



Benefits for the Way You Live





Humana

2024 **Traditional** Benefits Guide

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Welcome to Your Traditional Benefits!

As a member of the Humana community, you're able to experience opportunities that go beyond health and support your individual needs for purpose, belonging, and security. Our health and well-being benefits and programs are designed so you can bring your whole self to work and we are empowered to deliver on our passion for holistic well-being.

This benefits guide includes everything you need to make informed decisions for you and your family. We encourage you to read it thoughtfully and consider all your options. You'll be choosing to enroll or waive coverage for Medical, Well-being Rewards Program, Dental, Vision, Spending Accounts, Life, and Voluntary Benefits. Many other benefits discussed in this overview are provided to you at no cost and without enrollment.

Benefits are available to both regular full-time (scheduled to work 30+ hours per week) and regular part-time (scheduled to work 20-29 hours per week), unless otherwise noted.

For more information on these benefits and programs, visit the Well-being & Benefits Center located on Humana's Intranet at **go/wbc**.







Eligibility

As an active, regular full-time or part-time associate scheduled to work 20 or more hours per week, you are eligible for benefits on your first day of employment. You can enroll in Medical, Well-being Rewards Program, Dental, Vision, Life, Workplace Voluntary Benefits (Accident, Critical Illness, and Hospital Indemnity), Health Savings Account (HSA), and Flexible Spending Accounts (FSAs).

You may enroll your eligible dependents in many of the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse or domestic partner
- Your natural, adopted, or stepchildren up to age 26
- Children of any age, if incapable of self-support due to mental or physical disability
- One additional adult relative who is your IRS tax dependent

Duplicate Coverage

You can cover your spouse/partner or an additional adult relative and dependent children on your health benefits. The only exception is for additional adult relatives. 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.

If you and your spouse/partner or another additional adult relative have dependents you wish to cover, they may only be covered under one plan. If dependent children become eligible associates, they cannot be covered both as your dependent and as an eligible associate.

Enrolling & Making Changes

The choices you make when you first become eligible are in effect for the remainder of the plan year. It's important to review your benefit options and choose the best coverage for you and your family.

You have three opportunities to enroll in or make changes to your benefits:

- 1. Within 31 days from date of hire
- 2. During the annual Open Enrollment period
- 3. Within 31 days of a qualified change in family status.

Qualified Changes in Family Status

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Death of a dependent
- Loss or gain of other health coverage for you and/or dependents
- Change in employment status
- Change in Medicaid/Medicare eligibility for you or a dependent
- Receipt of a Qualified Medical Child Support Order

How to Enroll

1. Determine Your Needs

Be a smart health care consumer and ask yourself the following questions:

- **Who should I cover?** Evaluate your coverage options for all dependents who meet eligibility requirements.
- How much did I spend on health care last year? Consider your past expenses to help you plan for your future needs.

2. Review Your Options

Review this benefits guide to compare your options and evaluate plan costs and potential savings. You are also encouraged to use resources available through the Workday enrollment tool.

You may make elections for Medical, Well-being Rewards Program Dental, Vision, Life, Health Care or Dependent Care Flexible Spending Accounts (FSAs), Health Savings Account (HSA), and Workplace Voluntary Benefits. You **MUST** log in to enroll and make these elections.

Please note: If you are enrolled in the company medical plan, you and your covered spouse/partner are automatically enrolled in the Well-being Rewards Program. If you are eligible for the company medical plan and choose not to enroll, you can still participate in the Well-being Rewards Program if you enroll separately during Open Enrollment or when you experience a qualifying life event. There is no cost to you. If you're not covered on the company medical plan, your spouse/partner is not eligible for the Well-being Rewards Program. If you are an associate, and are enrolled as a covered spouse/partner on another associate's company medical plan, you do not need to separately enroll in the Well-being Rewards program. You will automatically be enrolled as a spouse/partner when enrolled in the medical plan.

3. Enroll in Your Benefits

When you're on the company network, you can access the benefits enrollment portal via Workday with the following steps:

- 1. Go to Workday via Humana's Intranet.
- **2**. Click on the Benefits app. Under "Change", click Dependents to add dependents you wish to cover. Click Beneficiaries to add beneficiaries for your plans.
- **3.** Go to your Workday inbox and click on the Change Enrollment task to start your enrollment.

If you have questions, contact Accolade at 844-467-3579 or visit member.accolade.com.

4. Confirm Your Elections

Upon completion of your benefits enrollment, please review your 2024 Benefits Statement carefully to make sure your benefits and dependent information are correct.



Healthy Living

Avoid Additional Costs & Earn Rewards

Our company medical benefits are more than just insurance coverage. They're designed with incentives and rewards to encourage and empower you to live a healthy lifestyle. By completing certain activities and challenges, you'll not only take steps to live life to the fullest, but you'll also have more money in your pocket for your health and well-being.

If you're enrolled in an employer medical plan, you and your covered spouse/partner are encouraged to complete these activities during the prior year to avoid additional costs in the future.

- Complete a full biometric screening (subscriber only).
- Complete the online health assessment (subscriber and spouse/partner).
- If you or your covered family members are using tobacco, you can avoid the tobacco use surcharge by participating in a Tobacco Cessation Program.

New hires and first-time medical plan enrollees with an effective date after the start of the current medical plan year will not be subject to the additional costs for the 2024 medical plan year. If you plan to enroll in medical plan benefits for the 2025 plan year, you and your covered spouse/partner can complete the activities listed above to avoid additional costs to your paycheck in the 2025 medical plan year.

Well-being Rewards Program

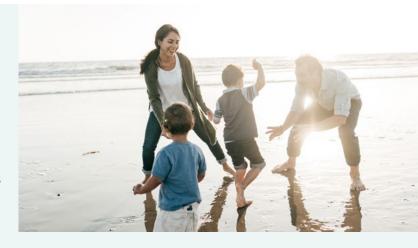
Beginning in January 2024, you will have access to an easy to use, high touch mobile and web-based program that blends digital apps, engagement experiences and dynamic content to help you make health-related decisions in a fun, social environment. The content is tailored to your interests and individual well-being goals to help you build healthy habits in areas that matter to you, while inspiring opportunities for growth and enjoyment.

In addition to the health assessment and biometric screening, you and your covered spouse/partner will have access to:

- Trackers to help you build healthy habits
- Multi-media library with on-demand video and audio content
- Digital coaching to guide your fitness routine
- Daily well-being tips and preventive care reminders
- Nutrition guides and recipes
- Personalized sleep plans and tips for improved energy
- Peer-to-peer challenges to connect with your family and friends

You'll earn rewards while furthering your health and well-being.

Reward dollars that you and your covered spouse subscriber earn are taxed via a line item on your payslip entitled "Well-being Rewards."



Your Personal Well-being Journey

Each day is another opportunity to choose how you want to live. A biometric screening and health assessment can help you understand your current health, and with our well-being tools you'll be able to make the best choices for a healthier life. Whether you're interested in creating new habits with digital tools, finding activities you can enjoy any time/anywhere, exploring food trends in Amanda's Everyday Kitchen, or connecting with others through volunteering, you'll discover new ways to work on your well-being and embrace healthy living.

For more information, visit the Well-being & Benefits Center at **go/wbc**.

Financial Well-being

Your financial well-being is about more than just money—it's about the freedom to focus on the goals that are most important to you. It could mean being able to pay your bills, weather an unexpected expense, retire comfortably or take the trip of your dreams. Just like any other dimension of well-being, this is deeply personal, and progress does not happen overnight.

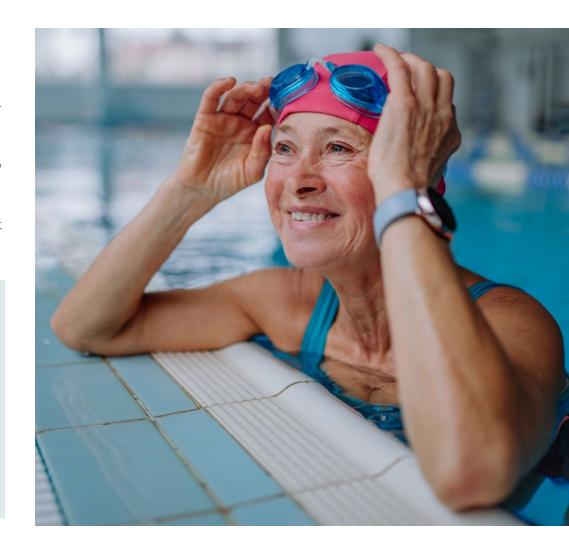
Financial well-being means being able to fully meet current and ongoing financial obligations, feeling secure in your financial future, and being able to make choices to allow you to enjoy your life. In times of need, it's especially important to use Humana's benefits, incentives, and assistance programs to support your overall financial well-being.

With Humana's financial well-being programs, you have comprehensive tools and resources at your fingertips to help you be in your best financial position no matter where you are on your financial well-being journey.

Financial Finesse

Financial Finesse provides associates with unlimited coaching support to enhance their financial well-being at **no cost**. Associates have on-demand access to Certified Financial PlannerTM professionals as well as an empowering digital hub. All information shared is kept completely **confidential**.

Financial Finesse coaches are 100% unbiased, and are knowledgeable about Humana's financial and well-being benefits, which can help you make the most of what Humana offers. Associates receive free and unlimited access to coaches by phone. In addition, associates have unlimited access to the Financial Finesse Hub where you can access AimeeTM, your virtual financial coach, start a chat with a live coach, explore content, tools, calculators, and more. Learn more at **go/FinancialFinesse**.



Financial Well-being (continued)

Emergency Savings Program (powered by SecureSave)

Humana is rewarding associates for practicing healthy saving habits and creating a safety net for life's unexpected financial events. With the Emergency Savings Program, associates can save money directly from their paychecks. Humana offers the following match and sign-up bonus to help boost your financial well-being:

- Each paycheck, if you contribute \$20, Humana will provide a \$20 match, up to \$520 per year (\$10 for \$10 match if you are paid weekly)
- \$100 sign up bonus to kickstart your savings balance

Program features:

- Transfer money to your linked personal bank account any time, for any reason.
- The account and money are always yours, even if you leave Humana.
- It's free: there are no fees or penalties at any time.
- Your account information is confidential and will not be provided to any Humana associate, including your leader.



Visit **go/SecureSave** to learn more about opting into this program or scan the QR code.

Other Financial Well-being Programs

• **Enrich** is a financial education program that offers online courses and webinars, tools and templates, plus helpful assessments, articles, and videos. The resources offered through Enrich can help you with planning and managing your day-to-day personal finances.

Visit **go/Enrich** to learn more.

- ONE@Work is a secure financial mobile app that can help you access your pay earlier than your regular paycheck, save automatically, and budget easily.
 Visit go/ONE@Work to learn more.
- **FinFit** gives you access to personal loans and lines of credit. FinFit weighs your tenure with Humana when making lending decisions—allowing more applicants to be approved. Flexible credit options make FinFit a helpful way to borrow the money you need.

Visit **go/FinFit** to learn more.

• **Helping Hands** provides emergency financial assistance for Humana associates when they need it most—when facing severe financial strain due to an unforeseen challenge.

Visit **qo/HelpingHands** to learn more.

 Great Deals provides all Humana associates with access to discounted pricing and special offers from nationally available vendors.

Visit **go/GreatDeals** to learn more.

• Through the **Preferred Banking Program**, Humana associates receive special banking benefits and may be eligible for certain discounts on a new mortgage through Bank of America®.

Visit go/PreferredBanking to learn more.

Health & Well-being Resources

Virta Health

For medical plan members, Virta includes three unique programs with health coaches to help you manage your health. Learn which program is the right fit for you.

Your Type 2 Diabetes	Your Risk for Diabetes	Your Weight
Virta offers a comprehensive Type 2 diabetes program to help participants decrease their blood sugar and A1c from the safety and comfort of home, while reducing diabetes medication and losing weight without the risks, costs, or side effects of additional medications or surgery. The Virta Diabetes program offers: Free diabetes testing supplies, including unlimited testing strips, lancets, and a blood glucose meter Medical care from a physician-led team Mobile app with easy-to-use tracking tools and tips Resources such as recipes, grocery lists, and other patient community support The resulting weight loss improves sleep, energy, and overall health.	More than one in three people have prediabetes putting them at greater risk for developing Type 2 diabetes. If your blood sugar levels are higher than normal, Virta's Diabetes Prevention Program can help you lose weight and manage rising blood sugar through nutritional therapy and advanced telehealth. The Diabetes Prevention Program offers: Devices and labs for remote monitoring of progress Clinical management and support Personalized nutrition and behavioral advice for lasting success Mobile app and online member community for discussion and support Virta helps you stop prediabetes in its tracks.	If your BMI is greater than 30, Virta has a clinical program to help you tackle your weight. Because of a unique nutritional approach and telehealth support, participants experience levels of weight loss greater than what they can generally manage on their own. Virta's nutritional therapy uses a low carb approach without counting calories. The Weight Loss Program offers: Free remote monitoring devices, including a digital body weight scale Mobile app with meal plans, tracking tools, and educational videos Expert support anywhere, anytime from a clinical care team And best of all, after two years, nearly 90% of the weight loss is sustained.

For more information, contact Virta at **844-847-8216**, or to learn how to join the program, visit **go/Virta**.

Health & Well-being Resources (continued)

Telemedicine Offers Care from the Comfort of Home

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 \$57 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.

If you're enrolled in 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.

Doctor On Demand operates subject to state regulations and may not be available in certain states.

Nimble Health: Your Trusted Guide for Your Musculoskeletal (MSK) & Imaging Health Care Journey (BCBS Plan Members Only)

Pain is a difficult obstacle for anyone to deal with, especially when it comes to musculoskeletal (MSK) disorders of the neck, back, knee, hip, or shoulder. Joint pain does not have to be a permanent part of your life. The Nimble Health solution is a complete joint and spine program offering concierge services to help you:

- Understand your diagnosis and treatment options
- Find the best physicians for second opinions
- Determine which treatment options are right for you
- Schedule appointments for imaging, as well as in-person and virtual physical therapy and surgery.

Nimble Orthopedic Nurse Health Coaches are available to answer questions and support you on your journey. By working with an Orthopedic Nurse Health Coach, you'll receive:

- Educational information about your symptoms and conditions to help you make the most of your care options
- Advanced imaging scheduling support (MRI, CT, and PET scans)
- Physical therapy, including virtual physical therapy options
- Treatment decisions support with a Nurse Health Coach
- Surgical preparation support and assistance when you need it

Nimble Health is a voluntary concierge program that proactively reaches out to members by phone, text, and email whenever they identify a member who may need help during their MSK journey. Please contact Nimble Health at **844-873-6424** or visit **nimble-health.com/humana** for more information.

Health & Well-being Resources (continued)

Accolade Is Your First Stop for Help (Blue Cross Blue Shield (BCBS) Plan Members)

The health care journey is best traveled with an experienced guide. Accolade has the expertise to support you every step of the way. Whenever you have questions about your health care, or if you need help resolving billing issues, Accolade is here to help you get the most out of your benefits as a BCBS medical plan member:

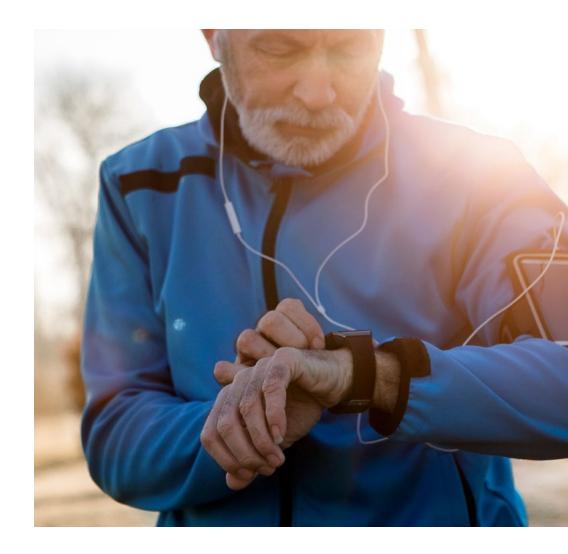
- Find the right provider
- Resolve claims issues
- Save money on medical care
- Obtain a second opinion from Accolade
- Understand your options

Make Accolade your first contact. Call 844-467-3579 or visit member.accolade.com. You can also connect with Accolade through the Your Health Assistant mobile app. Your Accolade Health Assistant will stay with you from first contact through follow-up.

EAP & Work-Life Services

The TELUS Health Employee Assistance Program and Work-Life Services are there when it matters. The program offers comprehensive information, education, selfassessments, and consultations on a wide range of issues to address family, personal, financial, legal, and emotional concerns. Services include up to five face-to-face counseling sessions per issue per year and referrals to community resources. The EAP is available to you, your family members, and your friends at no cost.

To access the EAP, call TELUS Health at **877-509-0096**, 24/7, 365 days a year or visit **go/eap**.

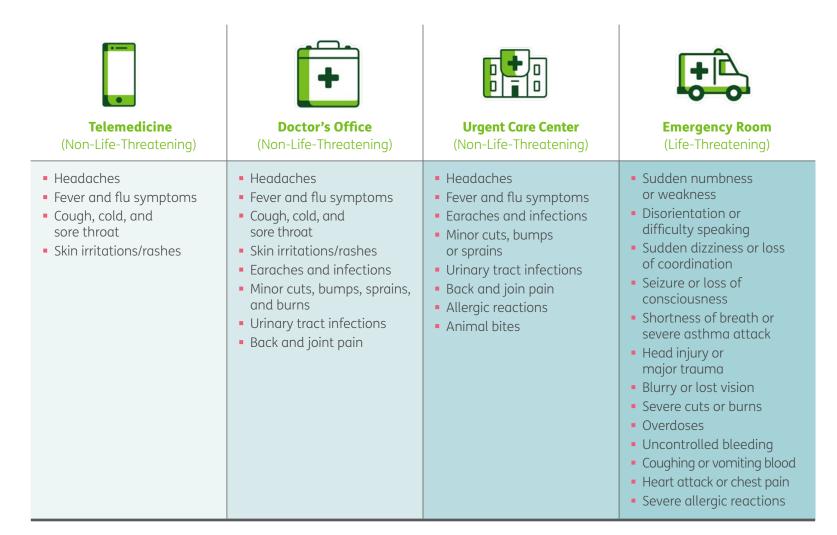


Get to Know Your Care Options

Need medical attention, but it's not a true emergency? Save time and money by using telemedicine services, scheduling an appointment with your primary physician, or visiting urgent care.

Emergency room (ER) copays are expensive, and the average wait time is 4.5 hours! Telemedicine, your primary physician, and urgent care centers provide quality care just like the ER, but you could save hundreds of dollars and hours of time in the waiting room for non-life-threatening issues. Once the plan year begins, if you have questions about where to go for care, reach out to Accolade for assistance at

member.accolade.com or call 844-467-3579.



Helpful Benefit Terms & Definitions

To better understand your coverage, it's helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

Aggregate Deductible: The entire family deductible amount must be met before the plan begins to pay, even if only one family member has medical costs.

Balance Bill: When a health care provider bills a patient for the difference between what the patient's health insurance reimburses and the provider charges.

Coinsurance: The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's MOOP.

Copay: A fixed dollar amount you pay the provider at the time of service.

Deductible: The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible. For example, the deductible does not apply to preventive care services and some preventive medications.

In-Network Care: Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Maximum Out-of-Pocket (MOOP): The maximum amount you pay per year before the plan begins paying 100% for covered expenses. This limit protects you from unexpected, catastrophic expenses.

Out-of-Network Care: Care provided by a doctor or at a facility outside of the plan's network. Your costs may increase, and services may be subject to balance billing.

Premium: The complete cost of your plans. You may share this cost with the company and pay your portion through regular payroll deductions.

Preventive Care: Routine health care, including annual physicals, screenings, and recommended vaccines to prevent disease, illness, and other health issues. In-network preventive care is covered at 100%.

Well-being: A sense of health and vitality that arises from your thoughts, emotions, actions, and experiences. When you feel healthy, socially connected, and purposeful—you thrive.

In-Network Providers

BCBS in-network providers will vary based on your home address. Review the chart for your medical plan network.

Location	Provider Network Name
Florida	NetworkBlue
Georgia	Blue Open Access POS
Wisconsin	Blue Preferred POS
Kansas City (Counties in both Kansas & Missouri)	Preferred-Care Blue
All other locations	BlueCard PPO

Visit **provider.bcbs.com** to search for providers. View the **Find A Doctor Quick Reference Guide** for more information.

Benefit Acronyms

AD&D

Accidental Death & Dismemberment

CDHP

Consumer-Directed Health Plan

FSA

Flexible Spending Account

HDHP

High Deductible Health Plan

HSA

Health Savings Account

LTD

Long Term Disability

PCA

Personal Care Account

PPO

Preferred Provider Organization

STD

Short Term Disability

VFHP

Virtual First Health Plan

BCBS Medical Plan Comparison*

Plan Features	CDHP with PCA	VFHP with PCA	HDHP \$1,700/\$3,400 with HSA	HDHP \$2,300/\$4,600 with HSA	HDHP \$3,000/\$6,000 with HSA
Annual Deductible** Individual/Family	\$1,000 / \$2,000 (medical only)	\$3,000 / \$6,000 (medical only)	\$1,700 / \$3,400 (medical + Rx)	\$2,300 / \$4,600 (medical + Rx)	\$3,000 / \$6,000 (medical + Rx)
Maximum Out-of-Pocket (MOOP)** Individual/Family	\$3,000 / \$6,000 (medical + Rx)	\$4,500 / \$9,000 (medical + Rx)	\$3,400 / \$6,800 (medical + Rx)	\$3,800 / \$7,600 (medical + Rx)	\$4,500 / \$9,000 (medical + Rx)
Coinsurance**	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	You pay:	You pay:	You pay:	You pay:	You pay:
Preventive Services	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Doctor on Demand Telehealth	Cost based on service provided	\$0 copay (primary care, urgent care, and behavioral health)	Cost based on service provided	Cost based on service provided	Cost based on service provided
Primary Care Visit	\$30 copay	\$50 copay	20% after deductible	20% after deductible	20% after deductible
Specialist Visit	\$60 copay	\$100 copay	20% after deductible	20% after deductible	20% after deductible
Urgent Care Visit	\$60 copay	\$125 copay	20% after deductible	20% after deductible	20% after deductible
Hospital Services	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible

^{*}In-network amounts shown. All plans include out-of-network (OON) coverage. When OON providers are used, the member will meet separate, higher deductible, coinsurance, and MOOP amounts.

^{**}These plans include aggregate deductibles, coinsurance, and MOOP limits. This means the Individual amount applies only to those with individual coverage; if covering anyone other than yourself, the Family amount applies, and no individual deductible applies.

Prescription Plan Comparison

Plan Features Consumer Directed Health Plan with PCA		Virtual First Health Plan \$1700 / \$3400 HDHP with PCA with HSA		\$2300 / \$4600 HDHP with HSA	\$3000 / \$6000 HDHP with HSA				
Preventive Rx	Copays for medications on the OptumRx Preventive Drug List* are listed below. If the preventive drug is considered a maintenance medication, see the Maintenance Rx requirements below.								
Tier 1	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay				
Tier 2	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay				
Tier 3	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$70 copay				
Maintenance Rx (medications taken on a regular basis)			Optum Home Delivery, CenterV continued to fill at a retail pha						
Insulins	Tier 2 insulins can be obtained at no cost for a 30-day supply from any in-network pharmacy. Tier 3 insulins can be obtained at \$35 for a 30-day supply from any in-network pharmacy. Tier E (excluded) insulins require an approved override exception. If approved, the Tier 3 cost share applies.								
Tier 1	\$10 copay	\$10 copay	20% after deductible	20% after deductible	20% after deductible				
Tier 2	\$40 copay	\$40 copay	20% after deductible	20% after deductible	20% after deductible				
Tier 3	\$70 copay	\$70 copay	20% after deductible	20% after deductible	20% after deductible				
Specialty	25% coinsurance	25% coinsurance	20% after deductible	20% after deductible	20% after deductible				

^{*}The OptumRx Preventive Drug List includes preventive brand and generic medications used for various chronic conditions such as, but not limited to, high blood pressure, depression/mood disorders, high cholesterol, diabetes, asthma, COPD, blood thinners, contraceptives and osteoporosis.

Pharmacy Benefits

Your pharmacy benefit is called Humana Associate Rx. Humana will partner with OptumRx to manage and service your medication needs. This program ensures you get the medications you need, including:

- **Short-term medications:** Drugs used for conditions such as a sinus infection or strep throat.
- Maintenance medications: Drugs used on a regular basis, such as those for diabetes, high blood pressure, cholesterol, or depression.
- Specialty medications: Drugs used to treat serious, complex conditions such as cancer, rheumatoid arthritis, and multiple sclerosis.

Pharmacy Design

Drugs on the pharmacy list are placed in different tiers. The cost you pay for each type of medication depends on the tier of the medication and the plan you choose. Please refer to the **Prescription Plan Comparison** page for your plan's pharmacy coverage.

To view the Humana Associate Rx Premium Standard Drug List, visit **humanassociaterx-rxportal.sxc.com**. To view the OptumRx Preventive Drug List, **click here**.

Ways to Save

You can benefit from these savings features, which are designed around using your pharmacy benefits wisely.

Insulin Benefit

There is an insulin benefit included with all plans.

- Tier 2 insulins can be obtained at no cost for a 30-day supply from any in-network pharmacy.
- Tier 3 insulins can be obtained at \$35 for a 30-day supply from any in-network pharmacy.
- Tier E (excluded) insulins require an approved override exception. If covered, the Tier 3 copay applies.

Preventive Rx Program

Medical plan members have access to the Preventive Rx program. The program includes a list of preventive brand and generic medications used for various chronic conditions such as, but not limited to, high blood pressure, depression/mood disorders, high cholesterol, diabetes, asthma, COPD, blood thinners, contraceptives and osteoporosis.

When filling these medications for a 30-day supply at any in-network pharmacy, you will pay a copay based on the tier of the drug.

For HDHP members, copays for these medications apply before meeting a deductible. If you take the medications regularly, the Maintenance Rx requirements will apply.



Pharmacy Benefits (continued)

Where Can I Fill Prescriptions?

- **Short-Term Prescriptions:** For all plans, your short-term prescriptions can be filled at any in-network pharmacy.
- Maintenance Prescriptions: With all medical plans, you can fill maintenance medications at any retail network pharmacy location for a maximum of two 30-day fills.

After these initial 30-day fills, the third and subsequent fills of the maintenance medication must be 90-day fills via Optum Home Delivery, CenterWell Pharmacy retail locations or CVS-90 Saver.

If the third and subsequent retail fills of the maintenance medication are filled for 30-days at a retail pharmacy, the medication will not be covered.

Specialty Medication Prescriptions: For all plans, your specialty prescriptions
must be filled at Optum Specialty Pharmacy.

Skip the Pharmacy. Optum Delivers to You.

If you take medication regularly, you could save time and money with Optum Home Delivery.

- Order up to a 3-month supply.
- Get your medications delivered right to your mailbox with free standard shipping.
- Talk to a pharmacist 24/7.

You can submit your order one of three ways:

- Online at humanaassociaterx-rxportal.sxc.com.
- Through the Optum Rx App.
- Call **800-382-7015**.



Medical Plan Account Funding

Humana offers medical plan account funding when you enroll in any of the plans offered. When you enroll in either the Consumer Directed Health Plan (CDHP) or Virtual First Health Plan (VFHP), a Personal Care Account (PCA) will be opened on your behalf. With the High Deductible Health Plan (HDHP), you can enroll in a Health Savings Account (HSA). Base Funding will automatically be contributed to these accounts in January 2024 and is based on your salary and medical plan coverage level. You can earn additional funding when you complete Financial Guidance activities. You have from January 1 - November 30, 2024 to complete Financial Guidance activities for 2025 Account Funding. New hires and first-time medical plan enrollees with a benefits effective date on or after October 1, 2023 can simultaneously earn 2024 Account Funding during these dates. Learn more at **go/accountfunding**.

PCA Contributions

The PCA is an employer-funded account only and can be used to pay for medical and pharmacy expenses for you and your covered family members. All unused PCA funds roll over from year to year if you enroll in a plan with a PCA.

HSA Contributions

Both you and your employer can fund the HSA, which can be used to pay for medical, dental, vision, and over-the-counter medicines for you and your IRS tax dependents, regardless of whether they're enrolled in your medical plan. For a complete list of eligible expenses, refer to **IRS Publication 969**.

For 2024, the maximum HSA funding (both employer and associate together) cannot exceed the annual IRS maximum of \$4,150 for HDHP individual coverage and \$8,300 for HDHP family coverage (any other coverage level). If you are age 55+, you can fund catch-up amounts up to \$1,000.

Salary Tier	2025 Company PCA (Individu	2025 Annual Earning Opportunity		
Salary Her	Base Funding	Financial Guidance Activities	(Individual/Family)	
<\$50,000	\$250 / \$500	\$750 / \$1,500	\$1,000 / \$2,000	
\$50,000-<\$100,000	\$100 / \$200	\$300 / \$600	\$400 / \$800	
\$100,000+	\$0	\$100 / \$200	\$100 / \$200	

How the Health Savings Account (HSA) Works

Benefits of an HSA

- You can set aside tax-free* money to pay for health care expenses.
- An HSA is your bank account. If you leave the company, the account goes with you.
- All unused contributions roll over year to year.
- HSAs can make a great retirement savings account for health care and may be invested by the account holder.
- Associate HSA contributions can be stopped, started, or changed anytime throughout the plan year.

To Contribute to an HSA

The IRS has several eligibility requirements that must be met to open an HSA:

- You must be enrolled in a qualified HDHP.
- You cannot be covered under any other non-qualified plan, including your spouse's Health Care FSA.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return.

Questions? Refer to **IRS Publication 969** for complete HSA rules.

HSA Tax Advantages

- 1. Your contributions to the HSA are not taxed.
- 2. Payments of qualified expenses are tax-free.
- 3. Earnings are tax-free.*

*State taxes may still apply in CA and NJ. For detailed tax implications of an HSA, please contact your professional tax advisor.

How Your HSA Works with an FSA

While you can't contribute to both the HSA and the Health Care FSA at the same time, HSA enrollees are eligible to enroll in the **Limited Health Care FSA** for eligible dental and vision expenses. Consider using the **Limited Health Care FSA** dollars for eligible expenses first, since this account is funded immediately and you will lose any unused funds at the end of the plan year.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay for eligible health and dependent care expenses. **Each year, you must elect the annual amount you want to contribute to each account.** Contributions will be deducted pre-tax from your paycheck, which helps reduce your taxable income.

Health Care FSA

IRS Maximum \$3,050/year

The Health Care FSA will reimburse you for eligible health care expenses that you, your spouse, and your children incur during the plan year. The entire annual amount you elect can be used at any time during the plan year even though your contributions are deducted each paycheck. When you incur an eligible expense, you can use your debit card or pay out-of-pocket and submit a reimbursement request with documentation.

Note: If you are contributing to an HSA, you are not eligible to participate in the Health Care FSA. However, you are eligible to participate in a Limited Health Care FSA.

Limited Health Care FSA

IRS Maximum \$3,050/year

HSA participants are eligible to participate in the Limited Health Care FSA to set aside pre-tax dollars **for eligible dental and vision expenses only**.

Dependent Care FSA

IRS Maximum \$5,000/year

The Dependent Care FSA lets you use before-tax dollars to pay daycare expenses for children age 13 and under, or elder dependents who are unable to care for themselves. Unlike the Health Care FSA, you can be reimbursed only up to the amount available in your account after your payroll contributions.

When you incur an eligible expense, you can use your debit card or pay out-of-pocket and submit a reimbursement request with documentation.

FSA Rules to Keep in Mind

FSAs offer significant tax advantages but are subject to IRS regulations:

- All expenses for the Health Care and Dependent Care FSAs must be incurred during the plan year: January 1 through December 31.
- The IRS has a strict "Use-It or Lose-It" rule for FSAs.
- Once you enroll in the FSA, you can only change your contribution amount if you experience a qualified status change.
- Each account functions separately. You cannot transfer funds from one FSA to another.



Dental Coverage

Good dental care improves your overall health. Our Humana dental plans help you maintain a healthy smile through regular preventive dental care and offer coverage to fix problems as soon as they occur.

You may visit any dentist of your choice, but you'll receive the highest coverage when you visit in-network providers. If you visit an out-of-network provider, you will not benefit from discounted rates and will pay more for services. To find an in-network provider near you, visit **humana.com**.

	Preventive	Pl	Traditional Preferred			
Plan Features	All Providers	In-Network Providers	Out-of-Network Providers	All Providers		
	You pay:	You pay:	You pay:	You pay:		
Deductible Individual/Family	Ν/Δ		\$150 / \$450	\$75 / \$225		
Preventive Services*	Covered in full	Covered in full	Covered in full	Covered in full		
Basic Services (fillings, extractions, root canals)	Not covered, but may receive discount	20% after deductible	30% after deductible	20% after deductible		
Major Services (dentures, crowns, bridges, implants)	with Humana Dental providers	40% after deductible	60% after deductible	50% after deductible		
Orthodontia (children and adults)	Not covered	Plan pays 50% up to \$2,000				
Annual Maximum	Plan pays up to \$1,500	Plan pays up to \$2,000 (excluding orthodontia) plus extended annual maximum**				

^{*}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 for adults age 40+.

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

**30% plan paid coinsurance for services after the \$2,000 calendar maximum is met. Member pays the rest.



Vision Coverage

Humana offers two types of vision plans. The Humana Vision Plan is an insured option that requires enrollment. It includes copays and certain no-cost services for diabetes and hypertension. The other option is the EyeMed Discount Program, which is free, but offers discounts only.



Plan Features	Humana Vision Plan	EyeMed Discount Program
Eligibility	FT/PT (20+ hours per week)	All associates
Enrollment	Required	Automatic/not required
Eye Exam Exam with Dilation Retinal Imaging	\$10 \$0	\$5 off retail
Lenses Single Bifocal Trifocal	Covered in full	\$50 \$70 \$105
Frames	\$130 allowance, 20% off balance	40% off retail
Contact Lens Exam Standard Fit/Follow-up Premium Fit/Follow-up	Up to \$55 10% off retail	\$5 off retail
Contact Lenses Conventional Disposable Medically Necessary	\$130 allowance, 15% off balance \$130 allowance Covered in full	15% off retail
Frequency Exam Lenses or Contacts Frames	Once every plan year Once every plan year Once every 2 plan years	Unlimited
Diabetic Eye Care Exam & Retinal Imaging, Extended Ophthalmoscopy, Gonioscopy, Scanning Laser	Covered in full	Not covered
Hypertensive Eye Care Exam & Retinal Imaging	Covered in full	Not covered
LASIK	15% off retail price or 5% off promotion Network (operate	nal price for LASIK or PRK from US Laser ed by LCA Vision)

Your Cost for Coverage - Bi-Weekly

Your bi-weekly payroll deductions for medical, dental, and vision are shown here. Part-time associates are those regularly scheduled to work 20-29 hours per week.

Medical*

Benefit Plan	Associo	Associate Only Associate + Spouse/Partner Associate + Child(ren)/Dependent		l(ren)/Dependent	: Associate + Family			
benefit Plan	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Consumer-Directed Health Plan	\$75.76	\$151.52	\$151.50	\$303.00	\$143.90	\$287.80	\$227.24	\$454.48
Virtual First Health Plan	\$29.96	\$59.92	\$59.88	\$119.76	\$56.88	\$113.76	\$89.84	\$179.68
HDHP \$1,700/\$3,400 with HSA	\$51.30	\$102.60	\$102.58	\$205.16	\$97.46	\$194.92	\$153.88	\$307.76
HDHP \$2,300/\$4,600 with HSA	\$33.24	\$66.48	\$66.48	\$132.96	\$63.14	\$126.28	\$99.70	\$199.40
HDHP \$3,000/\$6,000 with HSA	\$11.64	\$23.28	\$23.26	\$46.52	\$22.10	\$44.20	\$34.90	\$69.80

^{*}The rates above do not include additional costs for tobacco users, spouse/partner coverage when other group coverage is available, or if a biometric screening and health assessment were not completed by Dec. 31, 2023...

Tobacco Use Surcharge: A \$40 additional charge is deducted bi-weekly if you or any of your covered family members (age 18+) used tobacco in the last 12 months and are not participating in a tobacco cessation program.

Spouse/Partner Coverage Surcharge: A \$45 additional charge is deducted bi-weekly for a spouse/partner who is covered by our company medical plan but has coverage available through their workplace. Fees do not apply if your spouse/partner is another associate, self-employed, unemployed, or enrolled in Medicare, Medicaid, or TRICARE as a retiree.

Biometric Screening Additional Cost**: A \$20 additional charge is deducted bi-weekly if you did not complete a biometric screening by December 31, 2023.

Health Assessment Additional Cost:** A \$10 additional charge is deducted bi-weekly if you and your covered spouse/partner (separate charges) did not complete the health assessment by December 31, 2023. **The additional costs for biometrics and health assessment are for the 2024 medical plan year. Associates who joined the plan on or after July 1, 2023 will not be subject to these charges in 2024.

Dental

Associate + Associate + **Associate Only** Associate + Family Benefit Child(ren)/Dependent Spouse/Partner Plan Full-Time Part-Time Full-Time Part-Time Full-Time | Part-Time Full-Time Part-Time **Preventive** \$1.74 \$3,48 \$2.54 \$5.08 \$3.94 \$7.88 \$6.84 \$13.68 **PPO** \$11.04 \$18.96 \$16.76 \$33.52 \$21.64 \$43.28 \$33.06 \$66.12 Traditional \$11.90 \$19.26 \$28.56 \$39.32 \$27.38 \$44.36 \$45.62 \$68.94 **Preferred**

Vision

Benefit Plan	Associate Only	Associate + Spouse/ Partner	Associate + Child(ren)/ Dependent	Associate + Family
Humana Vision Plan	\$3.70	\$7.42	\$7.04	\$11.04

Your Cost for Coverage - Weekly

Your weekly payroll deductions for medical, dental, and vision are shown here. Part-time associates are those regularly scheduled to work 20-29 hours per week.

Medical*

Benefit Plan	Associate Only		Associate + Spouse/Partner		Associate + Child(ren)/Dependent		Associate + Family	
bellefit Fluii	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Consumer-Directed Health Plan	\$37.88	\$75.76	\$75.75	\$151.50	\$71.95	\$143.90	\$113.62	\$227.24
Virtual First Health Plan	\$14.98	\$29.96	\$29.94	\$59.88	\$28.44	\$56.88	\$44.92	\$89.84
HDHP \$1,700/\$3,400 with HSA	\$25.65	\$51.30	\$51.29	\$102.58	\$48.73	\$97.46	\$76.94	\$153.88
HDHP \$2,300/\$4,600 with HSA	\$16.62	\$33.24	\$33.24	\$66.48	\$31.57	\$63.14	\$49.85	\$99.70
HDHP \$3,000/\$6,000 with HSA	\$5.82	\$11.64	\$11.63	\$23.26	\$11.05	\$22.10	\$17.45	\$34.90

^{*}The rates above do not include additional costs for tobacco users, spouse/partner coverage when other group coverage is available, or if a biometric screening and health assessment were not completed by Dec. 31, 2023.

Tobacco Use Surcharge: A \$20 additional charge is deducted weekly if you or any of your covered family members (age 18+) used tobacco in the last 12 months and are not participating in a tobacco cessation program.

Spouse/Partner Coverage Surcharge: A \$22.50 additional charge is deducted weekly for a spouse/partner who is covered by our company medical plan but has coverage available through their workplace. Fees do not apply if your spouse/partner is another Associate, self-employed, or enrolled in Medicare, Medicaid, or TRICARE as a retiree.

Biometric Screening Additional Cost**: A \$10 additional charge is deducted weekly if you did not complete a biometric screening by December 31, 2023.

Health Assessment Additional Cost:** A \$5 additional charge is deducted weekly if you and your covered spouse/partner (separate charges) did not complete the health assessment by December 31, 2023. **The additional costs for biometrics and health assessment are for the 2024 medical plan year. Associates who joined the plan on or after July 1, 2023 will not be subject to these charges in 2024.

Dental

Benefit Plan	Associate Only		Associate + Spouse/Partner		Associate + Child(ren)/Dependent		Associate + Family	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Preventive	\$0.87	\$1.74	\$1.27	\$2.54	\$1.97	\$3.94	\$3.42	\$6.84
PPO	\$5.52	\$9.48	\$8.38	\$16.76	\$10.82	\$21.64	\$16.53	\$33.06
Traditional Preferred	\$5.95	\$9.63	\$14.28	\$19.66	\$13.69	\$22.18	\$22.81	\$34.47

Vision

Benefit Plan	Associate Only	Associate + Spouse/ Partner	Associate + Child(ren)/ Dependent	Associate + Family	
Humana Vision Plan	\$1.85	\$3.71	\$3.52	\$5.52	

Retirement Savings Plan

Saving for retirement is an important step toward achieving financial security, which is why 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 and receive company matching contributions.

Enrollment

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

You may opt out of automatic enrollment by calling Charles Schwab at **800-724-7526** (en español **877-905-2553**) within 90 days of hire and your contributions will be refunded.

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

You can change your contribution percentage and automatic savings increase rate at any time by signing in to **workplace.schwab.com**.

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 workplace.schwab.com.

Contributions

You may contribute up to 35% of your eligible pay in any combination of pre-tax or Roth contributions, up to the annual IRS dollar limit (\$23,000 for 2024). An additional 2% eligible of pay on an after-tax basis may be contributed. Participants ages 50+ may also elect an additional catch-up contribution (\$7,500 for 2024). Changes to contribution percentages may be made at any time by signing in to **workplace.schwab.com**.

Matching Contributions

Following one year of service, associates are eligible for the company match of 125% on the first 6% of your pre-tax or Roth contributions.

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% 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 **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 cost and are available by signing in to **workplace.schwab.com** or calling Schwab at **800-724-7526** (en español **877-905-2553**). Professional management of your retirement plan account is also available. This is a fee-based service provided by Morningstar's managed account service, which includes ongoing account monitoring and automatic adjustments to your investments. If you are interested in managed account services, contact Schwab at **800-724-7526** (en español **877-905-2553**) for more information.

Rollovers

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

Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance, through Humana, provide financial security to you and your family if you pass away or become seriously injured.

Basic Life and AD&D Insurance

As a full-time associate, you receive Basic Life and AD&D insurance equal to two times your annual base salary or an opt-down benefit of \$50,000 for tax purposes. Humana pays the full cost of this benefit.

Choosing a Beneficiary

You may choose anyone to be the beneficiary of your Life and AD&D policy in the event of your death or serious injury. Review your beneficiary designation periodically to ensure it reflects your current wishes. You may change your beneficiary in Workday by clicking on the Benefits app, then Change and Beneficiaries.

Business Travel Accident Insurance

Coverage is provided for all associates at three times your base annual salary with a minimum of \$100,000 and a maximum of \$600,000. There is no cost for this coverage.

Voluntary Life and AD&D Insurance

Full-time and part-time associates may buy Voluntary Life and AD&D coverage (associate and spouse/partner coverage only) at discounted rates. The chart describes the amounts of coverage you can buy for yourself, your spouse/partner, and your child(ren). Rates vary based on age and smoker status for associate and age only for spouse/partner. Additional adult relatives are not eligible for this coverage.

Benefit Features	Voluntary Life and AD&D Options*			
	Associate	Spouse/Partner	Dependent Child(ren)	
Coverage Options	\$50,000 increments	\$25,000 increments		
Maximum	6x base annual salary or \$500,000, whichever is less	\$250,000 (cannot exceed 50% of associate coverage)	\$10,000 (newborn to <6 months: \$2,500)	
Guaranteed Issue Amount	For New Hires: \$250,000 During Open Enrollment: \$50,000 or increase one \$50,000 increment	For New Hires: \$100,000 During Open Enrollment: All new or increased spouse/partner amounts are subject to Underwriting		
Guaranteed Issue for age 70 or older	\$50,000	\$25,000	N/A	

^{*}Evidence of Insurability (EOI) may be required.

Workplace Voluntary Benefits

Voluntary benefits help protect you financially from unexpected health events. You are responsible for the cost of this benefit and may obtain coverage for yourself, your spouse/partner, and your children. Premiums are paid through after-tax payroll deductions. Additional adult relatives are not eligible for this coverage.

Accident Insurance

Accidents can happen at any time. You can buy Accident insurance which provides a benefit amount to help pay for expenses related to unexpected accidents and injuries. The Accident plan covers a range of incidents from common injuries to more serious events. The money you receive can cover deductibles, treatments, and office visit costs. The benefit amount is determined by the injury and medical care received and paid in a lump sum amount. It offers a benefit payout for accidental death or bodily injury, hospitalization, emergency room care, ambulance, organized athletic activities (for children), a transportation and lodging benefit, and bone fractures/dislocations.

Critical Illness Insurance

Are you protected if you experience a critical illness? You can buy Critical Illness insurance to help pay for expenses related to the diagnosis of a critical illness such as cancer, vascular disease, and other critical illnesses and conditions. Rates are determined by age and tobacco use status.

Hospital Indemnity Insurance

An unexpected hospital stay can be expensive, even with medical insurance. With Hospital Indemnity insurance, you'll receive benefits that help pay for expenses and bills related to being admitted to or confined in a hospital.

Workplace Voluntary Benefit Highlights

Accident Insurance

Pays a benefit amount for unexpected accidents and injuries.

Critical Illness Insurance

Pays a benefit for the diagnosis of a critical illness.

Hospital Indemnity Insurance

Pays a benefit when confined to a hospital.



Other Voluntary Benefits

PersonalPlans Services®

Enrollment for PersonalPlans Services is available through Great Deals, Humana's discount website.

Prepaid Legal Assistance

You have access to a network of more than 11,000 experienced attorneys nationwide for important legal services—from drafting a will to purchasing a home. No deductibles, copays, waiting periods, claim forms, or limits apply when you use an in-network attorney. Services include phone 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.

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.

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, Travelers, and MetLife Auto & Home. Coverage is available for cars, trucks, ATVs, motorcycles, boats, RVs, and jet skis. Rates and benefits vary by state. You can enroll for auto insurance anytime throughout the year.



Time Away

Holidays & Personal Holidays

Associates receive eight paid holidays. Standard holidays include New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, the day after Thanksgiving, and Christmas Day.

In addition to Humana's eight standard holidays, one personal holiday per year is available to recognize Humana's diversity and provide you with increased flexibility to observe and honor an additional holiday or special day of your choice. Full-time associates are eligible for eight hours and part-time associates are eligible for four hours of holiday pay.

Paid Time Off (PTO)

Humana offers a flexible PTO program for regular full-time and part-time associates scheduled to work 20 or more hours per week. PTO is earned biweekly based on length of service and scheduled hours, and is available for use immediately upon hire with your leader's approval. Associates may keep a maximum of one year's accrual of PTO hours in their PTO bank at any given time.

Years of Service	PTO Days*	Biweekly Hours*	Annual Hours*
<9 years	23 days	7.08	184
9+ years	28 days	8.62	224

^{*}Amounts displayed represent those earned for an associate scheduled to work 40 hours/week. Amounts are pro-rated for all full-time and part-time associates scheduled to work 20-39 hours/week.

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 world around us.

Full-time associates are eligible for eight hours and part-time associates are eligible for four hours each calendar year.

Well-being Time

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



Leave Programs

The following leave programs are available for full-time associates only.

Short Term Disability (STD)

Benefits start after five consecutive days of absence from work and pay 60% of base pay for up to six months. You are automatically enrolled in company-paid STD at no cost to you.

Long Term Disability (LTD)

Benefits start after six months of absence due to illness or injury and pay up to 50% of base pay. Benefits may continue up to Social Security Normal Retirement Age. You are automatically enrolled in company-paid LTD coverage at no cost to you.

Parental Leave

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 parental leave to help 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% 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.

Caregiver Leave

Paid caregiver leave of up to two weeks per rolling 12 months allows associates to help 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.

Bereavement Leave (FT associates)

Pays your base pay for up to five days in the event of death of a family or household member.

Jury Duty Leave (FT associates)

Pays your base pay in addition to any jury duty pay you receive from the court.

Need to File a Leave Claim?

Contact Unum, our third-party administrator, at **866-860-2060** to file a claim for any of these leave programs. They will provide instructions and request any required documentation.



Additional Benefits

- Adoption Assistance: Reimburses 100% up to \$5,000 in the legal adoption of a child. Learn more at go/Adoption.
- Education Support Services: Pursuit of a degree, college certificate, certification, including required books and fees, may be covered up to \$5,000 per calendar year. Hundreds of programs through our partnership with Guild are covered without the need to pay out-of-pocket, up to the annual maximum. To explore the benefit, visit go/EDU.
- **Matching Gift Program:** The Humana Foundation matches contributions to eligible 501(c)(3) organizations. Visit **go/HumanaTogether** for more information.
- Community Volunteering: As we help members of our communities thrive by sharing our time, talents, and skills, we create purpose and meaning in our own lives. Visit go/HumanaTogether to find volunteer opportunities and earn dollars to share with your favorite non-profit.
- SurvivorSupport® Financial Counseling: Financial guidance in the event of the death of an associate or associate's spouse/partner. Visit go/Financial to learn more.
- Care.com Membership: Humana has a partnership with Care.com through their Care@Work Program. Through this offering, associates can register for a free, premium membership (\$150 value) to Care.com which provides access to resources around caregiving, and the ability to search and connect with caregiver options. Through their membership, associates can find resources for the ongoing care needs of children, seniors, pets, home, and more. This includes finding emergency childcare in the home (e.g. nanny care).

Visit **Humana.Care.com** and select the "Let's get started" button. Associates will need to use their username (ABC1234) as their "Employee ID" to register.



Your Benefit Contacts

Coverage	Contact	Phone	Website/Email
Accident, Critical Illness & Hospital Indemnity	ManhattanLife	855-448-6982	manhattanlife.com
Benefits Assistance During Open Enrollment	Accolade	844-467-3579	member.accolade.com
Benefits Enrollment	Workday	N/A	Workday
Dental	Humana	800-626-1690	humana.com
Diabetes (Type 2) Management, Diabetes Prevention and Weight Management Programs	Virta Health	844-847-8216	go/virta
Employee Assistance Program (EAP) & Work-Life Services	TELUS Health	877-509-0096 866-229-2572 (Puerto Rico)	go/eap
Emergency Savings	SecureSave	N/A	securesave.app/signup/humana
Financial Navigation	Financial Finesse	844-583-1237	ffhub.com/humana
Financial Well-being	Humana	N/A	go/financial
HR4U (Pay, Benefits, Timesheets, Expense reports)	HR4U	888-431-4748	go/HR4U
Leave Programs (STD, LTD, Parental, Caregiver & FMLA)	Unum	866-860-2060	unum.com/claims
Life and AD&D	Humana	888-431-4748	humana.com
Matching Gifts & Volunteering	Humana Together	N/A	go/givingtogether
Medical	Accolade	844-467-3579	member.accolade.com
Musculoskeletal & Imaging Program	Nimble Health	844-873-6424	nimble-health.com/humana
PCA, HSA & FSAs	HealthEquity	866-346-5800	my.healthequity.com
Personal Loans	Salary Finance	800-317-6850	humana.salaryfinance.com
Prescription Drugs	Humana Associate Rx (through Optum Rx)	800-382-7015	humanaassociaterx-rxportal.sxc.com
Retirement Savings Plan	Schwab	800-724-7526 or 877-905-2553 (Spanish)	workplace.schwab.com
Telemedicine	Doctor on Demand	800-997-6196	Virtual First Only: doctorondemand.com/virtualfirst All Other Plans: doctorondemand.com/getcare
Time Away & Life Events	Humana Associate Support Center	N/A	humanaprod.service-now.com/asc
Vision	Humana	877-398-2980	humana.com
Well-being Rewards Program (Virgin Pulse)	Virgin Pulse	888-671-9395	go/wellbeingrewards

This communication highlights some of your Humana benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. Humana reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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