance,
- Core long-term disability (LTD) insurance, and
- The Employee Assistance Program (EAP).

New hires/newly eligible dependents

If you enroll dependents within 31 days of your first date of active work, their coverage will begin the same time yours does.

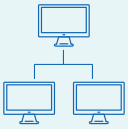
How you pay for your benefits

Benefit	YOU contribute with *pre-tax paycheck deductions*	Veolia contributes
Medical	X	X
Dental	X	X
Vision	X	X
Health Care, Limited Purpose and Dependent Care Flexible Spending Accounts	X	
Basic life insurance *(imputed income applies for values over $50,000)*		X
Basic AD&D insurance		X
Short-term disability		X
Long-term disability		(Core plan)
Employee Assistance Program		X
HealthAdvocate *(health care assistance program)*		X

How to enroll in or make changes to your benefits

Our enrollment site is available so you can learn about and compare your benefit options. Navigate to **YourVeoliaBenefits.com > Eligibility/Enrollment** to access the enrollment site and make your elections.

How to log in



From the Veolia network

Automatic sign-on is available to the Benefits Enrollment System if you select the link at **OneHub > Human Resources > Enroll in Benefits (US)** while logged into your **@veolia.com** email.

From your home computer or mobile device

If you are logging in externally and are not connected to the Veolia network, visit **YourVeoliaBenefits.com > Eligibility/Enrollment**.

- Your username is Veolia followed by your employee ID number (no spaces). *Example: Veolia10012345.*
- Your initial password is your full date of birth followed by the last four digits of your Social Security Number. *Example: If your birthday is 01/05/1975 and your Social Security Number is 123456789, your default password will be 010519756789.*

If you will be enrolling dependents, dependent verification is required. You can scan and upload your required documentation directly to the enrollment site. A list of acceptable forms of documentation is available on **YourVeoliaBenefits.com > Eligibility/Enrollment > Who is Eligible for Benefits?**

>> When you can make changes to your benefits

After your Newly Eligible enrollment window closes, you can only make changes outside of Annual Enrollment if you experience a qualified life event and notify the Veolia Benefits Center within **31** calendar days of the event. Qualified life events include:

- Marriage, divorce, or establishment or dissolution of a domestic partnership,
- Birth or adoption of a child, or
- Loss or gain of other coverage through your spouse's or domestic partner's employment.

If you experience a qualified life event, you must submit the life event through the enrollment site (accessible at **YourVeoliaBenefits.com > Eligibility/Enrollment > Changing Your Benefits Outside of Annual Enrollment**) within 31 calendar days of the event in order to change your benefit elections. ***Do not wait to submit the life event until you have a Social Security Number or other documentation (such as a birth certificate or marriage certificate).***

You can also report a life event by contacting the Veolia Benefits Center at 1-844-690-0918, Monday through Friday from 7:30 a.m. to 6:00 p.m. CST.

Medical plan

Experience comprehensive coverage under the Preferred Provider Organization (PPO) Plan, administered by BlueCross BlueShield.

Preferred Provider Organization (PPO) Plan

With the PPO Plan, you can keep your costs low by receiving care from doctors, hospitals and other facilities in the network. You can choose to visit a provider outside of the preferred network for a higher cost. Once you've met your deductible, you will pay a percentage of the cost of care you receive until you reach the annual out-of-pocket maximum.

Preventive care is free – what are you waiting for?

Take the right steps to ensure the health and safety of you and your loved ones by taking advantage of in-network preventive care provided by Veolia. You'll help avoid potential health problems, and pay nothing out of pocket.

Some covered preventive care services include:

- Annual routine physical,
- Well-child visits and immunizations,
- Preventive care/screenings, including pap/routine pelvic exam, mammograms and colorectal cancer screening,
- Flu shot,
- Bone density test for osteoporosis, and
- Routine dental exams, cleanings and X-rays.

Note: In order for services to be covered at 100%, the claim must be submitted as routine/preventive and provided by an in-network provider.

Care management

Like most people, you probably don't answer phone calls from numbers you don't recognize. But, if your phone rings and the caller ID is your health plan, please answer the phone. The call is important!

Our health plan features a special support team that takes our "nurse in the family" approach. We want to make sure you are aware of this support so that coordinating nurses and advocates can contact you with information about your health plan and your care. You may get a call if:

- You are pregnant,
- You or a covered family member was recently hospitalized,
- Your claims data reflects a recent health concern, or
- You or a covered family member has a chronic medical condition.

A health advocate from your health plan can work with you to ensure you're getting the most out of your benefits, answer questions and address your concerns, connect you with resources to help manage your condition, and more.

Telehealth from your home

From the comfort of your home, you can access MDLive to connect with board-certified doctors and therapists over live video. Once you are enrolled in the Veolia medical plan, just like at an in-person visit, the doctor takes your history and symptoms, performs an exam and may recommend treatment, including prescriptions and lab work.

For more information, visit **mdlive.com/bcbsil** or download the MDLive app.

Medical plan details

Component	PPO Plan	
	In-Network (Subject to Deductible as noted)	**Out-of-Network (Up to R&C Limit and Subject to Deductible)**
Deductible	$300 for individual $600 for family	$600 for individual $1,200 for family
Coinsurance	Plan pays 85% **You pay 15%**	Plan pays 65% **You pay 35%**
Out-of-pocket maximum	$1,500 for individual $3,000 for family	$3,000 for individual $6,000 for family
Office visits	$20 copayment for PCP office visit (family practitioner, general practitioner, internist, pediatrician) $20 copayment for nurse practitioner or physician assistant, regardless of office setting $30 copayment for specialist office visit $20 copayment for mental health services office visit	Subject to deductible/coinsurance
Emergency room	$75 copayment; applies to all services; waived if patient is admitted	Subject to deductible/coinsurance **or** if true emergency, $75 copayment
Urgent care facilities	$20 copayment; applies to all services	Subject to deductible/coinsurance
Chiropractic visits	Coinsurance applies after deductible; limit of 30 per calendar year (combined in-network and out-of-network)	

Key terms to know

Preventive care – In-network preventive services are covered at 100% with no deductible, so you pay nothing.

Deductible – You pay for expenses incurred up to your annual deductible before the plan begins to pay.

Coinsurance – You pay a portion of expenses incurred through coinsurance. This means you and Veolia share the cost of covered non-preventive services after you meet your deductible.

Out-of-pocket maximum – You are protected from catastrophic costs in a given year through the annual out-of-pocket maximum. If you meet the out-of-pocket maximum, the plan pays 100% of covered services for the remainder of the plan year.

Under the PPO Plan, your deductible and out-of-pocket maximum are considered "Embedded":

Embedded deductible – When covering one or more dependents, each covered person must meet the individual deductible before the plan covers expenses for that person. Or, a combination of family members must meet the family deductible before the plan covers eligible expenses for the family.

Embedded out-of-pocket maximum – A family member must meet the individual out-of-pocket maximum before the plan covers eligible expenses. Or a combination of family members can meet the family out-of-pocket maximum before the plan covers eligible expenses.

Note for BCBSIL members, the list of pre-authorized services will expand in 2021 to include MRIs/CT scans, cardiology and sleep studies. Pre-authorization (or prior authorization) means approval is needed from your health plan for certain tests or services in order to ensure appropriate care and avoid unexpected costs. Your in-network providers should authorize your care before you arrive, but it's always good to confirm. You can find more details and contact information on the back of your ID card.

Prescription drug coverage

Prescription drug coverage through Express Scripts is automatically included with your Veolia medical plan. Benefits vary based on:

- The type of medication you are prescribed, and
- Where you fill your prescription (retail pharmacy or home delivery).

Maintenance medication home delivery

If you take a maintenance medication, such as those used to treat high blood pressure or high cholesterol, you'll need to make an important decision on where you fill that prescription.

At a retail pharmacy, you'll pay the entire cost for a maintenance medication after the second purchase if you do not have that prescription filled through home delivery.

To avoid higher costs, take advantage of the home delivery pharmacy services from Express Scripts. For more information, contact Express Scripts at **express-scripts.com** or 1-888-792-7276.

Advanced Utilization Management Programs

The Advanced Utilization Management (AUM) Programs help you choose the safest, most cost-effective drugs and ensure that your use of the drug meets FDA guidelines.

- **Prior authorization** ensures clinically appropriate use of medications.
- **Step therapy** encourages use of clinically effective, lower-cost generic and preferred brand alternatives before higher-cost medications.
- **Drug quantity management** aligns dispensing quantity with FDA-approved dosage guidelines and other supportive evidence.

Compare prices for all your brand name, generic, formulary and non-formulary medicines online at **express-scripts.com**. Once logged in, select Price a Medication from the menu under Prescriptions Online or from the main app menu.

>> Save time and money with Express Scripts

Whether you pick up your prescriptions at a pharmacy or have them delivered, you can compare prices for all your brand name, generic, formulary and non-formulary medicines online at **express-scripts.com** and with the Express Scripts mobile app.

Get started today!

- ✓ Registering is safe and simple. Please have your member ID number or SSN available.
- ✓ Go to **express-scripts.com** or download the mobile app and select Register.
- ✓ Complete the information requested, create your username and password, along with security information.
- ✓ Click Register Now and you're registered!
- ✓ To set preferences, select Communication Preferences from the menu under Account, scroll to Communication and Viewing Preferences. Click Edit Preferences. Preferences can only be selected via the member website.
- ✓ Members who have touch ID authentication on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.
- ✓ Compare prices of medicines at multiple pharmacies.
- ✓ Get free standard shipping from the Express Scripts Pharmacy.
- ✓ Get up to a 90-day supply of your long-term medicine.
- ✓ Order refills, check order statuses and track shipments.
- ✓ Print forms and ID cards, if needed.
- ✓ Talk with a pharmacist from anywhere.

Supplemental Prescription Drug Program

When the medical plan doesn't cover a prescription, Express Scripts can often fill it outside of the plan at a discounted price. You will pay 100% of the discounted price; any amount you pay won't apply to your plan's deductible or maximum out-of-pocket costs since the coverage is outside of the plan. Send your valid prescription to the Express Scripts Pharmacy through mail order or deliver the script to a retail pharmacy like you do today for covered drugs, and ESI will process it at a discount.

Prescription drug benefits overview

Prescription drugs	PPO Plan	
	In-Network	Out-of-Network
For Retail (30-day supply), you pay:		
Generic:	10%	You pay 100% of the costs and submits paper claim for reimbursement less the applicable coinsurance
Brand:	20% (Max $60)	
Non-formulary:	50% (Max $60)	
Maintenance medications:	You pay the entire cost after the second purchase if you don't have the prescription filled through home delivery	You pay 100% of the costs and submits paper claim for reimbursement less the applicable coinsurance
For Home Delivery (90-day supply), you pay:		
Generic:	$0 copay	Not applicable
Brand:	20% (Max $120)	
Non-formulary:	50% (Max $120)	

>> Remember to get your flu shot!

Ensuring you and your family members get your annual flu shot can help reduce your risk of flu-related illnesses. Contact your health care provider for details on how to receive your shot.

Dental plan

Coverage is provided through Delta Dental. Visit any dentist you choose, but pay less for care when you use a Delta Dental PPO or Premier in-network dentist. To find an in-network dentist, visit **deltadentalil.com** or call 1-800-323-1743.

Dental highlights	
Plan type	Dental PPO
Deductible	$25 single/$50 family
Calendar year maximum per covered person	$2,000
Preventive care *Exams, cleanings, X-rays, fluoride, sealants*	Covered at 100% with no deductible
Basic services *Fillings, simple extractions, root canal therapy*	Covered at 85% after deductible
Major services *Inlays/onlays, crowns, bridges, dentures, implants*	Covered at 50% after deductible
Orthodontia *Eligible dependents under the age of 19*	Covered at 50% up to a $1,500 lifetime maximum benefit

>> Take advantage of preventive care!

Be sure to get regular exams and cleanings to help protect your smile and your health.

Vision plan

Choose vision coverage administered by Vision Service Plan (VSP). VSP partners with Costco® Optical, Eye Care Centers of America™ Visionworks and other high-quality, well-known chain stores, to provide you with the largest national network of doctors. With VSP, you'll enjoy more value and low out-of-pocket costs, making it easy to find the perfect eyewear at a price that fits your budget.

Find an eye doctor who's right for you. Go to **vsp.com** or call 1-800-877-7195.

Vision highlights	
In-network	
WellVision exam *Once every calendar year*	$0 copay (from a VSP doctor or retail chain affiliate provider)
Frames *Discounts apply on complete pair of prescription glasses or sunglasses*	$100 allowance ($55 at Costco); 20% off amount over allowance *Once every other calendar year*
Eye glass lenses (Single vision, lined bifocal, lined trifocal and standard progressives covered in full. Also includes polycarbonate lenses for dependent children) Single vision, bifocal or trifocal	Average 30% savings on non-covered lens options, such as scratch coating, anti-reflective coating, premium and custom progressive lenses (excluding Costco)
Contact lenses *Once every calendar year in lieu of glasses (lenses and frames)*	$105 allowance towards contact lenses. Contact lens fitting and evaluation covered in full.
Laser vision correction	*5% off promotional price or average 15% off regular price (contracted facilities only)*

For out-of-network plan details, call VSP Member Services at 1-800-877-7195.

Eligible members with diabetes can access the Diabetic Eyecare Plus Program and receive services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Ask your VSP doctor for details.

>> Save with VSP

VSP offers additional savings through Exclusive Member Extras, including:

- *Discounts on featured frame brands,*
- *Mail-in rebates and free trials on popular contact lens brands,*
- *Discounts on digital hearing aids and batteries, and*
- *Savings on LASIK.*

For more great offers, visit **vsp.com/specialoffers**.

Flexible Spending Accounts (FSAs)

With an FSA, you can set aside tax-free money to pay for eligible expenses. Veolia offers the following FSA options through **ConnectYourCare**.

When you participate in an FSA, you decide how much you want to contribute each plan year (January 1 through December 31) up to IRS annual limits. The amount you elect to contribute is deducted from each paycheck before taxes are taken out. This lowers your taxable income, which means lower taxes and more take-home pay for you!

Health Care FSA

Contribute up to the IRS annual maximum ($2,750 for 2020*) to cover eligible health care expenses, such as:

- Copays, deductibles and coinsurance for health care, prescription drugs, dental and vision expenses,
- Over-the-counter items, such as bandages, reading glasses or contact lens solution, and
- Vision care not covered by your plan, including contact lens solution and LASIK surgery.

Find the full list of eligible expenses at **connectyourcare.com/veolianorthamerica** or in IRS Publication 502 at **irs.gov/pub/irs-pdf/p502.pdf**.

**Note that limits may change for 2021.*

Dependent Care FSA

You can contribute up to $5,000 per family to the Dependent Care FSA each year. **This FSA can only be used to cover expenses for the care of an eligible dependent (a child or a dependent adult), such as day care costs, so you and your spouse (if you're married) can work. Dependent care funds may not be used to pay for health care expenses of eligible dependents.**

Find the full list of eligible expenses at **connectyourcare.com/veolianorthamerica** or in IRS Publication 503 at **irs.gov/pub/irs-pdf/p503.pdf**.

Take action! Your FSA elections will not carry over year to year. If you want to continue to participate in any of the FSAs,you must take action and enroll during the Annual Enrollment period!

>> **Use it or lose it!** Unlike the health savings account, FSA balances do not roll over from year to year, meaning you lose any unused money at the end of the year. So, be sure to budget carefully when making your election. If you're currently participating in an FSA, make sure you incur expenses by the end of the calendar year.

You have until the end of March to submit reimbursement claims for your prior-year expenses. All reimbursement claims for prior-year expenses should be submitted to ConnectYourCare. Terminated employees have 30 days from their date of termination to submit eligible expenses for reimbursement.

Benefits for work and life

VNA is committed to providing benefits that support your total wellbeing at work and at home, including virtual benefits that support your health and wellness throughout the year.

Employee Assistance Program (EAP)

Access licensed counselors from Magellan Health 24 hours a day, 365 days a year, to get confidential counseling and support for:

- Parenting,
- Work-life balance,
- Relationship problems,
- Substance abuse, and
- Legal and financial services.

For more information, visit **magellanhealth.com/member**. In order to access the website, you will need to call 1-800-324-8914 and then create a username and password.

Health care assistance from HealthAdvocate

HealthAdvocate offers you and your family the following free services to help manage your health care:

- Locate doctors, hospitals, dentists and other providers,
- Get cost estimates for common medical procedures,
- Help resolve insurance claim problems,
- Answer questions about test results, treatments and medications,
- Assist with eldercare, including Medicare and in-home care, and
- Aid in the transfer of medical records, X-rays and lab results.

For more information, go to **healthadvocate.com/veolianorthamerica** or call 1-866-695-8622.

Disability

When a disability keeps an employee out of work for an extended period of time, Veolia wants to ensure that they are protected and supported as they recover, so they can return to the workplace. Benefits are administered and are conditional on approval by Lincoln Financial.

Short-term disability

Short-term disability (STD) benefits are provided for up to 26 weeks or 104 weeks after any elimination period, if applicable. Employees may use accrued time off (e.g., sick time, floating holidays or vacation days) until the elimination period expires to avoid an interruption of income. Eligible employees are automatically enrolled for company-paid STD.

You are eligible for STD benefits starting on your date of hire. STD benefit checks are issued through Veolia's payroll system. Contact Lincoln Financial to confirm the specific benefit amount you may be eligible to receive.

Long-term disability

Long-term disability (LTD) extends beyond STD for those hired after 1/1/2020, if Lincoln Financial approves coverage.

Monthly benefit	Who pays?
50% of pre-disability base pay (up to a $7,500 benefit maximum per month)	Veolia

Life and accidental death & dismemberment (AD&D) insurance

Basic life and basic AD&D insurance

Once eligible, you will be automatically enrolled for coverage through Lincoln Financial. Life insurance pays a benefit to your beneficiary in the event of your death, while AD&D insurance provides an additional benefit to you or your beneficiary in the event of certain accidental losses or death. Veolia provides $48,000 basic life insurance and $96,000 basic AD&D insurance at no cost to you.

Additional Benefits

Veolia North America 401(k) Savings Plan

The 401(k) Plan allows you to save for your future. As long as you are 18 or older, as a new hire, you will be automatically enrolled at a 3% of pay 45 days after your hire date. Those pre-tax deductions will be deposited into the Fidelity funds with the target date closest to the year in which you will reach age 65. To help you save more, we will increase your contribution rate by 1% each January, until it reaches 6% of your pay.

The plan allows you to contribute from 1% to 60% of your eligible earnings on a combined pre-tax or Roth after-tax basis up to annual IRS limits. We match! For every $1 you contribute of the first 1% of your eligible compensation, Veolia will contribute $1 to your account, and for every $1 you contribute of the next 5% of your eligible compensation, Veolia will contribute $0.50 to your account. Don't miss out on what's essentially free money! Consider saving at least 6% of your pay to receive the full match from Veolia.

To change your contribution amount or your investment options, contact Fidelity at 1-800-835-5095 or online at **netbenefits.com**

>> Designate your beneficiaries!
Make sure to review and keep your beneficiaries up to date.

Contact your providers

Benefit	Website	Phone number	App accessible
Benefits information and enrollment			
Veolia Benefits Center		1-844-690-0918	
Enrollment site	YourVeoliaBenefits.com > Eligibility/Enrollment		
Medical			
BlueCross BlueShield	bcbsil.com	1-800-995-0582	
Medical virtual visits			
BlueCross BlueSheild of Illinois (MDLIVE)	mdlive.com/bcbsil	1-888-676-4204	
Flexible Spending Account (FSA)			
ConnectYourCare	connectyourcare.com/veolianorthamerica	1-844-609-1806	
Prescription			
Express Scripts	express-scripts.com	1-888-792-7276	
Dental			
Delta Dental of Illinois	deltadentalil.com	1-800-323-1743	
Vision			
Vision Service Plan (VSP)	vsp.com	1-800-877-7195	
Short-term disability, long-term disability and family/medical leave			
Lincoln Financial	mylincolnportal.com	1-844-247-4446	
Life and AD&D insurance			
Lincoln Financial	mylincolnportal.com	1-888-787-2129	
Employee Assistance Program			
Magellan Health	magellanhealth.com/member	1-800-324-8914	
401(k) Plan			
Fidelity	netbenefits.com	1-800-835-5095	
Health care assistance			
HealthAdvocate	healthadvocate.com/veolianorthamerica	1-866-695-8622	

MEDICARE AND YOUR PRESCRIPTION DRUG COVERAGE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Veolia North America Health and Welfare Benefits Plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2021. (This is known as "creditable coverage.")

Why this is important: If you or a covered dependent are enrolled in any prescription drug coverage during 2021 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members are not currently covered by Medicare and will not become covered by Medicare in the next 12 months, this notice does not apply to you.

Notice of Creditable Coverage

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Veolia North America, LLC has determined that the prescription drug coverage offered through its health care plans by Express Scripts is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is therefore considered ***Creditable Coverage*****.**

Because your existing coverage is considered Creditable Coverage (i.e. on average at least as good as standard Medicare prescription drug coverage), you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in Medicare prescription drug plan.

When Can You Join A Medicare Drug Plan?

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year **from October 15th through December 7th.**

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

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you do decide to enroll in a Medicare prescription drug plan and drop your Veolia North America, LLC prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

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

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

Contact the Veolia Benefits Center at 1-844-690-0918 for further information. This notice is updated annually and is available on **YourVeoliaBenefits.com**. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of this handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

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

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA) online at www.socialsecurity.gov, or you can call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice.

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

Date:	October 2020
Sender:	Veolia North America, LLC
Contact:	Benefits Manager 53 State Street, 14th Floor Boston, MA 02109 617-849-6600

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Resourcing the world

Veolia North America
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Boston, MA 02109
veolianorthamerica.com

Legal notices and disclosures

There are several important benefits-related legal notices and disclosures posted on **YourVeoliaBenefits.com**. These include required notifications about breast reconstruction and mastectomy-related benefits under the Women's Health and Cancer Rights Act, potential subsidies to help you pay for health insurance for you and/or your child under the Children's Health Insurance Program (CHIP), Medicare and protection of your personal health information under the Health Insurance Portability and Accountability Act (HIPAA).

You can access these notices from the "Legal Notices and Disclosures" section under the "Eligibility/Enrollment" tab on the **YourVeoliaBenefits.com** website. Or, you may request them by calling the Veolia Benefits Center at 1-844-690-0918.

This is a summary document intended to provide an overview of 2021 benefits at Veolia North America, provided under benefits plans sponsored by Veolia North America, LLC (collectively "Veolia"). It is not a comprehensive description of the benefits offered under these plans, nor does it supersede or replace any other document.

The benefits described are subject to eligibility requirements and other plan provisions. In the event of conflict between this document and the legal and/or plan documents governing the benefits described, such legal and/or plan documents will prevail in all cases. Veolia and its affiliated entities reserve the right to change, modify or terminate the benefits plans at any time. This guide is not a contract for purposes of employment or payment of benefits.

Some benefits in this enrollment guide may or may not apply to you if you are a bargained employee; it depends on the terms of your collective bargaining agreement.

GUM SPRINGS
October 2020