



2023 Benefits Guide



Legacy Veolia 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 and temporary* employees scheduled to work at least 30 hours per week
- Your spouse or same-gender domestic partner
- Your dependent children, stepchildren and children of your domestic partner, and
- Dependent children in your guardianship up to age 26 or dependent children of any age who are deemed disabled

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

**Medical plan only*

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Note: If you are represented by a bargaining unit, you may not be eligible for the benefits described in this guide. You should refer to your union contract, which identifies any VNA benefits for which you may be eligible.

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Eligibility (contd.)

New Hires/Newly Eligible

You are eligible for benefits starting on the first day of the month following or coincident with your hire date or the date of your event. You must take action and either enroll in benefits or actively waive coverage within 45 calendar days of your hire date or the date you become eligible for benefits.

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):

- » Employee-only medical/prescription drug coverage in the High Deductible Health Plan (HDHP) – Silver,
- » Basic life and basic AD&D insurance,
- » Short-term disability (STD) insurance,
- » Core long-term disability (LTD) insurance, and
- » The Employee Assistance Program (EAP).

Temporary Employees

Medical-only insurance coverage is available to temporary employees scheduled to work 30 or more hours per week beginning on the first day of the month following 60 days of service. For example, an employee hired on February 2 would be eligible for benefits on May 1. Employees must elect or waive medical coverage within 45 days of their eligibility date. Failure to elect or actively waive medical coverage will result in the employee being enrolled in and having deductions for the High Deductible Health Plan – Silver with employee-only coverage.

How You Pay For Your Benefits

Benefit	YOU Contribute with Pre-Tax Paycheck Deductions	YOU contribute with After-Tax Paycheck Deductions	Veolia Contributes
Medical	X		X
Dental	X		X
Vision	X (Buy-up)		X
Health Savings Account	X		X (For employees in the HDHP – Gold)
Health Care, Limited Purpose and Dependent Care Flexible Spending Accounts	X		
Basic life insurance <i>(imputed income applies for values over \$50,000)</i>			X
Basic AD&D insurance			X
Supplemental life insurance		X	
Supplemental AD&D insurance		X	
Voluntary Aflac insurance: Hospital indemnity, critical illness, accident insurance		X	
Short-term disability			X
Long-term disability		X (Buy-up)	X
Parking and transit	X	X (For deductions exceeding pre-tax limits)	
MetLife Legal		X	
Voluntary Allstate Identity Protection		X	
Life insurance with long-term care		X	
Employee Assistance Program			X
Health Advocate <i>(health care assistance program)</i>			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.*

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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?](#)

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>> 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 same-gender domestic partnership,
- Birth or adoption of a child, or
- Loss or gain of other coverage through your spouse's or same-gender 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

Choose the coverage that best fits your needs from our four medical plan options:

- » Two High Deductible Health Plan (HDHP) options,
- » One Preferred Provider Organization (PPO) Plan option, and
- » One Exclusive Provider Organization (EPO) Plan option.

If you have state-specific coverage (such as in Hawaii or California), you will continue to have access to those state-specific plans, even though they are not described in detail in this benefits guide. Employees eligible for Kaiser Permanente or HMSA coverage should navigate to **YourVeoliaBenefits.com** for more information.

High Deductible Health Plans – Gold or Silver

The High Deductible Health Plans offer comprehensive medical and prescription drug coverage, and include the same provider networks as the PPO. You may be able to save money with a High Deductible Health Plan based on the care that you and your dependents consume during a calendar year. In-network preventive care is covered at 100%.

You can also save pre-tax dollars in a Health Savings Account (HSA) to help pay for your and your dependents' eligible medical, dental and vision expenses throughout the year, or save that money for future health care expenses (even after you retire)!

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,
- » COVID and Flu shots,
- » 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.



Exclusive Provider Organization (EPO) Plan

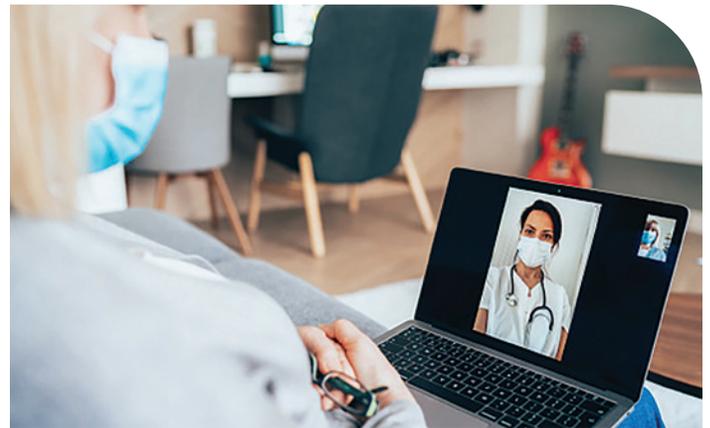
The EPO Plan requires you to use in-network providers in order to receive benefits. If you see an out-of-network provider, the plan does not pay a benefit except in the event of a true emergency.

Your Medical Plan Administrator

Each year at Annual Enrollment, the administrator of your medical plan will be determined based on the zip code where you live. For 2023, if you live in one of the following areas, your administrator will be UnitedHealthcare:

- » State of Wisconsin,
- » State of Colorado,
- » Kansas City, KS,
- » Cadet-St. Louis, MO, or
- » Alton-Belleville-Woodlawn, IL.

If you do not live in one of the areas listed above, your medical plan administrator will be **BlueCross BlueShield of Illinois**.



Health and Well-Being

At VNA, we're committed to providing the resources you need to make your well-being a top priority year-round.

Health Coaching and Physical Therapy

Hinge Health connects you with a virtual care program to help conquer chronic back, hip, neck, shoulder and knee joint pain, all at no cost to you. Through the program, you have access to 1-on-1 virtual sessions with physical therapists, clinicians and health coaches. Your team will lead you through personalized exercise therapy and provide wearable sensors to track your progress.

Visit hingehealth.com to learn more.

Personalized Diabetes Support

Omada is a personalized diabetes program that provides you with the tools and support you need to build healthy habits and feel in control of your health. It combines real human support with the latest technology so you can make small, meaningful changes that matter. If you or your covered adult dependents are living with or are newly diagnosed with diabetes, Veolia will cover the entire cost of the program. If you fall into this category, contact Omada at omadahealth.com/veolia. It only takes a minute to get started.

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 plans each feature 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.

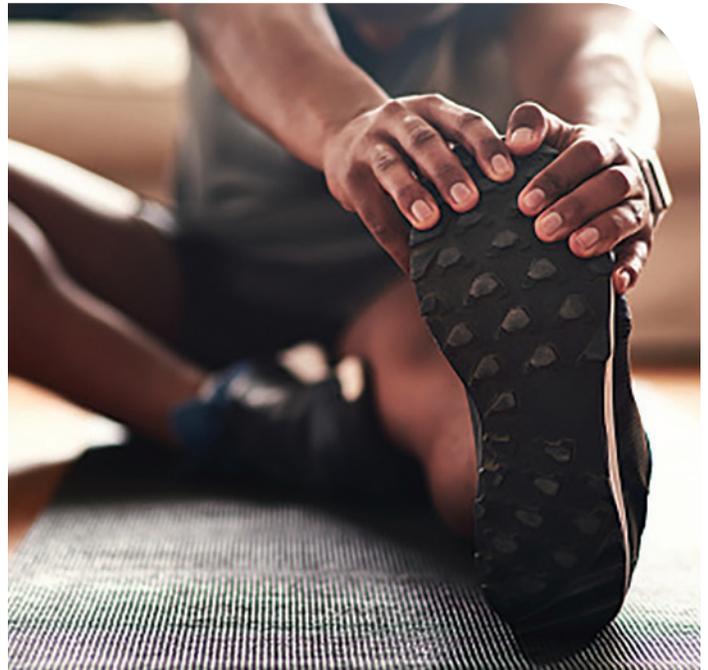
Telehealth From Your Home

From the comfort of your home, you can access Doctor on Demand (UHC) or MDLive (BCBS) to connect with board-certified doctors and therapists over live video. Once you are enrolled in a Veolia (non-HMO) 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 doctorondemand.com or mdlive.com/bcbsil or download the apps:

UHC → Doctor on Demand

BCBSIL → MDLIVE app



If You Enroll In One of the High Deductible Health Plans (HDHPs)...

Generally, **your deductible will be higher** compared to the PPO and EPO Plans, but you'll have the opportunity to save money for eligible health care expenses with a Health Savings Account (HSA).

Note: In order to participate in an HSA, you cannot be covered by any other medical plan, **including Medicare**. To contribute to an HSA after age 65, you will need to call the Veolia Benefits Center to confirm you are not enrolled in Medicare.

Is an HSA Right For You?

If you enroll in a High Deductible Health Plan, you have the option to contribute to an HSA. An HSA could help you save money. Since employee deductions are less for the HDHPs than for the PPO or EPO Plans, you can put aside the money you save into your HSA to use on eligible expenses, now or in the future.

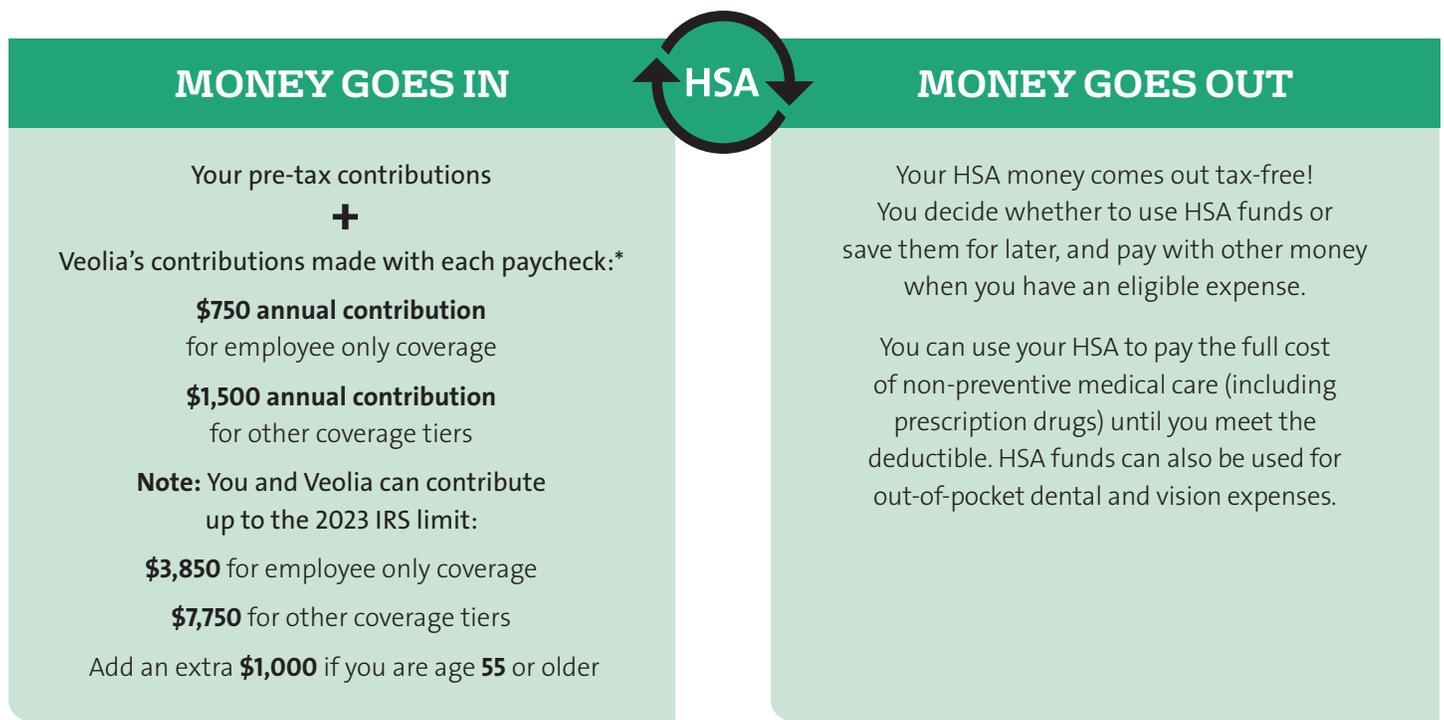
You can also carry any unused balance forward from year to year to use for future health care expenses, even if you leave Veolia. In addition, your HSA earns tax-deferred interest, which helps your account balance grow over time.

A High Deductible Health Plan could be right for you if...

- » You rarely have enough medical expenses during the year to meet the annual deductible.
- » You want an account you can use specifically to budget for health care expenses that apply to your deductible and other out-of-pocket medical, dental and vision care costs.
- » You want to build tax-deferred interest-bearing savings to help with future health expenses (for example, in retirement).

Note: Save your receipts for the expenses you pay from your HSA to prove to the IRS that they were eligible expenses in the event you are audited. If you use your HSA funds to pay for ineligible expenses, you may be subject to a tax penalty.

How The Health Savings account Works



Don't forget! You can elect, stop or change your HSA contribution amount at any time throughout the year.

Note: You will need to accept Fidelity's terms and conditions during enrollment.

***Veolia makes contributions for High Deductible Health Plan – Gold participants only. Contributions are made with each paycheck according to your payroll schedule. Contributions from Veolia are prorated based on the date your High Deductible Health Plan – Gold coverage starts and when your HSA account is Ready for Funding at Fidelity.**

Medical Plan Details

Component	High Deductible Health Plan - Silver*	High Deductible Health Plan - Gold*	PPO Plan	EPO Plan
Employee contributions	Costs for coverage under each plan are provided on the rate sheet included with your enrollment materials			
Veolia annual HSA contribution** Employee only/other coverage tiers	\$0	\$750/\$1,500	N/A	N/A
Preventive	If in-network, covered at 100% with no out-of-pocket cost. If out-of-network, subject to out-of-network deductible and coinsurance, if applicable.			
Deductible In-network individual/family	\$3,000/\$6,000	\$1,500/\$3,000	\$750/\$1,500	\$500/\$1,000
Out-of-network individual/family	\$5,400/\$10,800	\$3,000/\$6,000	\$1,500/\$3,000	N/A
Coinsurance: you pay In-network Out-of-network	30% 50%	20% 50%	20% 50%	10% N/A
Out-of-pocket maximum: you pay In-network individual/family	\$6,900/\$13,800	\$3,000/\$6,000	\$3,000/\$6,000	\$2,500/\$5,000
Out-of-network individual/family	\$13,500/\$27,000	\$6,000/\$12,000	\$6,000/\$12,000	N/A
Office visit: you pay Primary care physician Virtual visit Specialist	After deductible 30% In-network/ 50% Out-of-network	After deductible 20% In-network/ 50% Out-of-network	After deductible 20% In-network/ 50% Out-of-network	After deductible 10% In-network (No out-of-network benefits)
Hospital: you pay Inpatient Outpatient	After deductible 30% In-network/ 50% Out-of-network	After deductible 20% In-network/ 50% Out-of-network	After deductible 20% In-network/ 50% Out-of-network	After deductible 10% In-network (No out-of-network benefits)
Emergency room: you pay	30% after deductible	20% after deductible	20% after deductible	10% after deductible

*If enrolled in the High Deductible Health Plans (Gold and Silver), you will pay full price for all services (except preventive care or medication on the ACA or ESI preventive drug list), including prescriptions until you meet your medical deductible.

**Contributions are made on a prorated basis according to your payroll schedule.

California and Hawaii employees: Please visit YourVeoliaBenefits.com to find rates and a summary of the Kaiser and HMSA plans, respectively.

Note for BCBSIL members, the list of services require pre-authorization includes 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.

» Save money with the right medical plan!

Use the Decision Support Tool during enrollment to compare your options and select the plan that best fits your needs. You might find you'll save money depending on the plan you choose. You can project how your family will use health care throughout the year and receive an estimate of your out-of-pocket expenses for each option. Navigate to YourVeoliaBenefits.com > Eligibility/Enrollment to access our online enrollment system and get started.

Comparing Your Plan Options

How The Plans Work

	High Deductible Health Plan - Silver	High Deductible Health Plan - Gold	PPO Plan	EPO Plan
Providers	You can see any provider, but you will pay less when you use in-network providers	You can see any provider, but you will pay less when you use in-network providers	You can see any provider, but you will pay less when you use in-network providers	You can only use in-network providers; no coverage for out-of-network providers
Deductible and out-of-pocket maximum	Embedded	Aggregate	Embedded	
Prescription drug costs	Count toward your annual deductible and out-of-pocket maximum	Count toward your annual deductible and out-of-pocket maximum	Do not count toward your annual deductible, but do count toward your out-of-pocket maximum	
Health Savings Account	Optional	Yes	No	
Health Care Flexible Spending Account	Limited Purpose only	Limited Purpose only	Yes	

Key terms to know

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.

Aggregate deductible – When covering one or more dependents, the total family deductible must be met before the plan covers eligible expenses, including prescription drugs.

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.

Aggregate out-of-pocket maximum – The total family out-of-pocket maximum must be met before eligible expenses are covered by the plan for all coverage tiers other than employee only.

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.

>> 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.

Prescription Drug Coverage

Prescription drug coverage through Express Scripts is automatically included with each Veolia medical plan (except Kaiser and HMSA). Benefits vary based on:

- » The plan you choose,
- » 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.

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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.

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>> 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 your 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	High Deductible Health Plan - Silver*	High Deductible Health Plan - Gold*	PPO/EPO Plans
For retail (30-day supply), you pay:			
Generic:	30% after deductible	20% after deductible	\$10 copay
Brand:			25% (min \$30, max \$75)
Non-formulary:			35% (min \$50, max \$110)
Maintenance medications:	100% of the retail cost (after second purchase) You pay 100% of the cost of the drug when you refill a maintenance medication at a retail pharmacy after the second purchase	100% of the retail cost (after second purchase) You pay 100% of the cost of the drug when you refill a maintenance medication at a retail pharmacy after the second purchase	100% of the retail cost (after second purchase) You pay 100% of the cost of the drug when you refill a maintenance medication at a retail pharmacy after the second purchase
For home delivery (90-day supply), you pay:			
Generic:	30% after deductible	20% after deductible	\$25 copay
Brand:			25% (min \$75, max \$150)
Non-formulary:			35% (min \$125, max \$225)

*If enrolled in the High Deductible Health Plans (Gold and Silver), you will pay full price for prescriptions (except Preventive medications on the ACA or ESI preventive drug list, or those listed medications prescribed for chronic conditions), until you meet your medical deductible. See page 8 for deductible information.

>> Use your HSA dollars to pay for prescriptions

Veolia contributes money to your HSA throughout the year if you enroll in the High Deductible Health Plan – Gold. Contribution amounts depend on your level of coverage and your funding status at Fidelity. You can even use your HSA funds to pay for prescriptions!



>> Coinsurance for prescription drugs

Prescription drug expenses are subject to coinsurance for brand name and non-formulary drugs.



Under the High Deductible Health Plans...

- » Medications listed on the ACA Preventive Care drug list are not subject to the deductible,
- » Medications listed as preventive for treatment of certain chronic conditions are not subject to the deductible,
- » Except as noted above, you pay the full cost until you meet the deductible, and
- » You pay coinsurance after you've met the deductible.

Under the PPO or EPO Plan...

- » You pay a copay for generic drugs, and
- » You pay coinsurance for brand name and non-formulary drugs (subject to a minimum and maximum).



Dental Plan

Coverage is provided through Delta Dental of Illinois. 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	\$50 single/\$150 family
Calendar year maximum per covered person	\$2,000
Preventive care <i>Exams, cleanings, X-rays, fluoride, sealants</i>	Covered at 100% with no deductible
Basic services <i>Fillings, simple extractions, root canal therapy</i>	Covered at 80% after deductible
Major services <i>Inlays/onlays, crowns, bridges, dentures, implants</i>	Covered at 50% after deductible
Orthodontia <i>Eligible dependents under the age of 19</i>	Covered at 50% up to a \$2,500 lifetime maximum benefit

Enhanced Benefits Program

Delta Dental of Illinois offers the Enhanced Benefits Program, which allows additional coverage for individuals who have specific health conditions that can be positively affected by additional oral health care. These enhancements are based on scientific evidence that shows treating and preventing oral disease in these situations can improve overall health. The specific health conditions include:

- » Periodontal (gum) disease,
- » Diabetes,
- » Pregnancy,
- » High-risk cardiac conditions,
- » Kidney failure or for those who are undergoing dialysis,
- » Cancer-related chemotherapy and/or radiation, and
- » Suppressed immune systems due to HIV positive status, organ transplant and/or stem cell (bone marrow) transplant.

If you have one or more of these health conditions, you must enroll in the Enhanced Benefits Program to become eligible for the additional benefits, including additional cleanings and/or application of topical fluoride. You can enroll yourself and/or your dependents through the Delta Dental of Illinois portal on the Enhanced Benefits tab, or your dentist can enroll you. Once you are enrolled, you are immediately eligible for the enhanced benefits.

» Take advantage of preventive care!

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

Vision Plans

You have two coverage options administered by Vision Service Plan (VSP) –Basic and Buy-Up. VSP partners with Costco® Optical, Eye Care Centers of America™ 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.

»» Although the Basic Vision Plan is paid for entirely by Veolia, **you must elect this option in order to have coverage.**

Vision Highlights		
	BASIC Paid by Veolia	BUY-UP Paid by you
In-Network		
WellVision exam <i>Once every calendar year</i>	\$20 copay (from a VSP doctor or a retail chain affiliate provider)	
Frames <i>Discounts apply on complete pair of prescription glasses or sunglasses</i>	20% discount on glasses from a VSP doctor <i>Once every calendar year</i>	\$180 allowance (\$100 at Costco); 20% off amount over allowance <i>Once every other calendar year</i>
Eye glass lenses (clear, standard, glass or plastic; anti-scratch/anti-reflective coating, progressive, polycarbonate) Single vision, bifocal or trifocal	20% discount	\$20 copay. Average 20%-25% discount off other lens options from VSP doctor or retail chain affiliate provider (excluding Costco)
Contact lenses <i>Once every calendar year in lieu of eye glass lenses</i>	15% discount (fitting and evaluation)	\$130 allowance; \$60 maximum copay for standard and premium contact lens fitting and evaluation
Laser vision correction	5% off promotional price or average 15% off regular price (<i>contracted facilities only</i>)	

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/Optum Financial**:

- » Health Care FSA (for EPO and PPO Plan participants only or employees who decline Veolia's health insurance),
- » Limited Purpose FSA (for High Deductible Health Plan participants only), and
- » Dependent Care FSA.

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 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.

Limited Purpose FSA

If you enroll in one of the High Deductible Health Plans, you may enroll in the Limited Purpose FSA (not the Health Care FSA) up to the IRS maximum **Limited Purpose FSAs can be used only for reimbursement of eligible dental and vision expenses**. The Limited Purpose FSA allows you to keep more money in your Health Savings Account just for medical and prescription drug expenses.

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.

>> 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 2023 to submit reimbursement claims for your prior-year expenses. All reimbursement claims for prior-year expenses should be submitted to ConnectYourCare/Optum Financial. Terminated employees have 30 days from their date of termination to submit eligible expenses for reimbursement.

>> 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!

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 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 the first day of the month following or coincident with your date of hire unless stated otherwise in applicable collective bargaining agreements. 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 the 180 days of STD, if Lincoln Financial approves coverage.

You have two coverage options:

	Monthly Benefit	Who Pays?
Core	60% of pre-disability base pay (up to a \$10,000 benefit maximum per month)	Veolia
Buy-up*	66.67% of pre-disability base pay (up to a \$20,000 benefit maximum per month)	You

**Note: Must be elected during enrollment to have coverage.*



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 coverage at two times your annual base salary, up to \$1,500,000.

Employee Supplemental Life Insurance

- » Employees can elect coverage from 1 to 6 times your annual base salary, with a limit of \$1,500,000 (combined with basic coverage).
- » Evidence of Insurability (EOI) may be required. The enrollment system will alert you and then you should look for additional paperwork in the mail from Lincoln Financial. EOI must be approved for coverage to take effect.
- » If you're a new hire or newly eligible employee, you may elect coverage up to \$750,000 (including basic coverage) without providing EOI.

Age Reduction Schedule

Once You Reach The Specified Age Below, Your Benefit amount will be reduced to the following percentage. You will be given the option to convert the reduced amount to an individual policy.

Age	Percentage of Available or In Force Amount at Age 64
65-69	65%
70-74	50%
75+	35%

If you are on any type of approved leave of absence for 12 months, you will no longer be eligible under the Veolia Life or AD&D Insurance Plan. You will be offered to port or convert your life insurance to an individual policy by Lincoln Financial.

Spouse/Same-Gender Domestic Partner and Dependent Child Supplemental Life Insurance

- » Employees can cover their spouse/same-gender domestic partner in \$10,000 increments up to \$250,000 (not to exceed 50% of the employee's supplemental life coverage).
- » EOI may be required if you have previously waived spouse/same-gender domestic partner coverage or your spouse/same-gender domestic partner was previously denied coverage.
- » If you are a new hire or newly eligible employee, EOI is required for spouse/same-gender domestic partner coverage over \$50,000.
- » Dependent children can be covered at a flat \$25,000.

Note: The employee must have supplemental life insurance coverage in order to elect supplemental life insurance coverage for a spouse/same-gender domestic partner and/or dependent child(ren).

Supplemental Accidental Death & Dismemberment (Ad&D) Insurance

- » Employees can elect coverage from 1 to 6 times your annual base salary, with a limit of \$1,500,000. (combined with basic coverage).
- » No EOI is required.

If covering a spouse/same-gender domestic partner or dependent child under the AD&D Plan, refer to the following limits and benefit amounts:

Employee + spouse/same-gender domestic partner only	Spouse/same-gender domestic partner covered for 60% of employee supplemental AD&D coverage amount; \$900,000 maximum benefit
Employee + child(ren) only	Child(ren) covered for 20% of employee supplemental AD&D coverage amount; \$300,000 maximum benefit
Employee + family	Spouse/same-gender domestic partner: covered for 50% of employee supplemental AD&D coverage amount; \$750,000 maximum benefit Child: covered for 15% of employee supplemental AD&D coverage amount; \$225,000 maximum benefit

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

Voluntary Benefits

Accident, critical illness and hospital indemnity insurance are provided by Aflac. You have the choice of enrolling in basic or enhanced options. Coverage is also available for your spouse/same-gender domestic partner or dependent children.

Life with long-term care benefits is provided by Chubb.

Critical Illness Insurance

Critical illness insurance provides you with a lump-sum benefit if you are diagnosed with a covered critical illness while insured under the plan. This plan can be used to help pay for medical expenses not covered by your health plan and everyday expenses, like rent or mortgage payments.

Accident Insurance

Accident insurance pays you benefits based on medical treatment received as a result of a covered accident. This plan can be used to help pay for health care expenses associated with the injury, like deductibles or coinsurance or for other unforeseen expenses.

Hospital Indemnity Insurance

Hospital indemnity insurance pays you a lump-sum benefit if you are hospitalized due to a covered accident or illness, and includes maternity. This plan can be used to help you pay for out-of-pocket expenses from your medical plan or to help pay for other unforeseen expenses that you incur as a result of your hospitalization.

Life With Long-Term Care

Life with long-term care provides an elected amount of life insurance with the ability to access a portion of the amount to pay for long-term care expenses. Under this Chubb program, coverage to help pay for long-term care may be more affordable than you think. There are a variety of options available to tailor a plan that suits your individual needs. During enrollment, navigate to getltci.com/veolia to learn more, run a no-obligation quote and enroll online.

Veolia North America 401(k) Savings Plan

The 401(k) Savings Plan through Fidelity allows you to save for your future. As long as you are 18 or older and your union is eligible for the plan, as a new hire, you will be automatically enrolled at 3% of pay 45 days after your hire date. Those pre-tax deductions will be deposited into 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 4% of your eligible compensation, Veolia will contribute \$1 to your account, and for every \$1 you contribute of the next 2% 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.



Additional Benefits

Veolia knows every family is different, so we offer additional benefit options to make sure you have the protection you need, as well as additional opportunities to save.

Identity Theft Protection

Veolia aims to provide protection and peace of mind related to your confidential information. That's why we offer a combination of preventive monitoring and ID theft restoration.

Allstate Identity Protection (formerly InfoArmor) provides an affordable plan that offers protection, assistance, ongoing monitoring and an annual report from all three credit bureaus. You can enroll online and purchase coverage for yourself, as well as your spouse/same-gender domestic partner, children and others in your household (including your college students, and even parents). Identity theft protection is a post-tax benefit, and premiums will be deducted from your paycheck.

CommonBond Student Loans

Repaying your student loans is a step toward better financial well-being. CommonBond helps you properly evaluate your current federal and/or private student loan, including whether it's appropriate to consider refinancing or consolidating. Visit cbpartner.co/veolia for the information you'll need to get started (plus a \$200 cash bonus*).

Voluntary Group Legal Plan

Veolia offers group legal coverage through MetLife Legal. The plan covers face-to-face or phone consultations with an attorney for an array of legal services, including:

- » Wills, powers of attorney and trusts,
- » Traffic matters,
- » Review or preparation of legal documents,
- » Divorce,
- » Name change,
- » Adoptions,
- » Child support,
- » Real estate matters, and
- » Tax audits.

Two plan options are available; Standard plan that covers you, your spouse and dependents and the Plus Parent plan that is in addition to the Standard plan and covers parents and/or parents-in-law.

The cost for this coverage will be deducted from each paycheck. For more information, visit legalplans.com or call 1-800-821-6400.

Parking and Transit Benefits

Veolia offers pre-tax parking and transit benefits through ConnectYourCare/Optum Financial, allowing you to purchase your commuter transit and/or parking passes and pay for it as a pre-tax deduction from your paycheck up to the IRS limit. ConnectYourCare/Optum Financial offers a self-service online portal to help simplify the ordering process from hundreds of vendors. For more information, visit ConnectYourCare/Optum Financial's website at connectyourcare.com/veolianorthamerica.

>> Visit the employee discount website

To access amazing employee discounts, including:

- » **Pet insurance** (visit embracepetinsurance.com/Partners/VeoliaNorthAmerica for more information),
- » **Travel perks**, and
- » **Movie tickets!**

Navigate to our site at veoliadiscounts.benefithub.com.

For more details, navigate to YourVeoliaBenefits.com > **Other Benefits** > **Your Veolia Discount Market Place**



*\$200 will be credited to your PayPal account or mailed to you by check to the postal address in your loan application within six weeks of loan funding. Lending decisions are not impacted in any way by participation in this offer. Offer is non-transferable. No substitutions. Limit one offer per loan.

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.



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 of Illinois	bcbsil.com	1-800-995-0582	
UnitedHealthcare	myuhc.com	1-866-747-1020	
Kaiser Permanente (for California employees only)	kp.org	1-800-464-4000	
Hinge Health	hingehealth.com	1-855-902-2777	
Omada	omadahealth.com	1-888-987-8337	
Medical Virtual Visits			
BlueCross BlueShield of Illinois (MDLIVE)	mdlive.com/bcbsil	1-888-676-4204	
UnitedHealthcare	myuhc.com	UHC 1-866-747-1020 AmWell 1-844-SEE-DOCS Dr. On Demand 1-800-997-6196	
Health Savings Account (HSA)			
Fidelity	netbenefits.com	1-800-835-5095	
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	

Benefit	Website	Phone Number	App Accessible
Flexible Spending Account (FSA) and Parking/Transit			
Optum Financial	myoptumfinancial.com/ veolianorthamerica	1-844-609-1806	
Short-Term Disability, Long-Term Disability and Family/Medical Leave			
Lincoln Financial	mylincolnportal.com	1-844-247-4446	
Life and AD&D Insurance			
MetLife		1-800-438-6388	
Employee Assistance Program			
Magellan Health	magellanhealth.com/member	1-800-324-8914	
401(k) Plan			
Fidelity	netbenefits.com	1-800-835-5095	
Group Legal			
MetLife Legal	metlife.com/insurance/legal-plans	1-800-821-6400	
Identity Theft Protection			
Allstate Identity Protection	myAIP.com	1-800-789-2720	
Accident, Critical Illness and Hospital Indemnity			
Aflac	aflacgroupinsurance.com	1-800-433-3036	
Long-Term Care			
Chubb	getltci.com/veolia	1-844-733-0283	
Student Loan Assistance			
CommonBond	cbpartner.co/veolia	1-800-975-7812	
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 2023. (This is known as “creditable coverage.”)

Why this is important: If you or a covered dependent are enrolled in any prescription drug coverage during 2023 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 2022
Sender: Veolia North America, LLC
Contact: Benefits Manager 53 State
53 State Street, 14th Floor
Boston, MA 02109

35288342v.1

Resourcing the world

Veolia North America

53 State Street

14th Floor

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 2023 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.