

# it's time to choose your 2024 benefits!



**Annual Enrollment period:  
Wednesday, October 11 through Wednesday, October 25, 2023**

## **Take action!**

**Make sure you have the coverage you need to care for yourself  
and your eligible family members next year.**

# welcome to 2024 annual enrollment

**A**nnual Enrollment is your once-a-year opportunity to review your current benefits and enroll in or change your coverage for the following year. The elections you make will take effect January 1 and will generally stay in effect through December 31, 2024, unless you experience a Qualifying Life Event.\*

This guide provides a high-level overview of what you need to know for Annual Enrollment. All the details you need to understand your benefits are on the **Benefits4MeInfo** website. Your personalized information and the enrollment website can be found on **Benefits4MeEnroll**. See page 3 for a look at these two websites.

**Annual Enrollment begins Wednesday, October 11, and runs through Wednesday, October 25, 2023.**

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*\* A Qualifying Life Event (QLE) is a change that affects your or a dependent's benefits eligibility. When you experience a QLE, you're allowed to make certain changes to your current benefits. Any change in benefits must be consistent with the QLE. For example, if you get married, you may add your spouse (and any eligible dependent children) to your medical plan or cancel your medical coverage to join your spouse's medical plan.*

*This document is an overview of the Benefits4Me Program. It provides a summary of recent changes to benefits and is treated as a summary of material modifications under the Employee Retirement Income Security Act (ERISA).*

*In many cases, more details about what's covered by the company's plans are provided by plan documents, summary plan descriptions (SPDs), and Summaries of Benefits and Coverage (SBCs), which take precedence over the summary versions provided in this guide. The SPDs and SBCs can be found on the benefits enrollment website, [benefits4meenroll.com](https://benefits4meenroll.com). In addition, you may have a hard copy mailed to an address of your choosing, free of charge, by calling the Benefits4Me Program Service Center at 1-844-279-7894.*



## what you need to do:

### ☐ **Prepare to make your elections:**

- Read this guide for enrollment-specific information.
- Visit our virtual benefits fair: Ben Con (see the box here).
- Visit **Benefits4MeInfo** for details on all the company benefits available to you (see page 3).

### ☐ **Get help when you need it:**

- Contact your Accolade Health Assistant for free, confidential assistance with any questions you have about your benefits (see page 4).

### ☐ **Log in to Benefits4MeEnroll between October 11 and 25:**

- The system will walk you through the decisions you need to make to enroll in your 2024 benefits.
- When you enroll, you'll be asked how you prefer to receive benefits information in the future. We encourage you to consider email rather than home mailing in support of our efforts to "go green."
- Use the **MyChoice™ Recommendation Engine** for help comparing your options and choosing your benefits (see page 4).
- If you need password assistance, call the **Benefits4Me Program Service Center** at **1-844-279-7894**.

### ☐ **Review and update (if needed) your beneficiary information:**

- For life and AD&D coverage, go to **Benefits4MeEnroll**
- For the 401(k) Savings and Investment Plan and your Health Savings Account, go to **netbenefits.com**.

### ☐ **Take action after Annual Enrollment ends:**

- Look for an email notification that your 2024 enrollment summary is ready for review, and follow the steps to verify your elections are accurate and take additional actions, if needed.

## check out Ben Con!

We invite you and your family to our online, virtual benefits fair, Ben Con, where you will learn more about your 2024 benefits.

You'll find information about what's changing and can connect with the companies that administer our benefits to get answers to all your questions.

You'll find links to Ben Con on **Benefits4MeInfo** and **Benefits4MeEnroll** (see page 3).





## important information about covering family members

- Be sure you only cover family members who meet the eligibility rules, which can be found on the **Benefits4MeInfo** website.
- During Annual Enrollment, review your dependents and update their personal information, if needed, on **Benefits4MeEnroll**.
- Be prepared to provide information about family members you are enrolling for the first time, including:
  - Social Security numbers; and
  - Certain documents, such as a marriage license or birth certificate, to verify the eligibility of any newly added dependents. **If this documentation is not provided within 30 days of the date you submit your enrollment, your new dependent will not have coverage.**

Scan this code or visit [benefits4meinfo.com/who-is-eligible/](https://benefits4meinfo.com/who-is-eligible/)



First time visiting the site from your phone? Choose your company and when you get to the homepage, close your browser. Scan the code again and it will take you to the page you need.

## what happens if you don't enroll

If you don't enroll between October 11 and October 25, your current coverage will carry over to 2024, with a few exceptions:

- You must re-enroll in a Flexible Spending Account (FSA) and choose your contribution amount to participate (\$100 minimum). If you do **not** actively enroll, you will not contribute to an FSA in 2024. (**Note:** *If you have a balance in your Health Care FSA or Limited Purpose Health Care FSA rolling over to 2024, and you choose not to re-enroll in the FSA in 2024, you will have access to your balance in April or May, but cannot use your debit card.*)
- Your Health Savings Account (HSA) contribution rate will stay the same and will not increase to the new IRS limit (see page 10). You can change the amount you contribute to the HSA at any time during the year.

**Many of our benefits are "locked in" for the year, meaning you won't be able to change these elections again until next year's Annual Enrollment for your 2025 coverage. (The only exception is if you experience a Qualifying Life Event.)**

# resources for annual enrollment and throughout the year

## two websites with one goal:

Our **Benefits4Me** websites are available year-round to help you manage and make the most of your benefits. Both sites are available from any device with an internet connection, 24 hours a day, seven days a week.

### benefits4Meinfo.com

#### Your one-stop-shop for benefits details

Visit the site and share it with your covered dependents to:

- Link to Ben Con, beginning September 27
- Find the details on all the benefits available to you, how they work, and how to get the most from your coverage
- Read convenient benefits headlines to stay up to date
- Find out more about what Accolade can do for you
- Learn about your health care benefits: who is eligible for coverage, a glossary of health care terms, and Health Benefits 101 tips for how to be a better health care consumer
- Take a look at the benefits and programs that support our focus on Diversity, Equity & Inclusion
- Review the types of leaves of absence available, how to initiate a leave, and the types of accommodations available upon return
- Check out the financial wellness programs available to help you manage your finances, save money, and plan for the future
- Prepare to retire with information on timing and health care coverage
- Download forms and publications
- Contact carriers and vendors
- So much more!



### benefits4Meenroll.com

#### For personalized transactions and enrollment

Enter your username and password to:

- Link to Ben Con, beginning September 27
- Enroll in your benefits during Annual Enrollment
- Make changes during the year if you experience a Qualifying Life Event
- Manage your Health Care and/or Dependent Care Flexible Spending Accounts
- Take advantage of Transit Benefits to save money on the costs of commuting
- Review and update beneficiary information for your life insurance coverage
- Check your home address to avoid delays in receiving medical ID cards and other important benefits information—if needed, you can change your information on HR4You in your Employee Profile; **Benefits4MeEnroll** will be updated automatically when you make a change
- Download forms and legally required publications
- Get the support you need when you need it:
  - Let the MyChoice® Recommendation Engine help you choose your benefits when you enroll
  - Ask Sofia<sup>SM</sup>, your virtual benefits assistant, general benefits questions and where to find information; she'll connect you with a live person if she can't answer your question



### A Company-Specific Experience

The first time you visit **Benefits4MeInfo**, you'll choose your company so the site can tailor the information you see. Next time you log in, you'll skip this step. And, after your first visit, you'll be able to use the QR codes in this guide to visit specific pages within the site.

### Prefer to Use Your Tablet or Phone?

The MyChoice® Mobile App lets you upload documents, view coverage information, submit claims for reimbursement, change your benefits, and more. Search and download the app from the App Store or Google Play, and log in using your **Benefits4MeEnroll** credentials to get started.



## Accolade: hands-on, personalized, and confidential support

Whether you have questions during Annual Enrollment about your options or how to choose your benefits, or you need help throughout the year with making appointments, understanding your coverage, or reviewing your bills, Accolade can help!



- Call **1-866-852-3410** Monday through Friday, 8 a.m. to 11 p.m., EST. This number is also on your BCBS medical ID card.
- Send a secure message through the online portal at [member.accolade.com](https://member.accolade.com) or through the Accolade mobile app. Text **49P9** to **67793** to download the app (message and data charges may apply), or search for Accolade Mobile in the App Store or Google Play.

### Confidentiality

Because Accolade is independent of the company and our benefit plan providers, your Accolade Health Assistant is in the right position to give you and your family objective, confidential assistance. Working in partnership with a team of clinicians and benefits specialists, your Health Assistant will support you in making the best health care decisions possible.

## lean on the MyChoice™ recommendation engine

If you could use a little help deciding which medical plan option is best for you, turn to the MyChoice Recommendation Engine on **Benefits4MeEnroll**. Available at no cost to you, the engine will help you sort through things like paycheck contributions and the costs you may incur throughout the year. It will recommend which options seem to make the most sense. In the end, the decision is always yours, but the MyChoice Recommendation Engine makes it easier to ensure that your decision is a smart one.

To get started, simply begin your enrollment on **Benefits4MeEnroll** between October 11 and 25, and when prompted choose the option for MyChoice.




# what's new for 2024

## virtual health care will be **free** beginning in 2024

If you enroll in a company medical plan through Blue Cross Blue Shield of Massachusetts (BCBS), you have access to virtual care through Firefly Health, Carbon Health, and Well Connection. Beginning January 1, 2024, when you use these virtual care providers, **virtual primary care, urgent care, and mental health care will be free!** That's health care available from your phone, anywhere, anytime, and it won't cost you a dime.

If these services refer you to other providers for care or if you seek in-person care through Carbon Health, you will incur costs.

To create your account or schedule an appointment, visit the MyBlue app or [member.bluecrossma.com](https://member.bluecrossma.com).



Scan this code to visit MyBlue or enter [member.bluecrossma.com/login](https://member.bluecrossma.com/login) into your browser

You can also download the MyBlue app, available on the App Store and Google Play.

## consumer choice plan deductibles are increasing

The IRS has increased the minimum deductible and out-of-pocket maximum amounts for high deductible plans, like our Consumer Choice Plan. The annual deductibles are the amounts you pay for covered health care services (other than preventive services) before the plan begins to pay. The out-of-pocket maximums define the maximum amount you must pay in a calendar year for certain eligible expenses. The out-of-pocket maximum protects you from unbearable financial burdens by capping the total amount you will have to spend on your health care each year.

Our annual deductibles and out-of-pocket maximums are increasing to:

Coverage	Deductibles	Out-of-Pocket Maximums
	In-Network/Out-of-Network	In-Network/Out-of-Network
Individual	\$1,600/\$3,200	\$3,200/\$6,400
Family	\$3,200/\$6,400	\$6,400/\$12,800

## Medical plan rates are increasing

Health care costs continue to rise due to factors like inflation, labor shortages in the health care sector, and increased utilization. As a result, our Medical Plan premiums are increasing slightly for 2024. See [page 8](#) for a look at the bi-weekly rates for coverage.

## up to \$20,000 lifetime benefit to freeze eggs

Employees and dependents looking to take advantage of our company's family planning benefits will have access to improved fertility coverage. We are increasing our cryopreservation—or egg freezing—lifetime benefit to \$20,000.

## new opportunity to save money on expensive prescriptions

If you are enrolled in either the Core Plan or Buy-Up Plan and you or a covered dependent needs certain high-cost medications, you will have access to PillarRx, a specialty copay assistance program that can help reduce—or in some cases even eliminate—your out-of-pocket costs for expensive drugs. If you take a prescription that qualifies for this program, PillarRx will contact you.



## save More in 2024 with a health savings account and/or health care flexible spending account

Since you contribute pre-tax money to these accounts, and therefore lower your taxable income, the IRS publishes limits each year that cap how much you can save. For 2024, the IRS has increased the contribution limits:

Health Savings Account	Health Care Flexible Spending Account and Limited Purpose Health Care Flexible Spending Account
<p><b>\$4,150 for employee only coverage</b></p> <p><b>\$8,300 for family coverage</b></p> <p>If you are or will turn age 55 in 2024 you can save an extra \$1,000 to help you prepare for retirement.</p>	<p><b>\$3,200*</b></p> <p>The IRS also limits how much unspent balance you can carry over from 2024 to 2025: \$640*</p>

See page 10 for more information on the Health Saving Account and page 11 for more information on the Flexible Spending Accounts.

*\* These amounts are projections at this point. The IRS has not announced the limits for 2024 yet.*

## new, enhanced wellness program

We're pleased to announce that our new wellness program through Sharecare will begin January 1, 2024. Our current incentive program expires on September 30, 2023. That means from October 1 through December 31, 2023, there will be a transition period when you cannot earn wellness incentives. However, you'll continue to have access to all the same content and resources from our current program through the end of the year.

Look for more information about our new program coming soon.



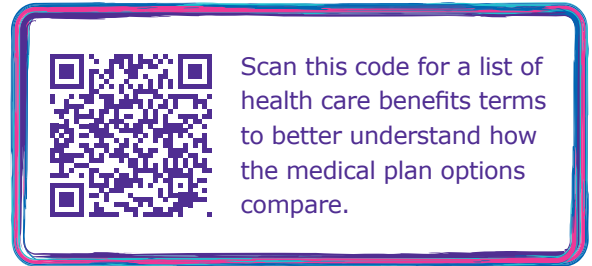


# Overview of your benefits

## Health and insurance benefits

The following benefits are locked in throughout the year. Unless you experience a Qualifying Life Event, Annual Enrollment is your only opportunity to review your coverage and enroll or make changes for the upcoming year.

The following information highlights key features of these benefits. The full details are available on the **Benefits4MeInfo** website.



### Medical and Prescription Drug Coverage

You continue to have access to three medical plans administered by Blue Cross Blue Shield of Massachusetts (BCBS): the Core Plan, Buy-Up Plan, and Consumer Choice Plan.\* Generally, these plans cover the same services, including free in-network preventive care, prescription drug coverage through Express Scripts, and 100% coverage for EMD Sero drugs marketed in the U.S.

The differences between the options are in the total annual costs you may pay (per-pay-period rates + deductibles, copays, and coinsurance) and the account available to help you save money.

	Core Plan	Buy-Up Plan	Consumer Choice Plan
<b>Per-pay-period rates</b>	\$\$	\$\$\$	\$
<b>Annual deductibles and out-of-pocket maximums</b>	\$\$	\$	\$\$\$
<b>Costs for an office visit</b>	Flat copay (deductibles don't apply)	Flat copay (deductibles don't apply)	Once you meet the annual deductible, cost varies based on the provider's fees
<b>Coinsurance</b> <i>(percentage of the cost you pay when the plan begins to pay benefits)</i>	\$\$ (typically 20% for in-network care)	\$ (typically 10% for in-network care)	\$ (typically 10% for in-network care)
<b>Maximum you could pay in a year</b>	\$\$	\$	\$\$\$
<b>Account to help you save</b>	Health Care Flexible Spending Account	Health Care Flexible Spending Account	Health Savings Account and Limited Purpose Health Care Flexible Spending Account
<b>Company contribution to your account</b>	N/A	N/A	The company will contribute to your Health Savings Account: <b>\$500</b> for Employee-Only coverage <b>\$1,000</b> for all other coverage levels

\* If you live in California, you also have access to a Kaiser HMO. Visit **Benefits4MeInfo** for details.



## CHOOSING YOUR PLAN

You and the company share the cost for medical and prescription drug coverage, with the company paying the majority. Annual Enrollment is your opportunity to take control of the amount you'll pay throughout the year. Choose the coverage that best fits your needs and budget and provides the protection you need, by:

- Weighing the cost of coverage against the care you think you'll need in 2024 and know there are safeguards in place with all of our options in case you need more care than you anticipated.
- Considering ways to control your costs throughout the year, like a Health Savings Account (see page 10) or Health Care Flexible Spending Account (see page 11) and enrolling in Voluntary Accident, Critical Illness, and/or Hospital Indemnity Insurance (see page 13), which pay a cash benefit in certain health care situations. For complete details on these programs, visit [Benefits4MeInfo](#).

**Remember:** The MyChoice Recommendation Engine can help you choose which medical plan option seems to make the most sense for you.

Visit [Benefits4MeInfo](#) for a comprehensive look at how your medical plan options compare and tips to make the most of your benefits.

## BI-WEEKLY RATES FOR COVERAGE

The rates below show the cost you will pay for medical and prescription drug coverage per bi-weekly pay period.

Coverage Level	Core Plan	Buy-Up Plan	Consumer Choice Plan	Kaiser Plan (California only)
Employee Only	\$76.05	\$127.19	\$44.77	\$59.47
Employee + Spouse/ Domestic Partner	\$165.48	\$279.17	\$97.80	\$130.81
Employee + Child(ren)	\$133.58	\$226.42	\$77.70	\$107.13
Employee + Family	\$223.58	\$378.40	\$130.69	\$178.38

## EMD SERONO DRUGS Marketed in the U.S. ARE COVERED AT 100%

If you have coverage through the Core or Buy-Up Plans, you will not pay a copay when your doctor prescribes a Serono drug.

If you have coverage through the Consumer Choice Plan, there will be no coinsurance after the applicable deductible has been met.

**Note:** This information does not apply to the Kaiser medical plan.

## GOOD TO KNOW!

- You have three medical plans to choose from, all with free in-network preventive care and prescription drug coverage (four if you live in California).
- Coverage comes with Accolade support (see page 4).
- When you enroll in BCBS medical coverage, you can be reimbursed for some of the costs of fitness, weight loss, and child-birth classes.\*
- BCBS coverage also comes with comprehensive fertility benefits.\*
- All employees are eligible for financial support for adoption and surrogacy.



\* These programs and benefits are specific to BCBS medical coverage and do not apply to Kaiser



## Dental Coverage

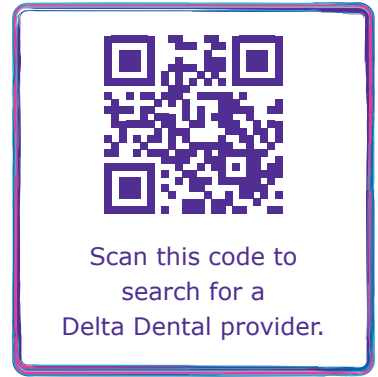
You can choose between the Core Plan and the Consumer Choice Plan, which are administered by Delta Dental of Massachusetts.

The plans cover the same services but differ in:

- The maximum coverage amounts each calendar year
- How orthodontics and basic restorative services are covered

Benefits are the same for in-network and out-of-network providers, but in-network dentists will generally cost you less because they have agreed to charge our employees a special negotiated rate. In addition, in-network dentists will submit claims for you, so you don't need to worry about any paperwork. For a complete list of Delta Dental providers, visit Delta Dental.

Visit [Benefits4MeInfo](#) for a comprehensive look at how coverage works.



### BI-WEEKLY RATES FOR COVERAGE

You and the company share in the cost for dental coverage, with the company paying the majority. The rates here show the cost you will pay for dental coverage per bi-weekly pay period.

Coverage Level	Dental Core Plan	Dental Consumer Choice Plan
Employee Only	\$8.70	\$1.29
Employee + Spouse/ Domestic Partner	\$19.14	\$2.84
Employee + Child(ren)	\$15.66	\$2.33
Employee + Family	\$26.10	\$3.87

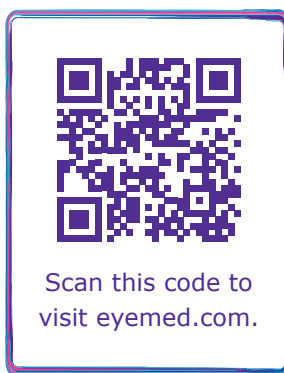
## Vision Coverage

To save on vision care expenses, consider enrolling in the EyeMed Vision Plan. EyeMed offers you the freedom to see the provider of your choice, but the opportunity to save more money when you use an EyeMed in-network provider. For a complete list of providers and retail outlets, log on to [eyemed.com](#).

Visit [Benefits4MeInfo](#) for a comprehensive look at how coverage works.

**good to know!**

Dental and vision coverage both come with discounts for items like electric toothbrushes and hearing aids. Visit [BenefitsforMeInfo](#) for details.



### BI-WEEKLY RATES FOR COVERAGE

You and the company share in the cost for vision coverage, with the company paying the majority. The rates below show the cost you will pay for vision coverage per bi-weekly pay period.

Coverage Level	Cost
Employee Only	\$2.75
Employee + Spouse/ Domestic Partner	\$5.22
Employee + Child(ren)	\$6.32
Employee + Family	\$7.77



## Health Savings Account (HSA)

If you're enrolled in the Consumer Choice Plan, you have access to an HSA. Use this account to help pay for eligible health care expenses with pre-tax dollars.

In addition, the company will make a contribution to your HSA, with the amount depending on whether you cover only yourself (\$500) or also dependents (\$1,000). Contributions will be made after the first pay period of January 2024, so the full amount is available for you to use as soon as possible.

### PRE-TAX CONTRIBUTIONS

Contributing to your account before your taxes are calculated means you will pay less in taxes and may increase your take-home pay. You can start, stop, or change the amount of your HSA contributions at any time. You must ensure you do not exceed the IRS annual limit, which includes any contributions you make as well as the amount the company contributes to your account.

The IRS has increased the annual contribution limits, so you can save more in 2024. The maximum amounts that can be contributed to your account (including your contributions and the company's contribution to your account) are:

- \$4,150 for Employee Only coverage
- \$8,300 for all other coverage levels

If you are currently enrolled in the HSA and making your own contributions to it, your current contribution election will automatically continue for 2024. If you currently contribute the maximum amount allowed in 2023, remember the IRS has increased the limit for 2024. Consider increasing your contribution during Annual Enrollment to save more. Visit **Benefits4MeEnroll** to change your contribution amount at any time throughout the year.

### INVESTING YOUR HSA BALANCE

You can use your HSA balance to pay for eligible expenses you have now and/or save and invest—tax-free—for eligible expenses you may incur in the future. Visit **netbenefits.com** to view your HSA balance and the available investment fund options.

## the HSA offers triple tax savings

You can contribute pre-tax, earn tax-free interest on investments, and make tax-free withdrawals for qualified health care costs.



## good to know!

- Your account is yours forever, even if you leave the company.
- The company will contribute \$500 or \$1,000 to your account.
- You can invest to help your account grow (though all investments come with risk).
- Use your balance to pay eligible expenses in 2024 or save it for the future, even in retirement.
- You can start, stop, or change your contributions any time during the year.



## Flexible Spending Accounts (FSAs)

FSAs are a great way to use pre-tax dollars to pay for eligible health care and/or dependent care expenses. As long as you use your FSA for eligible expenses, you are never taxed on the money you contribute. The company offers three types of FSAs, all administered by MyChoice Accounts, sponsored by Businessolver:

Health Care FSAs		Dependent Care FSA
Use these accounts to pay for eligible health care expenses. Eligibility varies based on the medical plan you enroll in.		Use this account to pay for eligible dependent care expenses.
<b>Health Care FSA</b> Can be used to pay eligible medical, prescription, dental, and vision costs. It's not available if you enroll in a Health Savings Account.	<b>Limited Purpose Health Care FSA</b> Can be used to pay eligible dental and vision costs. It's only available if you enroll in a high deductible health plan (as defined by the IRS) and a Health Savings Account.	<b>Notes:</b> <ul style="list-style-type: none"><li>• This account cannot be used to pay a dependent's health care expenses.</li><li>• Any unspent amount at the end of 2024 will be forfeited. You cannot carry over a balance to 2025.</li></ul>
Amount unspent in 2024 that can be carried over to 2025: \$640 (projected limit) <b>Note:</b> Any unspent amount up to \$610 that you carry over from 2023 to 2024 will be available for use in April or May, giving you time to continue to submit expenses incurred in 2023 by March 31, 2024.		

### HOW THESE ACCOUNTS WORK

Each year, you choose how much you'd like to contribute to an FSA (with a minimum of \$100 and maximum up to the IRS limits). The amount you elect is deducted in installments, pre-tax, from each of your paychecks.

- For health care expenses, the IRS has increased the annual contribution limits, so you can save up to \$3,200 (projected limit) in 2024.
- For dependent care expenses, you can save up to \$5,000. **Note:** If your salary is \$150,000 or more in 2024, you can contribute up to \$3,500 to the Dependent Care FSA.

When you have an eligible expense:

- For health care expenses, you can either use your Health Care FSA debit card or pay the expense and request reimbursement.
- For dependent care expenses, you must pay the expense and request reimbursement.

**Note:** It's a good idea to keep all your health care receipts you are submitting for reimbursement because the IRS requires documentation of these expenses.

Visit the **Benefits4MeInfo** website for complete details on how these accounts work, a look at how the HSA and Health Care FSAs compare, and more.

### good to know!

- Contributing to an FSA lowers your taxable income, which means you pay less in taxes.
- Claims incurred in the 2024 plan year must be submitted for reimbursement by March 31, 2025.
- Health Care FSAs allow you to carry over up to \$640 (projected limit) at the end of 2024 to use in 2025.
- Dependent Care FSA does not allow any carry over. Any unspent balance at the end of the year will be forfeited.
- You can only make contribution decisions during Annual Enrollment or if you experience a Qualifying Life Event.
- If you use a Health Care FSA in 2023 and have an unused balance to carry over at the end of that year, and you newly enroll in the Consumer Choice Plan with HSA for 2024, the company will place your Health Care FSA carryover amount in a Limited Purpose Health Care FSA on your behalf, to use for dental and vision expenses.



## Life, AD&D, and Disability Coverage

The company automatically provides you with the following protection at no cost to you:

- **Basic Life Insurance**, with a coverage amount equal to two times (2x) your benefits base pay, rounded to the nearest \$1,000.\*
- **Basic Accidental Death and Dismemberment (AD&D) Insurance**, in the same amount as Basic Life Insurance. This pays a benefit in the event of your accidental death or if you suffer certain serious injuries.
- **Short-Term Disability (STD) coverage**. When you have an approved disability claim, this coverage continues your pay for up to 26 weeks if you can't work because you are disabled due to an eligible illness, non-work-related injury, or you are having a baby. Upon an approved disability claim, you will receive:
  - 100% of your base salary for the first 13 weeks of leave; and
  - 70% of your base salary for the next 13 weeks of leave.
- **Employer-Paid Basic Long-Term Disability (LTD) coverage**. If you continue to have an approved disability claim past the time covered by your STD coverage (26 weeks), LTD continues up to 60% of your benefits base pay, up to a maximum monthly benefit of \$15,000.\*\*

**Benefits base pay (also called benefit pay) is your annual base pay as of October, plus 12 months' prior commissions, if any.**

## please note

Any increase in life insurance coverage for yourself or your spouse/domestic partner requires you to submit EOI (Evidence of Insurability, or proof of good health) for approval before the new coverage takes effect.

If you wish, you may purchase the following additional forms of protection:

- **Employee Supplemental Life Insurance** in an amount equal to one to eight times your benefit pay, rounded to the nearest \$1,000. You pay for this coverage through after-tax payroll deductions. The combined amount of your Basic and Supplemental Life Insurance may not exceed \$2,000,000.
- **Life insurance** for your eligible **spouse/domestic partner and children**.
- **Supplemental AD&D coverage for you and your family** in increments of \$10,000, up to a total of eight times your benefit pay or \$2,000,000, whichever is less. Paid for through after-tax payroll deductions.
- **Buy-Up LTD coverage**. If your benefits base pay does not exceed \$300,000 annually, you may increase your LTD coverage to 66⅔% of your annual benefits base pay by purchasing Buy-Up LTD coverage. You pay for the cost of this coverage on an after-tax basis.

Visit the **Benefits4MeInfo** website for complete details on life and AD&D coverage.

Visit **Benefits4MeEnroll** to use the MyChoice Recommendation Engine to get guidance on the life insurance and disability coverage you may need and to view the costs for 2024 coverage.

\* According to IRS guidelines, the value of any company-provided life insurance amounts over \$50,000 is taxable to you as imputed income. The amount of taxes you'll pay on imputed income will depend on your age and the value of your basic life insurance coverage (reduced by \$50,000). To avoid taxes, you also have the option of electing a reduced amount of Basic Life and AD&D coverage in the amount of \$50,000. If you take advantage of this option, you may no longer purchase supplemental life insurance.

\*\* According to IRS guidelines, the cost of employer-paid LTD coverage will be taxable to you as imputed income. If any future Basic LTD or Buy-Up LTD benefits are paid to you, you won't be taxed when you receive benefits, since you've already paid taxes on the premiums.



## good to know!

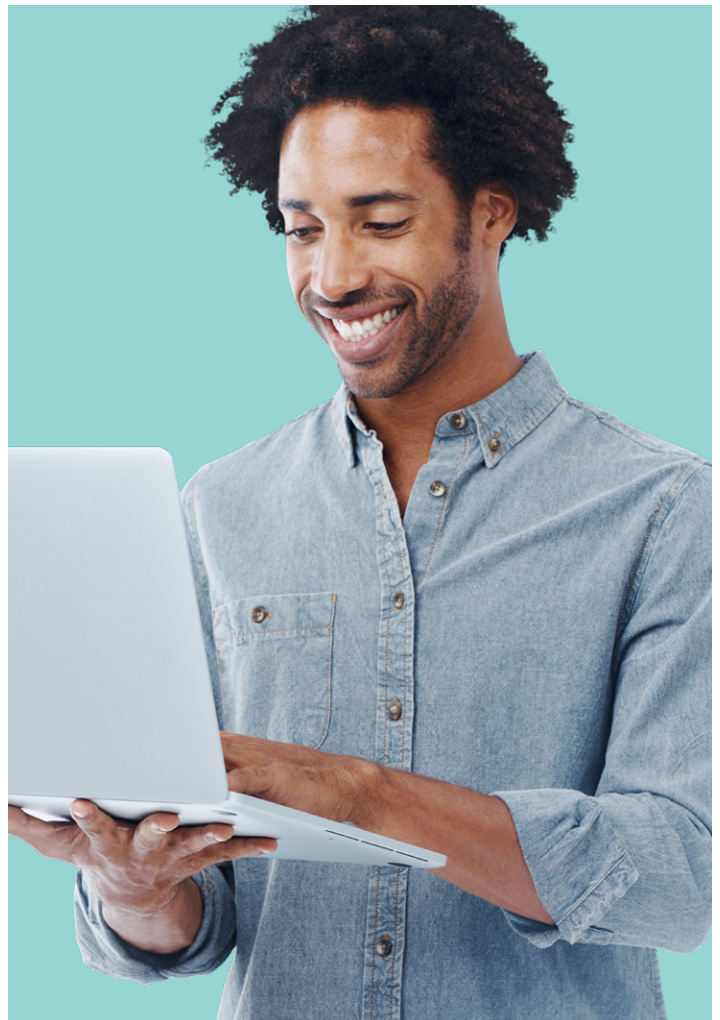
- Company-provided life, AD&D, STD, and LTD coverage begins automatically at no cost to you.
  - You can choose to increase your coverage to safeguard your financial obligations.
  - If your spouse/domestic partner or child works at the company, you cannot cover them.
  - Only one parent at the company should cover any dependent children who are not employed by the company.
  - Under IRS rules, the value of insurance amounts over \$50,000 and the cost of company-provided LTD coverage are taxable to you as imputed income.
- You have the option to choose reduced Basic Life and AD&D Insurance to not incur imputed income. If you choose this reduction, you cannot purchase supplemental life insurance.
  - **Basic Life Insurance comes with a will preparation service.**
  - **The only way to guarantee your benefits are distributed according to your wishes is to keep your beneficiary information up to date on Benefits4MeEnroll.**

## Voluntary Benefits Program

For the following voluntary benefits, you can only enroll or make changes during Annual Enrollment or if you experience a Qualifying Life Event:

- Group Whole Life Insurance with long-term care benefits through Allstate.
- Supplemental health plans from Allstate that pay a cash benefit if you experience an eligible event. These plans are designed to supplement your medical plan coverage (not replace it) and protect you from potentially high costs for care:
  - Hospital Indemnity Insurance if you or a covered family member is hospitalized.
  - Critical Illness Insurance if you or a covered family member is diagnosed with a certain illness, including cancer, heart attack, or stroke.
  - Group Accident Insurance if you or a covered family member is injured in a covered accident, on or off the job.
- Group legal services through MetLife that protect you from the high cost of legal fees.

Visit the **Benefits4MeInfo** website for complete details on our voluntary benefits. Visit **Benefits4MeEnroll** to view the costs for 2024 coverage and enroll.



# benefits and programs available throughout the year

While this guide focuses on the benefits that are locked in throughout the year and require you to enroll or make changes during Annual Enrollment, we offer a number of benefits and programs that you can take advantage of during the year whenever you need them. Visit **Benefits4MeInfo** for complete details.

- The **Employee Assistance Program (EAP)** through Comprehensive EAP (CompEAP) offers free, confidential counseling and referral services to you and family members who live with you. Counseling is available for daily challenges, stress, anxiety, grief, addiction, and more. Through the referral services, you can find free legal and financial consultations, day care and elder care consultations and referrals, and referrals for home repairs, moving and relocation services, pet sitters, and more. The EAP can also help with your efforts to get and stay well. You can call the EAP to speak with a live, professional counselor 24 hours a day, 7 days a week. Visit <https://my.compeap.com/o/benefits4me/> or call 1-800-344-1011 to get started.



Scan this code to visit CompEAP.

- The **401(k) Savings Plan** through Fidelity allows you to save for your retirement through convenient payroll deductions. In addition, **the company makes a dollar-for-dollar match on the first 6% of eligible compensation that you contribute to the plan and an additional Retirement Account Contribution of up to 3% of eligible pay.** Visit Fidelity at [netbenefits.com](https://netbenefits.com) for additional information.
- The **Transit Benefits** program, through **Benefits4MeEnroll**, allows you to save money on transportation to and from work.
- Additional Voluntary Benefits, including:
  - **Auto and home insurance discounts** through Farmers or Liberty Mutual
  - **Discount shopping program** through PerkSpot
  - **Identity Protection** through MetLife, powered by Aura
  - **Personal loan program** through Kashable
  - **Pet insurance** through MetLife
  - **Purchasing program** through Purchasing Power
- **Backup and discounted day care** options through Care.com
- Generous **paid time off programs**



Scan this code to visit Fidelity.





# support available when you need it

learn	get help	take action
<ul style="list-style-type: none"><li>• Review benefits information 24/7, without the need to log in</li><li>• Access details for the plans you want to enroll in, including coverage comparisons</li><li>• Access contact information for carriers and vendors</li></ul>	<ul style="list-style-type: none"><li>• Ask questions about how your benefits work</li><li>• Confirm providers are in-network</li><li>• Get help navigating every aspect of your care from scheduling appointments to reviewing your bills</li></ul>	<ul style="list-style-type: none"><li>• Enroll between October 11 and 25, 2023, for your 2024 benefits</li><li>• Get help from the MyChoice Recommendation Engine</li><li>• Submit documentation to verify your dependents</li><li>• Submit evidence of insurability (i.e., proof of good health) for Supplemental or Dependent Life Insurance coverage</li></ul>
Visit <a href="https://Benefits4MeInfo.com">Benefits4MeInfo.com</a>	Call <b>Accolade</b> at 1-866-852-3410, Monday through Friday, 8 a.m. to 11 p.m., EST, or visit <a href="https://member.accolade.com">member.accolade.com</a> , or download the Accolade app	Visit <a href="https://Benefits4MeEnroll.com">Benefits4MeEnroll.com</a> , download the <b>MyChoice app</b> , or call the <b>Benefits4Me Program Service Center</b> at 1-844-279-7894, Monday through Friday between 8 a.m. and 8 p.m. EST



# official plan documents and legal notices

Official plan documents and more details on the legal notices highlighted below can be found on [Benefits4MeInfo](#). You may also contact the [Benefits4Me Program Service Center](#) at 1-844-279-7894 to obtain copies of these important documents.



Scan this code to visit [Benefits4MeInfo](#) for more information on the legal notices

## SUMMARY OF BENEFITS AND COVERAGE

The Summary of Benefits and Coverage (SBC) may be used as a tool to review what is covered on the medical plan. The SBC is a provision of the Patient Protection and Affordable Care Act (PPACA) and is a summary only. More details about your coverage and costs, the complete terms in the policy, or the plan document may be found at the contact information on the back of your medical plan ID card.

## CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

For employees and their families who lose health benefits, COBRA provides the right to choose to continue group health benefits provided by the group health plan for limited periods of time under certain circumstances.

## CHILDREN'S HEALTH INSURANCE PROGRAM NOTICE

The Children's Health Insurance Program (CHIP) provides health coverage to eligible children, through both Medicaid and separate CHIP programs. CHIP is administered by states and funded jointly by states and the federal government to provides premium assistance.

## MEDICARE PART D CREDITABLE COVERAGE NOTICE

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.

The company has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

*Every effort has been made to ensure that the information in this guide is accurate. If, however, there is any discrepancy between this guide and the SPDs, plan documents, and/or any company policy, the applicable SPD, plan document, or company policy shall govern. To the extent that there is a discrepancy between a company policy and an SPD or plan document, the SPD or plan document shall govern. If necessary, the SPDs and the policies will be updated to reflect the benefits described in this guide.*

*The provision of benefits does not guarantee continued employment. The company reserves the right to change, amend, or discontinue benefits at any time.*

## HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how individual's health information is protected, rules for use, and disclosure as permitted under HIPAA.

## WELLNESS PROGRAM DISCLOSURE

Our company wellness program is a voluntary wellness program. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act of 1996, as applicable, among others.

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA)

The health plan may not restrict benefits for a hospital stay to less than 48 to 96 hours based on type of delivery as required by the law.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

The health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides coverage for reconstructive surgery following a mastectomy.

## PREGNANT WORKERS FAIRNESS ACT

The Pregnant Workers Fairness Act expressly forbids discrimination against employees due to pregnancy or conditions related to pregnancy. The act also requires the company to provide "reasonable accommodations" to an employee who is pregnant or has a condition related to pregnancy.



# Take action!

Make sure you have the coverage you need to care for yourself and your eligible family members next year.



