

Traditional associate benefits overview

January 1 – December 31, 2022

Full-time (FT) associates 30 or more hours per week

Part-time (PT) associates 20-29 hours per week

Visit the [Well-being Center \(WBC\)](#) to learn more

Overview

At Humana, people come first. This means that we want to provide opportunities for our associates to add to their personal well-being experiences and encourage every person within the community to be their best self. As a member of the Humana community, you're able to experience opportunities that go beyond health and which add to your individual need for purpose, belonging and security. Our benefits and health and well-being programs are designed so our associates can bring their whole selves to work and are empowered to deliver on their passion for holistic well-being.

This benefits overview includes everything you need to make informed decisions for you and your family. We encourage you to read it thoughtfully, consider all your options and be sure to enroll within the time allotted. You'll be choosing to enroll or waive coverage for medical, dental, vision, spending accounts, life insurance and voluntary benefits. Many other benefits discussed in this overview are provided to you at no cost and without enrollment.

Benefits are effective Jan. 1 – Dec. 31, 2022. To view additional information about these programs, visit the [Well-being Center \(WBC\)](#).

Eligibility and enrollment

Coverage is available for you, your spouse, your children and one extended family adult (one additional adult relative who is your IRS tax dependent or a domestic partner of the same or opposite sex) unless otherwise noted. Enrollment is completed in Workday.

Benefits are available immediately to full-time and part-time associates unless otherwise noted. You must enroll within the open enrollment period or your first 31 days of employment.

If you experience a life event, such as marriage, birth of child, change of employment status, etc., you have 31 days from the date of the event to make certain changes to your benefit elections. For more information, please contact HR4U at **1-888-431-4748**.

Duplicate coverage

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 children become eligible associates, they cannot be covered both as your dependent and as an eligible associate.

Eligible for Medicare

If you or one of your covered family members will turn 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**.

The Humana medical plans offered 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 in the back of this booklet.

Join the well-being movement at Humana

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

- **Go365®***

The Humana medical plans include Go365. If you waive medical coverage, you can enroll separately in Go365. Go365 can help with your physical, emotional, and even spiritual health. With health assessments, biometric screenings, activities, challenges, and plenty of information at your fingertips, you and your family can 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 the medical plan, you can also earn additional account funding in your Health Savings Account (HSA) or Personal Care Account (PCA) by reaching Gold Status or higher in Go365.

- **WOW! Working on Well-being®***

WOW is a voluntary program for Humana associates that rewards you for working on your well-being with activities and experiences that support you holistically—with a focus on purpose, belonging, and security. You must be eligible for WOW to qualify for rewards—either by enrolling in the medical plan which includes Go365 or by enrolling separately in Go365.

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

By achieving and maintaining healthy biometric numbers (body mass index (BMI), blood pressure and cholesterol), you can earn a \$300 cash reward. If your numbers are not in range, you can earn the reward by working toward an alternative qualifier. To be eligible, you must accept the terms and conditions on the My Pocket Dashboard, found on MyHumana under My Health.

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

Humana recognizes that your financial security is an important element of your overall well-being. To support your financial well-being, you have access to [financial guidance activities](#) from partners like Schwab and Enrich. If you're enrolled in the medical plan, you can also earn additional account funding in your Health Savings Account (HSA) or Personal Care Account (PCA) by completing a certain number of financial guidance activities. To learn more about all of Humana's financial well-being programs and resources, click [here](#).

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. Consider Doctor On Demand for care if your primary care physician (PCP) is not available, after hours or on weekends or holidays for non-emergent needs. Doctors can even send prescriptions to your preferred pharmacy.

With the Consumer-Directed Health Plan (CDHP) or High Deductible Health Plan (HDHP) medical plans, video visits with a doctor for urgent care are \$56 or less, depending on the medical plan you select, and behavioral health service costs can vary based on the service provided. If you're not on the company medical plan, your cost may vary depending on your insurance carrier. Doctor On Demand operates subject to state regulations and may not be available in certain states. New this year, if you're enrolled on the Virtual First Health Plan (VFHP), you can see a Doctor on Demand provider for primary care, urgent care and behavioral health services at no cost.

*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.

Medical plans

Humana offers three types of medical plans. Benefits vary by plan.

1. **Consumer-Directed Health Plan (CDHP) with Personal Care Account (PCA)** – This plan includes copayments for office visits, therapies and certain prescription medicines. No deductible applies for these services. However, the plan has a deductible to meet for other services.
 2. **Virtual First Health Plan (VFHP) with Personal Care Account (PCA)** - This plan includes no-cost services for primary care, urgent care and behavioral health care when using Doctor on Demand. For other providers, there are copayments for office visits, therapies and certain prescription medicines. No deductible applies for these services. However, the plan has a deductible to meet for other services.
- With both the CDHP and VFHP plans, you must fill all maintenance medicines (ones you take on a regular, long-term basis) at Humana-owned pharmacies. You may use a retail pharmacy to fill maintenance medicines for two months. If you continue to use a retail pharmacy after two fills, you will pay a higher cost (also referred to as a penalty) for a 30-day supply.
3. **High Deductible Health Plans (HDHP) with Health Savings Account (HSA)** – This plan has a deductible to meet for medical and certain prescription medicines. There are three deductible options.

Coverage levels

There are four coverage tiers for medical, dental and vision enrollment:

- Associate only (individual)
- Associate + spouse/domestic partner
- Associate + child(ren)/dependent
- Associate + family

Deductibles and maximum out-of-pocket (MOOP)

If you have individual coverage, the individual deductible and maximum out-of-pocket limit (MOOP) apply. If you have any coverage level other than individual, the family deductible and MOOP apply. The individual deductible does not apply. For all plans, once the deductible is met, you pay 20 percent toward the cost of services and the plan pays 80 percent. All copayments, deductibles and coinsurance amounts apply to the maximum out-of-pocket limit.

Preventive services

Certain preventive care services are covered at 100 percent before meeting a deductible when received from in-network providers. They include annual physicals, routine lab tests, some immunizations associated with physicals, well-child and well-woman exams, mammograms, pap tests and PSA testing. Also included are colon cancer screenings, certain contraceptive supplies and devices and over-the-counter (OTC) supplies and devices with a physician's prescription.

Preventive Rx

Certain medicines are available at no cost when filled at Humana Pharmacy or PrescribeIT Rx. Medicines include certain generic and brand-name medicines without a generic equivalent for diabetes, certain diabetic supplies, heart medicines (blood pressure and cholesterol), and blood agents/thinners.

Participating providers

- For all locations, with the exception of Minnesota and Milwaukee, Wisconsin, the participating provider network for the medical 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 associated located in Milwaukee, the participating network is the Humana Preferred Network (HPN).

Out-of-area (limited network providers)

Associates with limited network access are eligible to enroll in the same plans as other associates, but with an out-of-area provision. In these areas, 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 covered out-of-network provider costs will count toward the in-network deductible and MOOP. For more information on eligibility, please contact HR4U at **1-888-431-4748**.

Account funding

The company medical plans are more than just insurance coverage. They're designed with incentives and rewards to encourage and empower a healthier and more secure life, including your financial health.

Financial accounts are included with the medical plan you select and are funded by either you, Humana or both to help you pay for healthcare expenses for you and your family. Account type varies by plan. Account funding amount made by Humana varies by salary, coverage level, engagement in Go365* (a well-being program you are automatically enrolled in when you elect a medical plan) and completion of certain financial guidance activities.

For more information on medical plans and account funding, see the chart on p. 4.

*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.

Medical plans comparison, rewards and additional costs

Benefit name	Plans (individual/family)				
Medical NOTE: For all medical plans, if you are covering only yourself on the plan, the individual deductible applies. If you are covering anyone other than yourself, the family deductible applies (the individual deductible would not apply).	Plan	Deductible	Coinsurance after deductible	Pharmacy (Rx4)	Total maximum out-of-pocket (includes deductible, coinsurance and copays)
	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) Office visit copays* No cost with Doctor on Demand provider PCP: \$50 Specialist: \$100 Urgent care: \$100 *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% (medical only)	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% (medical only)	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% (medical only)	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	Certain generic and preferred brand diabetes and heart-health related medicines are at no cost when filled at a Humana-owned pharmacy (retail or mail delivery).				
Account funding	<ul style="list-style-type: none"> • 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) (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

*For medical plan members new to the plan Oct. 1, 2021 - June 30, 2022, your 2022 account funding will be contributed when you reach Go365 Gold Status and/or complete financial guidance activities. For medical plan members new to the plan July 1, 2022 - Sept. 30, 2022, your 2022 account funding will be contributed when you reach Go365 Silver Status and/or complete financial guidance activities. All activities must be completed by Dec. 1, 2022 in order to qualify for 2022 account funding.

Dental plans

Humana offers three types of dental plan: Preventive, PPO and Traditional Preferred. These plans provide the freedom to visit any dentist for covered services. However, out-of-pocket costs will be lower if you visit a Humana Dental participating dentist. The preventive plan includes coverage for routine care only. PPO and Traditional Preferred include comprehensive coverage with orthodontia for both children and adults.

Below is a summary of the features of each plan.

	PREVENTIVE	PPO		TRADITIONAL PREFERRED
Providers	All providers	In-network providers	Out-of-network providers*	All providers*
Deductible (individual/family)	N/A	\$50/\$150	\$150/\$450	\$75/\$225
Preventive services (for example, oral exams, cleanings and x-rays)	No cost; plan pays 100%	No cost; plan pays 100%	No cost; plan pays 100%	No cost; plan pays 100%
Basic services (for example, fillings, root canals)	Not covered but may receive discount through Humana Dental providers	20% after deductible; plan pays 80%	30% after deductible; plan pays 70%	20% after deductible; plan pays 80%
Major services (for example, crowns, bridges, dentures)		40% after deductible; plan pays 60%	60% after deductible; plan pays 40%	50% after deductible; plan pays 50%
Orthodontia	Not covered	Plan pays 50% up to \$2,000		
Annual maximum	\$1,500	\$2,000 (excluding orthodontia)		

*Out-of-network provider use is subject to a maximum allowable fee.



Vision plans

Humana offers two types of vision plans. The Humana Vision Plan is an insured option that requires enrollment. It includes copayments and certain no-cost services for diabetes and hypertension. Cost for this plan can be found on page 9. The other is the EyeMed Discount Program, which is free, but offers discounts only. A comparison of the two options is below.

	HUMANA VISION PLAN	EYEMED DISCOUNT PROGRAM
Eligibility	FT/PT (20+ hours per week)	All associates
Enrollment	Required	Automatic/not required
Routine eye exam		
<ul style="list-style-type: none"> Exam with dilation Retinal imaging 	<ul style="list-style-type: none"> \$10 \$0 	\$5 off retail
Lenses		
<ul style="list-style-type: none"> Single Bifocal Trifocal UV coating Tint/scratch Standard polycarbonate Standard anti-reflective Standard progressive Premium progressive 	<ul style="list-style-type: none"> \$0 \$0 \$0 \$15 \$15 \$40 adults; \$0 children <19 \$45 \$15 Varies 	<ul style="list-style-type: none"> \$50 \$70 \$105 \$15 \$15 \$40 \$45 \$65 20% off retail
Frames	\$130 allowance, then 20% off balance	40% off retail
Contact lens exam		
<ul style="list-style-type: none"> Standard fit and follow-up Premium fit and follow-up 	<ul style="list-style-type: none"> Up to \$55 10% off retail 	\$5 off retail
Contact lenses		
<ul style="list-style-type: none"> Conventional Disposable Medically necessary 	<ul style="list-style-type: none"> \$130 allowance, then 15% off balance \$130 allowance \$0 	15% off retail
Frequency		
<ul style="list-style-type: none"> Exam Lenses or contacts Frames 	<ul style="list-style-type: none"> Once every plan year Once every plan year Once every 2 plan years 	Unlimited
Diabetic eye care*		
<ul style="list-style-type: none"> Exam & retinal imaging Extended ophthalmoscopy Gonioscopy Scanning laser 	<ul style="list-style-type: none"> \$0 \$0 \$0 \$0 	Not covered
Hypertensive eye care*		
<ul style="list-style-type: none"> Exam & retinal imaging 	<ul style="list-style-type: none"> \$0 	Not covered
Lasik	15% off retail price or 5% off promotional price for LASIK or PRK from US Laser Network (operated by LCA Vision)	15% off retail price or 5% off promotional price for LASIK or PRK from US Laser Network (operated by LCA Vision)

*Care and testing for members with Diabetes and/or Hypertension includes up to 2 services per year for each service listed. This is cross-reduction if both diabetic and hypertensive eye care benefits are used. No more than 2 total exams and 2 retinal imaging services will be payable in a 12-month period under the plan.

Voluntary benefits

Accident

Supplemental accident coverage, including benefit for accidental death or bodily injury, hospitalization, ER, ambulance and bone fractures/dislocations. Coverage is available for the associate, spouse/partner and children.

Critical Illness and Cancer

Supplemental coverage for cancer, vascular disease and other chronic illnesses. Rates are determined by age and tobacco use status. Coverage is available for the associate, spouse/partner and children.

Hospital Indemnity

Supplemental coverage that provides a benefit if you are hospitalized. Coverage is available for the associate, spouse/partner and children.

Long-term care

Unlike traditional medical care, long-term care is provided in a setting other than a hospital to help you or a family member perform the activities of daily living such as eating, bathing and dressing. Pre-existing conditions may apply. Coverage is available for the associate, spouse/partner, as well as parents, grandparents, children and grandchildren ages 18-80. Enrollment can only be done when newly hired or newly eligible. Enrollment is not available during open enrollment. For more information, rates and to enroll, contact Unum at 1-800-227-4165.

Flexible spending accounts

There are two types of FSAs: Healthcare FSA and Dependent Care FSA.

Healthcare FSA

With the Healthcare FSA, you may contribute up to \$2,750 per plan year on a pretax basis to pay for eligible healthcare expenses. No medical plan enrollment is required. However, if you enroll in the CDHP with PCA with a healthcare FSA, you can use the money to pay for medical, dental, vision, pharmacy and certain OTCs with a physician's prescription. If you enroll in the HDHP with HSA and healthcare FSA, your FSA becomes a Limited Purpose FSA and can only be used for dental, vision and preventive care services.

Dependent Care FSA

With the Dependent Care FSA, you may contribute up to \$5,000 per plan year on a pretax basis to pay for eligible child or adult day care expenses (Dependent Care FSA). No medical plan enrollment is required.

PersonalPlans Services®

Prepaid legal assistance

You have access to a network of more than 11,000 experienced attorneys nationwide for important legal services—from drafting wills to purchasing a home. No deductibles, copayments, waiting periods, claim forms or limits when you use an in-network attorney. Services include telephone and in-person consultations and court representation.

Enrollment is available through the Great Deals site during your first 31 days or open enrollment only. Once enrolled, your enrollment continues until you opt out, which must be done during an open enrollment period. Rate is \$13.85 biweekly.

Home Insurance

You don't have to give up quality to get a good deal on your home or renter's coverage. You can enroll for home insurance anytime throughout the year. Enrollment is available through Great Deals.

Auto Insurance

Take the hassle out of buying auto insurance by getting quotes from three of the nation's most respected auto insurance carriers: Liberty Mutual, Travels and MetLife Auto & Home. Rates and benefits vary by state. Coverage is available for cars, trucks, ATVs, motorcycles, boats, RVs and jet skis. You can enroll for auto insurance anytime throughout the year. Enrollment is available through Great Deals.

Pretax commuter program

With the Pretax Commuter program, you may contribute on a pretax basis up to \$255 per month for transit costs and up to \$255 per month for parking or public transportation expenses. Available in certain locations only.



Benefit rates

Medical plans*	Weekly associate deductions		Biweekly associate deductions		Monthly premiums	
	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	\$71.42	\$142.84	\$751.08	\$766.10
Associate + spouse/partner	\$71.42	\$142.84	\$142.84	\$285.68	\$1,502.15	\$1,532.19
Associate + child(ren)/dependent	\$67.85	\$135.70	\$135.70	\$271.40	\$1,427.05	\$1,455.59
Family	\$107.13	\$214.26	\$214.26	\$428.52	\$2,253.23	\$2,298.29

Virtual first health plan with PCA: \$3,000 individual/\$6,000 family

Associate	\$13.84	\$27.68	\$27.68	\$55.36	\$656.31	\$669.44
Associate + spouse/partner	\$27.68	\$55.36	\$55.36	\$110.72	\$1,312.62	\$1,338.87
Associate + child(ren)/dependent	\$26.30	\$52.60	\$52.60	\$105.20	\$1,246.99	\$1,271.93
Family	\$41.52	\$83.04	\$83.04	\$166.08	\$1,968.93	\$2,008.31

High deductible health plan (HDHP) with HSA: \$1,500 individual/\$3,000 family

Associate	\$24.11	\$48.22	\$48.22	\$96.44	\$700.84	\$714.86
Associate + spouse/partner	\$48.23	\$96.46	\$96.46	\$192.92	\$1,401.68	\$1,429.71
Associate + child(ren)/dependent	\$45.82	\$91.64	\$91.64	\$183.28	\$1,331.60	\$1,358.23
Family	\$72.35	\$144.70	\$144.70	\$289.40	\$2,102.52	\$2,144.57

High deductible health plan (HDHP) with HSA: \$2,300 individual/\$4,600 family

Associate	\$15.34	\$30.68	\$30.68	\$61.36	\$662.81	\$676.07
Associate + spouse/partner	\$30.68	\$61.36	\$61.36	\$122.72	\$1,325.62	\$1,352.13
Associate + child(ren)/dependent	\$29.15	\$58.30	\$58.30	\$116.60	\$1,259.34	\$1,284.53
Family	\$46.02	\$92.04	\$92.04	\$184.08	\$1,988.43	\$2,028.20

High deductible health plan (HDHP) with HSA: \$3,000 individual/\$6,000 family

Associate	\$4.99	\$9.98	\$9.98	\$19.96	\$617.96	\$630.32
Associate + spouse/partner	\$9.98	\$19.96	\$19.96	\$39.92	\$1,235.92	\$1,260.64
Associate + child(ren)/dependent	\$9.48	\$18.96	\$18.96	\$37.92	\$1,174.12	\$1,197.60
Family	\$14.97	\$29.94	\$29.94	\$59.88	\$1,853.88	\$1,890.96

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

Tobacco use additional cost

There is a \$40 biweekly paycheck additional cost if you or any of your covered family members (age 18 or older) used tobacco in the last 12 months. Additional cost doesn't apply if the tobacco user is participating in a tobacco cessation program such as Go365 Living Free program or Fitbit Care. For more information, visit the [Tobacco-Free Life page](#) on the Well-being Center.

Spouse/partner coverage additional cost

There is a \$45 per biweekly paycheck additional cost 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

Complete a biometric screening (associate subscriber) and Go365 Health Assessment (associate subscriber and spouse/partner) between Jan. 1 – Dec. 31, 2022. By completing these requirements, you'll avoid up to \$40 biweekly in additional costs on your paycheck in 2023.

Benefit rates

Dental plans	Weekly associate deductions		Biweekly associate deductions		Monthly premiums	
	Full-time	Part-time 20–29 hrs. per week	Full-time	Part-time 20–29 hrs. per week	Full monthly premium	Monthly COBRA premium
Preventive						
Associate	\$0.83	\$1.66	\$1.66	\$3.32	\$17.42	\$17.77
Associate + spouse/partner	\$1.42	\$2.84	\$2.84	\$5.68	\$30.77	\$31.39
Associate + child(ren)/dependent	\$1.69	\$3.38	\$3.38	\$6.76	\$34.84	\$35.54
Family	\$2.82	\$5.64	\$5.64	\$11.28	\$57.94	\$59.10

PPO						
Associate	\$4.09	\$8.18	\$8.18	\$16.36	\$36.70	\$37.43
Associate + spouse/partner	\$7.85	\$15.70	\$15.70	\$31.40	\$70.37	\$71.78
Associate + child(ren)/dependent	\$9.08	\$18.16	\$18.16	\$36.32	\$81.81	\$83.45
Family	\$13.61	\$27.22	\$27.22	\$54.44	\$121.98	\$124.42

Traditional Preferred						
Associate	\$4.59	\$8.78	\$9.18	\$17.56	\$38.05	\$38.81
Associate + spouse/partner	\$11.24	\$19.38	\$22.48	\$38.76	\$83.98	\$85.66
Associate + child(ren)/dependent	\$10.93	\$20.43	\$21.86	\$40.86	\$88.53	\$90.30
Family	\$17.39	\$31.64	\$34.78	\$63.28	\$137.11	\$139.85

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

Voluntary benefit rates

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)	\$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	
	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly
Option #1: \$20,000 associate/\$10,000 spouse/partner/\$5,000 children								
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/\$5,000 children

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							

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)	\$8.36	\$8.36	\$16.72	\$16.72
Associate + family	\$11.57	\$11.57	\$23.14	\$23.14

Life insurance plans

Basic Life insurance (FT associates)

Options include basic term life coverage of two times salary or you may select an opt-down benefit of \$50,000 for tax purposes. AD&D benefit equals additional one times life benefit in case of accidental death or bodily injury. All options are at no cost to associates. Benefit reduces to 50 percent beginning at age 70. Coverage is available for associate only.

Business Travel Accident (all associates)

Coverage is provided at three times salary with a minimum of \$100,000 and a maximum of \$600,000. No cost to associates.

Voluntary Term Life (VTL)

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 old is \$2,500. Coverage options are reduced for associates and spouse/partner beginning at age 70. Coverage is available for associate, spouse/partner and children. The “Evidence of Insurability” information below applies to newly hired or newly eligible associates.

Guaranteed issue amounts during Open Enrollment are different. During open enrollment, associates can newly elect \$50,000 or increase their coverage by one level without providing evidence of insurability. All other associate amounts, and all spouse/partner amounts elected during open enrollment require evidence of insurability. Child coverage does not require evidence of insurability.

COVERAGE TIER	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY REQUIRED
Associate	Up to 6 times salary or \$500,000 in set dollar amounts, whichever is less	Amounts over \$250,000
Spouse/partner	Up to 50% of coverage elected for associate, up to \$250,000 in set dollar amounts	Amounts over \$100,000 \$25,000 for age 70 or older
Child(ren)	\$10,000 (\$2,500 for children under the age of six months)	None

Voluntary 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

Humana Retirement Savings plan – Pretax 401(k) and Roth 401(k)

Saving for retirement is an important step toward achieving financial security, so Humana offers the Humana Retirement Savings Plan, administered by Charles Schwab. The plan is designed to provide you with an opportunity to save for retirement, plus receive company matching contributions.

Enrollment

As a new hire, you will be automatically enrolled at 3% pretax contribution beginning with your first paycheck.

You may opt out of automatic enrollment by calling Charles Schwab at **1-800-724-7526** within 90 days of hire and your contributions will be refunded. You can change your contributions from the pretax 401(k) to the Roth 401(k), or a combination of both, and change your contribution percentage at any time by signing in to www.workplace.schwab.com.

An automatic savings increase of 1 percent will be applied each January, beginning with the second January following automatic enrollment—up to a maximum of 15 percent pretax—for auto-enrolled participants who have not made a contribution election.

Contributions

You may contribute up to 35 percent of pay in any combination of pretax or Roth contributions, up to the annual IRS dollar limit (\$20,500 for 2022). An additional 2 percent of pay on an after-tax basis may be contributed. Participants ages 50 and older may also elect an additional “catch-up contribution” (\$6,500 for 2022). Changes to contribution percentages may be made at any time by signing in to www.workplace.schwab.com.

Matching contributions

Immediate company match of 125 percent on the first 6 percent of your pretax 401(k) or Roth 401(k) contributions. Full vesting after two years of service.

Vesting schedule

Vesting means gaining ownership of company matching contributions and is based on your years of service, starting with your date of hire. You are always 100 percent vested in your own contributions.

YEARS OF SERVICE	VESTING
1 YEAR	0%
2 YEARS	100%

Investment options

The plan offers a variety of investment options. Current fund information and investment performance are available at www.workplace.schwab.com. If you do not make an investment election, your account will be invested in the age appropriate Target Date Fund.

If you need assistance in making investment or savings decisions, Advice Services are included at no additional cost. In addition, you can elect to receive professional management of your retirement plan account through Morningstar’s managed account service. This fee-based service includes on-going account monitoring and automatic adjustments to your investments.

Call Schwab to schedule an Advice appointment or to get additional information on managed accounts.

Beneficiaries

Once you enroll in the 401(k) plan, you should name a beneficiary. Married participants are required to obtain spousal consent to name someone in addition to, or instead of, their spouse as a primary beneficiary. Spousal consent forms must be notarized. Beneficiary designations may be made online at www.workplace.schwab.com.

Rollovers

You may be permitted to roll over money from other qualified 401(k) plans into your Humana Retirement Savings Plan. To initiate a rollover request, contact Schwab at **1-800-724-7526** (en español **1-877-905-2553**).

Work-life benefits

Holidays and personal holidays

Associates receive seven paid holidays. Standard holidays include: New Year's Day, Memorial Day, July 4, Labor Day, Thanksgiving, the day after Thanksgiving,* and Christmas Day.

In addition to Humana's seven standard holidays, two personal holidays per year are available to recognize Humana's diversity and provide you with increased flexibility to observe and honor additional holidays and special days of your choice. If you are hired between July 1 and December 1, one personal holiday is available.

- FT associates receive eight hours of holiday pay
- PT associates receive four hours

*Humana Government Business associates will recognize Veteran's Day instead of the day after Thanksgiving.

Paid time off (PTO)

May use days for vacation, personal reasons, illness, caring for a family member and short-term disability (STD) qualifying days (FT associates only). PTO is accrued weekly/biweekly. A "day" is based on regularly scheduled hours.

YEARS OF SERVICE	ANNUAL PTO AMOUNT	MAXIMUM PTO BALANCE
1-<9 years	23 days	33 days
9+ years	28 days	38 days

Volunteer time off (VTO)

Volunteerism embodies our shared purpose and values. It is a tangible way we impact the health and well-being of the communities we serve and is personally meaningful to us as associates.

VTO provides paid time away from work to volunteer for activities that positively impact the health and well-being of the communities we serve, in direct support of our Bold Goal.

Full-time associates are eligible for eight hours and part-time associates are eligible for four hours each calendar year. For more information on VTO, visit the Well-being Center.

Short-term disability (STD) (FT associates)

Benefits start after five consecutive days of absence from work. Pays 66 -2/3 percent of base pay for up to six months. No cost to associates.

Long-term disability (LTD) (FT associates)

Benefits start after six months of absence due to illness or injury. Pays up to 60 percent of base pay. Pre-existing condition exclusions apply. No cost to associates.

Parental leave (FT associates)

As families grow, welcoming and bonding with a newly arriving child is a critical and precious time—important to the well-being of children and parents alike. To support and simplify these moments, we're proud to offer this benefit that helps our families thrive together as they grow.

Parental leave is a simple and progressive benefit that provides eligible full-time associates six weeks of time away from work, paid at 100 percent of base pay, for the birth or adoption of a child.

Available for regular full-time birth or adoptive parents, including same and/or opposite sex qualified domestic partners, who are regularly scheduled to work at least 30 hours a week.

To qualify for parental leave, notify your leader, based on your organization's established procedures, of your upcoming need for parental leave, including the estimated start and end dates. Contact Unum, our third-party administrator, at **1-866-860-2060**, to notify them of your claim for parental leave. They will provide instructions and request any required documentation. Visit the Well-being Center (WBC) to learn more about the policies for these time-away benefits.

Caregiver leave (FT associates)

Paid caregiver leave of up to two weeks per rolling 12 months to help you care for a loved one facing a serious illness. Approved caregiver leave may be taken continuously or intermittently in periods of at least one day.

Well-being time

Weekly well-being time is provided for all associates, enabling at least 30 minutes during each work week to invest in being your best self.

Education leave

Tuition assistance

Program reimburses tuition and course-specific fees for approved courses related to your role and overall company objectives. Courses must start after your employment date.

- For associates scheduled to work 40+ hours per week, pays 100 percent of the first \$5,000.
- For associates scheduled to work 20–39 hours per week, the program pays 50 percent of the first \$2,500.

Scholarship program

Program awards up to 75 scholarships of \$3,000 to selected children of associates with three years of service. No cost to associates.

Student loan refinancing

Helps associates manage student debt. You can learn how to lower your payments, pay off your debt faster and quickly get on the path toward financial freedom with CommonBond. You, your friends and family members will have access to three different services to save money on student loans—student loan evaluation, refinancing and new student loans. More information is available on the WBC.



Additional work-life benefits

- **Adoption assistance** – Reimburses 100 percent up to \$5,000 in the legal adoption of a child.
- **Bereavement (FT associates)** – Pays your base pay for up to three days in the event of death of a family or household member.
- **Giving Together** (matching gift program) – Matches contributions to eligible 501(c)3 organizations. Contact the Humana Foundation for more information.
- **Helping Hands** – Financial assistance during a devastating event.
- **Jury duty (FT associates)** – Pays your base pay in addition to any jury duty pay you receive from the court.
- **SurvivorSupport® Financial Counseling** – Financial guidance in the event of the death of an associate or associate's spouse/partner.
- **What's on your mind? EAP & Work-life Services** – Offers comprehensive information, education, self-assessments and consultations on a wide range of issues to address family, personal, financial, legal and emotional concerns. Includes up to 5 face-to-face counseling sessions (per issue) at no cost, as well as referrals to community resources. It is available to you, your family members and your friends at no cost.
- **Great Deals** – Provides discounted pricing and special offers from local and national vendors.

Resources

Associate Support Center	Questions about Workday, life events, payroll deductions, and other well-being programs	Associate Support Center
Humana medical plans	Questions about medical plans (Accolade)	member.accolade.com 1-844-467-3579
Humana pharmacy	Questions about mail delivery pharmacy benefits	1-888-850-1571
Go365	Questions about Go365	go365.com
Humana dental plans	Questions about dental plans	1-866-427-7478
Humana vision plan	Questions about the Humana vision plan	1-800-379-0092
EyeMed vision discount program	Questions about the EyeMed discount program	1-866-392-6056
Workplace voluntary benefits (ManhattanLife)	Questions about accident, critical illness and cancer and hospital indemnity	1-855-448-6982
Long-term care (Unum)	Questions about long-term care	1-800-227-4165
Spending account administration team	Questions about personal care accounts, health savings accounts and flexible spending accounts	1-800-604-6228
Humana retirement plan (Schwab)	Questions about your retirement plan, tools and resources	1-800-724-7526 1-877-905-2553 (en español)
Disability plans (Unum)	Questions about disability plans, parental leave, caregiver leave and Family and Medical Leave Act (FMLA)	1-866-860-2060
What's on your mind? 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	1-877-509-0096 1-866-500-6899 (en español) (TTY: 711)

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