

Employee Benefits

2023-2024



Table of Contents

Working together is what makes Luminis Health a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2023-2024 benefits. Contact the Luminis Health Benefits Service Center at 1-833-423-0420 with any questions.

| | |
|-----------|-------------------------------|
| 3 | Eligibility and Enrollment |
| 5 | Ready to Make your Elections? |
| 6 | Medical Benefits |
| 9 | Pharmacy Benefits |
| 13 | Health Savings Account |
| 15 | Flexible Spending Accounts |
| 18 | Dental Benefits |
| 20 | Vision Benefits |
| 21 | Survivor Benefits |
| 22 | Whole/Universal & Term Life |
| 23 | Income Protection |
| 24 | Supplemental Health Benefits |
| 28 | Retirement Planning |
| 30 | Additional Benefits |
| 33 | Glossary |
| 35 | Required Notices |
| 37 | Important Contacts |

See page 35 for important information concerning Medicare Part D coverage.

Luminis Health Benefits Service Center

www.LuminisHealth.bswift.com
1-833-423-0420

In this Guide, we use the term company to refer to Luminis Health. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Eligibility and Enrollment



Our commitment to diversity, equity, and inclusion: Luminis Health's benefits are designed to support the unique needs of a diverse workforce through programs such as our Employee Assistance Program (EAP) and health benefits that include coverage of gender affirmation surgery and hormone therapy care.

Eligibility

If you are an employee of Luminis Health who is a regular full-time employee scheduled to work 36 hours per week or more (0.9 FTE and above) or a part-time employee scheduled to work 20 hours per week (0.5 up to 0.89), you are eligible to participate in medical, dental, vision, life and disability plans and additional benefits.

Coverage Dates

Your elections are effective the first of the month following, or coinciding with, date of hire. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

Dependents

Dependents eligible for coverage include:

- » Your legal spouse.
- » Children up to age 26 (includes birth children, stepchildren, legally adopted children and children for whom you or your spouse have legal guardianship).
- » Dependent children 26 or more years old, unmarried and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose prior to reaching age 26 (periodic certification may be required).

Verification of dependent eligibility is required upon enrollment.

NEW! Please note that beginning 7/1/2023, your spouse is permitted to be covered under the plan, even if they have coverage available to them elsewhere.

Medical Plan ID Cards

Identification cards feature the name of the policyholder only.

- » Any dependents who have coverage under this policy (for example, a spouse or child) can still use the ID card, even though it only shows the policyholder's name.

Eligibility Detail

| | FULL-TIME | PART-TIME 1 | PART-TIME 2 | CPT & PART-TIME 2 |
|------------------------|---------------|---------------|---------------|-------------------|
| HOURS WORKED PER WEEK | 36+ | 24-35 | 20-23 | 0-19 |
| MEDICAL | Yes - FT Rate | Yes - FT Rate | Yes - PT Rate | No |
| DENTAL | Yes - FT Rate | Yes - FT Rate | Yes - PT Rate | No |
| VISION | Yes - FT Rate | Yes - FT Rate | Yes - PT Rate | No |
| FSA | Yes | Yes | No | No |
| COMPANY PAID LIFE/AD&D | Yes | No | No | No |
| COMPANY PAID STD | Yes | No | No | No |
| COMPANY PAID LTD | Yes | No | No | No |
| EAP | Yes | Yes | Yes | Yes |
| RETIREMENT | Yes | Yes | Yes | Yes |
| VOLUNTARY BENEFITS | Yes | Yes | No | No |

Note

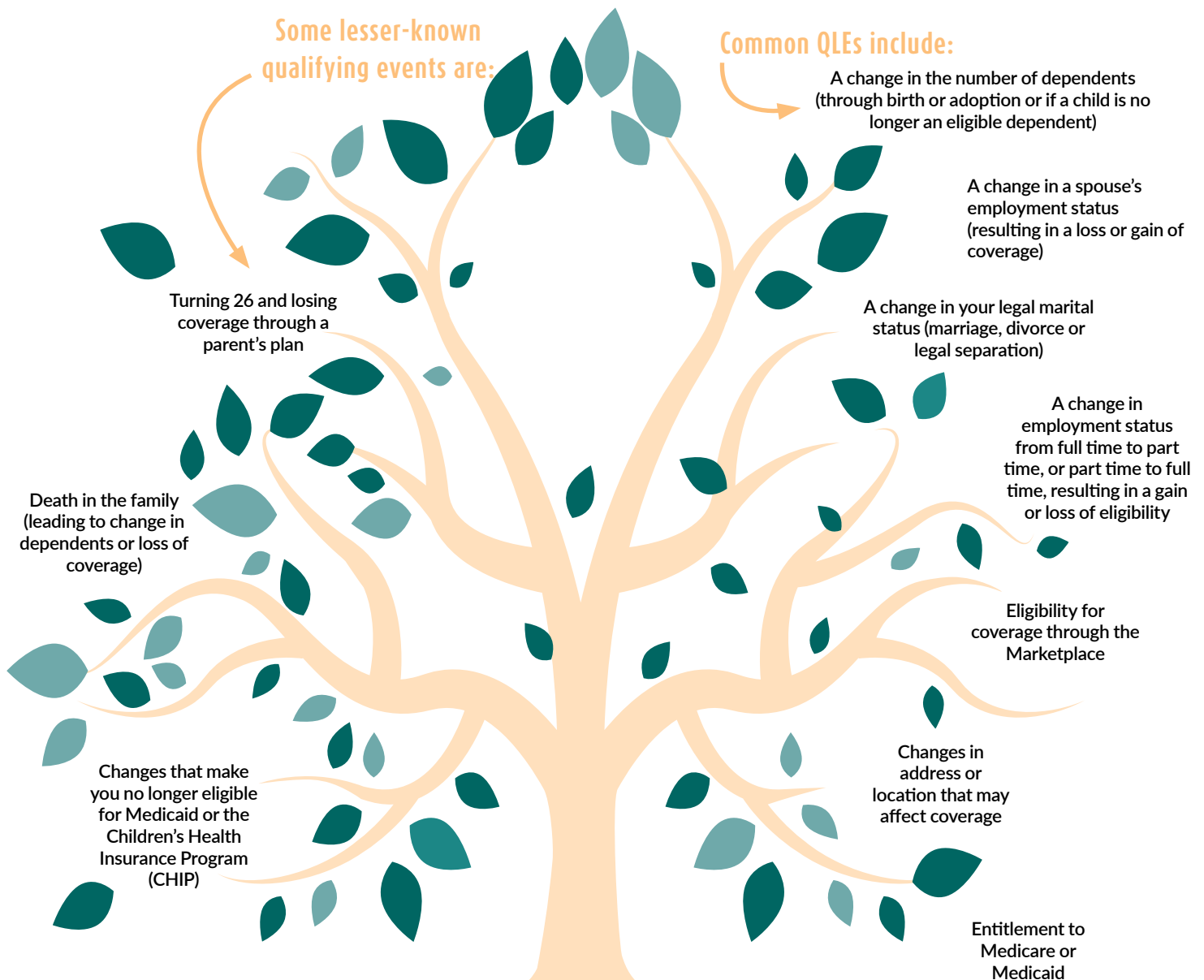
Initial Enrollment for new hires is your chance to enroll in benefits. The plan elections you make now will remain in place until the following open enrollment period unless you have a Qualifying Life Event, such as a marriage or the birth/adoption of a child. Your Initial Enrollment window closes 30 days after your date of hire. Annual Open Enrollment is the only other time where you can make changes to your elections.

Now's the Time to Enroll!

What are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 30 days from the date of the event to request changes to your coverage. Your change in coverage must be consistent with your change in status.



Reach out to Luminis Health Benefits Service Center at 1-833-423-0420 with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

Ready to Make your Elections?

Luminis Health covers a significant amount of your benefit costs. Your contributions for medical, dental and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select. Don't delay! For Open Enrollment, you only have two weeks during the annual Open Enrollment window to complete your elections. And, as a new hire, you only have 30 days from your date of hire to enroll in benefits!

You can choose any combination of medical, dental and/or vision coverage. You could select medical coverage for yourself and your entire family, but dental and vision coverage only for yourself. The only requirement is that as an eligible employee of Luminis Health, you must elect coverage for yourself in order to elect coverage for dependents.

Initial Enrollment Action Items



Enter/Verify your personal information.

Verify that all information entered into the system is updated and correct, including the information for your eligible dependents. This information flows directly to the carrier systems.



Double-check covered medications.

Verify the medications that you currently take are eligible under the plan by going to pbdrx.com.



Review available plans' deductibles.

Foresee a lot of medical needs this year? You might want a lower deductible. If not, you could elect a higher deductible plan and enjoy lower premiums.



Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.



Check your networks.

Going in-network often saves you money. Make sure you are verifying network status of all current providers and pharmacies prior to electing your plan.

Medical Benefits



Medical benefits are provided through CareFirst - BCBS. Consider the physician networks, premiums and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire 2023-2024 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your cost per pay period.

| | GREEN PLAN (FORMERLY THE HDHP PLAN) | | TEAL PLAN (FORMERLY THE NETWORK ONLY PLAN) | | GOLD PLAN (FORMERLY THE PPO PLAN) | |
|--|--|--------------------|---|--------------------|--------------------------------------|--------------------|
| | YOU PAY | YOUR EMPLOYER PAYS | YOU PAY | YOUR EMPLOYER PAYS | YOU PAY | YOUR EMPLOYER PAYS |
| DISCOUNT TIER: EMPLOYEE BASE RATE LESS THAN OR EQUAL TO \$25/HR (.6 FTE AND ABOVE)* | | | | | | |
| EMPLOYEE ONLY | \$40.19 | \$198.15 | \$73.61 | \$201.13 | \$113.35 | \$149.76 |
| EMPLOYEE/SPOUSE | \$114.99 | \$432.29 | \$228.59 | \$402.28 | \$351.94 | \$315.30 |
| EMPLOYEE/CHILD | \$82.37 | \$315.89 | \$150.94 | \$308.13 | \$232.43 | \$243.78 |
| EMPLOYEE/CHILDREN | \$125.02 | \$478.27 | \$240.01 | \$455.42 | \$374.36 | \$345.62 |
| FAMILY | \$139.13 | \$523.08 | \$276.62 | \$486.73 | \$425.93 | \$381.53 |
| VALUE TIER: EMPLOYEE BASE RATE \$25.01 TO \$72/HR (.6 FTE AND ABOVE) | | | | | | |
| EMPLOYEE ONLY | \$44.66 | \$193.69 | \$81.79 | \$192.95 | \$125.95 | \$137.16 |
| EMPLOYEE/SPOUSE | \$127.77 | \$419.51 | \$253.99 | \$376.88 | \$391.04 | \$276.20 |
| EMPLOYEE/CHILD | \$91.52 | \$306.74 | \$167.71 | \$291.36 | \$258.26 | \$217.95 |
| EMPLOYEE/CHILDREN | \$138.91 | \$464.38 | \$266.67 | \$428.75 | \$415.95 | \$304.02 |
| FAMILY | \$154.59 | \$507.62 | \$307.36 | \$455.99 | \$473.25 | \$334.21 |
| STANDARD TIER: EMPLOYEE BASE RATE \$72.01/HR AND ABOVE (.6 FTE AND ABOVE) | | | | | | |
| EMPLOYEE ONLY | \$55.82 | \$182.52 | \$94.06 | \$180.68 | \$163.73 | \$99.38 |
| EMPLOYEE/SPOUSE | \$159.71 | \$387.57 | \$292.08 | \$338.78 | \$508.35 | \$158.89 |
| EMPLOYEE/CHILD | \$114.40 | \$283.86 | \$192.87 | \$266.20 | \$335.74 | \$140.47 |
| EMPLOYEE/CHILDREN | \$173.64 | \$429.65 | \$306.68 | \$388.75 | \$540.74 | \$179.24 |
| FAMILY | \$193.24 | \$468.97 | \$353.46 | \$409.89 | \$615.23 | \$192.23 |
| PART-TIME: (.5 TO .599 FTE) | | | | | | |
| EMPLOYEE ONLY | \$44.66 | \$193.69 | \$212.19 | \$62.55 | \$263.11 | \$0.00 |
| EMPLOYEE/SPOUSE | \$309.99 | \$237.29 | \$584.61 | \$46.26 | \$667.24 | \$0.00 |
| EMPLOYEE/CHILD | \$226.63 | \$171.63 | \$403.31 | \$55.76 | \$476.21 | \$0.00 |
| EMPLOYEE/CHILDREN | \$347.29 | \$256.00 | \$647.59 | \$47.84 | \$719.98 | \$0.00 |
| FAMILY | \$375.05 | \$287.16 | \$707.41 | \$55.93 | \$807.46 | \$0.00 |

*Employees who qualify for the Discount Tier and enroll in the GREEN PLAN will receive an employer contribution into their Health Savings Account (HSA) in the amount of \$250 for individual coverage and \$500 for coverage levels that include dependents. The employer contribution is prorated for new hires based on their start date: those hired between 7/1 and 12/31 receive the full amount (\$250 individual | \$500 dependent coverage), and those hired between 1/1 and 6/30 receive half (\$125 individual | \$250 dependent coverage).

How to Find a Provider

In order to find a provider with Luminis Health, go to www.myhealthtoolkitcf.com or call 1-833-466-0180.

Medical Plan Summary

This chart summarizes the 2023-2024 medical coverage provided by CareFirst - BCBS. All covered services are subject to medical necessity as determined by CareFirst - BCBS. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations. Members can go to www.myhealthtoolkitcf.com to get additional information.

| NETWORK UTILIZED | GREEN PLAN (FORMERLY THE HDHP PLAN) | | TEAL PLAN (FORMERLY THE NETWORK ONLY PLAN) | | GOLD PLAN (FORMERLY THE PPO PLAN) | | OUT-OF-NETWORK |
|--|--|------------------------------|---|------------------------------|--------------------------------------|------------------------------|--------------------|
| | IN-NETWORK ONLY | | IN-NETWORK ONLY | | IN-NETWORK | | |
| | Select Luminis Health Providers | BlueChoice Advantage Network | Select Luminis Health Providers | BlueChoice Advantage Network | Select Luminis Health Providers | BlueChoice Advantage Network | N/A |
| PLAN YEAR DEDUCTIBLE | | | | | | | |
| INDIVIDUAL | \$1,500 | | None | | None | | \$1,500 |
| FAMILY | \$3,000 | | None | | None | | \$3,000 |
| COINSURANCE (MEMBER PAYS) | 20%* | 20%* | 10% | 20% | 10% | 20% | 30%* |
| PLAN YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE) | | | | | | | |
| MEDICAL OUT-OF-POCKET LIMIT | \$4,000/\$8,000 | | \$4,000 / \$8,000 | | \$5,000 /\$9,100 | | \$6,000 / \$12,000 |
| COPAYS/COINSURANCE | | | | | | | |
| PREVENTIVE CARE SERVICES | No Charge* | | No Charge | | No Charge | | 30%* |
| PRIMARY CARE PHYSICIANS VISIT | No Charge* | 20%* | No Charge | \$25 Copay | No Charge | \$15 Copay | 30%* |
| SPECIALIST PHYSICIANS VISIT | No Charge* | 20%* | \$40 Copay | \$60 Copay | \$40 Copay | \$60 Copay | 30%* |
| LAB, X-RAY, DIAGNOSTIC TESTS, PATHOLOGY | No Charge* | 20%* | No Charge | 20% | No Charge | 20% | 30%* |
| URGENT CARE CENTER | 20%* | | \$40 Copay | | \$40 Copay | | 30%* |
| HOSPITAL EMERGENCY ROOM | \$150 Copay* | | \$150 Copay | | \$150 Copay | | |
| INPATIENT FACILITY & SERVICES | No Charge* | 20%* | \$500 Copay | \$1,000 Copay, 20% | \$500 Copay | \$1,000 Copay, 20% | 30%* |
| RETAIL RX (30-DAY SUPPLY) | | | | | | | |
| | LUMINIS HEALTH PHARMACY** | NETWORK RETAIL PHARMACY*** | LUMINIS HEALTH PHARMACY** | NETWORK RETAIL PHARMACY*** | LUMINIS HEALTH PHARMACY** | NETWORK RETAIL PHARMACY*** | OUT-OF-NETWORK |
| GENERIC | 10%* | 10%* | 10% | 10% | 10% | 10% | N/A |
| PREFERRED | 25%* | 25%* | 25% | 25% | 25% | 25% | N/A |
| NON-PREFERRED | 35%* | 35%* | 35% | 35% | 35% | 35% | N/A |

*After deductible

**Rates are based on Luminis Health's Wholesale Rates

***Rates are based on Pharmacy Benefit Dimension's Negotiated Retail Rates

How Does the Deductible Accumulate?

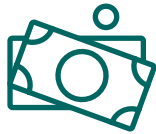
Each covered individual is not required to meet the individual deductible. The plans have an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan. The same typically applies for the out-of-pocket maximum.

Note

Don't think you can afford medical coverage? Visit MarylandHealthConnection.Gov for more information.

Out-of-Pocket Costs

These are the types of payments you're responsible for:



copay

The fixed amount you pay for healthcare services at the time you receive them.

deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.



coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.

out-of-pocket maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.



Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Pharmacy Benefit Dimensions (PBD RxBIN: 004626). This means you will have two ID cards: one for medical care and one for prescriptions. You may find information on our benefits coverage and search for network pharmacies by logging on to www.pbdrx.com or by calling the Customer Care number on your prescription drug ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred or Non-Preferred. For more information, visit www.pbdrx.com. To locate a retail pharmacy, go to www.pbdrx.com/find-a-pharmacy. Create an account and login for a personalized search based on your plan and location.

| | GREEN PLAN (FORMERLY THE HDHP PLAN) | | TEAL PLAN (FORMERLY THE NETWORK ONLY PLAN) | | GOLD PLAN (FORMERLY THE PPO PLAN) | |
|----------------------------------|--|----------------------------|---|----------------------------|--------------------------------------|----------------------------|
| | LUMINIS HEALTH PHARMACY** | NETWORK RETAIL PHARMACY*** | LUMINIS HEALTH PHARMACY** | NETWORK RETAIL PHARMACY*** | LUMINIS HEALTH PHARMACY** | NETWORK RETAIL PHARMACY*** |
| RETAIL RX (30-DAY SUPPLY) | | | | | | |
| GENERIC | 10%* | 10%* | 10% | 10% | 10% | 10% |
| PREFERRED | 25%* | 25%* | 25% | 25% | 25% | 25% |
| NON-PREFERRED | 35%* | 35%* | 35% | 35% | 35% | 35% |

*After deductible

**Rates are based on Luminis Health's Wholesale Rates

***Rates are based on Pharmacy Benefit Dimension's Negotiated Retail Rates

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**. For more information, call **1-443-481-4176** or email EmployeePharmacy@LuminisHealth.org.

LHAAMC Pharmacy

2003 Medical Parkway Wayson
Pavillion, Suite 130
Annapolis, MD 21401

Hours: Mon-Fri: 7 a.m. - 7 p.m.
Sat: 7 a.m. - 1 p.m.

LHDCMC

8118 Good Luck Road
(1st Floor near cafeteria)
Lanham, MD 20860

Hours: Mon-Fri: 7 a.m. - 6 p.m.
Sat: 7 a.m. - 12 p.m.

LH Behavioral Health Pharmacy

Pathways & J. Kent McNew Family
Medical Center
2620 Riva Road
Annapolis, MD 21401

Hours: Mon-Fri: 7 a.m. - 3:30 p.m.

For your convenience, employees who work remotely and do not work on LHAAMC, LHDCMC or Luminis Health Behavioral Health McNew campuses may use Luminis Pharmacy Mail Order services for their prescriptions.* However, temperature sensitive items (refrigerated) cannot be mailed. Employees can email EmployeePharmacy@LuminisHealth.org stating that you work remotely and are requesting mail order. You will need to provide credit card information which will be securely stored on file to initiate the mail order service.

Generic Drugs

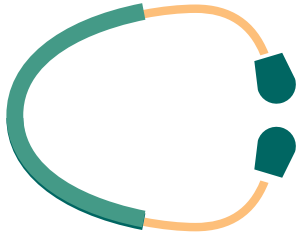
Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they undergo the same rigid FDA standards. **But generic versions cost 80% to 85% less on average than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

NOTE: Apps and prescription discount programs such as GoodRx, Amazon Prime RX Savings and Optum Perks let you compare prices of prescription drugs and find possible discounts.

How do they work? These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. **Just be aware:** If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription will not count toward your deductible or out-of-pocket maximum under the benefit plan.

GoodRX is a web- and app-based platform that allows you to search for prescription drug coupons and compare pharmacy prices. The company claims a savings of up to 80%. **Optum Perks** also provides coupons for medications and a searchable database for drug cost comparison at participating pharmacies near you. The Optum Perks member card, which can be used at more than 64,000 pharmacies, is free to use and requires no personal data. Another discount option is the **Amazon Prime RX Savings** discount card, which is included with an Amazon Prime membership and is administered by InsideRX. It provides discounts of up to 80% for generics and up to 40% for brand-name medication at participating pharmacies.

Preventive Care



Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance when received at an in-network provider.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Wellness visits, physicals and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity and diabetes



Pediatric screenings for hearing, vision, obesity and developmental disorders



Anemia screenings, breastfeeding support and pumps for pregnant and nursing women



Iron supplements (for children ages 6 to 12 months at risk for anemia)

Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.



What about the COVID-19 vaccine? The COVID-19 vaccine itself is considered preventive. For the vast majority of individuals who have insurance through an employer, the vaccine will be at no cost.

Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.



CareConnectNow - Virtual Urgent Care

When to Use

Need care for a minor medical concern today? Now you can connect with a Luminis Health medical provider on your mobile device from anywhere in the state – even the comfort of your home – with Luminis Health CareConnectNow.

Types of Care*

- » Cold & flu symptoms
- » Allergies
- » Shingles and skin rashes
- » Urinary tract infections
- » Sinus problems

Costs and Time Considerations**

- » CareConnectNow is available for ages 13 and up on weekdays from 8 a.m. – 9 p.m. and weekends from 9 a.m. – 4 p.m.
- » You must be in Maryland at the time of service.
- » Call us on your smartphone at 443-951-4270 to schedule your virtual visit.



Primary Care Setting

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care and manage your medications.

Types of Care*

- » Routine checkups
- » Immunizations
- » Preventive services
- » Manage your general health

Costs and Time Considerations**

- » Often requires a copay and/or coinsurance
- » Normally requires an appointment
- » Usually little wait time with scheduled appointment



Urgent Care Center

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- » Strains, sprains
- » Minor broken bones (e.g., finger)
- » Minor infections
- » Minor burns
- » X-rays

Costs and Time Considerations**

- » Often requires a copay and/or coinsurance usually higher than an office visit
- » Walk-in patients welcome, but waiting periods may be longer (urgency decides order)



Emergency Room

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- » Heavy bleeding
- » Chest pain
- » Major burns
- » Spinal injuries
- » Severe head injury
- » Broken bones

Costs and Time Considerations**

- » Often requires a much higher copay and/or coinsurance
- » Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- » Ambulance charges, if applicable, will be separate and may not be in-network

Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word “emergency” appears in the company name.

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Health Savings Account



Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in the GREEN PLAN (formerly the HDHP Medical Plan) to participate.

Your HSA can be used for qualified expenses for you, your spouse and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in the GREEN MEDICAL PLAN but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

HealthEquity will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses – no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include Medical, Rx, Dental and Vision expenses, such as doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, personal protective equipment (PPE), over-the-counter medications and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Employees enrolled in the GREEN MEDICAL PLAN and earning \$25/hr or less will receive an employer contribution into their Health Savings Account (HSA) in the amount of \$250 for individual coverage and \$500 for coverage levels that include dependents. The employer contribution is prorated for new hires based on their start date: Those hired between 7/1 and 12/31 receive the full amount (\$250 individual | \$500 dependent coverage), and those hired between 1/1 and 6/30 receive half (\$125 individual | \$250 dependent coverage).



Note

Not sure how much to contribute? Think about how much you may need in order to cover any anticipated or emergency medical services this year. Consider contributing the amount of your plan's in-network deductible so you know you're covered.

Eligibility

You are eligible to contribute to an HSA if:

- » You are enrolled in the HSA-eligible High Deductible Health Plan (GREEN PLAN) through Luminis Health.
- » You are not covered by your spouse's non-HDHP.
- » You are not covered by your spouse's Healthcare Flexible Spending Account or Health Reimbursement Account.
- » You are not eligible to be claimed as a dependent on someone else's tax return.
- » You are not enrolled in Medicare or TRICARE.
- » You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

You Own Your HSA

Your HSA is a personal bank account that you own and administer. You decide how much you contribute, when to use the money for medical, prescription, dental and vision services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

To enroll in Luminis Health's HSA, you must elect the GREEN PLAN with Luminis Health. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Luminis Health will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis into your HealthEquity account. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. The IRS sets their contributions by calendar year. For 2023-2024, contributions are limited to the following:

| HSA FUNDING LIMITS | |
|----------------------------------|---------|
| EMPLOYEE | \$3,850 |
| FAMILY | \$7,750 |
| CATCH-UP CONTRIBUTION (AGES 55+) | \$1,000 |

HSA contributions over the IRS annual contribution limits (\$3,850 for individual coverage and \$7,750 for family coverage for 2023-2024) are not tax deductible and are generally subject to a 6% excise tax.

With an HSA, you can change your annual contribution amount at any time during the plan year for any reason. However, if you've contributed too much to your HSA this year, you have two options:

- » Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed.
- » Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year, consider contributing less than the annual limit to your HSA.

The Luminis Health HSA is established with HealthEquity. You may be able to roll over funds from another HSA. For more enrollment information, contact HealthEquity at 1-866-346-5800 or visit www.healthequity.com.



Flexible Spending Accounts



Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

Employees at .5 FTE and above (20+ hours per week) are eligible to enroll in a Healthcare FSA. With this account, you can contribute up to \$3,050 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them – no waiting for reimbursement.

Limited Purpose Flexible Spending Account

A Limited Purpose Flexible Spending Account (LPFSA) works with a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses as well as eligible medical expenses after the deductible has been satisfied. The contribution limit is \$3,050.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA – even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- » With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- » Expenses are reimbursable if the provider is not your dependent.
- » You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- » In-home babysitting services (not provided by a dependent)
- » Care of a preschool child by a licensed nursery or day care provider
- » Before- and after-school care
- » Day camp
- » In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact HealthEquity at 855-774-7441 with reimbursement questions. If you need to submit a receipt, HealthEquity will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- » Expenses must occur during the 2023-2024 plan year.
- » Funds cannot be transferred between FSAs.
- » You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- » You must “use it or lose it” – any unused funds will be forfeited.
- » Up to \$610 may be rolled over to the next plan year at the end of 2023-2024 for Healthcare FSAs.
- » You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- » If separating from Luminis Health, your FSA will end on your last day worked. This means you will no longer be able to spend your FSA funds, but will have ninety (90) days to submit receipts for FSA claims **that were incurred on or before your termination date** for reimbursement.

Note

You can use your FSA funds to pay for deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications and more.

FSA vs HSA

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are both ways to save pre-tax money to pay for eligible healthcare costs. Which one is best for you?

| | FLEXIBLE SPENDING ACCOUNTS | HEALTH SAVINGS ACCOUNTS |
|--------------------------|---|---|
| OWNERSHIP | Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right. | You own your HSA. It is a savings account in your name and you always have access to the funds, even if you change jobs. |
| ELIGIBILITY & ENROLLMENT | You're eligible for an FSA if it's offered by your employer. You can elect a Healthcare FSA and/or a Dependent Care FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA. | You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year. |
| TAXATION | Contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses. | For Federal tax purposes, the money in the account is "triple tax-free," meaning: 1. Contributions are tax-free. 2. The account grows tax-free. 3. Funds are spent tax-free when used for qualified expenses. |
| CONTRIBUTIONS | Both you and your employer can contribute according to IRS limits. The contribution limits for the Healthcare FSA and Limited Purpose FSA for 2023-2024 are both \$3,050. | Both you and your employer can contribute according to IRS limits. The contribution limit for 2023-2024 is \$3,850 for individuals and \$7,750 for families. This includes the employer contribution. If you are 55 or older, you may make a yearly "catch-up" contribution of \$1,000. |
| PAYMENT | Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement. | Many HSAs include a debit card, ATM withdrawal or checkbook to pay for qualified expenses directly. You can also use online bill payment services from the HSA financial bank. You decide when to use the money in your HSA to pay for qualified expenses, or you may use another account to pay for services and save the money in your HSA for future expenses or retirement. |
| ROLLOVER OR GRACE PERIOD | You must use the money in the account by end of Plan Year; however, a Healthcare FSA may allow up to \$610 to roll over to the next year. If you terminate before the end of the plan year, you have 90 days to use the remaining balance in your FSA account. | HSA funds roll over from year to year. Money is always yours and may be used for future qualified expenses — even in retirement years. |
| QUALIFIED EXPENSES | Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care and vision care. A full list is available at www.irs.gov . | Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums and long-term care premiums. A full list is available at www.irs.gov . |
| TYPES | Healthcare FSA - This account allows you to pay for many out-of-pocket medical expenses with tax-free dollars. Dependent Care FSA - Allows you to set aside pre-tax dollars for elder or child dependent care and covers expenses such as day care and before- and after-school care. Limited Purpose FSA (LPFSA) - Only covers eligible dental and vision expenses. LPFSAs can be opened in conjunction with an HSA as the IRS does not allow someone to have a Healthcare FSA and an HSA. | There is only one type of HSA. |

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

Dental Benefits



Like brushing and flossing, visiting your dentist is an essential part of your oral health. Luminis Health offers affordable plan options from CareFirst Dental for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist in the Preferred Dental Network, visit CareFirst Dental at www.carefirst.com/doctor, select "I'm a Guest," then select network. For the Standard Plan, select "Preferred Dental (PPO & Pediatrics)." For Premier Plan, select "BlueDental." Or, call 1-866-891-2802.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your cost per pay period.

| | STANDARD PPO DENTAL PLAN | | PREMIER INDEMNITY DENTAL PLAN | |
|---|--------------------------|--------------------|-------------------------------|--------------------|
| | YOU PAY | YOUR EMPLOYER PAYS | YOU PAY | YOUR EMPLOYER PAYS |
| FULL TIME ELIGIBLE COST PER PAY PERIOD: | | | | |
| EMPLOYEE ONLY | \$4.45 | \$9.00 | \$7.12 | \$6.56 |
| EMPLOYEE + SPOUSE | \$9.54 | \$15.66 | \$14.09 | \$11.58 |
| EMPLOYEE + CHILD | \$9.54 | \$15.66 | \$14.09 | \$11.58 |
| EMPLOYEE + CHILDREN | \$14.87 | \$22.55 | \$23.45 | \$14.68 |
| FAMILY | \$14.87 | \$22.55 | \$23.45 | \$14.68 |
| PART TIME ELIGIBLE (24+ HOURS/ WEEK) COST PER PAY PERIOD: | | | | |
| EMPLOYEE ONLY | \$4.45 | \$9.00 | \$7.12 | \$6.56 |
| EMPLOYEE + SPOUSE | \$9.54 | \$15.66 | \$14.09 | \$11.58 |
| EMPLOYEE + CHILD | \$9.54 | \$15.66 | \$14.09 | \$11.58 |
| EMPLOYEE + CHILDREN | \$14.87 | \$22.55 | \$23.45 | \$14.68 |
| FAMILY | \$14.87 | \$22.55 | \$23.45 | \$14.68 |
| PART TIME ELIGIBLE (20<24 HOURS/ WEEK) COST PER PAY PERIOD: | | | | |
| EMPLOYEE ONLY | \$7.00 | \$6.44 | \$9.71 | \$3.97 |
| EMPLOYEE + SPOUSE | \$13.12 | \$12.08 | \$18.22 | \$7.45 |
| EMPLOYEE + CHILD | \$13.12 | \$12.08 | \$18.22 | \$7.45 |
| EMPLOYEE + CHILDREN | \$19.48 | \$17.94 | \$27.06 | \$11.07 |
| FAMILY | \$19.48 | \$17.94 | \$27.06 | \$11.07 |

Dental Plan Summary

This chart summarizes the dental coverage provided by CareFirst Dental for 2023-2024.

| | STANDARD PPO DENTAL PLAN | | PREMIER INDEMNITY DENTAL PLAN |
|---|--------------------------|-------------------------|-------------------------------|
| | IN-NETWORK | OUT-OF-NETWORK | ANY LICENSED PROVIDER |
| PLAN YEAR DEDUCTIBLE | | | |
| INDIVIDUAL | None | \$100 | \$75 |
| FAMILY | None | \$300 | \$200 |
| PLAN YEAR MAXIMUM | | | |
| PER PERSON | \$1,200 | | \$2,000 |
| COVERED SERVICES | | | |
| PREVENTATIVE & DIAGNOSTICS SERVICES | No Charge* | 20% of allowed benefit* | 20% of allowed benefit* |
| BASIC SERVICES | 10% of allowed benefit* | 20% of allowed benefit* | 20% of allowed benefit* |
| MAJOR SERVICES - SURGICAL | 10% of allowed benefit* | 20% of allowed benefit* | 20% of allowed benefit* |
| MAJOR SERVICES - RESTORATIVE | 40% of allowed benefit* | 50% of allowed benefit* | 50% of allowed benefit* |
| ORTHODONTICS (CHILD ONLY) | 50% of allowed benefit* | | 50% of allowed benefit* |
| ORTHODONTIC LIFETIME MAXIMUM (CHILD ONLY) | \$1,200 | | \$2,000 |

*After deductible



Vision Benefits



Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through UnitedHealthcare.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your cost per pay period. To find a network vision provider, visit www.myUHCvision.com or call 1-800-638-3120. Please note that you will not be issued an ID card. You may print an ID card once you log in to their website.

Vision Plan Summary

This chart summarizes the vision coverage provided by UnitedHealthcare for 2023-2024.

| | STANDARD VISION PLAN | | PREMIER VISION PLAN | |
|---|---|---|---|---|
| | YOU PAY | YOUR EMPLOYER PAYS | YOU PAY | YOUR EMPLOYER PAYS |
| FULL TIME ELIGIBLE COST PER PAY PERIOD: | | | | |
| EMPLOYEE ONLY | \$0.42 | \$0.81 | \$1.60 | \$0.84 |
| EMPLOYEE + ONE | \$0.94 | \$1.81 | \$3.58 | \$1.90 |
| EMPLOYEE + FAMILY | \$1.54 | \$2.99 | \$5.90 | \$3.12 |
| PART TIME ELIGIBLE (24+ HOURS/ WEEK) COST PER PAY PERIOD: | | | | |
| EMPLOYEE ONLY | \$0.42 | \$0.81 | \$1.60 | \$0.84 |
| EMPLOYEE + ONE | \$0.94 | \$1.81 | \$3.58 | \$1.90 |
| EMPLOYEE + FAMILY | \$1.54 | \$2.99 | \$5.90 | \$3.12 |
| PART TIME ELIGIBLE (20<24 HOURS/ WEEK) COST PER PAY PERIOD: | | | | |
| EMPLOYEE ONLY | \$0.98 | \$0.25 | \$1.95 | \$0.49 |
| EMPLOYEE + ONE | \$2.20 | \$0.55 | \$4.37 | \$1.11 |
| EMPLOYEE + FAMILY | \$3.63 | \$0.90 | \$7.20 | \$1.82 |
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| EXAMS | | | | |
| COPAY | \$10 | Up to \$40 reimbursement | \$10 | Up to \$40 reimbursement |
| FREQUENCY | Every 12 months | | Every 12 months | |
| LENSES | | | | |
| SINGLE VISION | \$15 Copay | Up to \$40 | \$15 Copay | Up to \$40 |
| BIFOCAL | \$15 Copay | Up to \$60 | \$15 Copay | Up to \$60 |
| TRIFOCAL | \$15 Copay | Up to \$80 | \$15 Copay | Up to \$80 |
| LENTICULAR | \$15 Copay | Up to \$80 | \$15 Copay | Up to \$80 |
| FREQUENCY | Every 12 months | | Every 12 months | |
| CONTACTS (IN LIEU OF LENSES AND FRAMES) | | | | |
| FITTING AND EVALUATION* | Covered in full after copay | No portion of allowance will be exclusively applied | Covered in full after copay | No portion of allowance will be exclusively applied |
| ELECTIVE | \$15 Copay | Up to \$125 reimbursement | \$15 Copay | Up to \$125 reimbursement |
| MEDICALLY NECESSARY | Covered in full after copay (if applicable) | Up to \$210 reimbursement | Covered in full after copay (if applicable) | Up to \$210 reimbursement |
| FREQUENCY | Every 12 months | | Every 12 months | |
| FRAMES | | | | |
| COPAY | \$15 Copay | N/A | \$15 Copay | N/A |
| ALLOWANCE | \$130 retail frame allowance | Up to \$45 | \$130 retail frame allowance | Up to \$45 |
| FREQUENCY | Every 24 months | | Every 12 months | |

*Fitting and Evaluation fee applied to contact lens allowance.

Survivor Benefits



It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Employer Paid Basic Life and Accidental Death & Dismemberment Insurance

Luminis Health provides full-time employees (.9 FTE and above) with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through The Hartford at no cost to you, which guarantees that your spouse or other designated survivor(s) receive benefits after your death.

Your Basic Life and AD&D insurance benefit is 1 x annual base rate of pay, up to \$525,000, not to exceed \$2,000,000 when combined with Voluntary Life. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

| BASIC EMPLOYEE LIFE/AD&D | |
|---|---|
| COVERAGE AMOUNT | 1 x Annual Base Rate of Pay to a maximum of \$525,000 |
| WHO PAYS | Luminis Health |
| VOLUNTARY EMPLOYEE LIFE/AD&D | |
| COVERAGE AMOUNT | 1, 2 or 3x Salary |
| WHO PAYS | Employee |
| MAXIMUM BENEFIT | 1x, 2x, or 3x your annual earnings to maximum of \$1,575,000 (combined maximum of \$2,000,000 when combined with Basic Life) |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | EOI required if coverage was waived when first eligible. EOI required for an increase above one level, subject to the Guarantee Issue limit of \$250,000. |
| VOLUNTARY SPOUSE LIFE* | |
| COVERAGE AMOUNT | \$10,000, \$25,000 or \$50,000 |
| WHO PAYS | Employee |
| MAXIMUM BENEFIT | 50% of the Employee election or \$50,000; whichever is less |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Not required if you elect to enroll in Employee Supplemental Life and AD&D Insurance |
| VOLUNTARY CHILD LIFE* | |
| COVERAGE AMOUNT | \$2,000, \$5,000 or \$10,000 |
| WHO PAYS | Employee |
| MAXIMUM BENEFIT | \$10,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Not required if you elect to enroll in Employee Supplemental Life and AD&D Insurance |

*You receive the benefit payment for a dependent's death under the The Hartford insurance.

Naming a Beneficiary

Don't forget to designate a beneficiary! Choosing who will receive your life insurance benefits is an important decision. During your benefits enrollment, make sure you've designated a beneficiary. Open Enrollment is a good time to check your beneficiary information to keep it up-to-date as your life status changes (e.g. you get married).

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18.

Whole/Universal & Term Life

Employees are eligible for Whole/Universal life insurance through Transamerica, which offers a permanent life insurance option with guaranteed premiums based on your current age.

| HYPOTHETICAL EXAMPLE | |
|---|-------------------|
| EMPLOYEE ELECTS \$25,000 LIFE INSURANCE POLICY | |
| LTC pays 6% monthly benefit for either a long-term care facility or assisted living facility | \$1,500 per month |
| Pays 4% of your life insurance face amount for either home healthcare or adult day care | \$1,000 per month |
| Payments reduce the death benefit until exhausted (approximately 16 months) | |
| Benefits are payable after 90 days if you are unable to perform two activities of daily living (eating, bathing, dressing, toileting, transferring) | |

- » Guaranteed issue: Coverage is offered to you without any medical questions at the start of your employment with Luminis Health. If you choose to enroll at a later date, you will be subject to medical underwriting and coverage can be declined.
- » Portable: You own the policy; you can keep it if you leave or retire and you will pay the same premium.
- » Level premiums: Premiums are level for life and locked in at your current age; the death benefit is also level and remains the same throughout your lifetime.
- » Cash value: This policy accumulates cash value; you can borrow funds as needed.
- » Tax-free benefit: Premiums for this policy are deducted on a post-tax basis, so benefits you receive will not be taxed.

Premiums are based on your current age and tobacco usage and will be shown during Open Enrollment along with additional plan details.

Life Insurance: Term vs. Whole/Universal Life

TERM LIFE

WHAT IS IT?

- Provides protection during your working years
- Affordable coverage to help survivors weather an unexpected loss

WHY DO YOU NEED IT?

- Income replacement
- Like renting a house: you use the protection for a set period of time
- Can help pay the costs families face during the working years if the breadwinner dies prematurely: housing, education, saving for retirement
- Can be used to pay for expenses associated with terminal illness

HOW DOES IT WORK?

- Flexible, normally ends at retirement
- You may increase coverage as your needs evolve
- The benefit typically decreases after age 65, and can end at retirement, when income replacement may no longer be necessary
- Guaranteed issue means you can get coverage with no health questions or exams

WHOLE/UNIVERSAL LIFE

- Provides benefits for a lifetime
- More than just a death benefit – value you can use during times of need

- Final expenses plus cash accumulation
- Like owning a house: you keep the benefit for a lifetime
- Can help pay final expenses
- Can also be used to pay for expenses associated with terminal illness, including long-term care
- Accumulates cash value at a guaranteed interest rate; you can borrow against this value

- Guaranteed premium, level benefit – for life
- Your premium is locked in for the amount of coverage you desire – the younger you are, the lower the premium. Rates this affordable with guaranteed issue are usually only available in the workplace
- The level death benefit does not decrease with age
- The coverage continues for life
- Guaranteed issue – generally available only in the workplace. You can get coverage with no health questions or exams

HOW LONG DO THEY WORK TOGETHER?

- Protection for now, helpful benefits for later
- With valuable protection for your working years and benefits that carry into retirement, a combination of Term Life and Permanent Life provides comprehensive protection for your loved ones.

Income Protection



You and your loved ones depend on your regular income. That's why Luminis Health provides disability coverage through The Hartford for full-time employees working 36 hours or more to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Basic Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are provided at no cost to you. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents at the MyLuminis Health Benefits Employee Portal for details.

| | |
|------------------------|---------|
| ELIMINATION PERIOD | 7 days |
| MAXIMUM BENEFIT PERIOD | 84 days |

Basic Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are provided to full-time employees at no cost. Part-time employees are eligible to purchase voluntary coverage at the full cost. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or contact the Hartford at 888-277-4767 for details.

| | |
|------------------------|--|
| ELIMINATION PERIOD | 90 days |
| MAXIMUM BENEFIT PERIOD | Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner. |

Note: Part-time employees (.5-.9 FTE) have the option to purchase voluntary LTD coverage.

Note

Around 30% of Americans ages 35-65 will suffer a disability lasting at least 90 days during their careers. (Source: Million Dollar Round Table)

Supplemental Health Benefits



Luminis Health offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

You can't always prevent accidents, but you can be prepared for them, including readying for any financial impact. Accident coverage through MetLife provides benefits for you and your covered family member for expenses related to an accidental injury that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays and even typical day-to-day expenses such as a mortgage or car payment. Cash benefits are payable to you to use as you wish.



ACCIDENT COVERAGE

| | LOW PLAN | HIGH PLAN |
|---|--|--|
| SUMMARY OF BENEFITS* | | |
| FRACTURES | \$200 - \$10,000 | \$400 - \$20,000 |
| DISLOCATIONS | \$200 - \$10,000 | \$400 - \$20,000 |
| EMERGENCY CARE | \$100 - \$200 | \$200 - \$400 |
| NON-EMERGENCY INITIAL CARE | \$100 | \$200 |
| MEDICAL TESTING BENEFIT (X-RAY, MR/MRI, ULTRASOUND, NCV, CT/CAT, EEG) | \$200 | \$400 |
| PHYSICIAN FOLLOW-UP VISIT | \$100 | \$200 |
| THERAPY SERVICES | \$50 | \$100 |
| HOSPITAL OR ICU BENEFIT | \$1,500 for the day of admission, then \$200 - \$300/day | \$3,000 for the day of admission, then \$400 - \$600/day |
| BURNS (2ND AND 3RD DEGREE) | \$100 - \$15,000 | \$200 - \$30,000 |
| CONCUSSION | \$500 | \$1,000 |
| COMA | \$10,000 | \$20,000 |
| LACERATION | \$75 - \$700 | \$100 - \$1,400 |
| SURGICAL REPAIR | \$200 - \$2,000 | \$400 - \$4,000 |
| AMBULANCE | Ground: \$400 / Air: \$1,250 | Ground: \$800 / Air: \$2,500 |
| PROSTHETIC DEVICE | \$1,000 - \$2,000 | \$2,000 - \$4,000 |
| MEDICAL APPLIANCE | \$150 - \$1,000 | \$250 - \$2,000 |
| BLOOD BENEFIT | \$500 | \$1,000 |
| EYE INJURY | \$400 | \$800 |

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

PER PAY PERIOD CONTRIBUTIONS

| | LOW PLAN | HIGH PLAN |
|---------------------|----------|-----------|
| EMPLOYEE | \$3.00 | \$7.01 |
| EMPLOYEE/SPOUSE | \$5.87 | \$13.75 |
| EMPLOYEE/CHILD(REN) | \$6.80 | \$15.91 |
| FAMILY | \$8.31 | \$19.45 |

Critical Illness Coverage

Critical Illness coverage through MetLife pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs or any of your regular household expenses.

Plan Highlights

- » Guaranteed Issue Coverage (no medical questions)
 - Employee: \$10,000, \$20,000, or \$30,000
 - Spouse: 50% of the Employee's Initial Benefit
 - Child(ren): 50% of the Employee's Initial Benefit
- » Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion; however, your date of diagnosis must be on or after the effective date of your policy for benefits to be paid.
- » Health Screening Benefit: A \$50 health screening benefit is payable for each covered member for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test.

Covered Benefits

(Paid at 100% of your elected benefit amount unless otherwise noted):

- » Heart Attack
- » Stroke
- » Coronary Artery Bypass (50%)
- » Invasive Cancer
- » Carcinoma in Situ (25%)
- » Skin Cancer (5%, but not less than \$250)
- » Benign Brain Tumor
- » Major Organ Transplant
- » Alzheimer's Disease
- » Coma
- » Complete Blindness
- » Complete Loss of Hearing
- » Infectious Disease (25%)
- » Amyotrophic Lateral Sclerosis (ALS)
- » Multiple Sclerosis
- » Occupational HIV
- » Parkinson's Disease
- » Permanent Paralysis

PER PAY PERIOD CONTRIBUTIONS (UNI-TOBACCO)

| EMPLOYEE'S AGE | EMPLOYEE | EMPLOYEE/SPOUSE | EMPLOYEE/CHILD(REN) | FAMILY |
|----------------|----------|-----------------|---------------------|--------|
| <25 | \$0.17 | \$0.34 | \$0.26 | \$0.43 |
| 25-29 | \$0.19 | \$0.37 | \$0.28 | \$0.47 |
| 30-34 | \$0.22 | \$0.43 | \$0.31 | \$0.53 |
| 35-39 | \$0.28 | \$0.54 | \$0.37 | \$0.64 |
| 40-44 | \$0.36 | \$0.71 | \$0.45 | \$0.79 |
| 45-49 | \$0.47 | \$0.93 | \$0.56 | \$1.02 |
| 50-54 | \$0.58 | \$1.19 | \$0.66 | \$1.27 |
| 55-59 | \$0.75 | \$1.60 | \$0.84 | \$1.69 |
| 60-64 | \$0.95 | \$2.10 | \$1.04 | \$2.18 |
| 65-69 | \$1.22 | \$2.75 | \$1.31 | \$2.84 |
| 70+ | \$1.76 | \$3.91 | \$1.85 | \$4.00 |

TO CALCULATE HOW MUCH YOUR COVERAGE WILL COST:

| | | | | |
|-----------------|-----------|----|--------------------|------------------------|
| \$ | ÷ 1,000 = | \$ | x Age Based Rate = | \$ |
| Benefit Elected | | | | Per Pay Period Premium |

Due to rounding, the amounts shown above may be a penny off from your paycheck deduction.

Hospital Indemnity Coverage

Hospital Indemnity coverage through MetLife pays you cash benefits directly if you are admitted to the Hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging or everyday expenses such as groceries and utilities.

Plan Highlights

- » Guaranteed Issue Coverage (no medical questions)
- » Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion. Benefits are payable for hospitalizations that occur on or after the effective date of your policy.

Hospital Indemnity Benefit Amounts:

| BENEFIT AMOUNTS | | |
|--|----------|-----------|
| | LOW PLAN | HIGH PLAN |
| INITIAL CONFINEMENT BENEFIT FOR HOSPITAL OR CRITICAL CARE UNIT | \$500 | \$1,000 |
| DAILY BENEFIT FOR HOSPITAL CARE | \$150 | \$300 |
| DAILY BENEFIT FOR CRITICAL CARE | \$150 | \$300 |

Hospital Indemnity Contributions:

| PER PAY PERIOD CONTRIBUTIONS | | |
|------------------------------|----------|-----------|
| | LOW PLAN | HIGH PLAN |
| EMPLOYEE | \$7.30 | \$13.62 |
| EMPLOYEE/SPOUSE | \$12.95 | \$24.04 |
| EMPLOYEE/CHILD(REN) | \$10.88 | \$20.19 |
| FAMILY | \$16.53 | \$30.60 |

Pet Insurance

We know your pets are part of the family, and just like any other family member, our furry friends are bound to have some medical expenses from time to time. For the most part, these expenses come from standard checkups and immunizations, but the occasional unexpected illness or injury can rack up some significant bills when you least expect it. Pet insurance through MetLife provides coverage for veterinary expenses related to accidents and illnesses, including X-rays, medications, vet visits, surgeries and hospital stays. Policies are available for dogs, cats, avian and exotic pets. Optional wellness coverage is also available for dogs and cats, providing reimbursement for preventive care. To enroll or for additional information, please contact MetLife directly at www.metlife.com or call 1-800-438-6388.

Prepaid Legal Coverage

MetLife Legal Insurance offers low-cost access to attorneys for personal legal services. Payments are made conveniently through payroll deductions. It's like having your own attorney on retainer for a lot less. There are expert attorneys standing by to assist you with:

- » Estate planning, wills and trusts
- » Real-estate matters
- » Identity-theft defense
- » Financial matters, such as debt-collection defense
- » Traffic offenses
- » Document review
- » Family law, including adoption and name change
- » Advice and consultation on personal legal matters
- » Divorce

Coverage is available for you and your dependents. Contact MetLife Legal Insurance at 1-800-821-6400 or www.info.legalplans.com (access code: Metlaw) for more information.

Identity Theft Protection

Identity theft protection is available on a voluntary basis. There is a new identity fraud victim every two seconds. Protect yourself with Aura Identity Guard. Aura Identity Guard monitors millions of transactions every second, alerting you to suspicious activity by text, phone or email. This plan offers a full set of features to help protect you and your covered family members against identity theft.

Aura Identity Guard membership features:

- » Aura Identity Guard Identity Alert System
- » Lost-wallet protection
- » Address change verification
- » Aura Identity Guard Privacy Monitor
- » Live member service support
- » Identity-restoration support
- » Data-breach notifications

This plan is available via payroll deduction and is yours to keep if you retire or leave Luminis Health. Contact Aura Identity Guard at 1-888-413-5561 or www.identityguard.com for more information.



Retirement Planning



No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

Contributing to a qualified retirement account now can help keep you financially secure later in life. The Luminis Health retirement plan provides you with the tools you need to prepare. Depending on which part of the organization you are hired into, you will be able to participate in either a 401(k) or 403(b) account.

PLAN AT A GLANCE

| | |
|---------------|--|
| PLAN NAME | Luminis Health Retirement Plan |
| RECORDKEEPER | Empower |
| WEBSITE | www.empowermyretirement.com |
| ELIGIBILITY | All Employees |
| COMPANY MATCH | Employee contributions up to 6% will be matched at 50% (for those with less than 12 years of service) and 75% (for those with more than 12 years of service). Employees who work at least 1,000 hours in a calendar year are eligible to receive the employer match. |

All About the Luminis Health Retirement Plan

This qualified employer-sponsored retirement account can help your future self by saving money – tax-free – from your paycheck. The sooner you participate in a retirement plan, the more time your assets have to grow.

Eligible employees can invest for retirement while receiving tax advantages. Employee contributions up to 6% will be matched at 50% (for those with fewer than 12 years of service) and 75% (for those with greater than 12 years of service). Administrative services are provided by Empower. You are able to participate in the plan as of the first payroll period beginning on or after your hire date.

You will be automatically enrolled to contribute 6% pretax of eligible pay to the retirement plan unless you elect otherwise. If you choose to contribute less than 6%, your contribution rate will increase by 1% the next year. Each year in December, Empower will notify you of the upcoming escalation and you will be provided with information regarding how you may opt out.

Pre-tax vs. Roth 401(k): What's the difference? If you contribute to your qualified retirement plan on a pre-tax basis, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose to contribute to a qualified retirement plan account, contributions are deducted from your paycheck after taxes – so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.

Contributing to the Plan

The deferred contribution limit set annually by the IRS is \$22,500 for 2023-2024.

If you are age 50 or older this year and you already contribute the maximum allowed to your account, you may also make a “catch-up contribution.” This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$7,500 for 2023-2024 – for a combined total contribution allowance of \$30,000.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. Keep in mind that if you started at Luminis Health mid-year, you will need to track how much you contributed at your previous employer to ensure that you don't over contribute. You will need to contact Empower before 3/1 and submit a request to correct any excess contributions.

How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income for retirement, including any amounts contributed by your employer. Even if you can't afford to save that much right now, make sure you save at least 6% so that you can take full advantage of the employer match and ensure that you don't leave free money behind.

Schedule a private one-on-one appointment with our Retirement Plan Advisor from Empower at luminishealth.empowermytime.com.

Changing or Stopping Your Contributions

You may change the amount of your contributions at any time. Changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan with a previous employer, you may transfer that account into the plan at any time. Contact Empower at 1-866-467-7756 for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

Note

The average American starts saving for retirement at age 27. But it's never too late!
(Source: Annuity.org)

Investing in the Plan

It's up to you how to invest the assets. The Luminis Health Retirement Plan plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit www.empowermyretirement.com.

Vesting

Vesting refers to how much of your retirement funds you can take with you if or when you leave Luminis Health. With our vesting schedule, each year you'll own a greater percentage of the organization's matching contributions. When you're fully vested, you'll own 100% of your employer's contributions. You always own and are fully vested in your own personal retirement plan contributions.

| VESTING SCHEDULE | |
|---|-------------------|
| YEARS OF SERVICE (1,000 HOURS EACH YEAR) | PERCENTAGE VESTED |
| 2 | 20% |
| 3 | 50% |
| 4 | 75% |
| 5 | 100% |



Additional Benefits



Luminis Health wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional and physical. And there's no cost to you – whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone, and the EAP benefit includes six free counseling sessions per person per issue with a licensed professional. All services provided are confidential and will not be shared with Luminis Health. There are website tools you can take advantage of, a life savings center, educational seminars, skill-building training and easily searchable databases. For details, contact:

- » Toll Free: 1-800-346-0110
TTY/TTD: 1-877-845-6465
- » Online: www.inova.org/eap
Username: Luminis
Password: Health
- » iConnectYou: 203267

The Program provides referrals to help with:

- » Emotional health and wellbeing
- » Alcohol or drug dependency
- » Marriage or family problems
- » Job pressures
- » Stress, anxiety, depression
- » Grief and loss
- » Financial or legal advice

Bereavement Leave

Luminis Health will grant up to three days (a maximum of 24 hours based on FTE) bereavement leave per event to eligible employees who experience a death in the immediate family.

Definitions

For the purposes of this policy, immediate family is defined as the employee's:

- » Legal spouse
- » Parent
- » Child (biological, legally adopted, stepchildren living with the employee or child for whom a court has designated the employee as legal guardian)
- » Grandchildren
- » Sibling
- » Grandparent
- » Step-parent or individual who was a legal guardian of the employee
- » In-law (mother, father, sister and brother-in-law of your current marriage. Also includes your siblings' current spouses.)

Eligibility and Amount of Leave

Regular full-time and regular part-time employees are eligible for bereavement leave, as follows:

- » .6 to 1.0 FTE eligible for 24 hours
- » .1 to .5 FTE eligible for 12 hours

Paid Time Off

For Hourly Employees Eligible for Overtime

Full-time and part-time employees earn paid time off through two programs:

1. A Personal Leave bank

For full-time employees and part-time employees who are scheduled to work at least 24 hours per week, 40 hours of personal leave deposited into your bank at the start of the year to use for any reason

- CPT and part-time employees scheduled to work under 24 hours per week receive 1 hour of Personal Leave for every 30 hours worked, up to a maximum of 40 hours

2. A PTO bank

Grows as you accrue paid time off over the course of a year. Your PTO accrual rate, shown on the chart below, is determined by the number of years you have worked at Luminis Health

Things to Know

Personal Leave

For unexpected absences, your manager will apply time from your Personal Leave bank first. You must use at least 4 hours of Personal Time per unexpected absence. PTO time is applied first only when you have no remaining time in your Personal Leave bank.

PTO

Your PTO is subtracted from your accrued time bank in one-hour increments. You do not earn PTO when you are out on disability or workers' compensation leave.

For Salaried Employees (Not Eligible for Overtime)

Salaried employees receive between 22 days (176 hours) and 32 days (256 hours) of PTO, based on your years of service. For new hires, your PTO days will be prorated based on what month you joined the Luminis Health team. You can carry over up to five days from one year to the next.

| YEARS OF CONTINUOUS SERVICE | SALARIED EMPLOYEES # OF DAYS PER CALENDAR YEAR | SALARIED EMPLOYEES ACCRUAL RATE PER SCHEDULED FTE |
|-----------------------------|--|---|
| 0 through 5 years | 22 | 0.046 |
| 6 through 13 years | 27 | 0.1039 |
| 14 years or more | 32 | 0.1231 |

Things to Know

- » In the event of illness or injury: Salary continuation is available to cover the first five days you are out with an injury or illness. This time will not be deducted from your PTO bank.
- » For medical situations that require a longer absence, short term disability benefits will cover 60% of your salary, with PTO available to supplement the rest.

*CPT employees do not earn paid time off beyond 40 Personal Leave hours. Temporary employees, contract employees, and interns are not eligible for PTO.

*Accrual rates in these tables do not apply to providers with employment agreements and participants in residency programs, whose paid time off and holidays are outlined in their individual contracts

2024 PAID TIME OFF* FULL-TIME HOURLY EMPLOYEES (ELIGIBLE FOR OVERTIME)

| YEARS OF SERVICE | HOURS ACCRUED PER PAY PERIOD | PTO HOURS/YEAR | PERSONAL LEAVE | HOLIDAYS (7 DAYS) | TOTAL HOURS |
|------------------|------------------------------|----------------|----------------|-------------------|-------------|
| 0-5 | 4.0012 | 104 | 40 | 56 | 200 |
| 6-13 | 5.5372 | 144 | 40 | 56 | 240 |
| 14-19 | 7.0812 | 184 | 40 | 56 | 280 |
| 20+ | 8.6172 | 224 | 40 | 56 | 320 |

2024 PAID TIME OFF PART-TIME HOURLY EMPLOYEES

| YEARS OF SERVICE | LEAVE FOR EACH HOUR WORKED |
|------------------|----------------------------|
| 0-5 | 0.050015 |
| 6-13 | 0.069215 |
| 14-19 | 0.088515 |
| 20+ | 0.107715 |

Paid Holidays

Each year, full-time employees will be paid for 7 holidays:

- » New Year's Day
- » Independence Day
- » Martin Luther King Jr. Day
- » Labor Day
- » Memorial Day
- » Thanksgiving Day
- » Christmas Day

Please see the Luminis Health Holiday Pay Policy for more information.

Tuition Assistance

Full-time employees working toward an undergraduate or graduate degree are eligible for up to \$4,000 per calendar year (part-time employees can receive a prorated amount) towards tuition and other eligible educational costs.

Clinical Tuition Loan Reimbursements*

- » Registered Nurses: Full-time Nurses bedside RNs are eligible for up to \$10,000 per year in tuition loan reimbursement in pursuit of a BSN, MSN, or Doctoral degree.
- » Physical Therapists: Full-time PTs are eligible for up to \$10,000 per year in tuition loan reimbursement for study toward a Bachelor's, Master's, or Doctoral degree in physical therapy.

Certification Bonuses

Our certification bonus program allows employees to enhance their professional growth and value to the organization by obtaining an approved certification. (This does not include certifications that are required for their position). Employees who achieve additional professional certifications beyond what their job requires receive a \$500 bonus for a new certification or \$250 for recertification, in addition to reimbursement for the cost of required exams up to \$2,625 per year.**

*18-month service requirement following each student loan reimbursement, with a lifetime maximum benefit of \$30,000.

**See our Professional Certification Program guidelines for more information.

Experienced RN Recognition Bonus Plan

The Experienced RN Recognition Bonus Plan is a program that offers a retention bonus opportunity of \$2,500 per year to full-time nurses (.9 FTEs or greater) with over 20 years of experience as a bedside nurse and who are no longer eligible for market adjustments. Eligible employees are notified of their bonus eligibility for each year of participation. There is a two-year vesting requirement for all incentives earned under this program. Please refer to the Experienced RN Recognition Bonus Plan document for complete details.

Adoption Assistance

Luminis Health provides child Adoption Assistance in the amount of \$2,000 for full-time (.9 FTE) employees who have worked for the organization for a minimum of one year. The financial assistance may be used to reimburse parents for adoption-related services such as adoption agency fees, foreign adoption fees, legal fees, maternity fees for the birth mother, placement fees, and travel expenses directly related to the adoption.



Glossary

Balance Billing – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. The deductible may not apply to all services, such as preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan and what portion is your liability, in addition to how you can appeal the insurer’s decision. These can be found on the carrier’s website.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You’ll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are “use it or lose it,” so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- » **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical/prescription, dental and vision care expenses that aren’t covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- » **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.
- » **Limited Purpose FSA** – Designed to complement a Health Savings Account, a Limited Purpose FSA allows for reimbursement of eligible dental and vision expenses.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Reimbursement Account (HRA) – A personal healthcare account funded by an employer that you can use to pay for qualified medical expenses.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer’s tax-free dollars to pay for qualified medical expenses. You must be enrolled in an HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Network – A group of physicians, hospitals and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- » **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- » **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- » **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred or specialty.

- » **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- » **Preferred Drugs** – Brand-name drugs on your provider's approved list (available online).
- » **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- » **Specialty Drugs** – Prescription medications used to treat complex, chronic and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- » **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- » **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Qualifying Life Event (QLE) – A change in life circumstances that allows you to alter an existing health insurance policy, or sign up for a new one, outside of open enrollment periods.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations and material provisions of the plan(s) to all participants and their beneficiaries.



Required Notices

Important Notice from Luminis Health About Your Prescription Drug Coverage and Medicare under the Luminis Health Medical Plan(s)

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 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 has determined that the prescription drug coverage offered by the Luminis Health Medical Plan(s) plan(s) 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.

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 coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

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 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 at the end of these notices for further information.

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 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).

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

| | |
|--------------------------|--|
| Date: | July 1, 2023 |
| Name of Entity/Sender: | Luminis Health |
| Contact—Position/Office: | Human Resources |
| Address: | 2001 Medical Parkway, HR AE-480 Annapolis, MD 21401 |
| Phone Number: | 1-833-423-0420 |

Women's Health and Cancer Rights Act

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). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » 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; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 1-833-423-0420.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 1-833-423-0420.

HIPAA 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 later 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).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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.

To request special enrollment or obtain more information, contact Human Resources at 1-833-423-0420.

Important Contacts

Luminis Health Benefits Service Center

1-833-423-0420
www.luminishealth.bswift.com

Medical

CareFirst - BCBS
1-833-466-0180
www.myhealthtoolkitcf.com

Pharmacy

Luminis Health In-House Pharmacy
1-443-481-4176
employeepharmacy@luminishealth.org

Pharmacy Benefit Dimensions
PBD RxBIN: 004626
1-888-878-9172
www.pbdrx.com

Dental

CareFirst Dental
1-866-891-2802
www.carefirst.com
Policy #: 2KRD

Vision

UnitedHealthcare
1-800-638-3120
www.myuhcvision.com

Health Savings Account

HealthEquity
1-866-346-5800
www.healthequity.com

Flexible Spending Accounts

HealthEquity
1-855-774-7441
www.healthequity.com

Wellness

Marquee Health
1-800-882-2109
www.luminishealth.mywellportal.com

Life and AD&D

The Hartford
1-888-563-1124
www.thehartford.com
Policy #: 677258

Whole/Universal Life Insurance

Transamerica
1-800-797-2643
www.transamerica.com

Disability

The Hartford
1-888-277-4767
www.thehartford.com
Policy #: 072069 (STD), 677258 (LTD)

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

MetLife
1-800-858-6506
www.metlife.com

Prepaid Legal Coverage

MetLife Legal Insurance
1-800-821-6400
Non-enrolled inquiry:
www.info.legalplans.com
(access code: Metlaw),
Enrolled member:
www.members.legalplans.com
(Register)

Identity Theft

Aura Identity Guard
1-888-413-5561
www.identityguard.com

Pet Insurance

MetLife
1-800-438-6388
www.metlife.com

Employee Assistance Program

Inova EAP
1-800-346-0110
www.inova.org/eap
Username: Luminis
Password: Health

Retirement

Empower
1-866-467-7756
www.empowermyretirement.com

Luminis Health Human Resources

2001 Medical Parkway, HR AE-480
Annapolis, MD 21401
1-443-481-HR4U



