2023 Benefits Guide

Health and wellness benefits for you and your family.

greenlight

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GreenLight Workforce Solutions appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about annual enrollment, and we'll do our best to help you understand your options and guide you through the process. This guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can contact your human resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD) on the Employee Navigator enrollment platform.

Enrolling in benefits

If you want health benefits in 2023 for yourself or your family, you must enroll in one of the plan options during the open enrollment period. If you need to add or remove coverage for yourself or your dependents after the enrollment period, you must wait until the next open enrollment period unless you have a qualifying life event as defined by the IRS.

The IRS requires that you make changes to your coverage within 30 days of your qualifying life event. You'll need to provide proof of the event, such as a marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

Please remember to add your Social Security number and the Social Security numbers of your dependents during enrollment.

IMPORTANT: If you want medical, dental or vision coverage in 2023, you must enroll in or waive each plan option. If you do not make a benefit election during open enrollment, you will be defaulted to NO COVERAGE for 2023.

Eligibility

Open enrollment is your opportunity to elect coverage in GreenLight's benefit plans. Our open enrollment period will be held from Aug. 23, 2023, to Aug. 30, 2023. All elections made during this period will be effective Sept. 1, 2023, through Aug. 31, 2024.

Outside this open enrollment period, you will not have the chance to add, change or remove benefits unless you have a qualifying life event.

Eligible employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week. As a benefitseligible employee, you have the opportunity to enroll in benefit plans as a new hire or during the annual open enrollment period.

If you're enrolling as a new employee, you become eligible for benefits the first of the month following 60 days if you work an average of 30 hours per week during the first 60 days.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your spouse. This includes your legal spouse or domestic partner (same sex).
- Your children up to the age of 26. This includes your natural children and those of your spouse, your adopted children, stepchildren, foster children, or children obtained through courtappointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided to and approved by HR. Additionally, children who have been named in a qualified medical child support order are covered by our plan.

QUALIFYING LIFE EVENTS

It is your responsibility to notify human resources within 30 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).

Here are some examples of qualifying life events:

- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse or dependent loses or gains coverage elsewhere
- Death of your spouse or dependent child
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or the state children's health insurance program

- Change in residence that changes coverage eligibility
- Court-ordered change
- Spouse's open enrollment that occurs at a different time from yours

Medical

Anthem | Anthem.com | 1-800-331-1476

GreenLight is committed to helping you and your dependents maintain health and wellness by providing you with access to the highest levels of care. We offer you a choice of three medical plan option(s) for 2023:

- PPO Gold
- PPO Silver
- PPO Bronze



Medical and prescription drug plan summary (side-by-side)

Medical	PPO Gold	PPO Silver	PPO Bronze
	In-network	In-network	In-network
Deductible Employee only Family	\$750 \$2,250	\$2,200 \$4,400	\$6,600 \$13,200
Coinsurance	80%	60%	75%
Out-of-pocket maximum (includes deductible) Employee only Family	\$8,200 \$16,400	\$8,600 \$17,200	\$8,700 \$17,400
Preventive care	100%	100%	100%
Office visit (PCP and specialist)	\$30 copay/\$55 copay	\$50 copay/\$90 copay	\$70 copay/\$85 copay
Emergency room	\$250 copay, then 20%	\$350 copay, then 40%	\$250 copay, then 35%
Urgent care	\$55 copay	\$90 copay	35% after deductible
Inpatient care	20% after deductible	40% after deductible	35% after deductible
Outpatient care	20% after deductible	40% after deductible	35% after deductible
Prescription drugs		Employee pays	
Retail (30-day supply)			
Prescription drug deductible	\$250 individual/\$500 family	\$300 individual/\$600 family	Medical deductible applies
Tier 1 — generics	\$10 copay	\$15 copay	\$20 copay
Tier 2 — preferred	\$50 copay	\$70 copay	\$80 copay
Tier 3 — nonpreferred	\$90 copay	\$110 copay	\$120 copay
Tier 4 — specialty	30% up to \$250 after Rx deductible	30% after Rx deductible up to \$250	30% up to \$400

Prescription drugs — 100% coverage for preventive generics before the deductible applies.

Preventive brand and nonpreferred brand (second- and third-tier) drugs are covered at the plan's coinsurance maximum amounts as outlined in the chart. A deductible does not apply.

For out-of-network benefits, refer to the Summary Plan Description (SPD) on the Employee Navigator enrollment platform.

Medical and prescription monthly employee payroll contributions

Effective Sept. 1, 2023

	PPO Gold	PPO Silver	PPO Bronze
Employee	\$522.50	\$346.50	\$203.50
Dependents	Age rates apply. See rate sheets in the Employee Navigator enrollment system.		

Employees can elect the medical and prescription drug plan without enrolling in the dental or vision plan.

Anthem tools

Anthem | www.anthem.com/ca | 1-800-331-1476

Anthem website

On the Anthem website, you can:

- See coverage details (copays, deductibles, out-ofpocket maximums, etc.).
- Review your claims activity and history.
- Print a temporary ID card or order a new ID card.
- See frequently asked questions (FAQs).
- Access registered nurses who are available to provide immediate assistance and advice on medical treatment.

How to find a preferred Anthem provider

The preferred designation identifies doctors in the Anthem network who have achieved top results on Anthem's quality and cost-efficiency measures. To find one of these doctors, please visit <u>www.anthem.com/ca</u> or call the number on your ID card.

Anthem resources

- Anthem enrollment information line at 1-800-331-1476.
- Anthem healthcare contact information Find all of your information when you need it at <u>www.anthem.com/ca</u>. Call 1-800-331-1476 anytime, day or night, 365 days a year, for assistance.

BE INFORMED

Visit <u>www.anthem.com/ca</u> and create an account and get started. When you log in, you'll find everything you need to know about your benefits from eligibility to enrollment to what's covered.

Dental

GUARDIAN

View covered services, claim status or your account balance; find a dentist; update your information; and much more at www.guardianlife.com.

Guardian | www.guardianlife.com | 1-888-482-7342

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

To see a current provider directory, please visit <u>www.guardianlife.com</u>.

	In-network	Out-of-network
Deductible	DentalGuard Preferred	
Employee only	\$50	\$50
Family	\$150	\$150
Is the deductible waived for preventive services?	Yes	Yes
Annual plan maximum (per individual)	\$1,000	\$1,000
Diagnostic and preventive		
Oral exams, X-rays, cleanings, fluoride, space maintainers, sealants	100%	100%
Basic		
Oral surgery, fillings, endodontic treatment, periodontic treatment, repairs of dentures and crowns	90%	80%
Major		
Crowns, jackets, dentures, bridge implants	60%	50%
Orthodontia		
Not covered		

Combined dental and vision monthly payroll contributions

Effective Sept. 1, 2023

\$22.50
pouse \$67.50
hild(ren) \$96.25
\$135.00

- You must elect both the Guardian dental and vision plan, as rates are combined.
- You can elect the Guardian dental plan regardless of whether you are enrolled in the medical plan.
- You will not receive a dental ID card because you typically do not need to present one when visiting your dentist. To print an ID card, log in to www.guardianlife.com.



Guardian | www.guardianlife.com | 1-888-482-7342

Guardian's vision care benefits include coverage for eye exams, standard lenses and frames, and contact lenses and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the Guardian network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

	In-network	Out-of-network
Eye exam with dilation as necessary (once per 12 months)	\$10 copay	\$10 copay, reimbursed up to \$39
Frames (once per 24 months)	100% up to \$130	Reimbursed up to \$46
Standard lenses (once per 12 months)		
Single vision	100% after \$25 copay	Reimbursed up to \$23
Bifocal	100% after \$25 copay	Reimbursed up to \$37
Trifocal	100% after \$25 copay	Reimbursed up to \$49
Contact lenses in lieu of glasses		
Medically necessary	100% up to \$130	Reimbursed up to \$105
Elective	100% up to \$130	Reimbursed up to \$100

Combined dental and vision monthly payroll contributions

Effective Sept. 1, 2023

Employee	\$22.50
Employee + spouse	\$67.50
Employee + child(ren)	\$96.25
Family	\$135.00

- You must elect both the Guardian dental and vision plan, as rates are combined.
- You can elect the Guardian vision plan regardless of whether you are enrolled in the medical plan.
- You will not receive a vision ID card. However, you can print an ID card on www.guardianlife.com.



Voluntary long-term disability

Guardian | www.guardianlife.com | 1-888-482-7342

GreenLight offers long-term disability through Guardian to provide financial assistance in case you become disabled or unable to work. These disability plans are available to eligible full-time employees the first of the month following 60 days.

Long-term disability (LTD) plan

This benefit offers financial protection to you when you need it most — if you become disabled and can no longer work. The plan will also help you return to work, if appropriate.

Long-term disability eligibility — full- time employees	100% paid by the employee
Monthly benefit amount	60%
Monthly benefit maximum	\$6,000
Benefits begin	After 90 days
Benefits duration	Social Security normal retirement age
Preexisting condition limitation	3 months prior, 12 months after

If you become totally disabled, you will receive 60% of your base salary, up to \$6,000 monthly, after you have satisfied the 90-day waiting period for benefits. Your benefit amount may be offset by other benefits you are receiving, such as Social Security or workers' compensation. Your monthly benefits are subject to federal income tax and may be subject to state and local taxes.

COORDINATION OF DISABILITY BENEFITS

Your benefit may be reduced if you receive disability benefits from retirement, Social Security, workers' compensation, state disability insurance, no-fault benefits or return-to-work earnings. Refer to your certificate of coverage for more details.



Voluntary life and AD&D

Guardian | www.guardianlife.com | 1-888-482-7342

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse and/ or your dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting.

Coverage	Available benefit	Guaranteed amount
Employee \$10,000 increments	\$10,000 to \$250,000; employees 70+ capped at \$10,000	\$150,000
Spouse \$5,000 increments	\$5,000 to \$250,000 (cannot exceed 50% of employee coverage)	\$25,000
Dependent child(ren) \$5,000, \$10,000	Birth to 15 days — No coverage 14 days to 26 years — \$5,000 or \$10,000	N/A

Rates are calculated in the Employee Navigator enrollment platform.





Additional voluntary benefits

Guardian | www.guardianlife.com | 1-888-482-7342

Voluntary benefits insurance through Guardian can help protect you from significant or unexpected out-of-pocket expenses. Consider your anticipated medical needs along with the cost of the insurance plans available to you. Keep in mind, these plans are intended to supplement, not replace, a medical plan.

Critical illness insurance

GreenLight partners with Guardian to offer critical illness insurance, which supplements major medical coverage by helping employees pay the direct and indirect costs associated with a critical illness or event. Some of the conditions covered under this program include cancer, heart attack, stroke, Alzheimer's, kidney failure and paralysis. Benefits are paid tax-free in a lump sum ranging from \$5,000 to \$10,000 to be used at your discretion. Child coverage is included with your employee election, and you also have the option of electing spouse coverage. New hires can elect up to the guaranteed-issue amount without completing medical underwriting. If you do not enroll when you are first eligible, you will need to complete evidence of insurability if you choose to add coverage at a later date.

Accident insurance

The accident insurance through Guardian is designed to supplement major medical coverage by paying specific benefit amounts for expenses resulting from injuries or accidents. Hospitalization, physical therapy, intensive care, transportation and lodging are some of the outof-pocket expenses that this accident insurance could cover. Coverage is available for you, your spouse and/or your child(ren).

Rates will be calculated in the Employee Navigator enrollment portal.

Basic insurance terms

COINSURANCE: Coinsurance is your share of the costs of a covered healthcare service, calculated as a percentage (for example, 20%) of the allowed amount for the service. Your coinsurance will begin after you have met your deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

COPAY: A copay is a fixed dollar amount you pay for a healthcare service. The amount can vary by the type of service. Your copays will not count toward your deductible but will count toward your out-of-pocket maximum.

DEDUCTIBLE: The deductible is the amount you owe for covered healthcare services before your plan begins to pay benefits. For example, if your deductible is \$2,800, your plan won't pay anything until you've met your \$2,800 deductible for covered healthcare services subject to the deductible. Preventive care is not subject to the deductible, as it is covered 100% by any medical plan option.

EMBEDDED DEDUCTIBLE: If you are on a family medical plan with an embedded deductible, your plan contains two components: an individual deductible and a family deductible. Having two components to the deductible allows each member of your family to have your insurance policy cover their medical bills prior to the entire dollar amount of the family deductible being met. The individual deductible is embedded in the family deductible.

EXPLANATION OF BENEFITS (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

INDIVIDUAL MANDATE: Federal healthcare reform mandates most U.S. citizens have health insurance for themselves and their dependents. GreenLight helps you stay insured by offering affordable healthcare for all employees who work at least 30 hours each week.

IN-NETWORK VS. OUT-OF-NETWORK: A

network is composed of all contracted providers. Networks request providers to participate in their network, and in return, providers agree to offer discounted services to their patients. If you pick an out-of-network provider, your costs will be higher because you will not receive the discounts the innetwork providers offer.

OUT-OF-POCKET MAXIMUM: The out-of-pocket maximum is designed to protect you in the event of a catastrophic illness or injury. Your out-of-pocket maximum includes your deductible, coinsurance and copays that come out of your pocket. After you have paid the specified out-of-pocket amount during a policy year, the plan pays the remaining covered services at 100%.

PREVENTIVE CARE: Routine healthcare services can minimize the risk of certain illnesses or chronic conditions. Examples of preventive care services include but are not limited to physical exams, mammograms, flu vaccines, prostate tests and smoking cessation.

REASONABLE AND CUSTOMARY: The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.

Contacts

Medical plan

Anthem

Member services: 1-800-331-1476

Dental

Guardian

Customer service: 1-888-482-7342 Website: www.guardianlife.com

Vision

Guardian

Customer service: 1-888-482-7342 Website: www.guardianlife.com

Long-term disability

Guardian

Customer service: 1-888-482-7342 Website: <u>www.guardianlife.com</u>

Voluntary life and AD&D

Guardian

Customer service: 1-888-482-7342 Website: www.guardianlife.com

Critical illness and accident

Guardian

Customer service: 1-888-482-7342 Website: <u>www.guardianlife.com</u>

GreenLight Human Resources

GreenLight HR

Phone: 1-305-204-0533 Email: hr@greenlight.ai

FINAL NOTES

This summary of benefits is not intended to be a complete description of GreenLight's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although GreenLight maintains its benefit plans on an ongoing basis, GreenLight reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact your GreenLight human resources representative with questions regarding the information provided in this overview.





All changes must be made by Aug. 30, 2023!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.