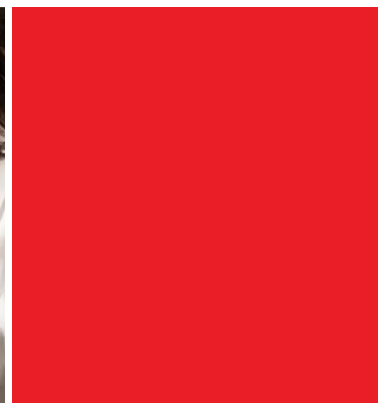
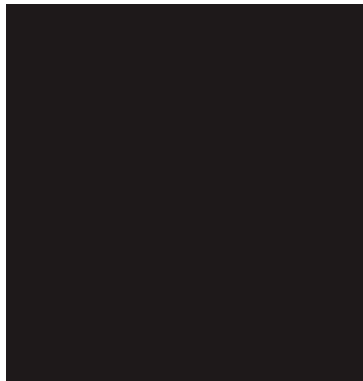


YOUR 2024-2025 BENEFITS GUIDE

Delivering Benefit Choices with **You** in Mind

Plan Year: December 1, 2024 - November 30, 2025



Laerdal

helping save lives

LAERDAL LABS DC

BENEFITS YOU CAN COUNT ON

Laerdal Labs, DC is committed to providing employees with a benefits package that is both comprehensive and competitive. Our benefits offer health coverage and a degree of financial security to our employees and their families. This guide provides a general overview of your benefit choices and enrollment information to help you select the coverage that is right for you.



ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan description (SPD), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail.

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Enrollment Periods

NEWLY HIRED EMPLOYEES

As a newly hired employee of Laerdal Labs, you become eligible for most benefits the first of the month following or coinciding with your date of hire. You have 30 days from your hire date to enroll.

ANNUAL ENROLLMENT

As a benefits eligible employee, you have the once-a-year opportunity to enroll in or make changes to your benefit plans during our annual enrollment period unless you experience a qualifying life event.

Our benefits plan year runs from **December 1, 2024 - November 30, 2025**.

ELIGIBILITY

If you are a full-time employee regularly scheduled to work at least 30 hours per week, you are eligible to participate in the benefit plans upon meeting eligibility requirements. Most benefits become effective on the first of the month following your date of hire.

Your dependents are also eligible based on the following guidelines:

- Your spouse/domestic partner
- Your dependent children up to age 26 regardless of marital or student status for medical, dental, and vision
- Your unmarried children up to age 26 for voluntary life and AD&D insurance
- Your unmarried children of any age who are incapable of supporting themselves due to a mental or physical disability and who are dependent on you

MAKING CHANGES DURING THE YEAR

Choose your benefits carefully. Medical, dental and vision contributions are made on a pre-tax basis and IRS regulations state that you have to experience a qualifying life event in order to make changes during the plan year.

Qualifying life events include but are not limited to:

- Marriage or divorce
- Death of your spouse/partner or dependent
- Birth or adoption of a child
- Your spouse/partner terminating or obtaining new employment (that affects eligibility for coverage)
- You or your spouse/partner switching employment status from full-time to part-time or vice versa (that affects eligibility for coverage)
- Significant cost or coverage changes
- Your dependent no longer qualifies as an eligible dependent

You must notify and submit any applicable forms and/ or documentation to Human Resources within 30* calendar days of the event. Human Resources will review your request and determine whether the change you are requesting is allowed. Only benefit changes which are consistent with the qualifying life event are permitted.

**60 calendar days if you, your spouse/partner, or eligible dependent child loses coverage under Medicaid or a State Children's Health Insurance Program (CHIP) or becomes eligible for state-provided premium assistance.*

PAYING FOR YOUR BENEFITS

Some benefits are provided to you at no cost by Laerdal Labs. The cost of other benefits is shared by you and Laerdal Labs. Additional benefits, such as voluntary plans, are paid by you at discounted group rates.

Having benefit options available means you can build your benefits to meet your needs and your lifestyle.

BENEFIT	WHO PAYS
Medical / Prescription	Laerdal Labs & You
Dental	Laerdal Labs & You
Vision	Laerdal Labs & You
Basic Life and AD&D	Laerdal Labs
Short-Term Disability	Laerdal Labs
Long-Term Disability	Laerdal Labs
Voluntary Life/AD&D	You
Employee Assistance Program (EAP)	Laerdal Labs
Health Savings Account (HSA)	Laerdal Labs & You
Flexible Spending Accounts (FSA)	You
Commuter Benefits	Laerdal Labs & You
401(K)	Laerdal Labs & You
Pet Insurance	You

PAYROLL DEDUCTIONS

Payroll deductions for the medical, dental and vision plan options effective 12/1/2024 - 11/30/2025:

PER PAY PERIOD COST		
COVERAGE LEVELS	BLUEFUND HIGH DEDUCTIBLE HEALTH PLAN WITH HSA	BLUECHOICE PPO PLAN
Employee Only	\$48.27	\$90.55
Employee + Spouse (or Domestic Partner)	\$125.48	\$207.71
Employee + Child(ren)	\$104.02	\$167.26
Employee + Family	\$182.23	\$274.86

PER PAY PERIOD COST		
COVERAGE LEVELS	CAREFIRST DENTAL PLAN	CAREFIRST VISION PLAN
Employee Only	\$6.30	\$1.00
Employee + Spouse (or Domestic Partner)	\$14.49	\$2.31
Employee + Child(ren)	\$11.65	\$1.86
Employee + Family	\$19.15	\$3.06



HEALTH CARE PLAN INFORMATION

IN-NETWORK ADVANTAGE

Consider your health care options highlighted in this guide. Some plans give you the freedom to use any healthcare provider of your choice. However, when you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use a provider who is outside of the network, you may be responsible for paying the difference between your insurance carrier's allowable charges and what the provider charges. This is called balance billing. Allowable charges are set by the insurance carrier and are the amounts that are generally considered reasonable based on what most providers charge for a particular service in a geographic area.

COPAYMENTS AND COINSURANCE

A copayment (copay) is the fixed dollar amount you pay for certain in-network services. In some cases, you may be responsible for the deductible or coinsurance after the copay is made.

Coinsurance is the percentage of covered expenses shared by the employee and the plan. For example, if you pay 20% of an in-network covered charge, the plan pays 80%. In some cases, coinsurance is paid after the insured meets a deductible.

ANNUAL DEDUCTIBLE

Your annual deductible is the amount of money you must first pay before your plan begins paying for services covered by coinsurance. Some services, such as office visits, may require copays and may not apply to the deductible.

- **Your medical, dental and vision plans run on a plan year basis**

After you meet your deductible, the plan pays for a percentage of eligible expenses (coinsurance) until you meet your out-of-pocket maximum. If you receive services from an out-of-network provider, you may have a larger deductible and the plan may pay a lower percentage of coinsurance. Refer to your health care plan summaries for more information.

OUT-OF-POCKET MAXIMUM

Some plans feature an out-of-pocket maximum, which limits the amount you will pay for eligible health care expenses. Once you reach that maximum, the plan begins to pay 100% of eligible expenses. There may be separate in- and out-of-network out-of-pocket maximums. All copays, deductibles and coinsurance accrue to the out-of-pocket maximums.

- **Your annual medical out-of-pocket maximum is on a plan year basis**

Medical Benefits: Preventive Care Services

Preventive care is covered in-network at 100% (no deductible or copay) for those services that are generally linked to designated routine wellness exams and screenings. Examples of preventive care services include:

- Annual routine physicals, immunizations (subject to age frequency / limitations)
- Cholesterol screening
- Mammograms, pap smears, pelvic exams
- PSA (Prostate Specific Antigen) exams

There may be limits on how often you can receive preventive care treatments and services. You should ask your health care provider whether your visit is considered preventive or non-preventive care. Please refer to <https://www.healthcare.gov/coverage/preventive-care-benefits/> for a list of eligible preventive services.



MEDICAL BENEFITS

CAREFIRST

1.888.567.9155 | [CAREFIRST.COM/MYACCOUNT](https://carefirst.com/myaccount)

Providing comprehensive and quality medical coverage at a reasonable cost is a challenge for all employers. Laerdal Labs meets this challenge by providing employees with two plan options from CareFirst that includes prescription drug coverage.

WHICH MEDICAL PLAN IS RIGHT FOR YOU?		
KEY FEATURES	CAREFIRST HDHP HSA PLAN	CAREFIRST PPO PLAN
Lowest monthly premium	•	
100% coverage for preventive care	•	•
Lowest deductible		•
Lowest out-of-pocket maximums		•
100% In-Network Coinsurance	•	
No referral required for specialists	•	•
Free 24-hour nurse line	•	•
Access to Virtual Visits	•	•
Pairs with a tax-advantaged Health Savings Account (HSA)	•	

When finding a participating provider be sure to use the following networks when searching:

- In MD, DC and VA area use the **BlueChoice Regional Network**
- Out-of-Area use the **BlueCard PPO Network**

MEDICAL BENEFITS

CareFirst High Deductible Health Plan with HSA

The information below is a brief summary of medical coverage only. Please contact CareFirst or Human Resources for plan summaries detailing coverage information, limitations, and exclusions. Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which you are responsible.

CAREFIRST HDHP HSA PLAN	In-Network	Out-of-Network
Plan Features	You Pay	You Pay
Referral Required	NO	
Plan Year Deductible		
Individual / Family	\$1,600 / 3,200	\$3,200 / 6,400
Coinsurance (Member / CareFirst)	0% / 100%	20% / 80%
Plan Year Out-of-Pocket Maximum		
Individual / Family	\$4,500 / \$7,900	\$6,550 / \$13,100
Office Visits		
Primary Care Physician (PCP)	No charge after deductible	20% after deductible
Specialist	No charge after deductible	20% after deductible
Lab and X-ray Services		
Labs	No charge after deductible	20% after deductible
X-rays	No charge after deductible	20% after deductible
Imaging (MRA/MRS, MRI, PET & CAT)	No charge after deductible	20% after deductible
Facility Services		
Urgent Care Facility	No charge after deductible	Paid as In-Network
Emergency Room (Copay waived if admitted)	No charge after deductible	Covered as In-Network
Inpatient Hospital Facility Services	No charge after deductible	20% after deductible
Outpatient Facility Services	No charge after deductible	20% after deductible

Prescription Drug	
Prescription Deductible	Must meet medical deductible first
Prescription Out-of-Pocket Maximum	Accumulates toward medical OOP Maximum
Retail: Up to a 34-day supply	\$15 / \$35 / \$60
Maintenance Drugs: Up to a 90-day supply	\$30 / \$70 / \$120
Specialty Drugs - Must be filled through Exclusive Specialty Pharmacy Network	Preferred: 50% up to \$100 or \$200 maximum Non-Preferred: 50% up to \$150 or \$300 maximum

MEDICAL BENEFITS

CareFirst PPO Plan

The information below is a brief summary of medical coverage only. Please contact CareFirst or Human Resources for plan summaries detailing coverage information, limitations, and exclusions. Any deductibles, copays, and coinsurance percentages shown in the chart below are amounts for which you are responsible.

CAREFIRST PPO PLAN	In-Network	Out-of-Network
Plan Features	You Pay	You Pay
Referral Required	NO	
Plan Year Deductible		
Individual / Family	\$250 / \$500	\$1,000 / \$2,000
Coinsurance (Member / CareFirst)	10% / 90%	40% / 60%
Plan Year Out-of-Pocket Maximum		
Individual / Family	\$1,500 / \$3,000	\$3,000 / \$6,000
Office Visits		
Primary Care Physician (PCP)	\$30 copay	40% after deductible
Specialist	\$30 copay	40% after deductible
Lab and X-ray Services		
Labs	No charge	40% after deductible
X-rays	No charge	40% after deductible
Imaging (MRA/MRS, MRI, PET & CAT)	No charge after deductible	40% after deductible
Facility Services		
Urgent Care Facility	\$50 copay	Paid as In-Network
Emergency Room (Copay waived if admitted)	\$200 copay after deductible	Covered as In-Network
Inpatient Hospital Facility Services	\$300 copay after deductible	40% after deductible
Outpatient Facility Services	\$300 copay after deductible	40% after deductible

Prescription Drug

Prescription Deductible	None
Prescription Out-of-Pocket Maximum	Accumulates toward medical OOP Maximum
Retail: Up to a 34-day supply	\$15 / \$35 / \$60
Maintenance Drugs: Up to a 90-day supply	\$30 / \$70 / \$120
Specialty Drugs - Must be filled through Exclusive Specialty Pharmacy Network	Preferred: 50% up to a \$100 or \$200 maximum Non-Preferred: 50% up to a \$150 or \$300 maximum

HEALTH SAVINGS ACCOUNT (HSA)

Further Bank

Take charge of your healthcare spending with a health savings account (HSA) which works alongside a qualified HSA plan. An HSA is a personal healthcare bank account that you can use to pay out-of-pocket medical expenses with pre-tax dollars. The HSA account is administered by Further and you can access your fund via the BlueFund link on your My Account portal with CareFirst.

The contributions made to your HSA are tax-free, and the money remains in the account for you to spend on eligible expenses, no matter where you work or how long it stays in the account. HSAs allow you to control your own money, year in and year out.

You are eligible to open and fund an HSA if:

- You are covered by an HSA-eligible high deductible health plan
- You are not covered under any other health plan including your spouse's or parent's plan
- You are not eligible to be claimed as a dependent on someone else's tax return
- You are not enrolled in Medicare or TRICARE
- You are not receiving Social Security benefits
- You have not received Veterans Administration benefits in the last three months

Your HSA account can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP. Eligible expenses include doctor's office visits, eye exams, prescription expenses, and LASIK surgery. IRS Publication 502 provides a complete list of eligible expenses and can be found at www.irs.gov.

INDIVIDUALLY OWNED ACCOUNT

You own your HSA. You determine how much you will contribute to your account, when to use the funds to pay for eligible medical expenses, and when to reimburse yourself. Like a bank account, you must have a balance in order to be reimbursed. Although receipts are not required for reimbursement, we recommend that you keep receipts for tax documentation. HSAs allow you to save and "roll over" funds if you do not spend the funds within the calendar year. The funds in this account are always yours, even if you change health plans or jobs. There are no vesting requirements or forfeiture provisions.

MAXIMIZE YOUR TAX SAVINGS*

Contributions to an HSA are tax-free; they can be made through payroll deduction on a pre-tax basis when you open an account with eligible Further bank. If your HSA is with another financial institution, you can make after-tax contributions and take the tax credit at the end of the year when you file your taxes.

- The money in this account (including interest and investment earnings) grows tax-free
- As long as the funds and any earnings are used to pay for qualified medical expenses, they are spent tax-free

**HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. Please consult your personal tax advisor or contact your plan administrator for information about your state.*

HSA FUNDING AND LIMITS

The 2024 IRS maximum contributions are:	Single coverage — \$4,150	Dependent coverage — \$8,300
The 2025 IRS maximum contributions are:	Single coverage — \$4,300	Dependent coverage — \$8,550
The Laerdal Labs contributions are:	Single coverage — \$800	Dependent coverage — \$1,600

Note: Individuals age 55 and older may make an additional annual contribution of \$1,000.

Please note that the maximum contribution includes both employer and employee HSA contributions and is pro-rated for the number of months you are eligible for an HSA. Your contributions can be changed at any time throughout the year. If you are hired after December 1st, the employer contribution is prorated. Please reach out to Human Resources with any questions.

WHERE TO GO FOR CARE

When you need care, call your PCP or family doctor first. Your physician has easy access to your records, knows the bigger picture of your health, and many offer same-day appointments to meet your needs. When seeing your physician is not possible it's important to know your quick care options to find the place that's right for you and help avoid financial surprises. Compare your choices today.

CAREFIRST BENEFIT	WHAT IT IS?	TYPE OF CARE
24-Hour Nurse Advice Line	When your doctor is not available, call 800.535.9700 to speak with a registered nurse about your health questions and treatment options.	<ul style="list-style-type: none"> Choosing appropriate medical care Finding a doctor or hospital Understanding treatment options Achieving a healthier lifestyle Answering medication questions
CloseKnit Virtual Primary Care	A new patient-centric, virtual-first primary care practice. Open 24/7/365 through a simple, convenient app.	<ul style="list-style-type: none"> Preventive and urgent care Behavioral and mental health support Chronic condition prevention and management Medication Management
Primary Care Physician	Go to a doctor's office when you need preventive or routine care. Your primary doctor can access your medical records, manage your medications and refer you to a specialist if needed.	<ul style="list-style-type: none"> Checkups Preventive services Minor skin conditions Vaccinations General health management
Urgent Care	Urgent care is ideal for when you need care quickly, but it is not an emergency (and your doctor isn't available). Urgent care centers treat issues that aren't life threatening.	<ul style="list-style-type: none"> Sprains Strains Small cuts that may need a few stitches Minor burns Minor infections Minor broken bones
Emergency Room	The ER is for life-threatening or very serious conditions that require immediate care. This is also when to call 911.	<ul style="list-style-type: none"> Heavy bleeding Large open wounds Sudden change in vision Chest pain Sudden weakness or trouble talking Severe head injury Spinal injuries Major burns & broken bones



CAREFIRST MEDICAL VALUE ADD SERVICES

24-HOUR NURSE ADVICE LINE | 1.800.535.9700

Call to speak with registered nurses at no extra cost, 24/7. The NurseLine can help you with:

- Choosing appropriate medical care
- Finding a doctor or hospital
- Understanding treatment options
- Achieving a healthier lifestyle
- Answering medication questions

MY ACCOUNT ONLINE ACCOUNT MANAGEMENT | CAREFIRST.COM/MYACCOUNT

As a CareFirst BlueCross BlueShield (CareFirst) member, your personalized benefit information is available 24/7. Register for My Account for secure online access to:

- View claims, and Explanation of Benefits (EOBs)
- Find a doctor, facility or pharmacy
- Check your benefits
- View, order and print ID cards
- Estimate medical expenses
- Go to carefirst.com/myaccount to register

VIRTUAL VISITS ALTERNATIVE: CLOSEKNIT YOU-CENTRIC PRIMARY CARE

CloseKnit allows you to connect virtually 24/7/365, offering advanced primary care, urgent care, mental health support and other specialized services. When you choose CloseKnit as your primary care provider, you don't just choose a doctor. You get a dedicated care team of highly qualified and experienced healthcare professionals

Primary care services include:

- Well care
- Preventive and urgent care
- Behavioral health and mental health support (therapy, medication)
- Chronic condition prevention and management
- Medication management
- Care coordination
- Education and enrollment support

Access information on your MyAccount portal.

SHARECARE | CAREFIRST.COM/SHARECARE

CareFirst has partnered with Sharecare, Inc. to bring you a wellness program that puts the power of health directly in your hands. You can access the program's personalized tools whenever and wherever you want, either online or through the mobile app.

DIABETES INSULIN AND SUPPLIES

CareFirst introduces \$0 cost share on preferred brand insulin and diabetes supplies. With the proper management, people with diabetes can lead long, healthy lives. CareFirst can help. To find out which insulin and diabetic supplies are covered on the formulary, visit carefirst.com/rx. Log into My Account and select Drug and Pharmacy Resources to confirm your formulary.

CAREFIRST MEDICAL VALUE ADD SERVICES

BEHAVIORAL HEALTH DIGITAL RESOURCES | 7 CUPS

Behavioral Health Digital Resource is available through 7 Cups (the world's largest behavioral health support system) and is designed to provide a safe environment for you to seek the confidential care you may need to feel like yourself again. When using the Behavioral Health Digital Resource you will be able to:

- **Talk to someone who understands:** You can access more than 430,000 trained active listeners who provide real-time emotional support. Listeners are searchable by age, gender, issue specialty, language and country.
- **Connect with licensed professionals:** Referrals to credentialed physicians and licensed professionals within the CareFirst provide network.
- **Chat with other caring members:** Online discussion boards, moderated chat rooms and scheduled topic-specific group chats allow for real-time support.
- **Learn new coping skills:** Follow and complete wellness steps to help you manage symptoms and gain a sense of mastery and hope.

BLUE365 WELLNESS DISCOUNT PROGRAM | [CAREFIRST.COM/WELLNESSDISCOUNTS](https://carefirst.com/wellnessdiscounts)

With Blue365 you have access to exclusive health and wellness deals and discounts from top national and local retailers: Gym memberships, fitness gear, family activities and healthy eating options. Additional support resources: Health coaching, Weight Management, Tobacco cessation, and Financial well-being.

COST AND COMPARISON TOOLS

The treatment cost estimator allows you to enter a procedure, such as a hip replacement, and it will pull up facilities in your area and estimate the costs and highlight the most cost effective facility. This can be done for many services.

BLUE REWARDS INCENTIVE PROGRAM | [CAREFIRST.COM/BLUEREWARDS](https://carefirst.com/bluerewards)

Earn rewards for taking certain steps to get and stay healthy. You'll receive the CareFirst Blue Rewards Visa Incentive Card in the mail once you complete any of the activities. The card can be used to pay for your annual deductible or out-of-pocket costs like copays or coinsurance related to eligible expenses (CareFirst medical and prescription drug) under your CareFirst health plan.

You have 120 days from the date your coverage begins to complete the participation-based reward steps. Employees and their spouse/domestic partner can choose which activities they want to complete. NOTE: Incentive amounts vary. Please log in to My Account for additional details and your reward information.



Earn \$100
Select a primary care provider (PCP) and complete a health screening

Earn \$50
Consent to receive wellness emails and take the RealAge test

Earn \$25
Retake the RealAge test



DENTAL BENEFITS

CAREFIRST

1.888.567.9155 | [CAREFIRST.COM/MYACCOUNT](https://carefirst.com/myaccount)

Dental coverage is a key component of your overall health and wellness. Laerdal Labs offers you access to a dental plan through CareFirst.

CHOOSING A DENTIST

You may select the dentist of your choice. However, to get the full advantage of your CareFirst coverage, you should choose a dentist who participates in the CareFirst BlueDental Plus network covered by your plan.

CareFirst dentists have agreed to accept CareFirst's plan allowance, plus any required coinsurance and deductible (if applicable) as payment in full.

Choose a CareFirst BlueDental Plus provider whenever possible for the lowest out-of-pocket cost.

Please visit carefirst.com/doctor to find a participating dentist in your area.



HELPFUL TIPS

If you plan to enter a course of treatment with an anticipated cost of \$300 or more or any Class 3 treatment, please ask your provider to submit a pre-treatment estimate.

A pre-treatment estimate gives your carrier the chance to review what the claim may look like before you've received the services and incurred charges. Upon review, they'll send both you and your dentist an estimate of what will be covered by the plan.

This allows you to:

- Preview what services will/won't be covered,
- See in advance what your anticipated costs will be,
- Negotiate a payment arrangement with your provider, and
- Depending on the timing, you may also use this to determine how much to set aside in your Flexible Spending Account or Health Savings Account for the coming year.

DENTAL BENEFITS

CareFirst PPO Plan

The dental plan through CareFirst covers the following main expenses:

- **Preventive and Diagnostic Services:** Routine exams, x-rays, cleanings, fluoride treatments, etc.
- **Basic Services:** Fillings, simple extractions, periodontal scaling, endodontics
- **Major Services:** Crowns, bridgework, and dentures
- **Orthodontia:** Available for adults and children

**You can be balance billed for services by an out-of-network dentist for any amounts over CareFirst’s allowable amount .*

	DENTAL PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK*
Plan Year Maximum	\$2,000 per member	
Plan Year Deductible (waived for preventive and diagnostic services)	\$25 / \$75	\$50 / \$150
Preventive Services	100%	100% of Allowable
Basic Services	80%	80% of Allowable
Major Services	50%	50% of Allowable
Orthodontia Services (adults and children)	50%	50% of Allowable
Orthodontia Lifetime Max	\$2,000 lifetime maximum	





VISION BENEFITS

CAREFIRST

1.888.567.9155 | [CAREFIRST.COM/MYACCOUNT](https://carefirst.com/myaccount)

Laerdal Labs offers you access to vision coverage through CareFirst. The CareFirst vision plan features the money-saving eye care network, BlueVision Plus. Register at carefirst.com to find a participating provider.

A visit with your eye doctor can determine whether you need corrective lenses and, if so, the correct prescription. Other eye concerns that will be addressed in an eye exam include checking for conditions or diseases such as glaucoma and cataracts, which can lead to vision loss. Regular eye exams can also identify overall health concerns, such as diabetes, high cholesterol and risk of heart disease or stroke before you are even aware of any symptoms. You can then follow up with a medical doctor, minimizing the effects of these conditions on your health and finances.

CHECK OUT THE DAVIS VISION ONLINE SITE!

Access to in-network retail partners allows you to shop for glasses, sunglasses, and contacts using your vision benefits. By connecting your benefits, you'll see the actual cost of eyewear and contacts with your benefits applied.

Popular in-network online retailers include Warby Parker, Glasses.com, and Befitting Eyeglasses! Davis Vision's mail order contact lens replacement services by accessing davisvisioncontacts.com.

Simple: Save time and money on quality eyewear with a few easy clicks.

1. Connect your vision insurance.
2. Select your product.
3. Upload your prescription or provide your doctors contact information, and we'll take care of the rest.

Choice: Davis Vision online retailers offer a variety of well-known brands and contact lenses. Choose from over 35 eyewear brands and over 1600 styles.



VISION BENEFITS

CareFirst BlueVision Plus Plan

The information below is a brief summary of vision coverage only. Out-of-network benefits are available.

Please contact CareFirst or Human Resources for the plan summary detailing coverage information, limitations, and exclusions. Any copays shown in the chart below are amounts for which you are responsible. **The plan pays for one eye exam and materials in a 12-month benefit period.**

BENEFIT	DESCRIPTION	COPAY
WELLVISION EXAM	Focuses on your eyes and overall health	\$10 copay
Prescription Glasses		
Frames	<ul style="list-style-type: none"> \$130 allowance + 20% off balance 	No copay
Lenses	<ul style="list-style-type: none"> Single vision, bifocal, and trifocal lenses 	\$20 copay
Contacts (Instead of glasses)		
Elective Contacts	<ul style="list-style-type: none"> Davis Vision Collection 	No copay (medically necessary) \$20 copay Standard
	<ul style="list-style-type: none"> Specialty contact lens exam (fitting and evaluation) - Plan pays up to \$60 	\$20 copay + balance minus 15% discount

EXTRA SAVINGS

Lens Options and Additional Discounted Services

- No additional cost for solid/gradient tinting of plastic lenses and scratch-resistant coating
- \$75 for polarized lenses
- \$15 for blue light coating
- \$39 for retinal imaging

Laser Vision Correction

- Up to 25% off allowed amount or 5% off any advertised special

CAREFIRST WHOLE HEALTH EXTRA COVERAGE

THE IMPORTANCE OF WHOLE HEALTH | DENTAL AND VISION ENHANCEMENTS

Caring for members’ whole health is a priority at CareFirst, which is why there is an emphasis on the importance of routine dental and eye exams. As part of CareFirst’s commitment to improving the whole health of the people they serve, CareFirst is expanding and enriching that coverage for members who need it the most.

CareFirst is offering members who have diabetes, hypertension, or are pregnant (up to six months postpartum) the ability to access additional dental and vision preventive services at no cost when visiting in-network providers. Members must be enrolled in the CareFirst medical, dental, and vision plans and be actively seeking treatment or care for their condition.

FAQs:

- Do members have to opt in to receive this benefit?:** Members do not have to opt in or be referred by a provider to receive the benefits. However, members do have to be seeking treatment for their qualifying condition. CareFirst identifies members based on claims from the previous six months, beginning on their renewal date and continuing throughout the plan year.
- Why is CareFirst expanding benefits for members with certain health conditions?:** Caring for members’ whole health is a priority at CareFirst. A routine dental exam and/or cleaning means more than just checking for cavities. Pregnant women are more likely to develop dental issues such as tooth decay and gingivitis, and chronic dental conditions are often a sign of other serious health risks for those with diabetes or hypertension. A routine vision exam means more than checking on a prescription. For diabetic members, vision screenings can reduce or even stop significant vision loss.

Dental and Vision Coverage Enhancements

Covered Service	Current Benefit	Enhanced Benefit	Cost Sharing
Vision Exam	One per benefit period	Two per benefit period	Exam one-Regular cost share
			Exam two-No charge
Dental Exam	Two per benefit period	Four per benefit period	Exams one and two-Regular cost share
			Exams three and four-No charge, not subject to deductible or annual maximum
Dental Cleaning (Prophylaxis)	Two per benefit period	Four per benefit period	Cleanings one and two-Regular cost share
			Cleanings three and four-No charge, not subject to deductible or annual maximum



INCOME PROTECTION

GUARDIAN

GUARDIANANYTIME.COM

Laerdal Labs offers you life and disability coverage through Guardian as well as other valuable services. There are other financial wellness benefits available.

Why is Life Insurance important?

What would your loved ones do if you're no longer there to provide for them financially? Life and Accidental Death & Dismemberment Insurance can financially protect your family if they rely on your income to make ends meet or if your income helps your family maintain their standard of living.

BASIC LIFE AND AD&D INSURANCE

Laerdal Labs provides you with basic life insurance and accidental death and dismemberment (AD&D) coverage administered by Guardian with a benefit of one times your annual salary up to a maximum of \$50,000. The AD&D benefit matches your life amount. Refer to the your benefit summary for the benefit reduction schedule.

SHORT-TERM DISABILITY

Laerdal Labs provides a short-term disability plan that pays up to 60% of your weekly covered earnings to a maximum benefit of \$2,500 per week. The benefits for accident or illness begin on the 15th consecutive day of disability. Benefits continue for up to 11 weeks.

LONG-TERM DISABILITY

Laerdal Labs provides a long term disability plan that pays 50% of your monthly covered earnings, up to a maximum benefit of \$12,000 per month. Benefits begin after 90 consecutive days of disability. Benefits may continue through Social Security Normal Retirement Age (SSNRA) or a schedule depending on your age at the time you're disabled. The cost of the long-term disability benefit will be added to your salary and the premiums paid on a post-tax basis. This allows for the disability payment to be a tax-free payment.

INCOME PROTECTION

VOLUNTARY LIFE AND AD&D INSURANCE

You have the option to obtain additional life and AD&D insurance with Guardian for yourself, your spouse, and your children. Refer to the benefit summary for the voluntary life benefit reduction schedule. Coverage must be elected within 30 days of your date of hire or medical evidence of insurability will be required. Any amounts over the guaranteed issue amount will require submission of evidence of insurability.

Guaranteed Issue amounts are only available for new hires who enroll within 30 days of date of hire. Employees must enroll for dependents to be eligible to enroll.

FOR YOURSELF	FOR YOUR SPOUSE	FOR YOUR CHILDREN
Coverage is available in increments of \$10,000 up to a maximum of \$500,000.	Coverage is available in increments of \$5,000 up to a maximum of \$250,000.	Coverage is available in a benefit amount of \$10,000 for children aged 14 days to 26 years old.
Employee Guaranteed Issue Less than age 65: \$200,000 Age 65-69: \$50,000 Age 70+: \$10,000	Spouse Guaranteed Issue Less than age 65: \$30,000 Age 65-69: \$10,000 Age 70+: \$0	All amounts guaranteed



GUARDIAN VALUE ADDED SERVICES

EMPLOYEE ASSISTANCE PROGRAM (EAP) | UPRISE HEALTH | 1.800.386.7055

Laerdal Labs offers an Employee Assistance Program (EAP) through Guardian. Uprise Health provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- Unlimited free telephonic and web access
- Referrals to local counselors - up to three face-to-face sessions free of charge
- State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center

For more information about Uprise Health, go to worklife.uprisehealth.com

Access Code: worklife

WILL PREP SERVICES | GUARDIAN | 1.877.433.6789

WillPrep Services are **available to eligible members enrolled on the Guardian Voluntary Life plan.**

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals* to help with issues related to:

- Advanced Health Care Directives
- Financial Power of Attorney
- Wills and Living Wills
- Estate Taxes
- Guardianship and Conservatorship Resource Library
- Executors & Probate
- Healthcare Power of Attorney
- Trusts

For more information about WillPrep Services, go to:

willprep.uprisehealth.com User name: WillPrep; Password: GLIC09

or call 1.877.433.6789

TRAVEL AID | ID# 329111 | 1.410.453.6330 | ASSISTANCE@UHCGLOBAL.COM

Travel Aid is an assistance program available when you are on personal travel more than 100 miles away from your home residence. It is available 24/7. It can help with pre-trip planning, lost travel documents; emergency travel arrangements; emergency prescription replacement, and much more.





ADDITIONAL BENEFITS

401(K) RETIREMENT PLAN, FLEXIBLE SPENDING ACCOUNTS (FSA), PET INSURANCE, AND TIME OFF BENEFITS

401(K) | MERRILL LYNCH | 1.800.229.9040 | BENEFITS.ML.COM

To help you prepare for the future, Laerdal Labs sponsors a 401(K) retirement plan administered by Merrill Lynch as a part of its benefits package. Employees who are at least 18 years of age become eligible to participate in the plan upon their date of hire.

401(k) Key Features:

- You can defer up to an annual maximum of the lesser of 50% of your eligible compensation or the annual IRS deferral limit of **\$23,500** for regular contributions and **\$7,500** for catch-up contributions (for those over 50)
- New employees are eligible to enroll on the first of the month *following* their date of hire
- Laerdal Labs will match dollar for dollar up to 5% of your base salary
- Employer contributions are vested immediately at 100%
- Employees can change contributions at any time throughout the year by logging in to their Merrill Lynch account
- Loan feature allowing participants to borrow up to 50% of their savings

YOU CHOOSE WHEN TO PAY TAXES

- Making contributions to the 401(k) offers tax benefits; Pre Tax, Traditional after-tax, Roth or a combination of all three
- If you make pre-tax contributions to the 401 (k) plan you will lower your taxes
- The money you contribute and any earnings will not be subject to income taxes until you withdraw it, likely in retirement.
- If you make traditional after-tax or Roth contributions to the 401(k) plan, you will pay income taxes on the contributions today.

PROFIT SHARING PLAN

Employees are eligible to receive a discretionary profit sharing contribution estimated to be 4% of eligible earnings. Since this contribution is discretionary, it may vary from year to year, and may not be made every year. Eligibility will begin on January 1st or July 1st of any given year following 1 full year of employment with Laerdal Labs. Profit sharing contributions will be made after the end of the calendar year, and the employee must be employed with Laerdal Labs at the time the contribution is made in order to receive it. Profit sharing contributions will be vested after the employee has been employed with Laerdal Labs for 3 years.

FLEXIBLE SPENDING ACCOUNTS

Voya | 1.833.232.4673 | myhealthaccountsolutions.voya.com/

The Flexible Spending Accounts (FSAs) help you save money by allowing you to pay for qualified healthcare and dependent care expenses on a pre-tax basis. You decide how much money to put aside annually up to the IRS maximums. Once you elect in this benefit, you will not be able to make changes to your election amount unless you have a qualifying life event. The plan year is December 1, 2024 - November 30, 2025.

2024 General Purpose Healthcare FSA Maximum Election:.....\$3,200

Coverage includes all qualified dependents, including spouse. Eligible expenses include all qualified 213(d) medical expenses not reimbursed by other insurance, including vision expenses, dental expenses, and over-the counter medicines and medical supplies.

NOTE: Enrollment on the General Purpose FSA disqualifies you from establishing and contributing into an Health Savings Account (HSA), even if you have a qualifying event mid-year. You would have to wait until the next open enrollment period to establish the HSA.

2024 Limited Purpose Healthcare FSA Maximum Election:.....\$3,200

Coverage includes all qualified dependents, including spouse. **If you participate in a Health Savings Account (HSA), you are not eligible to enroll in a General Purpose FSA. However, participants in an HSA can enroll in a Limited Purpose FSA.** This account is designated to reimburse eligible dental and vision expenses only.

FSA Rollover Provision - The FSA Health Care plans (General Purpose and Limited Purpose FSAs) include a Rollover Provision. The Rollover Provision allows \$640 for 2024 of unused General Purpose FSA and Limited Purpose FSA funds to be rolled over to the next plan year after the conclusion of the run out period (90 days). Any unused amount in excess of these limits remaining at the end of the run-out period for the plan year will be forfeited. This provision does not affect the ability to elect the maximum amount the following year. Even if funds are rolled over from a previous plan year, a participant can still elect up to the maximum FSA contribution amount allowed under their plan. For instance, if a participant rolls over funds from the prior plan year, and Laerdal Labs allows them to make a \$3,200 FSA contribution for the 2024 plan year, the participant can still elect the full \$3,200 and the roll over from the prior year.

Note: The FSA Rollover Provision **does not apply to the Dependent Care FSA** plan and also does not apply to terminated employees.

Dependent Care FSA Maximum Election:.....\$5,000 (not pre-funded)

If you are married and file a separate return, the maximum election amount is \$2,500.

Coverage includes dependents thru age 12; disabled/elder tax dependents (regardless of age). Eligible expenses include day care centers, providers of care outside of the home, provider who comes to your home, before/after school care, nannies, and summer day camps. For the Dependent Care FSA, it is your responsibility to manage the annual maximum imposed by the IRS on a calendar year basis. This is particularly important if you are married or have change jobs and have already contributed for the year. The dependent care FSA has a grace period of 2 1/2 months after the plan year ends to incur expenses.

NOTE: Once a participant terminates employment, their Voya debit card is turned off. The former employee will not be able to use their Voya debit card for services incurred after the termination date. FSA participants have 90 days following the end of the plan year in which termination occurs to submit manual claims for the **General Purpose and Limited Purpose Healthcare FSA** that were incurred between the participant's effective date and termination date of the plan. Any remaining funds after the 90-day run out period are forfeited. Dependent Care participants have 15 days after the grace period ends to submit expenses for reimbursement. Any remaining funds are forfeited. If a participant's General Purpose or Limited Purpose account qualifies for COBRA, he or she will be notified by Voya. Dependent Care FSA is not eligible for COBRA.

COMMUTER REIMBURSEMENT ACCOUNTS (CRA)

The Commuter plans are provided to allow employees the ability to set aside pre-tax dollars to pay for out-of-pocket expenses associated with parking and transit costs to and from work. You decide how much money to put aside up to the monthly IRS maximums, and you have the ability to made changes to your election amounts as your commuting needs change.

2024 Transit Account Maximum Election:.....\$315 max per month

2024 Parking Account Maximum Election:.....\$315 max per month

Laerdal Labs matches contributions up to \$62.50 per month.

The Transit and Parking Accounts are not pre-funded accounts; reimbursement is eligible up to the amount contributed.

How It Works

With a Commuter Reimbursement Account (CRA), you can elect to have a specified amount of funds deducted from your gross earnings each pay period. These pre-tax dollars are set aside in a CRA to be reimbursed when a qualified expense is incurred. To be reimbursed, funds must have already been contributed to the CRA when the expense was incurred.

Excess balances will be carried over to the following month; however, you can only spend up to the IRS monthly limit in any given month.

Eligible Expenses

- Parking Expenses (mass transit parking, commuter parking lot, carpool lot)
- Transit Pass Expenses (pass, token, fare card, voucher, etc.)
- Commuter Highway Vehicle Expenses (Vanpool)

Ineligible Expenses

- Tunnel, bridge or highway tolls (EZ pass)
- Fuel, mileage, or other costs incurred to operate a personal vehicle or taxi
- Non-work related transportation or parking expenses
- Expenses incurred in traveling from your office to business or client meetings
- Transit or parking expenses incurred by your spouse and dependents

RESOURCES FOR MANAGING YOUR FSA ACCOUNTS

Consumer Portal

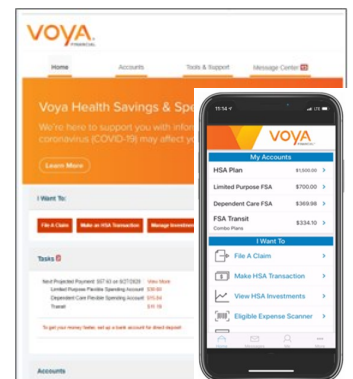
Access your Voya consumer portal to view information and manage your account. You can:

- File a claim online
- Upload receipts
- View up-to-minute account balances
- View your account activity, claim history and payment (reimbursement) history
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms and notifications

Voya Mobile App

The Voya App connects you with the details and provides additional time-saving options!

- Quickly check available balances 24/7 and access account details
- Take a picture of a receipt to submit for a claim (upload and organize receipts)



PET INSURANCE

Wishbone | 1.800.891.2565 | petbenefits.com/land/laerdallabsdc

Laerdal Labs offers you access to pet benefits through Wishbone. The cost of providing unexpected veterinary care if medical issues arise could add up to hundreds or even thousands of dollars. Wishbone Pet Insurance is a cost-effective way to protect you from the risk of these expenses and provide medical care for your pet with peace of mind.

Overview:

- Rates are based on breed, age and zip code.
- Premiums are paid directly to Pet Benefits with post-tax dollars.
- Plans for every pet and every budget (dogs, cats, birds & exotic). You can choose to enroll more than one pet at an additional 5% discount or add routine care onto your package selection.



TIME OFF BENEFITS

Leave and Holidays

VACATION TIME

Full-time employees will accrue vacation leave per pay period based on years of service. Vacation is available for use after the completion of the 90-day introductory period. Employees can rollover 80 hours of vacation annually. Employees also have the option to use vacation time before its fully accrued.

Vacation Days offered are as follows (40 hr. work week / 8 hr. workday):

YEARS OF SERVICE	VACATION OFFERED
1 - 3 years:	15 days
4 - 6 years:	20 days
7 + years:	25 days

SICK DAYS

Full-time employees are eligible for up to 5 sick days per year. At the end of the year, the sick leave balance will roll over to the Extended Sick leave bank.

MENTAL HEALTH DAY

We support and understand the importance of mental health. Therefore, full-time employees are eligible for 1 Mental Health Day per year to help with recharging and rejuvenating their mental health.

VOLUNTEER TIME OFF

After the completion of 90-day introductory period, all full-time employees can volunteer up to 8 hours per calendar year with a 501©(3) nonprofit or its U.S. equivalent in accordance with Laerdal Labs giving and volunteering guidelines.

PARENTAL LEAVE

Available on the first day of employment, Laerdal Labs D.C., in conjunction with STD and DC universal paid leave benefits, will pay 100% of the employee’s salary for new mothers for a total of 12 weeks paid leave. Also, Laerdal Labs D.C., in conjunction with DC universal paid leave benefits, will pay 100% of the employee’s salary for new fathers for a total of 6 weeks of paid leave.

HOLIDAYS

Paid holidays are available on the first day of employment. There are 13 paid holidays and 1 volunteer day per calendar year. The number of paid holidays per calendar year may change based on employer discretion. Customer support and technical help desk may be open with a limited staff on some of the non-major holidays. The office is closed during Laerdal Labs holiday break between Christmas and New Year’s Day as paid time off.

- New Year’s Day
 - Martin Luther King, Jr’s Birthday
 - Presidents’ Day
 - Memorial Day
 - Juneteenth Day
- Independence Day
 - Labor Day
 - Indigenous Peoples’ Day
 - Veteran’s Day
 - Thanksgiving Day
- Day after Thanksgiving Day
 - Christmas Eve
 - Christmas Day

LEARNING DOLLARS AND TUITION ASSISTANCE

Reimbursement Programs

LEARNING DOLLARS REIMBURSEMENT PROGRAMS

Available upon successful **completion of 90-day introductory period**, Laerdal Labs offers each employee up to \$500 in Learning Dollars each calendar year.

This can be used for **50% reimbursement** for courses which assist in the development of the employee, whether for physical or mental well-being.

These programs must be pre-approved by Human Resources prior to attendance and will be reimbursed upon completion of the course.

TUITION ASSISTANCE REIMBURSEMENT PROGRAM

Upon hire, employees may participate in Laerdal Labs Tuition Assistance Program, which is designed to promote continued growth and professional development.

The company will **reimburse 100%** of the employee's cost for pre-approved education courses, up to \$5,250 per employee per calendar year.

This program must be pre-approved by Human Resources and your supervisor prior to enrollment, and the employee must complete each course with a passing grade of C or better for undergraduate programs and B or better for graduate programs..



ANNUAL NOTICES

Laerdal Labs plans are partially arranged by Laerdal Labs and governed by its plan rules and documents. ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. Laerdal Labs distributes annual notices to new-hires, and each year during open enrollment. You may also request a copy by contacting your HR Generalist, or download a copy from ADP.

The following are a list of Annual Notices:

- **Medicare Part D Notice of Creditable Coverage:** Plans are required to provide each covered participant and dependent a Certificate of Creditable Coverage to qualify for enrollment in Medicare Part D prescription drug coverage when qualified without a penalty.
- **HIPAA Notice of Privacy Practices:** This notice is intended to inform employees of the privacy practices followed by Laerdal Labs group health plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group plan.
- **Women's Health and Cancer Rights Act (WHCRA):** This act contains important protections for breast cancer patients who choose breast reconstruction with a mastectomy.
- **Newborns' and Mothers' Health Protection Act:** This act affects the amount of time a mother and her newborn child are covered for a hospital stay following childbirth.
- **Special Enrollment Rights:** Plan participants are entitled to certain special enrollment rights outside of Laerdal Labs open enrollment period. This notice provides information on special enrollment periods for loss of prior coverage or the addition of a new dependent.
- **Medicaid & Children's Health Insurance Program:** Some states offer premium assistance programs for those who are eligible for health coverage from their employers, but are unable to afford the premiums. This notice provides information on how to determine if your state offers a premium assistance program.
- **Summary of Benefits and Coverage (SBC):** Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage.

ACA

The Affordable Care Act (ACA)'s penalty for not having health coverage (known as the individual mandate) has been eliminated. However, if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the penalty for the 2024 tax year – these states have an individual mandate requirement.

You may consider these options below to satisfy this requirement:

- Enroll in a medical plan offered by Laerdal Labs or another group medical plan meeting the requirements for minimum essential coverage;
- Purchase coverage through a health insurance marketplace;
- Enroll in coverage through a government-sponsored program if eligible.

If you choose to purchase coverage through the marketplace, because Laerdal Labs medical plans are considered affordable and meet minimum value under the Affordable Care Act, you may not be eligible for a subsidy, and you may not see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.



For More Information

Go to www.healthcare.gov.

FOR MORE INFORMATION

Use the chart below to learn more about your Laerdal Labs benefits. The carriers' websites and toll-free customer service numbers are a valuable resource when utilizing and reviewing the benefits available to you.

BENEFIT	WHO TO CALL	PHONE NUMBER	WEBSITE/EMAIL
Laerdal Labs DC Human Resources	LaDonna Ogden	202.921.2381	LaDonna.Ogden@laerdal.com www.laerdal.com
	Candy Bustillo	202.684.1677	Candida.Bustillo@laerdal.com
Medical, Dental, Vision	CareFirst	1.888.567.9155	carefirst.com/myaccount
Life/AD&D, Vol Life/AD&D Insurance	Guardian	1.800.525.4542	guardiananytime.com
Short-Term Disability Insurance	Guardian	1.800.268.2525	guardiananytime.com
Long-Term Disability Insurance	Guardian	1.800.538.4583	guardiananytime.com
Employee Assistance Program (EAP)	Uprise Health	1.800.386.7055	worklife.uprisehealth.com Access Code: worklife
Will Preparation Services (if enrolled in Voluntary Life)	Guardian	1.877.433.6789	willprep.uprisehealth.com User: WillPrep Password: GLIC09
Travel Aid	Guardian	1.410.453.6330	assistance@uhcglobal.com TravelAid ID: 329111
Pet Insurance	Wishbone	1.800.891.2565	petbenefits.com/land/laerdallabsdc
Flexible Spending Account	Voya	1.833.232.4673	Website: myhealthaccountsolutions.voya.com/ Email: HASInfo@voyacom
401(K) Retirement Plan	Merrill Lynch	1.800.229.9040	benefits.ml.com

