



Enrollment Booklet

The right care for your unique health journey

JAN. 1 – DEC. 31, 2022

Humana®

GNHLF2UEN 0821

Traditional



Open Enrollment 2022

Sept. 22 – Oct. 6, 2021

Open Enrollment 2022 is about choosing care that works for you and your family's lifestyle. There are a variety of plans (including a new virtual plan option) to support your unique needs no matter where you are on your well-being journey. These choices were designed so our associates can bring their whole selves to work and are empowered to deliver on their passion for holistic well-being.

Starting September 22 until 11:59 pm Eastern Time on October 6, you have the opportunity to enroll in or waive the following benefits for you and your family during Open Enrollment or within your first 31 days as a new associate. **Benefits are effective January 1 – December, 31, 2022.** Enrollment is done through Workday unless otherwise noted. For instructions on how to enroll in Workday, see p. 14.

- **Medical plans:** Consumer-directed health plan (CDHP) with personal care account (PCA), **new Virtual First health plan (VFHP) with personal care account (PCA)** and three High deductible health plans (HDHP) with health savings account (HSA); all plans include Go365®
- **Go365:** (you can elect Go365 separately if you are not enrolled in a medical plan or not covered on another associate's medical plan as a dependent)
- **Dental plans:** Preventive, PPO and Traditional Preferred
- **Vision plan**
- **Basic life insurance**
- **Voluntary term life insurance (VTL)**
- **Voluntary benefits:** Accident, Critical Illness and Cancer, Hospital Indemnity
- **Healthcare and Dependent Care flexible spending accounts (FSA)**
- **Prepaid legal** (visit the "Great Deals site to learn more and enroll)

Because your well-being journey is important, this enrollment booklet should provide all the information you need to make the right choices for you and your family.

If your family members are on your benefits plan, involve them in the discussion, so they understand and agree to the choices that they can make.

Remember, we're here to offer support as you work through the enrollment process. If you have questions about these benefits or the enrollment process, please refer to the contact information on page 13.

A decision support tool is available called [Alex®](#). This tool provides an interactive experience to help you make the best choice of plans for you and your family. Associates can access Alex anytime during Open Enrollment or the new hire enrollment period.

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Resources

Meet “Alex” - go/alex22

(interactive digital tool that helps you compare and choose plans, model out-of-pocket costs)

Well-being Center – go/openenrollment

(visit the Open Enrollment Pathway to review more detailed information about your 2022 benefits)

Open Enrollment Team - 1-800-601-9548

(available 8 a.m. to 8 p.m. Eastern Time for benefits-related questions)

Enrollment Guides - enrollmentguides@humana.com

(guidance on open enrollment information and education; available only during the Open Enrollment period)

Associate Support Center - go/asc

(available 24 hours a day/7 days a week for payroll, enrollment system and well-being programs information)

Enrollment considerations

Life events overview

As life's circumstances change, so do your needs. You may have gotten married, become a new parent, or your spouse/partner just got a new job. When life events happen, there are instances outside the Open Enrollment period when you can make changes to your health plan benefits. Here are some of the general rules:

- Any changes must be made within 31 days of the event.
- You will need to supply documentation to support the life event will be required to process any benefit changes.
- You will not be able to change your benefit plan or plan deductibles.
- If approved, the benefit change you request will be effective on the date of the life event.
- You can change the amount you contribute to a health savings account (HSA) at any time during the plan year. Contribution changes are effective the next payperiod after the change is made in Workday.

To learn more about life events, please visit the [Life Events page](#) on the Well-being Center.

Eligibility review

There is an [eligibility review](#) of all newly covered dependents. More information will be provided at the start of the review process. If you have questions about eligibility, please contact HR4U.

Preventive care

For all medical plans, certain preventive services are covered at 100% before meeting your deductible, when you use in-network providers.

Type	Service	
Routine exams*	<ul style="list-style-type: none">• Routine adult physical exams for age 18 and over• Routine well-child exams (up to age 18)	<ul style="list-style-type: none">• Routine well-woman exams
Routine testing*	<ul style="list-style-type: none">• X-rays and lab tests associated with routine physical exams• Mammograms and Pap tests for ages 18 and older (limited to one per plan year)	<ul style="list-style-type: none">• Endoscopic services for age 18 and over (including colonoscopies)• Prostate antigen testing for age 50 and older
Routine immunizations and vaccinations*	<ul style="list-style-type: none">• Immunizations and vaccines as recommended by the U.S. Preventive Services Task Force	<ul style="list-style-type: none">• Gardasil® vaccine for females through age 26• Zostavax® vaccine for ages 50 and older• Meningitis vaccine to age 25
Oral contraceptives, supplies and devices	<ul style="list-style-type: none">• Generic and brand-name medicines with no generic equivalent	
Breastfeeding supplies and devices	<ul style="list-style-type: none">• Breast pumps and breastfeeding supplies when rented or purchased from an in-network durable medical equipment provider (does not cover breast pumps purchased at a retail store)	<ul style="list-style-type: none">• Lactation classes
Tobacco cessation	<ul style="list-style-type: none">• Tobacco-cessation medicines available at no cost with a prescription	

*Routine refers to services received when not confined in a hospital or qualified facility and not related to a specific bodily injury or illness. Checkups and tests to monitor a chronic condition are not considered routine for plan purposes.

Participating providers

- For all locations, with the exception of Minnesota and Milwaukee, Wisconsin, the participating provider network for the company health plans is National Point-of-Service OpenAccess Plus (NPOS+).
 - For associates located in Minnesota, the participating network is PreferredOne. Go to www.PreferredOne.com to search for participating providers.
 - For associates located in Milwaukee, the participating network is HumanaPreferred Network (HPN).

Out-of-area

Associates with limited network access are eligible to enroll in the same plans as other associates, but with an out-of-area provision. With this type of plan, there are fewer Humana participating providers. Therefore, if you visit an out-of-network provider, Humana will use the billed charge when calculating your cost share. In addition, any out-of-network provider costs will count toward the in-network deductible and maximum out-of-pocket. For more information on eligibility, please contact HR4U at **1-888-431-4748**.

Eligible for Medicare

If you or one of your covered family members is 65, will turn age 65 during the plan year, or will become eligible for Medicare coverage due to disability during that period, you'll want to consider whether the medical plan you select is **creditable** or **non-creditable**. All Humana associate medical plans are considered creditable for 2022.

That means the pharmacy benefits in these medical plans are as good as those offered with Medicare Part D. For more information, please refer to the **important notice from Humana about your prescription drug coverage and Medicare**, which can be found on p. 15.

Duplicate coverage

As an associate, you can cover your spouse/partner or an extended family adult and dependent children on your health benefits, including medical, dental, vision, voluntary term life and other voluntary plans. The only exception is for extended family adults. They are not eligible for voluntary term life and workplace voluntary benefits.

If you and your spouse/partner are eligible associates, you may separately elect coverage under these plans. However, you cannot have duplicate coverage as both an associate and a dependent. Also, you may not be enrolled in a Humana medical plan (either as a subscriber and/or dependent) and enroll separately in Go365.

If you and your spouse/partner or another extended family member have dependents you wish to cover, they may only be covered under one plan. If a dependent child becomes an eligible associate, he or she cannot be covered both as your dependent and as an eligible associate.

Doctor on Demand

Doctor on Demand gives you the peace of mind of seeing a doctor when you need to and where you need to. With Doctor on Demand, you can see a U.S.-based, board-certified doctor from the comfort of your home, office or while traveling through secure video on your smartphone, tablet or laptop. Doctors are available 24 hours a day, seven days a week, 365 days a year. Doctors can even send prescriptions to your preferred pharmacy. The cost for video visits varies depending on the medical plan you select.

Enrollment considerations

Join the well-being movement

Our commitment to health has always been at our core. That's why we reward those who make healthy choices. After all, research shows 50 percent of all healthcare costs are directly related to the choices you make.

For medical plan members who participate in Go365 and Financial Guidance, additional account funding can be earned by achieving certain criteria by **December 31, 2021**. For more information on account funding, see the chart on p. 7.

- **Go365®***

The Humana medical plans include Go365. If you waive medical, you can enroll separately in Go365. The program includes the health assessment, biometric screening, pedometer resources, challenges, wellness courses, tips and tools to help you set goals to maintain or improve your health habits and inspire new healthy activities. You earn rewards while furthering your health and well-being. If you're enrolled in medical, you can earn account funding in your personal care account (PCA) or health savings account (HSA) by achieving Gold Status by December 31, 2021.

- **WOW! Working on Well-being®***

Participate in programs and resources enterprise-wide and in your community to help you live life well and earn rewards. You must have a Go365 account with a medical plan or a separate Go365 account to participate in WOW.

- **Financial Guidance Activities** (for medical plan members only)

Complete any combination of the activities below by December 31, 2021 that add up to **10 points** to earn account funding in your PCA or HSA. For more information, visit the [Financial Guidance Activities page](#) on the Well-being Center.

ACTIVITY	POINTS
Schwab Advice (telephonic)	6 points
Enrich Courses:	3 points each
<ul style="list-style-type: none">• Creating a budget (and sticking to it)• Setting up an emergency fund• Banking with financial institutions• Getting out of debt (and avoiding it in the future)• Understanding your credit report• Mastering credit and optimizing your score• Health insurance fundamentals• How to make the most of your health savings account• Saving for a child's education• Repaying your student loans	
Schwab My Retirement Progress Tool	2 points

- **Boosting Biometrics** (for medical plan members only)

By achieving and maintaining healthy numbers (body mass index (BMI), blood pressure and LDL cholesterol), you can earn a \$300 reward. If your numbers are not in range, you can earn the reward by working towards an alternative qualifier. If you qualify, you must accept the terms and conditions of the My Pocket Dashboard, located on Humana.com. For more information, visit the [Boosting Biometrics page](#) on the Well-being Center.

*To comply with IRS regulations, Go365 and the WOW Account are taxed via a line item on your payslip titled "Go365 Imputed Inc." This imputed income amount is added directly to your taxable income but not your gross income. The overall tax effect is minimal—in most cases, it's less than \$16 per year.

Jan. 1 – Dec. 31, 2022 benefits at a glance Visit the Well-being Center (WBC) to learn more about these benefits.

Benefit name	Plans (individual/family)				
Medical NOTE: For all medical plans, if you are covering only yourself on the plan, the individual deductible and MOOP apply. If you are covering anyone other yourself, the family deductible and MOOP apply (the individual deductible and MOOP would not apply).	Plan	Deductible (individual/family)	Coinsurance after deductible	Pharmacy (Rx4)	Total maximum out-of-pocket (includes deductible, coinsurance and copays) (Individual/family)
	CDHP with PCA \$1,000/\$2,000	\$1,000/\$2,000 (medical only) Office visit copays* PCP: \$30 Specialist: \$60 Urgent care: \$60 *No deductible applies	Plan pays 80%; you pay 20% (medical only)	No deductible applies: Level 1: \$10 copay Level 2: \$40 copay Level 3: \$70 copay Level 4: 25% coinsurance *Maintenance medicines must be filled at Humana-owned pharmacies	\$3,000/\$6,000 (medical + pharmacy)
	VFHP with PCA \$3,000/\$6,000	\$3,000/\$6,000 (medical only) Doctor on Demand virtual visits*: \$0 Office visit copays* PCP: \$50 Specialist: \$100 Urgent care: \$125 *No deductible applies	Plan pays 80%; you pay 20% (medical only)	No deductible applies: Level 1: \$10 copay Level 2: \$40 copay Level 3: \$70 copay Level 4: 25% coinsurance *Maintenance medicines must be filled at Humana-owned pharmacies	\$4,500/\$9,000* (medical + pharmacy) *\$8,700 limit for each individual on a family plan
	HDHP with HSA \$1,500/\$3,000	\$1,500/\$3,000 (medical + pharmacy)	Plan pays 80%; you pay 20%	Applies after deductible: Level 1: \$10 copay Level 2: \$40 copay Level 3: \$70 copay Level 4: 25% coinsurance	\$3,000/\$6,000 (medical + pharmacy)
	HDHP with HSA \$2,300/\$4,600	\$2,300/\$4,600 (medical + pharmacy)	Plan pays 80%; you pay 20%	Applies after deductible: Level 1: \$10 copay Level 2: \$40 copay Level 3: \$70 copay Level 4: 25% coinsurance	\$3,800/\$7,600 (medical + pharmacy)
	HDHP with HSA \$3,000/\$6,000	\$3,000/\$6,000 (medical + pharmacy)	Plan pays 80%; you pay 20%	Applies after deductible: Level 1: \$10 copay Level 2: \$40 copay Level 3: \$70 copay Level 4: 25% coinsurance	\$4,500/\$9,000* (medical + pharmacy) *\$8,700 limit for each individual on a family plan
Preventive Rx (applies to all medical plans)	Certain generic and preferred brand diabetes and related medicines are at no cost when filled at Humana-owned pharmacies.				
Account funding	• Salary based funding	• Additional funding when you achieve Gold Status through Go365*		• Additional funding when you complete certain financial guidance activities	
Personal care account funding (with CDHP and VFHP) (individual/family)	Salary	Base funding beginning in January (lump sum)	Additional with achieving Gold Status (lump sum)*	Additional for completing financial guidance activities (lump sum)*	Total earning opportunity
	<\$50,000	\$200/\$400	+ \$400/\$800	+ \$300/\$600	= \$900/\$1,800
	\$50,000—<\$100,000	\$50/\$100	+ 150/\$300	+ \$100/\$200	= \$300/\$600
	\$100,000+	\$0/\$0	+ \$50/\$100	+ \$50/\$100	= \$100/\$200
Health savings account funding (with HDHP) (individual/family)	Salary	Base funding beginning in January (matching)	Additional with achieving Gold Status (lump sum)*	Additional for completing financial guidance activities (lump sum)*	Total earning opportunity
	<\$50,000	5:1 up to \$200/\$400	+ \$400/\$800	+ \$300/\$600	= \$900/\$1,800
	\$50,000—<\$100,000	2:1 up to \$50/\$100	+ \$150/\$300	+ \$100/\$200	= \$300/\$600
	\$100,000+	\$0/\$0	+ \$50/\$100	+ \$50/\$100	= \$100/\$200
Surcharges and additional costs**	• Tobacco use: \$40 biweekly; \$20 weekly per paycheck	• Spouse/partner coverage: \$45 biweekly; \$22.50 weekly per paycheck	• Non-completion of the health assessment: Separate costs for associate and spouse/partner (\$10 biweekly (\$5 weekly) for associate, \$10 biweekly (\$5 weekly) for spouse/partner)		• Non-completion of biometric screening: \$20 biweekly (\$10 weekly) for associate only
Boosting biometrics	• Associates enrolled on the company health plan can earn \$300 by achieving or working toward healthy biometric numbers (body mass index (BMI), blood pressure, glucose and LDL cholesterol) or completing an alternative qualifier by December 31, 2021.				

*Account Funding will be contributed in January 2022. To earn account funding in the 2022 plan year, you must reach Go365 Gold Status and/or complete financial guidance activities by **December 31, 2021**. If you are new to the plan July 1 – September 30, 2021, you must complete financial guidance activities and reach Go365 Silver Status instead of Gold to earn funding in the 2022 plan year.

To avoid additional costs for non-completion of biometrics and the Go365 health assessment in 2022, activities must be completed by **December 31, 2021. For more information on biometrics, visit go/biometrics. If you are new to the plan October 1, 2021 or after, additional costs for non-completion of biometrics and the Go365 health assessment do not apply for 2022.

Jan. 1 – Dec. 31, 2022 benefits at a glance Visit the Well-being Center (WBC) to learn more about these benefits.

Benefit name	Plans (individual/family)						
Dental	Plan	Preventive services*	Deductible (individual/family)	Basic services	Major services	Annual maximum	Orthodontia**
	Preventive	No cost; plan pays 100%	N/A	Not covered but may receive discount by using Humana Dental providers		\$1,500	Not covered
	PPO	No cost; plan pays 100%	<ul style="list-style-type: none">• \$50/\$150 (in-network)• \$150/\$450 (out-of-network)	<ul style="list-style-type: none">• Plan pays 80%; you pay 20% after deductible (in-network)• Plan pays 70%; you pay 30% after deductible (out-of-network)	<ul style="list-style-type: none">• Plan pays 60%; you pay 40% after deductible (in-network)• Plan pays 40%; you pay 60% after deductible (out-of-network)	\$2,000 (excluding orthodontia)	Plan pays 50% up to \$2,000
	Traditional preferred	No cost; plan pays 100%	\$75/\$225	Plan pays 80%; you pay 20% after deductible	Plan pays 50%; you pay 50% after deductible	\$2,000 (excluding orthodontia)	Plan pays 50% up to \$2,000
Vision	<ul style="list-style-type: none">• Humana Vision Plan (enrollment required)		<ul style="list-style-type: none">• EyeMed Vision discount program (no enrollment required)				
Flexible spending accounts	<ul style="list-style-type: none">• Healthcare FSA: \$2,750 plan year maximum		<ul style="list-style-type: none">• Dependent Care FSA: \$5,000 plan year maximum. Maximum contribution for married individuals filing separately is \$2,500.				
Basic life	<ul style="list-style-type: none">• Can elect two times your base salary or an opt-down benefit of \$50,000 for tax purposes. Accidental death or bodily injury benefit equals additional one times life benefit. Benefit reduced to 50 percent beginning at age 70. Available for associates only.						
Voluntary term life	<ul style="list-style-type: none">• Can elect up to six times your salary or \$500,000, whichever is less; up to \$250,000 for spouse/partner; \$10,000 for children (benefit for newborn children less than six months is \$2,500). During open enrollment, you can elect \$50,000 for associate or increase associate coverage by one level without underwriting. New elections or increases for spouse/partner are subject to underwriting. Underwriting does not apply to coverage for children.						
Voluntary benefits	<ul style="list-style-type: none">• Accident – Includes AD&D, hospitalization, ER, ambulance and bone fractures		<ul style="list-style-type: none">• Critical illness and cancer – Includes cancer, vascular disease and other chronic illnesses		<ul style="list-style-type: none">• Hospital indemnity – Provides a benefit if you are hospitalized		
PersonalPlan® services	<ul style="list-style-type: none">• Prepaid legal – Provides access to a network of experienced attorneys. Includes telephic and in-person consultation and court representation.						

*Preventive services covered on all plans include: Exams, cleanings and x-rays, fluoride and sealants for children through 18, A1c screenings and blood glucose testing for those 18 or older who have had a diagnosis of diabetes, and oral cancer screenings and for adults age 40 and older.

Note: PPO and Traditional Preferred preventive services also include one periodontal exam every two years and periodontal maintenance.

**PPO and Traditional Preferred plans include orthodontia for both children and adults. Lifetime limit applies only to orthodontia and is \$2,000 per member.

Benefit rates

Medical plans*	Weekly associate deductions		Weekly employer contributions		Biweekly associate deductions		Biweekly employer contributions		Monthly premiums	
	Full-time	Part-time 20–29 hrs. per week	Full-time	Part-time 20–29 hrs. per week	Full-time	Part-time 20–29 hrs. per week	Full-time	Part-time 20–29 hrs. per week	Full monthly premium	Monthly COBRA premium
Consumer directed health plan (CDHP) with PCA: \$1,000 individual/\$2,000 family										
Associate	\$35.71	\$71.42	\$137.62	\$101.91	\$71.42	\$142.84	\$275.24	\$203.82	\$751.08	\$766.10
Associate + spouse/partner	\$71.42	\$142.84	\$275.23	\$203.81	\$142.84	\$285.68	\$550.46	\$407.62	\$1,502.15	\$1,532.19
Associate + child(ren)/dependent	\$67.85	\$135.70	\$261.47	\$193.62	\$135.70	\$271.40	\$522.94	\$387.24	\$1,427.05	\$1,455.59
Associate + family	\$107.13	\$214.26	\$412.85	\$305.72	\$214.26	\$428.52	\$825.70	\$611.44	\$2,253.23	\$2,298.29
Virtual first health plan (VFHP) with PCA: \$3,000 individual/\$6,000 family										
Associate	\$13.84	\$27.68	\$137.62	\$123.78	\$27.68	\$55.36	\$275.24	\$247.56	\$656.31	\$669.44
Associate + spouse/partner	\$27.68	\$55.36	\$275.23	\$247.55	\$55.36	\$110.72	\$550.46	\$495.10	\$1,312.62	\$1,338.87
Associate + child(ren)/dependent	\$26.30	\$52.60	\$261.47	\$235.17	\$52.60	\$105.20	\$522.94	\$470.34	\$1,246.99	\$1,271.93
Associate + family	\$41.52	\$83.04	\$412.85	\$371.33	\$83.04	\$166.08	\$825.70	\$742.66	\$1,968.93	\$2,008.31
High deductible health plan (HDHP) with HSA: \$1,500 individual/\$3,000 family										
Associate	\$24.11	\$48.22	\$137.62	\$113.51	\$48.22	\$96.44	\$275.24	\$227.02	\$700.84	\$714.86
Associate + spouse/partner	\$48.23	\$96.46	\$275.23	\$227.00	\$96.46	\$192.92	\$550.46	\$454.00	\$1,401.68	\$1,429.71
Associate + child(ren)/dependent	\$45.82	\$91.64	\$261.47	\$215.65	\$91.64	\$183.28	\$522.94	\$431.30	\$1,331.60	\$1,358.23
Associate + family	\$72.35	\$144.70	\$412.85	\$340.50	\$144.70	\$289.40	\$825.70	\$681.00	\$2,102.52	\$2,144.57
High deductible health plan (HDHP) with HSA: \$2,300 individual/\$4,600 family										
Associate	\$15.34	\$30.68	\$137.62	\$122.28	\$30.68	\$61.36	\$275.24	\$244.56	\$662.81	\$676.07
Associate + spouse/partner	\$30.68	\$61.36	\$275.23	\$244.55	\$61.36	\$122.72	\$550.46	\$489.10	\$1,325.62	\$1,352.13
Associate + child(ren)/dependent	\$29.15	\$58.30	\$261.47	\$232.32	\$58.30	\$116.60	\$522.94	\$464.64	\$1,259.34	\$1,284.53
Associate + family	\$46.02	\$92.04	\$412.85	\$366.83	\$92.04	\$184.08	\$825.70	\$733.66	\$1,988.43	\$2,028.20
High deductible health plan (HDHP) with HSA: \$3,000 individual/\$6,000 family										
Associate	\$4.99	\$9.98	\$137.62	\$132.63	\$9.98	\$19.96	\$275.24	\$265.26	\$617.96	\$630.32
Associate + spouse/partner	\$9.98	\$19.96	\$275.23	\$265.25	\$19.96	\$39.92	\$550.46	\$530.50	\$1,235.92	\$1,260.64
Associate + child(ren)/dependent	\$9.48	\$18.96	\$261.47	\$251.99	\$18.96	\$37.92	\$522.94	\$503.98	\$1,174.12	\$1,197.60
Associate + family	\$14.97	\$29.94	\$412.85	\$397.88	\$29.94	\$59.88	\$825.70	\$795.76	\$1,853.88	\$1,890.96

*The rates above do not include any surcharges/additional costs for tobacco users, spouse/partner coverage when other group coverage is available, or non-completion of biometrics and the Go365 health assessment.

Benefit rates

	Weekly associate deductions		Weekly employer contributions		Biweekly associate deductions		Biweekly employer contributions		Monthly premiums	
	Full-time	Part-time 20–29 hrs. per week	Full-time	Part-time 20–29 hrs. per week	Full-time	Part-time 20–29 hrs. per week	Full-time	Part-time 20–29 hrs. per week	Full monthly premium	Monthly COBRA premium
Dental plans										
Preventive										
Associate	\$0.83	\$1.66	\$3.19	\$2.36	\$1.66	\$3.32	\$6.38	\$4.72	\$17.42	\$17.77
Associate + spouse/partner	\$1.42	\$2.84	\$5.68	\$4.26	\$2.84	\$5.68	\$11.36	\$8.52	\$30.77	\$31.39
Associate + child(ren)/dependent	\$1.69	\$3.38	\$6.35	\$4.66	\$3.38	\$6.76	\$12.70	\$9.32	\$34.84	\$35.54
Associate + family	\$2.82	\$5.64	\$10.55	\$7.73	\$5.64	\$11.28	\$21.10	\$15.46	\$57.94	\$59.10
PPO										
Associate	\$4.09	\$8.18	\$4.38	\$0.29	\$8.18	\$16.36	\$8.76	\$0.58	\$36.70	\$37.43
Associate + spouse/partner	\$7.85	\$15.70	\$8.39	\$0.54	\$15.70	\$31.40	\$16.78	\$1.08	\$70.37	\$71.78
Associate + child(ren)/dependent	\$9.08	\$18.16	\$9.80	\$0.72	\$18.16	\$36.32	\$19.60	\$1.44	\$81.81	\$83.45
Associate + family	\$13.61	\$27.22	\$14.54	\$0.93	\$27.22	\$54.44	\$29.08	\$1.86	\$121.98	\$124.42
Traditional Preferred										
Associate	\$4.59	\$8.78	\$4.19	\$0.00	\$9.18	\$17.56	\$8.38	\$0.00	\$38.05	\$38.81
Associate + spouse/partner	\$11.24	\$19.38	\$8.14	\$0.00	\$22.48	\$38.76	\$16.28	\$0.00	\$83.98	\$85.66
Associate + child(ren)/dependent	\$10.93	\$20.43	\$9.50	\$0.00	\$21.86	\$40.86	\$19.00	\$0.00	\$88.53	\$90.30
Associate + family	\$17.39	\$31.64	\$14.25	\$0.00	\$34.78	\$63.28	\$28.50	\$0.00	\$137.11	\$139.85

	Weekly associate deductions		Weekly employer contributions		Biweekly associate deductions		Biweekly employer contributions		Monthly premiums	
	Full-time	Part-time 20–29 hrs. per week	Full-time	Part-time 20–29 hrs. per week	Full-time	Part-time 20–29 hrs. per week	Full-time	Part-time 20–29 hrs. per week	Full monthly premium	Monthly COBRA premium
Humana Vision Plan										
Associate	\$1.85	\$1.85	\$0.00	\$0.00	\$3.70	\$3.70	\$0.00	\$0.00	\$8.02	\$8.18
Associate + spouse/partner	\$3.71	\$3.71	\$0.00	\$0.00	\$7.42	\$7.42	\$0.00	\$0.00	\$16.08	\$16.40
Associate + child(ren)/dependent	\$3.52	\$3.52	\$0.00	\$0.00	\$7.04	\$7.04	\$0.00	\$0.00	\$15.25	\$15.56
Associate + family	\$5.52	\$5.52	\$0.00	\$0.00	\$11.04	\$11.04	\$0.00	\$0.00	\$23.92	\$24.40

Benefit rates

Voluntary term life per \$10,000 coverage	Associate – tobacco free		Associate – tobacco user		Spouse/partner	
	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly
Age Group						
Under 30	\$0.12	\$0.24	\$0.29	\$0.58	\$0.20	\$0.40
30–34	\$0.15	\$0.30	\$0.35	\$0.70	\$0.26	\$0.52
35–39	\$0.19	\$0.38	\$0.46	\$0.92	\$0.28	\$0.56
40–44	\$0.26	\$0.51	\$0.60	\$1.20	\$0.36	\$0.71
45–49	\$0.35	\$0.70	\$0.83	\$1.65	\$0.53	\$1.05
50–54	\$0.53	\$1.06	\$1.25	\$2.49	\$0.83	\$1.65
55–59	\$0.89	\$1.78	\$2.11	\$4.22	\$1.38	\$2.76
60–64	\$1.67	\$3.34	\$3.99	\$7.97	\$2.47	\$4.93
65–69	\$2.97	\$5.93	\$7.08	\$14.15	\$4.31	\$8.62
70–74	\$4.64	\$9.27	\$11.09	\$22.17	\$6.79	\$13.58
75+	\$7.97	\$15.94	\$19.81	\$39.62	\$11.62	\$23.23
Children	\$0.64	\$1.27	N/A	N/A	N/A	N/A

Accident	Weekly associate deductions		Biweekly associate deductions	
	Full-time	Part-time 20-29 hrs. per week	Full-time	Part-time 20–29 hrs. per week
Associate	\$4.08	\$4.08	\$8.16	\$8.16
Associate + spouse/partner	\$8.15	\$8.15	\$16.30	\$16.30
Associate + child(ren)/dependent	\$8.12	\$8.12	\$16.24	\$16.24
Associate + family	\$12.19	\$12.19	\$24.38	\$24.38

Critical illness and cancer	Associate tobacco-free		Associate tobacco user		Spouse/partner tobacco-free		Spouse/partner tobacco user	
Option #1 \$20,000 associate/\$10,000 spouse/partner								
Age group	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly
18–29	\$2.85	\$5.69	\$4.10	\$8.18	\$1.30	\$2.59	\$1.99	\$3.97
30–39	\$5.02	\$10.03	\$8.02	\$16.03	\$2.47	\$4.94	\$4.14	\$8.27
40–49	\$7.97	\$15.94	\$13.56	\$27.11	\$4.11	\$8.22	\$7.18	\$14.36
50–55	\$12.40	\$24.80	\$21.77	\$43.54	\$6.54	\$13.08	\$11.68	\$23.36
56–59	\$12.40	\$24.80	\$21.77	\$43.54	\$6.54	\$13.08	\$11.68	\$23.36
60–64	\$15.54	\$31.08	\$27.73	\$55.45	\$8.29	\$16.58	\$14.98	\$29.96
65–69	\$16.88	\$33.75	\$28.46	\$56.92	\$9.03	\$18.06	\$15.40	\$30.79
Children	\$0.62 weekly and \$1.23 biweekly							
Option #2 \$10,000 associate/\$5,000 spouse/partner								
18–29	\$1.67	\$3.34	\$2.29	\$4.58	\$0.65	\$1.30	\$1.00	\$1.99
30–39	\$2.76	\$5.51	\$4.26	\$8.51	\$1.24	\$2.47	\$2.07	\$4.14
40–49	\$4.23	\$8.46	\$7.03	\$14.05	\$2.06	\$4.11	\$3.59	\$7.18
50–55	\$6.45	\$12.89	\$11.13	\$22.26	\$3.27	\$6.54	\$5.84	\$11.68
56–59	\$6.45	\$12.89	\$11.13	\$22.26	\$3.27	\$6.54	\$5.84	\$11.68
60–64	\$8.02	\$16.03	\$14.11	\$28.22	\$4.15	\$8.29	\$7.49	\$14.98
65–69	\$8.69	\$17.37	\$14.48	\$28.95	\$4.52	\$9.03	\$7.70	\$15.40
Children	\$0.62 weekly and \$1.23 biweekly							

Benefit rates

Hospital indemnity	Weekly associate deductions		Biweekly associate deductions	
	Full-time	Part-time 20–29 hrs. per week	Full-time	Part-time 20–29 hrs. per week
Associate	\$4.64	\$4.64	\$9.28	\$9.28
Associate + spouse/partner	\$8.83	\$8.83	\$17.66	\$17.66
Associate + child(ren)/dependent	\$8.36	\$8.36	\$16.72	\$16.72
Associate + family	\$11.57	\$11.57	\$23.14	\$23.14

Enrollment preparation worksheet

This checklist is designed to assist you in preparing for enrollment. It is not an enrollment form. You will enroll via Workday.

Elections

Medical (individual/family)

- ☐ CDHP (\$1,000/\$2,000) ☐ HDHP (\$2,300/\$4,600) ☐ VFHP (\$3,000/\$6,000)
☐ HDHP (\$1,500/\$3,000) ☐ HDHP (\$3,000/\$6,000) ☐ Waive

Which dependents, if any, will be covered under your medical plan? Remember, you will need their Social Security numbers when enrolling them via Workday and you will want to make sure your dependents are [eligible for enrollment](#).

If you waived medical plan coverage, would you like to enroll in the non-integrated Go365 program?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	
If you chose the CDHP or VFHP, would you like to complement the PCA with a Healthcare FSA?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	amount _____
If you waive medical coverage, would you like to contribute to the Healthcare FSA?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	amount _____
<hr/>					
If you chose the HDHP, would you like to enroll in the HSA?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	amount _____
Would you like to complement the HSA with a Limited Healthcare FSA?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	amount _____
Would you like to contribute to the Dependent Care FSA?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	amount _____

Dental ☐ Preventive ☐ PPO ☐ Traditional Preferred ☐ Waive Which dependents, if any, will be covered under your dental plan?

Vision ☐ Enroll ☐ Waive Which dependents, if any, will be covered under your vision plan?

Voluntary term life	Self	Election amount _____	Basic life insurance Would you like to opt down to a \$50,000 basic life insurance benefit?
	Spouse/partner	Election amount _____	
	Child(ren)	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	

Voluntary benefits

Accident	<input type="checkbox"/> Associate	<input type="checkbox"/> Associate + spouse/partner	<input type="checkbox"/> Associate + child(ren)	<input type="checkbox"/> Family
Critical illness and cancer	<input type="checkbox"/> Associate	<input type="checkbox"/> Associate + spouse/partner	<input type="checkbox"/> Associate + child(ren)	<input type="checkbox"/> Family
Hospital indemnity	<input type="checkbox"/> Associate	<input type="checkbox"/> Associate + spouse/partner	<input type="checkbox"/> Associate + child(ren)	<input type="checkbox"/> Family

Tobacco use surcharge

Have you or any of your above family members (age 18 or above) used tobacco in the last 12 months? ☐ Y ☐ N

- If yes, there is a \$40 per biweekly paycheck (\$20 weekly) surcharge that will begin in January 2022.
- Additional cost doesn't apply if the tobacco user has completed the Go365 Self-Help Works course or is engaged with Fitbit Care. For more resources to help you become tobacco-free, visit [go/tobacco](#).

Spouse/partner coverage surcharge

Is your spouse/partner eligible for coverage from his/her employer? ☐ Y ☐ N

- If yes, there is a \$45 per biweekly paycheck (\$22.50 weekly) surcharge that will begin in January 2022 for a spouse/partner who is covered by our company medical plan, but has employer-sponsored coverage available through his or her workplace.
- Additional cost doesn't apply if your spouse/partner is also a Humana associate, self-employed, unemployed or enrolled in Medicare, Medicaid or TRICARE® as a retiree.

Biometric screening and Go365 health assessment additional costs

- Humana medical plan members are encouraged to complete a biometric screening by **December 31, 2021** in an effort to avoid an additional cost of \$20 per biweekly paycheck (\$10 weekly). For more information, visit [go/biometrics](#).
- Humana medical plan members and a covered spouse/partner are encouraged to complete the Go365 health assessment by **December 31, 2021** in an effort to avoid an additional cost of \$10 per person/biweekly paycheck (\$5 per person/ weekly).
- For non-completion of biometrics and the Go365 health assessment, additional costs will begin in April 2022.
- If you join the medical plan on or after October 1, 2021, additional costs for non-completion of a biometric screening and the Go365 health assessment do not apply for the 2022 plan year.

Boosting Biometrics

- Associates enrolled on the company health plan can earn \$300 by achieving healthy biometric numbers (body mass index (BMI), blood pressure, glucose and LDL cholesterol) or completing an alternative qualifier by **December 31, 2021**. For more information, visit [go/boosting](#).
- To be eligible for the incentive, you must accept the terms and conditions of the My Pocket Dashboard, located on Humana.com by **December 31, 2021**.
- If you qualify for the reward, it will be paid in February 2022. This reward is contributed through payroll and is taxable.

How to enroll

Start in Workday by selecting the Open Enrollment task in your Workday Inbox. Selecting the task will take you directly to enrollment. You can easily choose your health and well-being benefits from there. You can take a break and save your selections for later, and submit your selections when you're ready.



Want to make changes after you've submitted your selections?

Submitting your selections does not mean you can't make changes later. You can change selections anytime during Open Enrollment. To make changes after you submit, select the Benefits app on Workday. Use the "Change Open Enrollment" button at the bottom of the benefits app screen. When you select that button, you will see the options you chose, and you can now select different options and resubmit. If you want to make changes to your enrollment once you've submitted during your new hire enrollment event, contact HR4U at 1-888-431-4748.



Want to confirm your enrollment?

Once you have submitted your Open Enrollment elections, you will see a summary of your enrollment. At the bottom of the screen, you can click the "Print" button to save a PDF copy or print the confirmation page for your records. You will also receive an enrollment confirmation notification in your Workday inbox.

Important contact information



For questions during enrollment

Associate Support Center 24 hours a day/7 days a week	Questions about life events (marriage, divorce, new baby, etc.), forms, enrollment system issues, payroll deductions and well-being programs	go/asc
Humana Open Enrollment Team Monday – Friday 8 a.m. – 8 p.m., Eastern time	Questions about medical, Go365, dental, vision, life insurance and voluntary benefits during Open Enrollment or as a new hire.	1-800-601-9548



For questions beginning January 1, 2022

Humana medical plan	Questions about medical plan enrollment and Go365 for you and your covered dependents	member.accolade.com 1-844-467-3579
Humana Pharmacy	Questions about mail delivery pharmacy benefits	1-888-850-1571
Humana Dental Plan	Questions about dental plan enrollment for you and your covered dependents	1-800-626-1690
Humana Vision Plan	Questions about the Humana Vision Plan enrollment for you and your covered dependents	1-800-379-0092
Vision discount program	Questions about EyeMed Vision Care discount program	1-866-392-6056
Voluntary benefits	Questions about accident, critical illness and cancer, and hospital indemnity for you and your covered dependents	1-855-448-6982
Spending account administration team	Questions about expenses and account balances for flexible spending accounts (FSA), health savings accounts (HSA) and personal care accounts (PCA)	1-800-604-6228
What's on your mind?		1-877-509-0096 (English)
Employee assistance program (EAP) and work-life services	Provides you, your family and friends with a wealth of online resources and information, plus access to expert counselors at no cost to you	1-866-500-6899 (Español) (TTY: 711)
Humana retirement savings plan	Questions about your retirement plan, tools and resources	1-800-724-7526 1-877-905-2553 (Español)

Important notice from Humana about your prescription drug coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Humana and about your options under Medicare's prescription drug coverage.

This information can help you decide whether 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. Humana has determined that the prescription drug coverage offered by the Humana Health Plan 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 15 through December 7.

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 Election 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 Humana coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Humana coverage, be aware that you and your dependents will 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 Humana 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 19 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 November to join.

For more information about this notice or your current prescription drug coverage...

Contact the person listed below 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 Humana 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](http://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 Creditable Coverage 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:	09/16/2021
Name of Entity/Sender	Humana Inc.
Contact—Position/Office:	HR4U
Address:	500 West Main Street Louisville, KY 40202
Phone Number:	1-888-431-4748