Your 2021 Benefits

We’ve got you covered. Because we care

A Mini Guide To Your Enrollment

How to Enroll

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Conifer Health Solutions

Prescription Coverage

Health Savings Account (HSA)

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We’ve got you covered. Because we care.

Luminis Health really does care about you. Hey, we’re people, too! We also know that we are all only successful when our employees are as safe, healthy, and financially sound as possible. That’s why we offer you a comprehensive benefits program that emphasizes wellness, financial security, and a positive lifestyle.

What’s All The Fuss About Benefits?
You may ask, why are benefits important? Because in life, “stuff” happens. Sometimes it’s good stuff: marriage, birth, adoption, retirement. Sometimes it’s not: unexpected death, illness, injury, divorce. In any event, it can be costly, especially when you aren’t prepared. Benefits help ensure you are ready and have financial resources when you need them.

What To Expect In This Enrollment Guide
Hey, we get it. Discussions about benefits can get complicated. All those charts and details! We have to give you those, but we will also explain in simple language what the benefits are—and why they’re important. That way you can make educated decisions about the benefits you and your family need. And we’re always available for your questions.
A Mini-Guide To Your Enrollment

Here's a quick guide to the basics about enrolling in your benefits.

Am I Eligible? Of Course!
All regular full-time employees and eligible part-time employees can enroll in benefits. The benefits you elect during Open Enrollment will become effective on July 1, 2021. For new hires, if you elect benefits they will be effective on the first day of the month following or coincident with your hire date.

Eligible Dependents
Eligible employees can enroll themselves and their eligible dependents for benefits during Open Enrollment. Your eligible dependents may include:
- Your legal spouse (same or opposite sex)*
- Your children under age 26**
- Your children over age 26** who are not able to support themselves due to a physical or mental disability

*A spouse is only eligible to be your dependent in Luminis Health's group health plan if the spouse is not entitled to participate in another employer's group health plan.

**An eligible child includes your natural child, adopted child, stepchild, or child for whom you have been appointed legal guardianship by a court of law. Newborns must be enrolled within 31 days of birth to be covered.

What Benefits Can I Enroll In?
All benefits-eligible employees can enroll in the following plans:
- Medical, Dental, Vision
- Health Savings Account (HSA) (if you elect the HDHP medical plan)
- Flexible Spending Accounts (FSAs)
- Voluntary Life and Disability
- Voluntary Accident, Critical Illness, Hospital Indemnity, Universal Life, Pet Insurance, Legal Services, and ID Theft Protection

Important Note:
Verify Your Dependents
It’s very important to verify your dependents, especially spouse and children, so that they will be sure to have coverage. All dependent verification documents are required to be submitted within 7 days of making your elections if you’re a new hire, or by your Open Enrollment deadline.

Acceptable Dependent Documentation includes:
- Spouse: Copy of valid marriage license/certificate and Spousal Verification Form.
- Child: Birth, a birth certificate; Adoption, the adoption court document
- Stepchildren: Copy of child’s birth certificate naming spouse as child’s parent or appropriate court order

Enroll Now: The Truth About Qualifying Life Events/Change in Status
Please be aware that you need to enroll during your official enrollment period because once it closes, you cannot enroll or change your benefit elections until the next annual Open Enrollment—unless you have a qualifying change in status, also known as a Qualifying Life Event (QLE). Those include:
- Marriage
- Divorce
- Birth or adoption of a child
- Death
- A change in your spouse’s employment status
- Loss of other medical coverage

If you do experience a qualified life event, change in status, or become newly eligible, you have 31 days to make changes to your benefit elections and provide proof of event.
Before You Enroll
Once you’re ready to enroll, make it easier for yourself by having all of the information you need at hand for you, your spouse, and any dependents. That includes:
- Social Security numbers
- Dates of birth
- Any required affidavits/certifications
- Contact information:
  ◊ Email: MyLuminisHealthBenefits@winstonbenefits.com
  ◊ Fax: 1-732-722-5485
  ◊ Phone: 1-855-984-5404
  ◊ Upload: MyLuminisHealthBenefits.com

How to Enroll
Here are some tips for a successful, simple, easy enrollment process.

Step 1: Know your needs.
Read the plan information and investigate all your coverage options carefully. Consider your and your family’s benefit needs, today and in the future. You can only make coverage elections during Open Enrollment, unless you have a Qualified Life Event, so make sure they’re the right ones!

Step 2: Gather the required information.
Have what you need at your fingertips, so enrollment goes smoothly. See the list above under “Before You Enroll.”

Step 3: Compare Medical Plans and Insurers.
Use the information in this guide to compare medical plans against your health and financial needs, as well as the needs of your dependents. For example, if you enroll in the HDHP medical plan, think about making contributions to a Health Savings Account (HSA)—to take advantage of tax-savings. Or maybe you want to enroll in one of the Flexible Spending Accounts (FSAs)—where you use pretax dollars for qualified out-of-pocket health care and dependent care expenses.

Step 4: Provide your documents.
Provide the proper and necessary supporting documents for any dependents you are enrolling.

Step 5: Enroll!
Online Benefit Portal: MyLuminisHealthBenefits.com
Phone: 1-855-984-5404
Medical Coverage

Why is Medical Coverage important?
It’s no secret: Medical costs are expensive! An unanticipated illness or injury can devastate a family’s finances. Basic medical care is vital to protect you and your family, especially preventive care that can improve your long term health.

Your Medical Plans
Luminis Health understands and wants to help. Because everyone’s needs are unique, we offer three medical plan options for you to choose from, through CareFirst Administrators using the Luminis Health and CareFirst Blue Choice Network of providers. The plans can cover you and your family and have different options so you can select the one that best meets your needs.

For all the plans:
In-network preventive care is generally covered at 100%, with no deductible. There may be copays or coinsurance for provider visits or medical services. When you access care through Luminis Health providers, your out-of-network costs will be lower. Finally, prescription drug coverage is included in all three medical plans.

The three plans are:
- High Deductible Health Plan (HDHP) with Health Savings Account (HSA) option:
  Services are covered after satisfying the deductible. The deductible is waived on preventive services.
- Network Only Plan: No deductible, and service must be obtained by a network provider.
- PPO Plan: Lower deductible than the HDHP Plan, and there is both in- and out-of-network coverage, although you will pay more for out-of-network.

For the lowest out-of-pocket cost, consider using a Luminis Health provider whenever possible.


A Few Simple Terms to Help Understand Medical Coverage:

Annual Out-of-Pocket Maximum:
The annual Out-of-Pocket Maximum is the maximum amount you will generally be required to pay during the plan year. Deductibles, coinsurance, and copayments apply towards the maximum. Premium payments are not included. Once you reach the out-of-pocket maximum, the plan will begin paying for covered expenses at 100%.

Coinsurance:
This is the amount that is your financial responsibility after the deductible has been met.

Copay (copayment):
A copay or copayment is the set dollar amount you pay for specific medical services, such as office visits.

Deductible:
This is the amount you need to pay under certain plans before benefit payments start.

In-Network:
This refers to a group of doctors, hospitals, and other providers contracted to provide services to covered individuals for less than their usual fees.

Out-of-Network:
This describes a provider or health care facility that is not part of a health plan’s network. Covered individuals usually pay more when using out-of-network providers.
## Plan Year Summary
**July 1, 2021 - June 30, 2022**

<table>
<thead>
<tr>
<th></th>
<th>High Deductible Health Plan</th>
<th>Network Only Plan</th>
<th>PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Deductible</strong></td>
<td>$1,500 Individual $3,000 Family</td>
<td>None</td>
<td>$500 Individual $1,000 Family $1,000 Individual $2,000 Family</td>
</tr>
<tr>
<td><strong>Plan Year Out-of-Pocket Limit</strong></td>
<td>$4,000 Individual $8,000 Family</td>
<td>$3,000 Individual $6,000 Family</td>
<td>$3,500 Individual $7,000 Family $4,500 Individual $11,000 Family</td>
</tr>
<tr>
<td><strong>Hospitalization</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In Network Only</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Inpatient Facility & Services** | LH: 100% BC: 80% | LH: $500 Copay, 90% BC: $1,000 Copay, 80% | LH: $500 Copay, 80% BC: $1,000 Copay, 70% |
| **Inpatient Physician**         | 80%                      | LH: 90% BC: 80%                  | LH: 80% BC: 70% |
| **Skilled Nursing Facility**    | 80%                      | 80%                           | 70%  |

| **Outpatient Services**         | Deductible Applies |
| **Primary Care Physicians/Specialists** | 100% | LH: $40 then 90% BC: $40 then 80% | LH: $40 then 80% BC: $40 then 70% |
| **Routine Physicals - PCP/Specialists** | 100% (ded. waived) | 100%                  | 100%  |
| **Well Child Care**             | 100% (ded. waived) | 100%                  | 100%  |
| **Routine Mammography**         | 100% (ded. waived) | 100%                  | 100%  |
| **Radiology Services and Lab**  | LH: 100% BC: 80% | LH: 90% BC:80%          | LH: 80% BC:70% |
| **Radiology Services: MRI, CT Scan** | LH: $75 Copay, 100% BC: $150 Copay, 80% | LH: $75 Copay, 90% BC: $150 Copay, 80% | LH: $75 Copay, 80% BC: $150 Copay, 70% |
| **Emergency Care**              | Deductible Applies |

| **Sudden & Serious**            | $250 Copay             | $250 Copay then 90% | $250 Copay then 80% $250 Copay then 80% |
| **Non-Emergency - Urgent Care Centers** | 80% | $40 Copay then 80% | $40 Copay then 70% |

| **Luminis Health Pharmacy**     | High Deductible Health Plan | Network Only Plan | PPO Plan |
| **Deductible**                  | Medical Plan Deductible | No Deductible     | No Deductible |
| **Generic/Preferred/Non-Preferred** | 10%/25%/35% | 10%/25%/35% | 10%/25%/35% |

### Retail - Emergent Pharmacy Benefit
Limited to Initial Prescription Only

| **Deductible**                  | Medical Plan Deductible | No Deductible     | No Deductible |
| **Generic/Preferred/Non-Preferred** | 10%/25%/35% | 10%/25%/35% | 10%/25%/35% |

### Retail - Non-Emergent Pharmacy Benefit

| **Deductible**                  | Medical Plan Deductible | $250               | $500          |
| **Generic/Preferred/Non-Preferred** | 10%/25%/35% | 10%/25%/35% | 10%/25%/35% |
| **Out-of-Pocket Limit**         | Combined with Medical | Individual: $3,600 Family: $7,200 | Individual: $3,600 Family: $7,200 |

**LH = Luminis Health Providers**  **BC = BlueChoice Providers**

### Medical – Full-Time Employee Per Pay Cost
(You pay premiums on a pretax basis—no Federal Income, Social Security, or Medicare taxes.)

<table>
<thead>
<tr>
<th><strong>Bi-Weekly Premium</strong></th>
<th>High Deductible Health Plan</th>
<th>Network Only Plan</th>
<th>PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td>$42.13</td>
<td>$77.16</td>
<td>$118.82</td>
</tr>
<tr>
<td><strong>Employee + Spouse</strong></td>
<td>$119.41</td>
<td>$237.37</td>
<td>$365.46</td>
</tr>
<tr>
<td><strong>Employee + Child</strong></td>
<td>$86.34</td>
<td>$158.22</td>
<td>$243.64</td>
</tr>
<tr>
<td><strong>Employee + Children</strong></td>
<td>$131.05</td>
<td>$251.58</td>
<td>$392.41</td>
</tr>
<tr>
<td><strong>Employee + Family</strong></td>
<td>$144.48</td>
<td>$287.25</td>
<td>$442.29</td>
</tr>
</tbody>
</table>

Prescription Coverage

**Why is Prescription Drug Coverage Important?**
We all need prescription drugs from time to time. Whether it’s an antibiotic for a common ailment or regular medication for a chronic condition like high blood pressure, they make our lives healthier and easier. However, they can be costly, especially if needed on a regular basis. Prescription coverage helps pay for those costs so you can just concentrate on staying well.

**How Does the Prescription Coverage Work?**
Prescription coverage is included with each of the three Luminis Health Medical Plans (the deductibles and prescription out-of-pocket maximums are different; coinsurance is the same). Prescription drugs are subject to coinsurance. The plans break prescription drugs into three tiers, Generic, Preferred Brand, and Non-Preferred Brand.

**Luminis Health In-House Pharmacy**
It’s important to note that for the greatest cost savings, you should use the Luminis Health In-House pharmacy. When filling maintenance prescriptions, you must use the Luminis Health In-House pharmacy after the first fill. For your convenience, you may also use Luminis Health Mail Order services for maintenance prescriptions.

**Pharmacy Benefit Manager**
Pharmacy Benefit Dimensions (PBD) is the manager for retail prescriptions. They also manage the pharmacy plan, prior authorizations, retail network, and preferred drug list.

**Prescription Drug Tiers:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic</strong></td>
<td>These are drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non preferred versions (color or flavor may be different). Generic drugs are usually the most cost effective.</td>
</tr>
<tr>
<td><strong>Preferred Brand</strong></td>
<td>These are brand name drugs on the PBD's list of approved drugs. You can access the PBD preferred drug list at pbdrx.com.</td>
</tr>
<tr>
<td><strong>Non Preferred Brand</strong></td>
<td>These are brand name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.</td>
</tr>
</tbody>
</table>

Conifer Health Solutions

Luminis Health knows that managing your health care can be a daunting task. To help you, all medical plan enrollees have two valuable services from Conifer Health Solutions:

- **Personal Health Management:** In this program, a nurse works with you and your health care team to help facilitate the high-quality care you need to improve and maintain your health.
- **Utilization Management (UM):** UM is a carefully considered certification process that ensures members are receiving medically sound and appropriate care for the condition that is being treated, thus helping to ensure the best possible medical outcomes are achieved.
Health Savings Account (HSA)

What’s a Health Savings Account (HSA)?
Simply put, Health Savings Accounts (HSAs) are a way to put aside money to pay for your health care costs during the year. The HSA, administered through HealthEquity, is funded by your pretax contributions. It can be used to pay for costs beyond what medical coverages pay for. You can only open an HSA if you elect to enroll in the High Deductible Health Plan (HDHP) for medical coverage so you can offset the higher deductibles and pay for dental, vision, and other out-of-pocket medical expenses.

For 2021 you can contribute up to $3,600 for individual coverage, or $7,200 for other coverage tiers. If you are 55 or older, you can make an additional “catch-up” contribution of $1,000. You must open an HSA account with HealthEquity in order to make pretax contributions to your HSA.

Wait a Second – There are HSA Eligibility Rules
You are not eligible to use an HSA if you are:
- Covered by another medical plan not designated as a high deductible health plan.
- Enrolled in Medicare, TRICARE, or TRICARE for Life. (If you participated in an HSA before enrolling in Medicare and still have an HSA balance after enrolling in Medicare, you will still be able to withdraw money from your HSA to pay for eligible medical expenses.)
- Covered by any General-Purpose Health Care Flexible Spending Account (FSA) (including a spouse’s General-Purpose Health Care FSA). If your coverage is only through a Limited-Purpose Health Care FSA or post-deductible FSA, you are still eligible.
- Covered by any General-Purpose Health Reimbursement Arrangement (HRA) (including a spouse’s General-Purpose HRA).
- Claimed as a dependent on someone else’s tax return.
- In receipt of Veteran’s Affairs (VA) or Indian Health Services (IHS) benefits for non-preventive medical care prescription drugs in the last three months.

You can obtain more information about HSAs and any eligibility rules at healthequity.com.
Flexible Spending Account (FSA)

What are Flexible Spending Accounts (FSAs)?
Want to save even more on your medical, dental, vision, and dependent care expenses? Flexible Spending Accounts (FSAs) can help. They take advantage of pretax dollars to reduce your payroll tax amount, and they give you a ready source of funds to pay for out-of-pocket expenses that other coverages may not.

How Do FSAs Work?
Our FSAs, administered by HealthEquity, are plans that you contribute to on a pretax basis through payroll deductions. Your taxable income is lowered, and that saves you money. You decide how much to save on an annual basis. You can use the funds in your FSA to pay for eligible out-of-pocket health care and dependent care costs. You can be reimbursed for eligible expenses incurred by you or your eligible dependents, even if the expenses are not covered by your Luminis Health medical plan. For more information on eligible expense, visit www.irs.gov.

Luminis Health offers three types of FSAs:

**General-Purpose Health Care FSA**
You cannot participate in this FSA option if you have a Health Spending Account (HSA). In 2021, you can set aside up to $2,750, pretax per year. You can use dollars for eligible medical, prescription drug, dental, or vision expenses. You will be allowed to carry over a maximum of $550 into the new plan year if it’s available on the last day of the plan year.

**Limited-Purpose Health Care FSA**
This option is to accommodate you if you have a Health Savings Account (HSA) and not eligible to participate in a General-Purpose Health Care FSA. In 2021, you can set aside up to $2,750, pretax per year. You can use dollars ONLY for eligible dental, vision, or out-of-network preventive care expenses. You can pay for these expenses with dollars from either your Limited-Purpose Health Care FSA or your HSA, but not from both for the same service. If you have amounts remaining in your Limited-Purpose Health Care FSA at the end of the plan year, a maximum of $550 will be carried over to a Limited-Purpose Health Care FSA for the next year.

**Dependent Care FSA**
The Dependent Care FSA reimburses you for qualified dependent care expenses. If you’re paying for day care for your child who is under the age of 13, or for a spouse or dependent who is not able to take care of him or herself, you should consider enrolling in a Dependent Care FSA. This account allows you to pay for expenses such as:

- Before- and after-school programs
- Day care (child and adult)
- Nursery school or preschool
- Summer day camp

If you’re single or married and filing a joint tax return, you can contribute up to $5,000 per year into your Dependent Care FSA ($2,500 if married and filing separate federal income tax returns). If the care is in your home, the provider can’t be one of your dependents. On the claim form, you must provide the name, address, and taxpayer identification number of the person performing dependent care services.
**Dental Coverage**

**Why is Dental Coverage Important?**
Brush your teeth! Floss! It’s advice our parents always gave us, but the truth is that oral health is important—and linked to your overall health. In addition to promoting healthy teeth and gums, regular dental check-ups and cleanings are part of a healthy lifestyle and can help detect certain medical conditions before they become serious.

Luminis Health helps you maintain good oral health by offering you two dental plans from CareFirst BlueCross BlueShield. One is a Preferred Provider Organization (PPO) Plan using the CareFirst Preferred Dental Network; the other is an Indemnity Dental plan.

**Advantages of the Plans:**
- **Freedom of choice:** Both plans let you see any dentist you choose, but they reimburse you more for seeing an in-network provider.
- **Nationwide Preferred Provider Network:** Both plans let you access one of the nation’s largest dental networks, with more than 95,000 participating dentists throughout the United States. In-network providers have agreed to discounted rates of service.
- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery, and more. Both plans cover orthodontia for members under age 19.
- **In-Network vs. Out-of-Network:** By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst’s allowed benefit as payment in full, which means no balance billing for you. When you go out-of-network, you can receive the same level of coverage but experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

### Dental Benefits Comparison Chart

<table>
<thead>
<tr>
<th>Services</th>
<th>Standard PPO Dental Plan</th>
<th>Premier Indemnity Dental Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Deductible</td>
<td>None</td>
<td>$100 Individual/$300 Family</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$1,200</td>
<td>$1,200</td>
</tr>
<tr>
<td>Preventive &amp; Diagnostic Services</td>
<td>No charge*</td>
<td>80% of allowed benefit*</td>
</tr>
<tr>
<td>Basic Services</td>
<td>90% of allowed benefit*</td>
<td>80% of allowed benefit after deductible*</td>
</tr>
<tr>
<td>Major Services - Surgical</td>
<td>90% of allowed benefit*</td>
<td>80% of allowed benefit after deductible*</td>
</tr>
<tr>
<td>Major Services - Restorative</td>
<td>60% of allowed benefit*</td>
<td>50% of allowed benefit after deductible*</td>
</tr>
<tr>
<td>Orthodontic Services</td>
<td>50% of allowed benefit*</td>
<td>50% of allowed benefit after deductible*</td>
</tr>
<tr>
<td>Orthodontic Lifetime Maximum</td>
<td>$1,200</td>
<td>$1,200</td>
</tr>
</tbody>
</table>

*CareFirst and CareFirst BlueChoice payments are based on the CareFirst and CareFirst BlueChoice Allowed Benefit. Participating and Preferred Dentists accept 100% of the CareFirst Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

**Dental - Full-Time Employee Pay Pay Cost** (You pay premiums on a pretax basis—no Federal Income, Social Security, or Medicare taxes.)

<table>
<thead>
<tr>
<th>Bi-Weekly Premium</th>
<th>Standard PPO Dental Plan</th>
<th>Premier Indemnity Dental Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$4.45</td>
<td>$7.12</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$9.54</td>
<td>$14.09</td>
</tr>
<tr>
<td>Employee + Child</td>
<td>$9.54</td>
<td>$14.09</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$14.87</td>
<td>$23.45</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$14.87</td>
<td>$23.45</td>
</tr>
</tbody>
</table>

Vision Coverage

Why is Vision Coverage Important?
The need to take care of your eyes is obvious, but without insurance, regular eye care costs could be prohibitive. Don’t lose out on proper vision care that can keep your eyes healthy, help pay for eyewear, and detect serious issues before they become a problem.

The UnitedHealthcare Vision Plans include eye exams, lenses, or contact lenses every 12 months and frames every 12 (Premier Plan) or 24 months (Standard Plan). You can access the vision program through a national network that includes both private practice and retail chain providers. They also cover out-of-network services, but you will pay more.

To access the Provider Locator service or for a printed directory, visit [www.myuhcvision.com](http://www.myuhcvision.com) or call 1-800-638-3120, 24 hours a day, seven days a week. UnitedHealthcare does not mail ID cards. To print a personalized ID card:
- Log in to [www.myuhcvision.com](http://www.myuhcvision.com).
- Select “Print ID Card” from the member benefits page.

Vision Plan Comparison

<table>
<thead>
<tr>
<th>Vision Plan Comparison</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Eye Exam</td>
<td>$10 copay</td>
<td>Up to $40 reimbursement</td>
</tr>
<tr>
<td>Eyeglasses and Frames</td>
<td>$15 copay</td>
<td>Up to $40/Up to $45</td>
</tr>
<tr>
<td>Contact Lenses - Elective</td>
<td>$15 copay</td>
<td>Up to $125 reimbursement</td>
</tr>
<tr>
<td>Medically Necessary Contacts</td>
<td>Covered in full after copay (if applicable)</td>
<td>Up to $210 reimbursement</td>
</tr>
</tbody>
</table>

Vision Plan - Full-Time Employee Per Pay Cost (You pay premiums on a pretax basis—no Federal Income, Social Security, or Medicare taxes.)

<table>
<thead>
<tr>
<th>Bi-Weekly Premium</th>
<th>Standard Vision Plan</th>
<th>Premier Vision Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.42</td>
<td>$1.60</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$0.94</td>
<td>$3.58</td>
</tr>
<tr>
<td>Employee + Child</td>
<td>$0.94</td>
<td>$3.58</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$1.54</td>
<td>$5.90</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$1.54</td>
<td>$5.90</td>
</tr>
</tbody>
</table>


For more information, visit [www.myuhcvision.com](http://www.myuhcvision.com) or call 1-800-638-3120.
Life And Accidental Death & Dismemberment (AD&D)

Why are Life and AD&D Coverage Important?
Death. Serious injury. These are not pleasant things to think about, but they happen to everyone—often unexpectedly. When they do, you need to be ready, and we’re going to help you plan now to safeguard your family and dependents. We offer Life and Accidental Death and Dismemberment (AD&D) Insurance that provide cash benefits to your family that can help them in a very difficult time.

According to Forbes, if you have children and something tragic happens to you, your entire family could be put at serious financial risk.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance
Basic Life and AD&D insurance is an important part of your financial wellbeing, especially if others depend on you for support. That’s why Luminis Health provides full-time employees with no-cost Basic Life and AD&D Insurance, through The Hartford, equal to one time your annual base rate of pay.

Employee Supplemental Life and AD&D Insurance
In addition to any company-paid life insurance, you can further protect you and your family with Supplemental Life and Accidental Death (AD&D) insurance from The Hartford. You may elect to purchase coverage from one to three times your base annual earnings, rounded to the next $1,000. You must complete and send the Evidence of Insurability (EOI) form to The Hartford if applying for more than the Guaranteed Issue (GI) amount. The Life/AD&D benefit amounts reduce to 65% of the original amount at age 70 and 50% at age 75.

During this Open Enrollment, anyone that was previously eligible and did not enroll can do so without EOI. Also, if you previously enrolled at a lesser amount than the GI amount, you can increase your election up to the GI amount without providing EOI. The Employee GI limit is $250,000. Additionally, at future Open Enrollments, you will have the opportunity to increase your coverage amount by one level up to the GI maximum without providing EOI.

Spouse and Dependent Supplemental Life and AD&D
If you elect to enroll in Employee Supplemental Life and AD&D Insurance, you can enroll your spouse and dependent children as well and not have to provide EOI. All spouse and children amounts are Guaranteed Issue. Each year at Open Enrollment, if you are enrolled in Supplemental Life and AD&D, you can increase dependent coverage amounts by one level without EOI.

Spouse: $10,000, $25,000, or $50,000, not to exceed 50% of the amount of Supplemental Life Insurance you elected for yourself.

Dependent children: $2,000, $5,000, or $10,000 (rates are for child or children).
Disability Insurance

Why is Disability Insurance Important?
Sure, you have medical coverage to pay for medical bills, but what about your everyday bills? Car payments? Child care? How will you pay for these expenses if you can’t work? That’s why Disability Insurance is so important—it’s income replacement and pays a benefit to help replace your paycheck to use for these bills and expenses.

According to a Social Security Administration report, more than one in four of today’s 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach the normal retirement age.

Eligibility
Full-time employees are eligible for both Short Term Disability (STD) and Long Term Disability (LTD) coverage. Part-time employees are not eligible for STD but are eligible for LTD on a voluntary basis.

Short Term Disability (STD)
Luminis Health feels strongly about this protection for employees, so we provide a company-paid Short Term Disability (STD) plan to you, administered by The Hartford. It’s designed to protect you from a total loss of income due to a short-term disability. You can receive 60% of your weekly salary. Benefits begin on the 29th day for sickness or injury for a maximum duration of 62 days.

Long Term Disability (LTD)
Sometimes we need more help for a longer term disability. Don’t worry; Luminis Health is there for you. We provide full-time employees with a Long Term Disability (LTD) Plan, administered by The Hartford, to protect you from a total loss of income due to a long-term disability. You can receive 60% of your salary. Benefits begin after 90 consecutive days of disability. Duration lasts for as long as you are disabled or until your normal Social Security retirement age.

Pre-Existing Condition Limitation
You will be covered for a disability due to that condition only if you have not received treatment for your condition for 3 months before or after the effective date of your insurance. If you have been insured under this coverage for 12 months prior to your disability, you can receive benefits even if you’re receiving treatment.
Voluntary Benefits

What are Voluntary Benefits?
Voluntary Benefits are coverages and services you pay for that can increase the protections for you and your family. When you elect Voluntary Benefits through Luminis Health, you can take advantage of lower rates and convenient payroll deductions. These added protections can help you plan for the future, enhance your lifestyle and wellbeing, and offer financial protection for you and your family if something unforeseen happens.

Universal Life
TransElite® Universal Life Insurance from Transamerica is supplemental, voluntary, additional life insurance that you can take with you as long as premiums are paid. It offers the chance to build cash value with a guaranteed interest rate of at least 3%. Spouse and family options are available. Features include:
• Insurance up to $150,000, not to exceed 5x the employee’s yearly earnings
• Guaranteed interest rate of 3%
• It’s portable—you can take it with you if you leave the company
• Other riders may apply:
  ◊ Accelerated Death Benefit for Terminal Condition
  ◊ Waiver of Monthly Deductions for Layoff or Strike
  ◊ Child Term Insurance
  ◊ Accelerated Death Benefit for Living Benefit
  ◊ Extension of Benefits

If you have questions about Universal Life coverage, call Transamerica at 1-800-797-2643 or visit www.transamerica.com/individual/products/insurance.

Accident Insurance
Accidents can happen any time and have a huge financial impact on you and your family. You may have medical coverage, but what about all those other expenses and everyday bills? Accident Insurance from MetLife helps offset uncovered medical expenses—such as emergency room fees, deductibles, and copayments—AND everyday expenses that can result from a fracture, dislocation, or other covered accidental injury. You can cover you, your spouse, and your dependent children. Benefits are paid directly to you, unless you specify otherwise, regardless of any other coverage you have. Coverage is portable, which means you can take your coverage with you if you change jobs or retire.

Critical Illness Insurance
Critical Illness Insurance from MetLife is designed to come to the rescue of budget-conscious families by helping pay the costs associated with the initial occurrence of a serious illness such as a heart attack, stroke, cancer, or other critical condition as defined in the policy. You choose your benefit amount. Benefits are also available for your spouse and eligible children. Their benefit amount will be 50% of the benefit you elect. You receive a lump-sum benefit, regardless of any other insurance you may have directly to you or your designated recipient, and can use it for deductibles, coinsurance, home health care needs, travel, lodging, or however you wish.

Hospital Indemnity
The cost of a hospital stay can be overwhelming, and those costs seem to grow every year. Medical coverage alone might not be enough, and a hospital stay can set you back financially. Hospital Indemnity Insurance from MetLife can help to ease the financial impact by providing a lump-sum payment directly to you for a hospital admission, accident-related inpatient rehabilitation, or hospital stay. You can spend the benefit as you choose, such as for out-of-pocket expenses, deductibles, copays, car payments, rent, child care, or more, based upon the hospitalization. The benefit is portable, and you can take it with you if you leave the job.
Pet Insurance

Pets are part of our family, and we want them to be healthy and safe—but that can cost money! That's why Luminis Health offers Pet First Pet Insurance from MetLife. Features include:

• Customizable coverage for dogs and cats with benefits for accidents, illnesses, and diseases
• Wellness care options
• Employees can sign-up for a policy at any time
• Freedom to use any licensed veterinarian
• Plan covers chronic and recurring conditions that are not pre-existing at enrollment
• Choice of annual limits, deductibles, and coinsurance levels
• Family Plan option allows multiple pets to share one policy
• 10% group discount available (does not apply to Family Plan option)
• Includes Deductible Savings benefit which automatically decreases the deductible by $25 each policy year that no claim reimbursement is received
• Pricing based on pet type, age, breed, and zip code (premiums increase with pet age)
• Hassle-free claim submission via online portal, email, fax, or mail
• Portable coverage – take it with you if you leave us, but the group discount will no longer apply to renewal under portability
Other Benefits

Identity Theft
Protecting your identity is becoming more and more important in this tech-advanced world, and Luminis Health wants to be sure you don’t end up the next story on the six o’clock news! Aura Identity Guard® leverages cutting-edge technology to provide a wide range of protections that include:
- Potential Threat Monitoring with IBM® Watson™ Artificial Intelligence
- High-Risk Transaction Monitoring
- Dark Web Monitoring
- $1 Million Identity Theft Insurance Policy
- Risk Management Score
- Online Identity Dashboard
- Mobile Application
- Anti-Phishing Mobile App
- And more!

Legal Services
We all need a legal help sometimes, whether it’s for something benign like will preparation or urgent like help in court. Luminis Health offers you MetLife Legal Insurance, with features like:
- Access to a strong national network of more than 18,500 credentialed plan attorneys, in person or by telephone
- Legal services provided by experienced attorneys, not paralegals or assistants
- No waiting periods, deductibles, claim forms, or out-of-pocket expenses when using an in-network attorney for covered services
- ID Theft services and Digital Estate Planning Solutions
- Divorce coverage with no hour limitation
- Money-back guarantee if an employee is not completely satisfied

Employee Assistance Program (EAP)
Hey, it’s true. Life can be challenging, and we can all use a little help now and then. Luminis Health understands and recognizes that your emotional and mental health is just as important as your physical condition. That’s why we provide you with a confidential Employee Assistance Program (EAP) offered through Inova. It gives you free services for you and your household members. Topics include a wide range of subjects, from stress management to child and elder care, to legal assistance, financial advice, and parenting tips. For details, contact Inova:
Toll Free: 1-800-346-0110
TTY/TTD: 1-877-845-6465
Online: www.inova.org/eap
- Username: Luminis
- Password: Health
- iConnectYou: 203267
## Contacts

You may contact providers directly with questions on your benefits.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Provider</th>
<th>Website</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luminis Health Benefits Center</td>
<td>Winston</td>
<td>MyLuminisHealthBenefits.com</td>
<td>1-855-984-5404</td>
</tr>
<tr>
<td>Medical</td>
<td>CareFirst Administrators</td>
<td><a href="http://www.CFAblue.com">www.CFAblue.com</a></td>
<td>1-877-889-2478</td>
</tr>
<tr>
<td>Prescription</td>
<td>Luminis Health Employee Pharmacy</td>
<td><a href="http://www.luminishealth.org">www.luminishealth.org</a></td>
<td>1-443-481-4176</td>
</tr>
<tr>
<td></td>
<td>Pharmacy Benefit Dimensions (PBD)</td>
<td><a href="http://www.pbdrx.com">www.pbdrx.com</a></td>
<td>1-888-878-9172</td>
</tr>
<tr>
<td>Dental</td>
<td>CareFirst Blue Cross Blue Shield</td>
<td><a href="http://www.carefirst.com">www.carefirst.com</a></td>
<td>1-866-891-2802</td>
</tr>
<tr>
<td>Vision</td>
<td>UnitedHealthcare</td>
<td><a href="http://www.myuhcvision.com">www.myuhcvision.com</a></td>
<td>1-800-638-3120</td>
</tr>
<tr>
<td>Health Savings Account</td>
<td>HealthEquity</td>
<td><a href="http://www.healthequity.com">www.healthequity.com</a></td>
<td>1-866-346-5800</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>HealthEquity</td>
<td><a href="http://www.healthequity.com">www.healthequity.com</a></td>
<td>1-855-774-7441</td>
</tr>
<tr>
<td>Disability</td>
<td>The Hartford</td>
<td>thehartford.com/employeebenefits</td>
<td>1-800-471-0662</td>
</tr>
<tr>
<td>Life and AD&amp;D</td>
<td>The Hartford</td>
<td>thehartford.com/employeebenefits</td>
<td>1-888-563-1124</td>
</tr>
<tr>
<td>Universal Life</td>
<td>Transamerica</td>
<td><a href="http://www.transamerica.com/individual/products/insurance">www.transamerica.com/individual/products/insurance</a></td>
<td>1-800-797-2643</td>
</tr>
<tr>
<td>Voluntary Benefits:</td>
<td>MetLife</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
<td>1-800-858-6506</td>
</tr>
<tr>
<td>Accident, Critical Illness, Hospital Indemnity, Pet Insurance, Legal Services</td>
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</tr>
<tr>
<td>Identity Theft</td>
<td>Aura Identity Guard</td>
<td><a href="http://www.identityguard.com">www.identityguard.com</a></td>
<td>1-855-443-7748</td>
</tr>
</tbody>
</table>
Non-Discrimination Policy

Luminis Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We don’t exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

**Luminis Health – Health Care System:**
Luminis Health provides free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English:
- Qualified interpreters
- Information written in other languages

If you need these services, contact the Manager of Patient Advocacy. If you believe that Luminis Health’s Health Care System has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Manager of Patient Advocacy, 2001 Medical Parkway, Annapolis, MD 21401, or call: 1-443-481-4820. You can file a grievance in person or by mail, or email. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

**Online:** [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
**By mail:**
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20211
By phone: 1-800-368-1019, 1-800-537-7697 (TDD)


번으로 전화해 주십시오.
Other Legal Notices

Women's Health And Cancer Rights Act Of 1998
If you have had, or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). Luminis Health provides Benefits for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

If you are receiving Plan Benefits in connection with a mastectomy, benefits are also provided for the following covered health services, as you determine appropriate with your attending physician:
- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

The amount you must pay for such covered health services (including copays, coinsurance, and/or any annual deductible) are the same as are required for any other covered health service. Limitations on benefits are the same as for any other covered health service. If you would like more information about the Benefits that the Plan provides under WHCRA, please contact:

CareFirst Administrators
www.CFAblue.com
1-877-889-2478

Loss of Other Coverage (Except Medicaid or a State Children's Health Insurance Program)
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
Loss Of Eligibility Under Medicaid Or a State Children's Health Insurance Program

If you are declining enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent By Marriage, Birth, Adoption, Or Placement For Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility For Medicaid Or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this Plan, you may be able to enroll yourself and your dependents in this Plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

Premium Assistance Under Medicaid And The Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed on the next page, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or visit www.insurekidsnow.gov to find out how to apply.

If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

IF YOU LIVE IN ONE OF THE FOLLOWING STATES, YOU MAY BE ELIGIBLE FOR ASSISTANCE PAYING YOUR EMPLOYER HEALTH PLAN PREMIUMS. THE FOLLOWING LIST OF STATES IS CURRENT AS OF JULY 31, 2018. CONTACT YOUR STATE FOR MORE INFORMATION ON ELIGIBILITY.

<table>
<thead>
<tr>
<th>State</th>
<th>Website</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Alabama (Medicaid)</td>
<td><a href="http://www.myalhipp.com/">http://www.myalhipp.com/</a></td>
<td>855-692-5447</td>
</tr>
<tr>
<td>Alaska (Medicaid)</td>
<td>The AK Health Insurance Premium Payment Program: <a href="http://myakhipp.com/">http://myakhipp.com/</a></td>
<td>866-251-4861</td>
</tr>
<tr>
<td></td>
<td>Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp">http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp</a></td>
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<tr>
<th>State</th>
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<tbody>
<tr>
<td>Arkansas (Medicaid)</td>
<td><a href="http://myarhipp.com/">http://myarhipp.com/</a></td>
<td>855-692-7447</td>
</tr>
<tr>
<td>California (Medicaid)</td>
<td><a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a></td>
<td>916-440-5676</td>
</tr>
<tr>
<td>Georgia (Medicaid)</td>
<td><a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></td>
<td>678-564-1162, ext 2131</td>
</tr>
<tr>
<td>Kansas (Medicaid)</td>
<td><a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a></td>
<td>800-792-4884</td>
</tr>
<tr>
<td>Louisiana (Medicaid)</td>
<td><a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahip">www.ldh.la.gov/lahip</a></td>
<td>888-342-6207 or (medicaid hotline): 855-618-5488 (LaHIPP)</td>
</tr>
<tr>
<td>Massachusetts (Medicaid and CHIP)</td>
<td><a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a></td>
<td>800-862-4840</td>
</tr>
<tr>
<td>Missouri (Medicaid)</td>
<td><a href="http://dss.mo.gov/mhd/participants/pages/hipp.htm">http://dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td>573-751-2005</td>
</tr>
<tr>
<td>Montana (Medicaid)</td>
<td><a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></td>
<td>800-694-3084</td>
</tr>
<tr>
<td>Nevada (Medicaid)</td>
<td><a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></td>
<td>800-992-0900</td>
</tr>
<tr>
<td>North Carolina (Medicaid)</td>
<td><a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a></td>
<td>919-855-4100</td>
</tr>
<tr>
<td>North Dakota (Medicaid)</td>
<td><a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a></td>
<td>844-854-4825</td>
</tr>
<tr>
<td>Oklahoma (Medicaid and CHIP)</td>
<td><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>888-365-3742</td>
</tr>
<tr>
<td>State</td>
<td>Website</td>
<td>Phone</td>
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<tr>
<td>Oregon (Medicaid)</td>
<td><a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a></td>
<td>800-699-9075</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a></td>
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</tr>
<tr>
<td>Pennsylvania (Medicaid)</td>
<td><a href="http://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">http://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a></td>
<td>800-692-7462</td>
</tr>
<tr>
<td>Rhode Island (Medicaid and CHIP)</td>
<td><a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td>855-697-4347 or 401-462-0311 (Direct Rite Share Line)</td>
</tr>
<tr>
<td>South Carolina (Medicaid)</td>
<td><a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></td>
<td>888-549-0820</td>
</tr>
<tr>
<td>South Dakota (Medicaid)</td>
<td><a href="http://dss.sd.gov">http://dss.sd.gov</a></td>
<td>888-828-0059</td>
</tr>
<tr>
<td>Texas (Medicaid)</td>
<td><a href="http://gethipptexas.com/">http://gethipptexas.com/</a></td>
<td>800-440-0493</td>
</tr>
<tr>
<td>Utah (Medicaid and CHIP)</td>
<td>Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a></td>
<td>877-543-7669</td>
</tr>
<tr>
<td></td>
<td>CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a></td>
<td></td>
</tr>
<tr>
<td>Vermont (Medicaid)</td>
<td><a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></td>
<td>800-250-8427</td>
</tr>
<tr>
<td></td>
<td>CHIP: <a href="http://www.covera.org/programs_premium_assistance.cfm">http://www.covera.org/programs_premium_assistance.cfm</a></td>
<td></td>
</tr>
<tr>
<td>Washington (Medicaid)</td>
<td><a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a></td>
<td>800-562-3022, ext 15473</td>
</tr>
<tr>
<td>West Virginia (Medicaid)</td>
<td><a href="http://mywvhipp.com/">http://mywvhipp.com/</a></td>
<td>855-699-8447</td>
</tr>
</tbody>
</table>

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

**U.S. DEPARTMENT OF LABOR**
EMPLOYEE BENEFITS SECURITY ADMINISTRATION
www.dol.gov/agencies/ebsa
1-866-444-3272

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
CENTERS FOR MEDICARE AND MEDICAID SERVICES
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.
Important Notice from Luminis Health, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Luminis Health, Inc. and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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. Luminis Health, Inc. has determined that the prescription drug coverage offered by the High Deductible Health Plan, Network Plan, and PPO Plan are, 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.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to 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 decide to join a Medicare drug plan, your current Luminis Health, Inc. coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Luminis Health, Inc. coverage, be aware that you and your dependents will be able to get this coverage back during the open enrollment period under the Luminis Health, Inc. benefit 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 current coverage with Luminis Health, Inc. and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by 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 creditable 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 join.

For More Information About This Notice Or Your Current Prescription Drug Coverage
Contact the person listed as the Plan Administrator, Elizabeth Behrmann, at ebehrmann@aahs.org or call 1-443-481-1962.

NOTE: You’ll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Luminis Health, Inc. changes. 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 the 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 www.medicare.gov
- Call your State Health Insurance Assistance Program (see the 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.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Newborns’ and Mothers’ Health Protection Act
Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Wellness Program – Notice of Reasonable Alternatives
Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the plan administrator, and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Notice Regarding Wellness Program
The WellBeing+ program is a voluntary wellness program available to all employees who are enrolled in the company-sponsored medical plan. 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, as applicable, among others. If you choose to participate in the wellness program you will be asked to
complete a voluntary health risk assessment, or “HRA,” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for blood glucose, HDL/LDL cholesterol, and triglycerides. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program may receive an incentive for completing the steps required for the WellBeing+ Participation incentive. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive an incentive, a $600 premium discount.

Additional incentives may be available for employees who meet certain health-related measures (such as BMI, blood pressure, A1C, and total cholesterol improvement) within the plan year. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard established in partnership with your Primary Care Physician (PCP). You may request a reasonable accommodation or an alternative standard by contacting Virgin Pulse at support@virginpulse.com or logging into join.virginpulse.com/luminishealth.

The information from your HRA and the results from your biometric screening may be used to provide you with information to help you understand your current health and potential risks. It may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

**Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Luminis Health, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, the WellBeing+ wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and will never be used to make decisions regarding your employment.

Your health and genetic information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are health coaches in order to provide you with services under the wellness program.

In addition, all medical or genetic information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.
You may not be discriminated against in employment because of the medical or genetic information you or a family member provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Christian Sorochty, Vice President, Human Resources, 1-443-481-6081.

**Notice of Special Enrollment Rights**
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you are declining enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children’s Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

**Important Notices:**
Important Notices are posted under the forms tab on the MyLuminisHealthBenefits.com portal. If you would like to request a print copy of the remaining notices please contact the call center at 1-855-984-5404.