EMPLOYEE BENEFITS GUIDE
FOR BENEFITS EFFECTIVE NOVEMBER 1, 2022 TO OCTOBER 31, 2023
WELCOME

At Latin American Youth Center, we appreciate your commitment and contributions to our organization’s success. Each year, we strive to offer benefit plans to our employees that not only reward you for your hard work but offer you and your family comprehensive and affordable health and wellness protection. We are confident that you will find our benefit offerings to be of excellent value to you and to your dependents.

In the following pages, you will find a summary of our benefit plans for 2022-2023. Please read this guidebook carefully as you prepare to make your elections for the upcoming plan year to ensure that you select the coverage that is right for you.

ABOUT THIS GUIDEBOOK

This Benefits Guide describes the highlights of the Latin American Youth Center Benefits Programs in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official plan documents and not the information contained within this Benefits Guide.

In the event there is any discrepancy between the descriptions of the program elements contained within this Benefits Guide and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third party administrators for detailed plan information. Eligibility for any benefit plan is determined by plan documents and policies. You should be aware that any and all elements of our Benefits Program may be modified in the future to meet Internal Revenue Service rules, or otherwise as determined by Latin American Youth Center.
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PLAN YEAR
Latin American Youth Center’s benefit Plan Year begins on November 1 and ends on October 31. This Benefit Guidebook outlines the benefits that apply for the 2022-2023 plan year.

EMPLOYEE ELIGIBILITY
- All active, full-time employees scheduled to work 30 or more hours per week are eligible to enroll in the Latin American Youth Center benefits program.
- Benefits are effective on the first day of the month following your date of employment.

DEPENDENT ELIGIBILITY
Your eligible dependents may include:
- Your legal spouse or domestic partner (must have lived with you for at least 12 months in a committed relationship and is not a relative). Domestic Partner benefits and coverage for his or her children are taxable unless they qualify as your tax dependent(s).
- Your child(ren) up to age 26 including natural children, legally adopted children, and stepchildren.
- Your child(ren) over age 26 who are not able to support themselves due to a physical or mental disability.

Please Note: enrolling someone who is not qualified as a dependent is considered insurance fraud.

WHEN CAN I CHANGE MY COVERAGE?
The elections you make during open enrollment will be in effect November 1, 2022 through October 31, 2023. The elections you make during your enrollment period will remain in place for the entire plan year, unless you experience one of the following Qualifying Life Events:
- Changes to legal marital status – marriage, divorce, death, legal separation, annulment
- Change in number of tax dependents – birth, adoption, placement of a foster child, death
- Changes in employment status for either employee or spouse
- Changes in work schedule of either employee, spouse, including reduction/increase in work hours
- Dependents becoming ineligible
- Change in residence or worksite for you, your spouse or dependent
- Entitlement to Medicare, Medicaid or CHIP

If you qualify for a change in your benefits, please notify Human Resources within 30 days of the change in status. You will need to provide proof of the change.

For a list of Life Events along with things to think about and actions to take visit: http://mybenefits.nfp.com/Life-Events

*A newborn child will be automatically covered for the first 30 days immediately following birth. If the child is not enrolled within these 30 days, coverage will be terminated retroactively to date of birth. To enroll a newborn child you must complete a benefit change with Human Resources within 30 days of the birth or wait until the next annual enrollment period.*

2. Enter your User ID and Password, and then click Sign In.

3. Upon logging in, you will be presented with a splash page showing important information about this Open Enrollment period. You may click Start This Enrollment or Remind Me Later. The splash page will continue to be displayed each time you log in for the duration of the Open Enrollment period until you complete your selections.

4. To start, click Start This Enrollment. You will be brought back to the welcome note and introduction screen. Please review all information on this screen as there are important references for Open Enrollment options. Proceed by clicking Continue.

5. The tiles on the screen will indicate the different plan types that are available to enroll in. When you are viewing the selected plan type, all enrollment options will be displayed on screen.

6. You may choose to click Select Plan for the desired enrollment or Waive This Benefit. If you chose to waive a benefit, you may be required to select a waive reason.

7. When you choose to enroll in a plan, you may review your costs on a Per Pay Period, Monthly, or Annual basis by selecting the desired view in the calculator drop-down. The rate displayed to the left will be updated based on your selection, and it will also be updated if dependents are added for coverage.

8. While enrolling in a plan, please be sure to indicate which dependents should be covered in Step 2, if applicable. If you need to update or add a dependent, you may click the Manage Dependents link in Step 2.

9. Click Continue to Preview.

10. Review your enrollment, costs and covered individuals carefully. Then click Save and Continue to Next Benefit to continue making your desired selections.

In the Open Enrollment flow, the following visual indicators are displayed to show different steps taken, action items or enrollment statuses.

- **Flag icon:** plans that need your attention
- **Green check mark:** current plans that you have enrolled in
- **Gray X:** Plans that are waived
- **Blank:** available benefits
- **Orange clock:** pending approval

Continue through each step until all elections are complete and the Continue to Summary button is activated.

Review all selections. When you are ready to confirm your selections, click Submit Enrollment. Please note that your benefit elections will not be processed until you click Submit Enrollment. If Save for Later is selected, these enrollments will not be submitted to your HR team until you fully submit the enrollment.

Please ensure you receive the confirmation note indicating your elections have been submitted.

If you would like to make additional changes or modifications during the Open Enrollment period, you may log in and navigate to Myself > Benefits > Enrollments and then click the Enroll Now option again in the Open Enrollment box, which will bring you back to the beginning of the profile to make any desired election changes.

When electing Company Paid Basic Life, Company Paid AD&D and Voluntary Life plans, you will need to select your beneficiaries as well. Start by clicking Select Plan, and then choose the amount of coverage you would like to elect.

If the amount selected is over the Guaranteed Issue amount, an approval will be required and you will be asked to submit an Evidence of Insurability (EOI). Employee/spouse amount is always approved for the guaranteed issue (GI); it is the extra amount that is NOT approved until we receive the approval from the carrier.

Next, select your beneficiaries, including Primary and Secondary, if applicable. All beneficiary delegation percentages combined must equal 100% for each category (Primary and Secondary).

Click Continue to Preview and review your selection and beneficiary delegations. Then click Save and Continue to Next Benefit.
WHAT TO KNOW FOR 2022

MEDICAL BENEFITS | CAREFIRST BLUECROSS BLUESHIELD (BCBS)

Medical benefits for the 2022-2023 plan year will continue to be offered through CareFirst BlueCross BlueShield. CareFirst BCBS is a premier insurance plan in the DC/MD/VA area. You will continue to have three plans options, two HMO plans and one POS/PPO plan. The BlueChoice Advantage POS/PPO plan has a lower deductible and out-of-pocket maximum for the new plan year. Premiums costs from your paycheck will stay the same for all plans and LAYC will absorb the entire premium increase that was received. Key features of these medical plans are:

CAREFIRST BLUECHOICE HMO 1 PLAN
- Lowest premium from your paycheck
- Must select a PCP and get referrals for most specialty services
- Must see providers in the BlueChoice Network (local to DC/MD/NoVA)
- Deductible applies to most services (means you pay deductible each year before CareFirst begins to pay)

CAREFIRST BLUECHOICE OPEN ACCESS HMO 13 PLAN
- Mid premium from your paycheck
- You are encouraged to select a PCP but do not need referrals for specialist services.
- Must see providers in the BlueChoice Network (local to DC/MD/NoVA)
- No medical plan deductible, you pay only copays for most services

CAREFIRST BLUECHOICE ADVANTAGE 16 PLAN
- Highest premium from your paycheck
- No PCP or referrals required
- See any doctor, you will pay more if you see a doctor outside of the Networks
  - BlueChoice Network in MD, DC, NoVA (CareFirst Service Area)
  - BCBS BlueCard PPO Network outside of CareFirst Service Area
- Medical plan deductible, however, does not apply to office visits

DENTAL BENEFITS | CAREFIRST BLUECROSS BLUESHIELD (BCBS)

There are no changes to your BlueDental Plus plan. This plan allows you to see any dentist, however, you will pay less when you see dental providers in the national network.

VISION BENEFITS | CAREFIRST BLUECROSS BLUESHIELD (BCBS)

There are no changes to your CareFirst Vision plan. The plan allows you to see any licensed eye doctor, however, you will pay less when you see providers in the Davis Vision Network.

LIFE & DISABILITY BENEFITS | RELIANCE STANDARD

Latin American Youth Center offers employer-paid Basic Life/Accidental Death and Dismemberment (AD&D) and Long-Term Disability coverage through Reliance Standard. You also have the option to purchase a Voluntary Short Term Disability Plan, and there are no changes to any of these plans. Please remember to review and update your life insurance beneficiary during Open Enrollment and as needed throughout the year.

FLEXIBLE SPENDING ACCOUNTS (FSA) | WEX/DISCOVERY BENEFITS

Participate in an FSA plan which allows you to set aside pre-tax dollars to be used for IRS-qualified expenses such as pharmacy deductibles and copays. Below is a summary of the plans that are offered. These are use it or lose it plans, so be sure to get familiar with the rules of FSAs by reviewing the Flexible Spending Account pages in this guide.

- Healthcare FSA – Use for healthcare expenses such as medical, dental, vision, prescriptions, and more. The annual maximum contribution is $2,850 per year
- Dependent Care FSA – Use for before and after school care, day care, summer camp and more for your children under age 13. The annual maximum contribution is $5,000 per couple/family
For the 2022-2023 benefit year, Latin American Youth Center is offering three competitive, comprehensive health care packages through CareFirst—two BlueChoice HMO plans and a BlueChoice Advantage Open Access POS plan. All plans include prescription drug coverage and cover Preventive Care at no cost to you.

CAREFIRST BLUECHOICE HMO PLANS
With the BlueChoice HMO plans, you must use an in-network provider when you need care. The BlueChoice Network spans across Maryland, District of Columbia and Northern Virginia. HMO plans require that you visit only participating BlueChoice providers or your visit will not be covered. However, if you experience a medical emergency, you are covered anywhere in the world, regardless of network. Once your share of the costs reaches the out-of-pocket maximum, the plan pays benefits at 100% for the rest of the year.

CAREFIRST BLUECHOICE ADVANTAGE OPEN ACCESS POS PLAN
The BlueChoice Advantage Open Access POS plan allows you to choose any licensed provider when you need care. However, the plan pays more and you pay less out of your own pocket when you use CareFirst BlueChoice Advantage network providers. There is a deductible on this plan but it does not apply to office visits and laboratory services where you will only pay a co-payment. Once your share of the costs reaches the out-of-pocket maximum, the plan pays benefits at 100% for the rest of the year.

CAREFIRST RESOURCES
VIDEO VISITS
With CareFirst Video Visit, you can get the care you need when and where you need it. From sudden colds to allergy woes, simply sign in to connect with a doctor on your smartphone, tablet or computer right away. For other services, schedule a visit and meet with a licensed professional from the comfort of your home. Video Visit doctors will provide you a consultation, diagnosis and even prescriptions (when available and appropriate). They are all U.S. board-certified, licensed and credentialed medical professionals.

MENTAL HEALTH SUPPORT
It's common to face some form of mental health challenge during your life. CareFirst is here to help. Our support team is made up of specially trained service representatives, registered nurses and licensed behavioural health clinicians, ready to:

▶ Help you find the right mental health provider(s) and schedule appointments
▶ Connect you with a care coordinator who will work with your doctor to create a tailored action plan
▶ Find support groups and resources to help you stay on track

If you or someone close to you needs support or help making an appointment, call the CareFirst support team at 800-245-7013, Monday-Friday 8 a.m.–6 p.m. ET. Or for more information, visit www.carefirst.com/mentalhealth.

CAREFIRST BLUE REWARDS
Earning your rewards has never been easier! With our Blue Rewards incentive program, you can decide which healthy activities interest you and be rewarded for completing them. Blue Rewards offers you incentives for taking steps to get and stay healthy. Both you and your spouse/domestic partner can earn rewards for completing one, or all, of the following activities:

▶ RealAge Test: The RealAge test is a simple questionnaire that will help you determine the physical age of your body compared to your calendar age.
▶ Complete a Health Screening: You can visit your PCP or a CVS MinuteClinic® to complete your screening
▶ Retake the RealAge test if you earned the reward for taking the test initially, you can earn an additional reward for retaking it after six months.
Any deductibles and copays shown in the chart below are amounts for which you are responsible. Coinsurance percentages listed are the amounts paid by the plan after satisfying the Annual Deductible. Deductibles, coinsurance and copays accumulate toward the out-of-pocket maximums. **Deductibles always apply first before coinsurance.**

<table>
<thead>
<tr>
<th>BENEFIT DESCRIPTION</th>
<th>BlueChoice HMO 1 Plan</th>
<th>BlueChoice HMO 13 Plan</th>
<th>BlueChoice Advantage 16 Plan</th>
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<tr>
<td><strong>NETWORK</strong></td>
<td>In-Network</td>
<td>In-Network</td>
<td>In-Network</td>
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<tr>
<td>Annual Deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / Family</td>
<td>$500 / $1,000</td>
<td>$0 / $0</td>
<td>$500 / $1,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / Family</td>
<td>$2,500 / $5,000</td>
<td>$1,300 / $2,600</td>
<td>$1,000 / $2,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan Pays / You Pay</td>
<td>80% / 20%</td>
<td>100% / 0%</td>
<td>100% / 0%</td>
</tr>
<tr>
<td>Physician Services</td>
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</tr>
<tr>
<td>Primary Care Physician</td>
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<tr>
<td>Deductible, then $30 Copay</td>
<td></td>
<td>$30 Copay</td>
<td>$20 Copay</td>
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<tr>
<td>Deductible, then $40 Copay</td>
<td></td>
<td>$40 Copay</td>
<td>$30 Copay</td>
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<tr>
<td>Preventive Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible, then No Charge</td>
<td></td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Lab and X-Ray &amp; Diagnostics</td>
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<td></td>
<td></td>
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<tr>
<td>Lab, Tests &amp; X-Rays</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
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<td>Major Diagnostics (CT/PET, MRI)</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
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<tr>
<td>Hospital Services</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>Deductible, then $100 Copay</td>
<td>$50 Copay</td>
<td>Deductible, then $250 Copay</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$40 Copay</td>
<td>$40 Copay</td>
<td>$50 Copay</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>Deductible, then 20% Coinsurance</td>
<td>$300 Copay</td>
<td>$300 Copay</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>Deductible, then 20% Coinsurance</td>
<td>No Charge</td>
<td>Deductible, then No Charge</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRESCRIPTION</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Rx Deductible</td>
<td></td>
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<td></td>
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<tr>
<td>Individual / Family</td>
<td>$200 / $400</td>
<td>$200 / $400</td>
<td>$200 / $400</td>
</tr>
<tr>
<td>Retail (Up to 30-day supply)</td>
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</tr>
<tr>
<td>Generic</td>
<td>Deductible, then $15 Copay</td>
<td>Deductible, then $15 Copay</td>
<td>Deductible, then $15 Copay</td>
</tr>
<tr>
<td>Brand Preferred</td>
<td>Deductible, then $35 Copay</td>
<td>Deductible, then $35 Copay</td>
<td>Deductible, then $35 Copay</td>
</tr>
<tr>
<td>Brand Non-Preferred</td>
<td>Deductible, then $60 Copay</td>
<td>Deductible, then $60 Copay</td>
<td>Deductible, then $60 Copay</td>
</tr>
<tr>
<td>Preferred Specialty</td>
<td>Deductible, then 50% ($100 max)</td>
<td>Deductible, then 50% ($100 max)</td>
<td>Deductible, then 50% ($100 max)</td>
</tr>
<tr>
<td>Non-Preferred Specialty</td>
<td>Deductible, then 50% ($150 max)</td>
<td>Deductible, then 50% ($150 max)</td>
<td>Deductible, then 50% ($150 max)</td>
</tr>
<tr>
<td>Mail Order (Up to 90-day supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>Deductible, then $30 Copay</td>
<td>Deductible, then $30 Copay</td>
<td>Deductible, then $30 Copay</td>
</tr>
<tr>
<td>Brand Preferred</td>
<td>Deductible, then $70 Copay</td>
<td>Deductible, then $70 Copay</td>
<td>Deductible, then $70 Copay</td>
</tr>
<tr>
<td>Brand Non-Preferred</td>
<td>Deductible, then $120 Copay</td>
<td>Deductible, then $120 Copay</td>
<td>Deductible, then $120 Copay</td>
</tr>
<tr>
<td>Preferred Specialty</td>
<td>Deductible, then 50% ($200 max)</td>
<td>Deductible, then 50% ($200 max)</td>
<td>Deductible, then 50% ($200 max)</td>
</tr>
<tr>
<td>Non-Preferred Specialty</td>
<td>Deductible, then 50% ($300 max)</td>
<td>Deductible, then 50% ($300 max)</td>
<td>Deductible, then 50% ($300 max)</td>
</tr>
<tr>
<td><strong>NETWORK</strong></td>
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<td></td>
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<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / Family</td>
<td>N/A</td>
<td>N/A</td>
<td>$1,000 / $2,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual / Family</td>
<td>N/A</td>
<td>N/A</td>
<td>$2,000 / $4,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan Pays / You Pay</td>
<td>N/A</td>
<td>N/A</td>
<td>80% / 20%</td>
</tr>
</tbody>
</table>
It’s Easy to Manage Your Health Care with My Account

As a CareFirst BlueCross BlueShield (CareFirst) member, your personalized benefit information is available 24/7. Register for My Account for secure online access to your coverage details, ID cards and more. Plus, you’ll also be able to quickly locate in-network providers and facilities nationwide.

Go to carefirst.com/myaccount to register.

My Account at a glance:

1. **Home**
   - Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
   - Manage your personal profile details including password, username and email, or choose to receive materials electronically
   - Send a secure message via the Message Center
   - Check Alerts for important notifications

2. **Coverage**
   - Access your plan information—plus, see who is covered
   - Update your other health insurance information, if applicable
   - View, order or print member ID cards
   - Review the status of your health expense account (HSA or FSA)

3. **Claims**
   - Check your claims activity, status and history
   - Review your Explanation of Benefits (EOBs)
   - Track your remaining deductible and out-of-pocket total
   - Submit out-of-network claims
   - Review your year-end claims summary

4. **Doctors**
   - Find in-network providers and facilities nationwide, including specialists, urgent care centers and labs
   - Select or change your primary care provider (PCP)
   - Locate nearby pharmacies

5. **My Health**
   - Access health and wellness discounts through Blue365
   - Learn about your wellness program options
   - Track your Blue Rewards progress

6. **Documents**
   - Look up plan forms and documentation
   - Download Vitality, your annual member resource guide

7. **Tools**
   - Access the Treatment Cost Estimator to calculate costs for services and procedures

8. **Help**
   - Find answers to many frequently asked questions
   - Send a secure message or locate important phone numbers

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1. Only if offered by your plan.
2. Only available when using a computer.
3. The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. which are independent licensees of the Blue Cross and Blue Shield Association.

® Registered trademark of the Blue Cross and Blue Shield Association.
CareFirst Video Visit

When your primary care provider (PCP) isn’t available and you need urgent care services, Video Visit securely connects you with a doctor*, day or night, through your smartphone, tablet or computer. In addition, you can get care for other needs such as behavioral health support from a therapist or psychiatrist, guidance from a certified nutritionist or breastfeeding support from a lactation consultant. It’s a convenient and easy way to get the care you need, wherever you are.

Get treatment for common health issues 24/7

Use Video Visit when you’re facing uncomplicated, non-emergency issues such as allergies, a sinus infection, a cold or the flu and more. Video Visit doctors will provide you a consultation, diagnosis and even prescriptions (when available and appropriate). They are all U.S. board-certified, licensed and credentialed medical professionals.

Schedule visits for additional services

- Therapy/Psychiatry—Talk with a therapist or psychologist for help managing mental health issues including anxiety, depression and grief.
- Diet/Nutrition—Connect with a registered dietitian to get support with dietary and nutrition needs, from weight loss to food allergies and more.
- Breastfeeding Support—Speak with a lactation consultant who can advise you on breastfeeding topics like latching issues, milk supply and others.

The cost for Video Visit varies based on your benefits, but your specific cost information will be shown to you before your visit begins. Take advantage of this great benefit and register today!

Register today so you’ll be ready when you need care! Visit carefirstvideovisit.com or download the CareFirst Video Visit app from your favorite app store.

* The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

In the case of a life-threatening emergency, you should always call 911 or your local emergency services. CareFirst Video Visit does not replace these services.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., and CareFirst BlueChoice, Inc., are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered service marks of the Blue Cross and Blue Shield Association. The CareFirst name and logo are registered service marks of Group Hospitalization and Medical Services, Inc and CareFirst of Maryland, Inc.
Your health care information is as close as your mobile device

Get the information you need wherever you go with My Account.1

- Find in-network doctors, specialists, urgent care centers and more—nationwide—including a map and directions to the location2
- Check plan information including
  - effective date,
  - copays,
  - deductible,
  - out-of-pocket status
  - Explanation of Benefits (EOBs), and
  - recent claims activity
- View, order or email member ID cards—for an explanation of the codes on your card, select How to read my card
- Use the Treatment Cost Estimator to calculate costs for services and procedures3
- Submit claims for out-of-network care
- Track your wellness program progress4
- Send a secure message via the Message Center ☐
- Check Alerts ☝ for important notifications

Get connected today!
Type carefirst.com into your mobile web browser to access our mobile site or download our free app by searching for CareFirst in your favorite app store.

1 Register for My Account at carefirst.com/myaccount to view your personal information.
2 Location services must be enabled on your device.
3 The estimated cost information provided is intended to be used as a reference tool for your convenience and is not a substitute for medical advice or treatment by a medical professional.
4 If applicable for your plan.
Your New Wellness Program
Personalized solutions for a healthier you

Ready to take charge of your health? CareFirst BlueCross BlueShield (CareFirst) has partnered with Sharecare, Inc.* to bring you a wellness experience that puts the power of health in your hands.

Your new wellness program provides a wealth of tools and resources, as well as easy-to-understand recommendations and insights that reflect your individual interests and needs—all tailored to help you live your healthiest life.

Once registered, download the mobile app to access wellness tools and resources whenever and wherever you want.

*Sharecare, Inc. is an independent company that provides health improvement management services to CareFirst members.
Access these exclusive features whenever, wherever you want, online or via the mobile app:

**RealAge® test:** In just a few minutes, the RealAge online health assessment will help you determine the physical age of your body, compared to your calendar age.

**Personalized timeline:** Receive content based on your health and well-being goals, along with your motivation and interests.

**Trackers:** Connect your wearable devices or enter your own data to monitor daily habits like stress, sleep, steps, nutrition and more.

**Challenges:** Stay motivated to achieve your health goals by joining a challenge.

**Health Profile:** Access your health data like biometric and lab results, vaccine information and medications, all in one place.

**Blue Rewards:** Earn financial incentives for participating in activities like taking the RealAge test, consenting to receive wellness emails, selecting a primary care provider and completing a health screening.

**Specialized programs**

The additional support provided by these focused programs can help you take charge of your wellness goals with confidence:

- **Health coaching:** If you are contacted to participate, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.

- **Weight management program:** Our program offers a personalized solution for long-term weight loss and helps participants maintain a healthier weight.

- **Tobacco cessation program:** Quitting tobacco can lower your risk for many serious health conditions. Expert guidance, support and wealth of tools make quitting easier than you might think.

- **Financial well-being:** Learn how to take small steps toward big improvements in your financial situation.

To get started, visit carefirst.com/sharecare. You’ll need to enter your CareFirst account username and password and complete the one-time registration with Sharecare to link your CareFirst account information. This will help personalize your experience.

This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. which are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association. "Registered trademark of CareFirst of Maryland, Inc."
Join Blue365® and start saving today!

With the Blue365 wellness discount program, great deals are yours for every aspect of your life—like 20 percent off at Reebok.com, discounted products through Jenny Craig, or a gym membership for only $29 a month.

To take advantage of Blue365, register now at carefirst.com/wellnessdiscounts. It’s an online destination featuring healthy deals and discounts exclusively for our members.

Just have your CareFirst member ID card handy. In a couple of minutes, you will be registered and ready to shop. Every week, we will send a special deal straight to your email inbox.
Mental Health Support
Well-being for mind and body

Living your best life involves good physical and mental health. Emotional well-being is important at every stage in life, from adolescence through adulthood.

It’s common to face some form of mental health challenge during your life. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) are here to help. Our support team is made up of specially trained service representatives, registered nurses and licensed behavioral health clinicians, ready to:

■ Help you find the right mental health provider(s) and schedule appointments
■ Connect you with a care coordinator who will work with your doctor to create a tailored action plan
■ Find support groups and resources to help you stay on track

When mental health difficulties arise for you or a loved one, remember you are not alone. Help is available and feeling better is possible.

CareFirst members have access to specialized services and programs for depression, anxiety, drug or alcohol dependence, eating disorders and other mental health conditions.

If you or someone close to you needs support or help making an appointment, call our support team at 800-245-7013, Monday-Friday 8 a.m.–6 p.m. ET. Or for more information, visit carefirst.com/mentalhealth.
Ways to Save on Prescription Drugs

Saving money on prescription drugs can be easy if you follow these four simple steps

Use generic drugs
- Generic drugs cost up to 75 percent less than their brand-name counterparts and are made with the same active ingredients.
- Generic drugs are equivalent in dosage, safety, strength, quality, performance and intended use.
- Talk to your doctor or pharmacist about switching.

Use the Drug Pricing Tool
- Compare how much a drug may cost you at a participating pharmacy in your area or through mail order.
- View generic drugs available at a lower cost and discuss these options with your doctor or pharmacist.

Use drugs on the Preferred Drug List
- The CareFirst Preferred Drug List identifies generic and preferred brand-name drugs that may save you money.
- Drugs on this list have been reviewed for quality, effectiveness, safety and cost by an independent national committee of health care professionals who have expertise in pharmacy drugs.

Save on Maintenance Medications
- Our Mail Service Pharmacy provides the convenience of having your prescriptions delivered to your home.
- Get up to a three-month supply of your maintenance medications (drugs you take regularly for ongoing conditions) for the cost of two copays through any pharmacy in the network, including mail order.
- If you pay a coinsurance for your maintenance drugs, the overall cost of the drug may be less expensive through mail service, reducing your out-of-pocket costs.

To learn more about the Preferred Drug List, the Drug Pricing Tool and Mail Service Pharmacy, log in to My Account at www.carefirst.com/myaccount and select Drug & Pharmacy Resources under Quick Links or call CareFirst Pharmacy Services at 800-241-3371.

Estimated usage, costs and savings are calculated through current plan year or the end of current calendar year. Actual savings may vary depending on plan structure, deductibles, previous payments, future claims and prior authorizations.

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) partner with CVS Caremark*, our pharmacy benefit manager, to offer a safe, convenient and cost-effective prescription drug plan that provides you with:
- A nationwide network of more than 68,000 pharmacies
- Access to nearly 5,000 drugs
- A mail order drug program
- Coordinated medical and pharmacy care management programs to improve your health and reduce costs

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. and Group Hospitalization and Medical Services, Inc. are both independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association.
Your dental health is an important part of your overall wellness. Dental insurance gives you a reason to smile — it’s affordable and covers preventive care (including regular checkups) as well as fillings, bridges, crowns, and other dental services.

When you enroll in the Dental plan, you may visit any dentist you choose, but in-network providers offer larger discounts and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind, since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate. The amount you pay for your coverage is based on who you cover and which plan you choose.

Search for a participating provider by visiting https://member.carefirst.com/mos/#/fadsdpublic/search/home or call 866-891-2802.

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>CareFirst Dental Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network</strong></td>
<td><strong>In-Network</strong></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$25 / $75</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>$2,000 per Person</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>Plan pays 100% No Deductible</td>
</tr>
<tr>
<td>Basic Services</td>
<td>Plan pays 80% After Deductible</td>
</tr>
<tr>
<td>Major Services</td>
<td>Plan pays 50% After Deductible</td>
</tr>
<tr>
<td>Orthodontics Services</td>
<td>Children up to age 19</td>
</tr>
<tr>
<td></td>
<td>Plan pays 50% No Deductible</td>
</tr>
<tr>
<td>Lifetime Orthodontia Maximum</td>
<td>$1,500 per Person</td>
</tr>
</tbody>
</table>
BlueDental Plus

*Includes access to a national provider network*

CareFirst BlueCross BlueShield (CareFirst) offers BlueDental Plus coverage, which allows you the freedom to see any dentist you choose.

**Advantages of the plan**

- **Freedom of choice, freedom to save** — With BlueDental Plus, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Preferred Provider Network. It’s your choice!

- **Comprehensive coverage** — Benefits include regular preventive care, X-rays, dental surgery and more. Your plan even covers orthodontia for members of all ages! A summary of your benefits is available on the following page.

- **Nationwide access to participating dentists** — You have access to one of the nation’s largest dental networks, with participating dentists throughout the United States. BlueDental Plus gives you coverage for the dental services you need, whenever and wherever you need them.

**Three options for care**

- **Option 1** — By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst’s allowed benefit as payment in full, which means no balance billing for you. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.

- **Option 2** — By choosing a dentist who participates with CareFirst, but not through the Preferred Provider Network, you incur slightly higher out-of-pocket costs. Similar to Option 1, there is no balance billing. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.

- **Option 3** — You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

**Using your plan**

**How do I find a preferred dentist?**

Visit carefirst.com/doctor to access our online directory 24 hours a day. Click on Dental and then select *BlueDental Plus*.

**How much will I have to pay for dental services?**

The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in and out-of-network.

**Is there a lot of paperwork?**

There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

**Who can I call with questions about my dental plan?**

Call Dental Customer Service toll free at: 866-891-2802 between 8:30 am and 5:00 pm ET, Monday–Friday.
You may elect vision care coverage, which provides affordable, quality vision care nationwide. Although vision care services and supplies are covered in-network and out-of-network, your benefits are generally greater when you use in-network providers. Your costs are based on the family members you choose to cover.

Search for a participating provider by visiting https://member.carefirst.com/mos/#/fadsdp/public/search/home or call 800-783-5602. Be sure to ask your provider if they participate with the Davis Vision network before you receive care.

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>CareFirst BlueVision Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Network</td>
</tr>
<tr>
<td>Exam (Once Every 12 Months)</td>
<td>No Copay</td>
</tr>
<tr>
<td>Frames (Once Every 12 Months)</td>
<td>$0 Copay for 200 frames</td>
</tr>
<tr>
<td>Davis Vision Frame Collection</td>
<td>$100 Allowance</td>
</tr>
<tr>
<td>Non-Collection Frame</td>
<td></td>
</tr>
<tr>
<td>Lenses (Once Every 12 Months)</td>
<td>No Copay</td>
</tr>
<tr>
<td>Single</td>
<td>No Copay</td>
</tr>
<tr>
<td>Bifocal</td>
<td>No Copay</td>
</tr>
<tr>
<td>Trifocal</td>
<td>No Copay</td>
</tr>
<tr>
<td>Lenticular</td>
<td>No Copay</td>
</tr>
<tr>
<td>Contact Lenses (Once Every 12 Months)</td>
<td>100% Covered (with prior approval)</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>$0 Copay</td>
</tr>
<tr>
<td>Davis Vision Elective Contact Lenses</td>
<td>$97-$127 Allowance</td>
</tr>
<tr>
<td>Other Elective Contact Lenses</td>
<td></td>
</tr>
</tbody>
</table>

**EXTRA IN-NETWORK DISCOUNTED SAVINGS**

Mail Order Replacement Contact Lenses

- www.davisvisioncontacts.com offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door. Members receive discounted prices.

Laser Vision Correction

- Up to 40-50% off the national average price of traditional LASIK; discounts only available from contracted facilities.
FLEXIBLE SPENDING ACCOUNTS (FSA)

Latin American Youth Center lets you redirect a portion of your pay, through payroll deductions, into Flexible Spending Accounts (FSAs) through Wex. The money that goes into an FSA is deducted from your pay on a pre-tax basis (before Federal and Social Security taxes are calculated). Because you do not pay these taxes on money that goes into an FSA, you decrease your taxable income and potentially increase your spendable income. For additional information on FSAs go to www.wexinc.com/discovery-benefits/.

IMPORTANT FSA FEATURES

It is very important that you only elect to contribute an amount to the FSA that you can reasonably expect to spend in the plan year. Before you elect to contribute to a FSA, please note the following important features of these plans.

- The amount you elect may not be changed during the plan year unless you experience a qualifying life event.
- You may not transfer funds between FSA accounts.
- Your participation in an FSA will end on the date of your termination of employment.
- An FSA plan may be continued under COBRA 90 days runout period to submit claims incurred during the plan year.

USE IT OR LOSE IT

The Health Care FSA allows you to carryover up to $570 in account balances from one year to the next. You must elect to contribute to the FSA in the following year in order to receive the rollover funds.

The Dependent Care FSA does not allow a carryover. Participants have a 90 day run-out period to submit claims incurred during the plan year for reimbursement.
Flexible Spending Account (FSA)

**Flexible Spending Account Overview**
A Flexible Spending Account (FSA) allows you to budget and save for qualified medical expenses incurred over the course of your plan year. Dollars invested in an FSA are tax-free, and the entire election amount is available on the first day of the plan year. That makes an FSA a great tool for saving money, especially when big expenses are anticipated.

**Types of FSAs**

- **Medical FSA**
  Pair a traditional health plan with a Medical FSA, which covers eligible medical, dental and vision expenses.

- **Limited FSA**
  If you have a High-Deductible Health Plan and a Health Savings Account, you’re eligible to enroll in a Limited FSA alongside your HSA to maximize savings. These funds can be used for qualifying dental and vision expenses.

- **Dependent Care Account (DCA)**
  A DCA allows you to put money aside for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse.

You may receive reimbursement up to the current balance in your account at the time the request is made. To be eligible for a DCA, you and your spouse (if applicable) must work, be looking for work or be full-time students.

**Eligible Expenses**
Common eligible expenses for a Medical FSA are prescriptions, hearing aids, orthopedic goods, doctor visits and dentist visits, while a Limited FSA is limited to dental and vision expenses. A DCA covers expenses such as work-related daycare and elderly care costs. To find out which specific expenses are eligible, view our searchable eligibility list at www.DiscoveryBenefits.com/eligibleexpenses.

**Using Funds**
For easy access to your FSA funds, you can swipe your Discovery Benefits debit card and avoid out-of-pocket costs. If you use your card at a provider with an Inventory Information Approval System (IIAS), the expense will automatically be approved at the point of sale. If the card is swiped at a merchant that meets the IRS’ 90% rule, you may need to provide documentation to show the expense is eligible.

**Substantiation**
The IRS requires FSA participants to provide documentation (e.g. an Explanation of Benefits) to show that an expense is FSA-eligible. You can easily upload documentation to a claim by logging in to your online account or taking a photo of your documentation with your phone’s camera and uploading it through the Discovery Benefits mobile app.

Our Claims Sync tool helps automate the substantiation process by syncing insurance claims directly into your portal dashboard and instantly searching for matches within your debit card transactions. Or, if it’s an expense that wasn’t paid for with your benefits debit card, Claims Sync lets you pay and submit documentation for the claim directly from your portal dashboard.

**Resources**
- **Eligible Expense List**
  www.DiscoveryBenefits.com/eligibleexpenses
- **FSA Calculator**
  www.DiscoveryBenefits.com/fsacalculator
- **Mobile App Video**
  www.DiscoveryBenefits.com/mobileappvideo
- **FSA 101 Video**
  www.DiscoveryBenefits.com/fsa101
- **FSA Store**
  www.DiscoveryBenefits.com/fsastore
The Benefits Debit Card
The Discovery Benefits debit card is the fastest and most convenient way to pay for eligible expenses. The debit card makes it easy to access funds in your pre-tax benefits accounts, reducing your out-of-pocket costs. At many merchants, it also simplifies the way expenses are verified for eligibility.

How It Works
Swipe your benefits debit card to instantly pay for eligible expenses with funds from your benefits accounts. Make sure to swipe your card before your final service date to ensure funds pull from your current plan year. Where you swipe the card will determine whether any steps are needed after that. In addition to using your benefits debit card to pay for services at your healthcare provider’s office, you can also use it at the following types of merchants:

IIAS
Many merchants provide IRS-required information for documentation right at the point of sale through an Inventory Information Approval System (IIAS). An IIAS merchant auto-substantiates the claim, so you won’t need to provide additional documentation on qualifying expenses.

90% Merchants
Our debit card also works at pharmacies or drug stores that meet the IRS’ 90 percent rule. At least 90 percent of the gross sales at these merchants come from eligible medical expenses. For a full list of IIAS and 90 percent rule merchants, visit www.DiscoveryBenefits.com.

Submitting Documentation for Debit Card Transactions
Occasionally, documentation will be needed to verify the eligibility of an expense paid for on your debit card. Even places like doctors’ and dentists’ offices may require you to submit documentation because some expenses available at these facilities may not be IRS-eligible (e.g. cosmetic procedures, teeth whitening).

When Documentation Isn’t Needed
• When used at an IIAS merchant
• When used for recurring expenses that match the provider and dollar amount for previously substantiated claims
• When used for co-payments tied to the account holder’s health plan (Note: These amounts need to be communicated to Discovery Benefits by your employer)
• When used to access HSA funds

If none of the above criteria apply, you’ll be notified via email or mail that documentation is needed.

What to Submit
When submitting documentation for a debit card transaction, an Explanation of Benefits (EOB) from your insurance company will typically be your best bet, as it contains all the information you need to substantiate a claim.

But, when in doubt, the IRS has identified the criteria for what needs to be included when submitting documentation for eligible expenses:
• Name of the provider/merchant
• Date(s) of service
• Type(s) of service
• Amount (after insurance, if applicable)
• Name of person who received the services (if the account covers dependents)

How to Submit
You can submit documentation in seconds using the Benefits Mobile App by Discovery Benefits. Our app is the quickest and easiest way to submit documentation because it lets you use your phone’s camera to take pictures of your documents and upload them on the spot.

You can also submit documentation through your online account or via fax or mail. No matter how you choose to submit documentation, we’ll process your claim in two business days.

Watch our Easy Substantiation video at www.DiscoveryBenefits.com/easysubstantiation to learn more about submitting documentation for debit card transactions.
We help our team members maintain financial security by providing a company paid group life and accidental death and dismemberment (AD&D) benefit through Reliance Standard. This benefit is 100% employer paid. The chart below shows the coverage available.

**BASIC LIFE AND AD&D INSURANCE**

<table>
<thead>
<tr>
<th>Employee Benefit</th>
<th>1x base annual salary up to $100,000</th>
</tr>
</thead>
</table>
| Benefits Reduction | At age 65: coverage amount is reduced to 65% of original amount  
At age 70: coverage amount is reduced to 50% of original amount |

The disability benefits provided by Latin American Youth Center through Reliance Standard work together to help you pay your household expenses if you become disabled and cannot work. These disability benefits also work with other sources of coverage to replace a certain percentage of your earnings. As a result, the disability payments you receive from our plans will be reduced by any benefits you are eligible to receive from Social Security, Workers' Compensation, Retirement Benefits or any other disability coverage to which you are entitled. Long-Term Disability is 100% employer paid and Voluntary Short-term Disability is 100% employee paid.

**LONG-TERM DISABILITY (LTD)**

<table>
<thead>
<tr>
<th>Employee Benefit</th>
<th>60% of your monthly salary up to $6,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>When Benefit Begins</td>
<td>After 90 Days</td>
</tr>
</tbody>
</table>
| Maximum Benefit Period | Age 61 and Under: To age 65  
Age 62: 42 Months  
Age 63: 36 Months  
Age 64: 30 Months  
Age 65: 24 Months  
Age 66: 21 Months  
Age 67: 18 Months  
Age 68: 15 Months  
Age 69+: 12 Months |
| Pre-Existing Conditions | If you are treated for a condition 3 months prior to your effective date, and become disabled as a result of such condition within the first 12 months of your coverage, you will not be eligible for disability payments for such condition, unless no treatment was received for 6 consecutive months after your effective date of coverage |

**VOLUNTARY SHORT-TERM DISABILITY (STD)**

<table>
<thead>
<tr>
<th>Employee Benefit</th>
<th>60% of your weekly salary up to $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>When Benefit Begins</td>
<td>8th day of injury / illness</td>
</tr>
<tr>
<td>Maximum Benefit Period</td>
<td>12 Weeks</td>
</tr>
</tbody>
</table>
Latin American Youth Center, Inc.

**ELIGIBILITY**
Employees: Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

**BENEFIT AMOUNT**
Basic Life and AD&D:
1 times Earnings, rounded to the next higher $1,000, subject to a maximum of $100,000

**GUARANTEED ISSUE**
Employee: $100,000

**CONTRIBUTION REQUIREMENTS**
Coverage is employer paid

**AD&D SCHEDULE**

<table>
<thead>
<tr>
<th>For Accidental Loss of:</th>
<th>Amount Payable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Both hands or both feet</td>
<td>100%</td>
</tr>
<tr>
<td>Sight of both eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>100%</td>
</tr>
<tr>
<td>One hand and sight of one eye</td>
<td>100%</td>
</tr>
<tr>
<td>One foot and sight of one eye</td>
<td>100%</td>
</tr>
<tr>
<td>Speech and hearing</td>
<td>100%</td>
</tr>
<tr>
<td>One hand or one foot</td>
<td>50%</td>
</tr>
<tr>
<td>Sight of one eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or hearing</td>
<td>50%</td>
</tr>
</tbody>
</table>

**BENEFIT REDUCTION DUE TO AGE**

<table>
<thead>
<tr>
<th>Age</th>
<th>Original Benefit</th>
<th>Reduced To</th>
</tr>
</thead>
<tbody>
<tr>
<td>65</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

**FEATURES**
- Living Benefit Rider (expressed as Accelerated Death Benefit in some states and Imminent Death Benefit in PA)
- Air Bag Benefit
- Conversion Privilege
- FMLA/MSLA Continuation
- Seat Belt Benefit
- Waiver of Premium with Critical Illness

**VALUE ADDED SERVICES**
- Bereavement Counseling Service

**EXCLUSIONS**
AD&D EXCLUSIONS:
AD&D benefits will not be payable for a loss: caused by suicide or intentionally self-inflicted injuries; caused by or resulting from war or any act of war, declared or undeclared; to which sickness, disease or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; sustained during an insured’s commission or attempted commission of an assault or felony; to which the insured’s acute or chronic intoxication is a contributing factor; or to which the insured’s voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.
Plan Highlights

Group Long Term Disability Insurance

Latin American Youth Center, Inc.

**Coverage**
Disability income protection insurance provides a benefit for “long term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

**Eligibility**
Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

**Benefit Amount**
The monthly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of $6,000 per month.

**Elimination Period**
90 consecutive days of total disability

**Maximum Benefit Duration**
Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

<table>
<thead>
<tr>
<th>Age at Disablement</th>
<th>Duration of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>61 or less</td>
<td>to age 65</td>
</tr>
<tr>
<td>62</td>
<td>3 ½ years</td>
</tr>
<tr>
<td>63</td>
<td>3 years</td>
</tr>
<tr>
<td>64</td>
<td>2 ½ years</td>
</tr>
<tr>
<td>65</td>
<td>2 years</td>
</tr>
<tr>
<td>66</td>
<td>1 ¼ years</td>
</tr>
<tr>
<td>67</td>
<td>1 ½ years</td>
</tr>
<tr>
<td>68</td>
<td>1 ¼ years</td>
</tr>
<tr>
<td>69 or more</td>
<td>1 year</td>
</tr>
</tbody>
</table>

**Contribution Requirements**
Coverage is employer paid.

**Features**
- Extended Disability Benefit
- FMLA Continuation
- Minimum Benefit Payable - $50
- Own Occupation Coverage - 24 months
- Residual and Partial Disability
- Specific Indemnity Benefit
- Survivor Benefit - 3 months
- Transfer of Coverage provision
- Work Incentive & Child Care provisions

**Value Added Services**
- Travel Assistance Service
- Employee Assistance Program
- Identity Theft Recovery Services

**Limitations**
- Limited Benefit Period for Other Specific Conditions - 24 months
- Mental/Nervous Illness Limitation - 24 Months out-patient
- Offsets (such as, but not limited to, Social Security, Workers Compensation, State Disability Plans)
- Pre-Existing Condition Limitation - 3/12
- Substance Abuse Limitation - 24 Months

Please note- pre-ex limitations also apply to benefit increases

**Exclusions**
Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.
Plan Highlights

Group Short Term Disability Insurance

Latin American Youth Center, Inc.

**Coverage**
Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

**Eligibility**
Each Active, Full-time employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

**Benefit Amount**
The weekly benefit is an amount equal to 60% of covered earnings, up to a maximum benefit of $1,000 per week.

**Day Benefits Begin**
Injury (accident) and Sickness (illness): benefits begin on the 8th consecutive day of disability.

**Maximum Benefit Duration**
Benefits for one period of disability, will be paid up to a maximum of 12 weeks.

**Contribution Requirements**
Coverage is 100% employee paid.

**Features**
- Maternity covered as any other illness
- Non-occupational coverage
- Partial Disability benefit included
- Zero Day Residual included

**Limitations**
- Pre-Existing Condition Limitation - 3/12

Please note- pre-ex limitations also apply to benefit increases

**Exclusions**
Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers’ compensation or other workers’ disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.
Premium Worksheet

Group Short Term Disability Insurance

To calculate your monthly payroll deduction, use the formula indicated below:
(Round all numbers to the nearest whole number)

1. Enter your Weekly Earnings, not to exceed $1,666  1. $________
2. Multiply your weekly earnings (Line 1) by 0.60  2. $________
3. Find your rate from the age table displayed  3. $________
4. Multiply the amount on Line 2 by the appropriate rate for your age entered on Line 3.  4. $________
5. Divide the amount on Line 4 by 10 and enter the amount on Line 5 to get your monthly payroll deduction.  5. $________

Example Calculation: Jane Smith is Age 35

1. Enter your Weekly Earnings, not to exceed $1,666  1. $400
2. Multiply your weekly earnings (Line 1) by 0.60  2. $240 (maximum weekly benefit)
3. Find your rate from the age table displayed  3. $0.76
4. Multiply the amount on Line 2 by the appropriate rate for your age entered on Line 3.  4. $182.40
5. Divide the amount on Line 4 by 10 and enter the amount on Line 5 to get your monthly payroll deduction.  5. $18.24 (monthly payroll deduction)
ACI’s Employee Assistance Program (EAP) provides professional and confidential services to help employees and family members address a variety of personal, family, life, and work-related issues.

**Confidential and professional assessment and referral services for employees and their family members**

**EAP and Work-Life Benefits:**
From the stress of everyday life to relationship issues or even work-related concerns, the EAP can help with any issue affecting overall health, well-being and life management.

- Unlimited Telephonic Clinical Assessment and Referral
- Up to 3 Sessions of Professional Assessment for Employees and Family Members
- Unlimited Child Care and Elder Care Referrals
- Legal Consultation for Unlimited Number of Issues per Year
- Financial Consultation for Unlimited Number of Issues per Year
- Unlimited Pet Care Consultation
- Unlimited Education Referrals and Resources
- Unlimited Referrals and Resources for any Personal Service
- Unlimited Community-based Resource Referrals
- Online Legal Resource Center
- **Affinity™** Online Work-Life Website
- myACI App for Mobile Access
- Multicultural and Multilingual Providers Available Nationwide

EAP benefits are free of charge, 100% confidential, available to all family members regardless of location, and easily accessible through ACI’s 24/7, live-answer, toll-free number.

EAP services are provided by ACI Specialty Benefits, under agreement with Reliance Standard Life Insurance Company.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Colombia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product availability and features may vary by state.

**Additional Questions?**
Contact Human Resources or contact ACI Specialty Benefits toll-free at
**855-RSL-HELP**
(855-775-4357)
rsli@acieap.com
http://rsli.acieap.com

[QR Code Image]
Sure, we all expect our trips to go off without a hitch, and most times they do. However, if you experience an emergency when traveling—no matter how big or how small—you have around-the-clock access to On Call International’s 24-hour, toll-free travel assistance services. Whether you need help with an illness or injury, lost passport, missing luggage or even a prescription refill, you can rest assured you (and your covered dependents!) have access to a personal travel emergency companion anytime you’re more than 100 miles away from home.

On Call International is not affiliated with Reliance Standard Life Insurance Company or First Reliance Standard Life Insurance Company. Reliance Standard is not responsible for the content of the On Call travel assistance services, and is not responsible for, and cannot be held liable for, any services provided or not provided by On Call.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam.

In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY.

On Call is not responsible for the unavailability or results of any medical, legal or transportation services. You are responsible for obtaining all services not directly provided by On Call and for the expenses associated with them.

For emergency medical, legal and travel assistance information and referral service 24 hours a day, 365 days a year, call the numbers below.

To place a collect call, dial the INTERNATIONAL COUNTRY CODE: followed by On Call’s collect call number.
**How Your Travel Assistance Services Work**

Using your travel emergency services is a cinch! Just contact On Call International directly at (603) 328-1966 anytime you need assistance while traveling. On Call’s Global Response Center is open 24 hours a day, 365 days a year and can provide the following services through your group coverage with Reliance Standard.

The following is an outline of the On Call emergency travel assistance service program. For a complete description of all services and the program terms and limitations, please request a Description of Covered Services from your employer.

**Covered Services**

When traveling more than 100 miles from home or in a foreign country, On Call offers you and your dependents the following services:

- **Pre-Trip Assistance**
  - Inoculation requirements information
  - Passport/visa requirements
  - Currency exchange rates
  - Consulate/embassy referral
  - Health hazard advisory
  - Weather information

- **Emergency Medical Transportation***
  - Emergency evacuation
  - Medically necessary repatriation
  - Visit by family member or friend
  - Return of traveling companion

- **Emergency Personal Assistance Services**
  - Urgent message relay
  - Interpretation/translation services
  - Emergency travel arrangements

- **Medical Assistance Services Include**
  - Medical referrals for local physicians/dentists
  - Medical case monitoring
  - Prescription assistance and eyeglasses replacement
  - Convalescence arrangements

* The services listed above are subject to a maximum combined single limit of $250,000. Return of vehicle is subject to $2,500 maximum.

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**TO REACH ON CALL VIA INTERNATIONAL CALLING:**

Go to http://www.att.com/esupport/traveler.jsp?group=tips for complete dialing instructions. It is recommended that you do this prior to departing the US, find the access code from the country you will be visiting, and note it on the front of the cut-out card so you will have the information readily available in case of an emergency. AT&T provides English-speaking operators and the ability to place collect calls to On Call, whereas local providers may encounter difficulty placing collect calls to the US.

Travel assistance services are provided by On Call International (On Call) under the terms and conditions of a service agreement with Reliance Standard. On Call International is not affiliated with Reliance Standard or with AT&T. Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands. In New York State, benefits are underwritten by First Reliance Standard Life Insurance Company, Home Office: New York, NY. On Call is not responsible for the unavailability or results of any medical, legal or transportation services. You are responsible for obtaining all services not directly provided by On Call and for the expenses associated with them.
Identity Theft Full Restoration Services and Real-time Card Monitoring

The Identity Theft Crisis
Identity theft is the fastest growing crime in the United States. In 2016, the identity fraud incidence rate increased by 16 percent, with 15.4 million victims. It was the third most commonly reported consumer complaint.

What can you do?
To protect you and your family from this devastating loss of time, money and security, Reliance Standard and your employer have provided you with a full service ID Recovery Program that will perform the recovery process for you should you or a member of your family fall victim to identity theft.

In addition to the recovery program, you also have access to real-time card monitoring through WalletArmor®. WalletArmor® is an interactive, easy-to-use vault for protecting your wallet’s contents, passwords and important personal documents.

Privacy Advocates®
InfoArmor employs a dedicated team of professionals that provide world class service and expertise in identity theft restoration.

In the event of identity theft, the victim will be assigned a dedicated Privacy Advocate that will act on behalf of the customer to restore their identity.

The victim will know their Privacy Advocate by name and will be able to have a personal proponent for their identity restoration.

Privacy Advocates are Certified Identity Theft Risk Management Specialists by the Institute of Fraud Risk Management.

Do you suspect your personal information has been compromised? Call toll free: 1.855.246.7347

Want to protect the contents of your wallet and important personal documents? Enroll in WalletArmor® today!

www.reliancestandard.com/walletarmor

Draw on the protection provided by your benefits.
**ID Theft Recovery Services**

Should you or anyone in your family fall victim to identity theft, InfoArmor® will provide restoration services including:

- Dedicated InfoArmor Privacy Advocates® to act on your behalf
- Identity restoration experts with CITRMS® Certification
- Investigation and confirmation of fraudulent activity including known, unknown and potentially complicated sources of identity theft
- Resolution of key issues by maintaining and explaining your rights
- Placing phone calls and preparing appropriate documentation on your behalf including anything from dispute letters to defensible complaints
- Assist in issuing fraud alerts and victim’s statements when necessary, with the three consumer credit reporting agencies: Federal Trade Commission, Social Security Administration and the U.S. Postal Service
- Completing and providing copies of all documentation, correspondence, forms and letters for your records
- Contacting, following up and escalating issues with affected agencies and institutions
- Providing restoration beyond just credit including criminal, DMV and medical

**WalletArmor®**

WalletArmor® provides Online Credential Monitoring on the Internet’s Underground economy. We’ll know quickly if there is fraudulent activity. You’ll receive an alert from InfoArmor® letting you know your personal information has been compromised. We work with businesses to identify and replace essential cards and documents, and we contact the authorities. WalletArmor® stores and secures valuable information for easy retrieval.

The WalletArmor® encrypted vault secures and monitors:

- User IDs & Passwords
- ATM Cards
- Credit Cards
- Checking Accounts
- Driver’s Licenses
- Health Insurance Cards
- Vehicle Insurance Cards
- records, etc.

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IDENTITY THEFT RECOVERY SERVICES ARE PROVIDED BY INFOARMOR. INFOARMOR IS NOT AFFILIATED WITH RELIANCE STANDARD LIFE INSURANCE COMPANY (RSL) OR FIRST RELIANCE STANDARD LIFE INSURANCE COMPANY (FIRST RSL). THE IDENTITY THEFT RECOVERY SERVICES PROVIDED BY INFOARMOR ARE NOT PART OF ANY INSURANCE POLICY, AND NEITHER RSL NOR FIRST RSL IS RESPONSIBLE FOR ANY ACTS OR OMISSIONS OF INFOARMOR IN CONNECTION WITH OR ARISING UNDER THE IDENTITY THEFT RECOVERY SERVICES.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY.

ID Theft services not available in IA and WA.
GLOSSARY OF TERMS

BALANCE BILLING
An out-of-network healthcare provider billing a patient for the difference between what the patient’s health insurance chooses to reimburse and what the provider chooses to charge.

COINSURANCE
The percentage of costs of a covered health care service you pay after you've paid your deductible. For example, if you pay 5 percent of an in-network covered charge, the plan pays 95 percent.

CO-PAYMENT
A fixed amount you pay for a covered health care service after you've paid your deductible.

DEDUCTIBLE
The amount you pay for covered health care services before your insurance plan starts to pay.

EMERGENCY SERVICES
Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

FORMULARY
A list of prescription drugs that are covered by your health insurance plan. The formulary is separated into cost levels called tiers, which affects how much you pay for each drug. Also known as a Prescription Drug List (PDL).

NON-PREFERRED PROVIDER
A provider who doesn’t have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance has a tiered network and you must pay extra to see some providers.

OUT-OF-POCKET MAXIMUM
The most you could pay during a plan year for your share of the costs of covered services. After you meet this limit the plan will pay 100% of the allowed amount. There are separate in- and out-of-network out-of-pocket maximums. All copays, deductibles, and coinsurance accrue to the out-of-pocket maximums. Your out-of-pocket maximum is on a contract year basis. Refer to your healthcare plan summaries for more information.

PRE-AUTHORIZATION
A decision by your health insurer or plan that a health care service, treatment plan, prescription drug is medically necessary.

PREMIUM
The amount that must be paid for your health insurance or plan each month. This amount is shared by you and your employer.

PRIMARY CARE PHYSICIAN
A physician who directly provides or coordinates a range of health care services for a patient.

SPECIALIST
A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

UCR (USUAL, CUSTOMARY AND REASONABLE)
The amount paid for a medical service in a geographic area based on what provides in the area usually charge for the same or similar medical services. The UCR amount sometimes is used to determine the allowed amount.

URGENT CARE
Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.
## PAYROLL DEDUCTIONS

### Per Pay Period Employee Contributions

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Employee</th>
<th>Employee + Spouse</th>
<th>Employee + Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Plans</strong></td>
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</tr>
<tr>
<td>CareFirst BlueChoice HMO 1 Plan</td>
<td>$98.83</td>
<td>$307.18</td>
<td>$247.08</td>
<td>$380.03</td>
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<tr>
<td>CareFirst BlueChoice HMO 13 Plan</td>
<td>$119.97</td>
<td>$343.54</td>
<td>$276.32</td>
<td>$425.00</td>
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<tr>
<td>CareFirst BlueChoice Advantage 16 Plan</td>
<td>$131.11</td>
<td>$381.43</td>
<td>$306.80</td>
<td>$471.88</td>
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<tr>
<td><strong>Dental Plan</strong></td>
<td></td>
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<tr>
<td>CareFirst BlueDental Plus PPO Plan</td>
<td>$16.78</td>
<td>$38.59</td>
<td>$31.04</td>
<td>$51.00</td>
</tr>
<tr>
<td><strong>Vision Plan</strong></td>
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<tr>
<td>CareFirst Davis Vision Plan</td>
<td>$1.54</td>
<td>$3.54</td>
<td>$2.84</td>
<td>$4.37</td>
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<tr>
<td><strong>Life &amp; Disability Plans</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliance Standard Basic Life and AD&amp;D Insurance</td>
<td></td>
<td>100% Employer Paid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliance Standard Long-Term Disability</td>
<td></td>
<td>100% Employer Paid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliance Standard Voluntary Short-Term Disability</td>
<td></td>
<td>100% Employee Paid</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HAVE QUESTIONS, PROBLEMS OR CONCERNS?
Should you need any personal assistance understanding your benefits, claims or other insurance related information, the following are your carrier contact numbers and websites. There is a wealth of information regarding your plans, claims and other online resources. We recommend that your first step be to call the insurance carrier. You will need your ID number or Social Security Number along with the date of service and provider name (when applicable). If you require further assistance, please contact your Human Resources.

<table>
<thead>
<tr>
<th>PLAN</th>
<th>CONTACT NUMBER</th>
<th>WEBSITE / EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Rx</td>
<td>877-691-5856</td>
<td><a href="http://www.carefirst.com">www.carefirst.com</a></td>
</tr>
<tr>
<td>CareFirst</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td>866-891-2802</td>
<td><a href="http://www.carefirst.com">www.carefirst.com</a></td>
</tr>
<tr>
<td>CareFirst</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td>800-783-5602</td>
<td><a href="http://www.carefirst.com">www.carefirst.com</a></td>
</tr>
<tr>
<td>CareFirst</td>
<td></td>
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</tr>
<tr>
<td>Flexible Spending Account (FSA)</td>
<td>866-451-3399</td>
<td><a href="http://www.wexinc.com/discovery-benefits/">www.wexinc.com/discovery-benefits/</a></td>
</tr>
<tr>
<td>Wex</td>
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</tr>
<tr>
<td>Life &amp; AD&amp;D Insurance</td>
<td>800-351-7500</td>
<td><a href="http://www.rsli.com">www.rsli.com</a></td>
</tr>
<tr>
<td>Reliance Standard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>855-775-4357</td>
<td><a href="http://rsli.acieap.com">http://rsli.acieap.com</a></td>
</tr>
<tr>
<td>Reliance Standard</td>
<td>ACI</td>
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<tr>
<td>Reliance Standard</td>
<td>OnCall</td>
<td></td>
</tr>
<tr>
<td>Identity Theft Recovery Services</td>
<td>855-246-7347</td>
<td><a href="http://www.reliancestandard.com/walletarmor">www.reliancestandard.com/walletarmor</a></td>
</tr>
<tr>
<td>Reliance Standard</td>
<td>InfoArmor</td>
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</tr>
<tr>
<td>Human Resources</td>
<td>202-780-4433</td>
<td>Email: <a href="mailto:laychr@layc-dc.org">laychr@layc-dc.org</a></td>
</tr>
<tr>
<td>Human Resources</td>
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<tr>
<td>NFP Client Advocate</td>
<td>301-581-7307</td>
<td>Email: <a href="mailto:bridget.porter@nfp.com">bridget.porter@nfp.com</a></td>
</tr>
<tr>
<td>Bridget Porter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: In the event there is any discrepancy between the descriptions of the program elements contained within this Benefits Guide and the official plan documents, the language of the official plan documents shall prevail. Please refer to the plan-specific documents published by each of the respective carriers or third party administrators for detailed plan information. You should be aware that any and all elements of our Benefits Program may be modified in the future to meet Internal Revenue Service rules, or otherwise as determined by Latin American Youth Center.