



# Your Benefits Summary

## -2024-



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### HOW TO USE THIS GUIDE

When you see the icon below or any underlined words, click to link out to websites or download documents.



Click  
Here!

Employee benefits are an extremely important part of your compensation package. LYNX prides itself on providing our employees with a comprehensive and competitive benefits package.

This booklet is a summary of the benefits available to you and your eligible dependents. We encourage you to carefully study the options available to you and calculate your payroll deductions before submitting your enrollment.

Please remember that this is only a summary overview and you should refer to the carrier enrollment materials and certificate of coverage for a more thorough understanding of your benefit options, coverage and limitations.

### Pre- and Post- Tax Payroll Deductions

To help offset your contributions for the benefits you elect, LYNX offers you the opportunity to pay for some of these benefits on a pre-tax basis through a Section 125 Premium Only Plan. By making your contributions for these benefits in this way, premiums are deducted from your pay before federal, state, and FICA taxes are calculated. This may reduce the amount of taxes you pay per paycheck. Your payroll deductions for eligible benefits will automatically be made on a pre-tax basis unless you indicate otherwise.

### Pre-Tax Deductions

- Medical
- Dental
- Vision
- Accident Insurance
- FSA

### Post-Tax Deductions

- Voluntary Life Insurance (Employee, Spouse, Dependent)
- Critical Illness
- Short-Term Disability
- Universal Life
- Legal Shield

# Benefits Eligibility



## Who is Eligible for Benefits?

**Bargained Union employees** are eligible for coverage on the first of the pay period following your **60th** day of employment, if you are a full-time employee regularly scheduled to work 30 or more hours per week.

**Administrative employees** are eligible for coverage the first of the pay period following your **60th** day of employment, if you are a full-time employee or part time regularly working over 20 hours per week.

## Dependent Eligibility

An eligible dependent is defined as a covered employee's legal spouse or a dependent child of the employee or employee's spouse.

### A dependent child is defined as:

- A natural child
- A step-child
- A legally adopted child
- A child placed for adoption
- A child for whom legal guardianship has been awarded to the covered employee or the employee's spouse
- Unmarried children of any age who become mentally or physically disabled before reaching the plan's age limitations

Eligibility for dependent children varies by coverage:

- **Medical:** Children can be covered through the end of the calendar year in which they reach age 26 regardless of student or marital status. Children ages 26-30 may be eligible to continue coverage if they meet certain criteria. See Human Resources for additional information.
- **Dental & Vision:** Unmarried dependent children can be covered until their 26th birthday regardless of student status.
- **Child Life Insurance:** Unmarried dependent children can be covered until their 25th birthday.

LYNX requires proof of eligibility for all covered dependents. Proof of eligibility is defined as a marriage license for your spouse and birth certificates for all covered dependent children.

## Qualifying Status Change Events

Coverage elections made at Annual Enrollment cannot be changed until the next Annual Enrollment period. The only exception to this IRS Section 125 Rule is if you experience a "Qualifying Event." A Qualifying Event allows you to make a change to your benefit elections within 30 days of the Event.

Examples of Qualifying Events include, but are not limited to:

- ✓ Marriage, divorce, or legal separation
- ✓ Birth, adoption or legal custody of a dependent child
- ✓ A change in your spouse's employment status
- ✓ Loss of other group insurance coverage
- ✓ Death

## Important!

If you have a qualified status change, you must contact Human Resources within 30 days of the event to make changes to your benefit elections.

# Medical Insurance



**Cigna**

[www.mycigna.com](http://www.mycigna.com)



1-800-244-6224

LYNX offers you and your eligible dependents the opportunity to enroll in one of two health plans provided by Cigna. You may find an in-network doctor or facility by logging into the Cigna website and selecting “**Find Providers and Costs**” and using the search feature. If you are not benefits eligible yet, you can visit [www.Cigna.com](http://www.Cigna.com) and select the “Find a Doctor, Dentist, or Facility” and select the “Open Access Plus” medical plan. You May also call Cigna’s customer service number, available 24 hours a day, 7 days a week.



## **Preventive Care**

Preventive Care is covered at 100% with your medical plan through LYNX. When you make an appointment with your doctor for your preventive visit, **please be sure to confirm that the visit is preventive and remind them to send the claim to Cigna coded as “preventive”**. You can also use MDLive for Preventive Care (see page 8 for more details).



## **Lab and Diagnostic Services**

If your doctor prescribes a lab test or diagnostic procedure (x-ray, MRI, CT scan, etc.), it’s important to stay in-network at a cost-effective facility. Cigna has contracts that reduce rates and your out-of-pocket expenses at both Quest and Lab Corp. Freestanding facilities are generally less expensive than outpatient hospital facilities. Even if your doctor refers you to a particular facility, you can visit the Cigna portal to compare out-of-pocket estimates for various procedures based upon the facility you choose. Be sure to verify the facility’s participation with Cigna’s network prior to making an appointment; you will be responsible for out-of-network costs if the facility is not in the network.



## **Open Access Plus Network - New**

New for 2024, LYNX health plans will move to the Open Access Plus (OAP) network. With a OAP plan, you have a select network of local, quality doctors and hospitals to help provide you with access to discounted, cost-effective care where you live and work.

You must receive care from a health care professional or facility in this Network to receive in-network coverage under your plan (except for emergencies).

# Medical Insurance



Network Name	OAP In (Base Plan)	OAP (Enhanced Plan)	
	In-Network ONLY	In-Network	Out-of-Network
	Open Access Plus	Open Access Plus	
<b>EMPLOYER INCENTIVE</b>	<i>The Employee Only \$0 Premium</i>	<i>Employees completing Wellness Initiatives qualify for an Employee Only \$0 Premium</i>	
<b>DEDUCTIBLE</b> Individual/Family	\$1,250 / \$2,500	\$800 / \$1,600	\$1,600 / \$3,200
<b>OUT-OF-POCKET MAX</b> Individual/Family	\$5,000 / \$10,000	\$4,000 / \$8,000	\$8,000 / \$16,000
<b>Professional Services</b>			
Preventive Care	\$0	\$0	40%
Primary Care	\$20 co-pay	\$20 co-pay	CYD then 40%
Specialist	CYD then 20%	\$35 co-pay	CYD then 40%
<b>Urgent / Emergent Care</b>			
Telemedicine \$	\$10 co-pay	\$10 co-pay	N/A
Convenience Care \$	\$20 co-pay	\$20 co-pay	CYD then 40%
Urgent Care \$\$	CYD then 20%	\$50 co-pay	CYD then 40%
Emergency Room \$\$\$	CYD then 20%	CYD then 20%	CYD then 20%
Ambulance	CYD then 20%	CYD then 20%	CYD then 20%
<b>Facility</b>			
Inpatient Hospital Admission	CYD then 20%	20% after Deductible	CYD then 40%
Outpatient Surgery (Non-Hospital) \$\$ (Hospital) \$\$\$	CYD then 20% CYD then 20%	\$150 co-pay CYD then 20%	CYD then 40% CYD then 40%
Lab / X-Ray	CYD then 20%	CYD then 20%	CYD then 40%
Complex Imaging (CT, MRI, PET, Nuclear) (Non-Hospital) \$\$ (Hospital) \$\$\$	CYD then 20% CYD then 20%	CYD then 20% CYD then 20%	CYD then 40% CYD then 40%
Home Healthcare	CYD then 20%	CYD then 20%	CYD then 40%
Durable Medical Equipment	CYD then 20%	CYD then 20%	CYD then 40%
Short-Term Rehabilitation/Therapy	CYD then 20%	CYD then 20%	CYD then 40%
<b>Pharmacy</b>			
Generic/30Day	\$10 co-pay	\$10 co-pay	N/A
Brand Preferred/30 Day	\$50 co-pay	\$50 co-pay	N/A
Brand Non-Preferred and Specialty/30 Day	\$80 co-pay	\$80 co-pay	N/A
<b>Be on the lookout for other ways to save!!</b>			
\$ Lowest Cost Option			
\$\$ Midrange Cost Option			
\$\$\$ Usually Higher Costs Apply			

# Pharmacy and Prescription Drug



## Cigna

**Step Therapy:** Certain medications may require generics to be tried before they are covered by the plan. This encourages the use of less costly yet effective medications before more costly medications are approved for coverage.

**Formulary changes:** To access our current drug list (formulary) visit the Pharmacy section of MyCigna.com, which is located under the "Coverage" Tab. You can also use the "Price a Medication" feature on your myCigna portal to see what alternative medications are available and estimate medication costs. Medications that have over-the-counter (OTC) alternatives, specifically stomach acid conditions and non-sedating antihistamines to treat allergies are not covered under the prescription benefit.

## Prescription Drug Resource

If you take medication, you can log on to [www.myCigna.com](http://www.myCigna.com) to:

- Learn what medications are covered
- Compare medication prices using the "Price a Medication" Tool
- Use Cigna Home Delivery Pharmacy Service
- Get help with specialty medications

## **In-Network Pharmacies include:** (for example)

- Costco
- CVS
- Publix
- Walmart
- Walgreens

## **Cigna Home Delivery Pharmacy**

Have the medications you take on a daily basis (known as maintenance medications) delivered right to your door at no additional cost. Because you can get up to a 90-day supply at one time, you may even be able to save money. You'll get a reminder when it's time to reorder and have access to the CoachRx team for help with drug interactions, side effects and ways to lower your medication costs.

**A Preventive Drug list is available with your LYNX medical plan; specific preventive drugs are available at a copay without meeting your deductible! You may access this list by logging into the Cigna site <http://www.mycigna.com/>**

## **\$\$ Money Saving Tip \$\$**

Consider enrolling in a Flexible Spending Account (FSA) to reimburse yourself for any out of pocket medical costs you have under the new plans. See page 16 for more details regarding FSAs.

# Telehealth Services



Cigna provides access to two Telehealth services as part of your medical plan – MDLive is Cigna’s Telehealth provider. Televisits with MDLIVE **cost \$10, which is less expensive than your Primary Care co-pay!**

## Who can use it?

Employees and covered dependents enrolled in a medical plan through Cigna are eligible to use the program.

## How do I access it?

Covered employees and eligible dependents may access telehealth services from MDLIVE.

### Using Internet or Mobile Device:

Create an account using your Cigna Member ID at [www.MDLIVEforCigna.com](http://www.MDLIVEforCigna.com), by calling 888.726.3171, or by downloading the app to your smartphone or mobile device

### Using myCigna

- Log in to [www.myCigna.com](http://www.myCigna.com) or the MyCigna app
- Click on “Find Care & Costs”
- Select “Talk to a doctor via phone or video” to be taken directly to the MDLive site

## When can I use it? – Urgent Care, Primary Care, Behavioral Care and Dermatology

Primary Care – Virtual Primary Care provides you with a full suite of primary care services including preventive wellness screenings and routine care for everyday health needs and chronic conditions. You can connect with a board-certified doctor via secure video chat or phone 24/7/365.

- |               |                |                 |
|---------------|----------------|-----------------|
| • Sore throat | • Fever        | • Rash          |
| • Headache    | • Cold or Flue | • Acne          |
| • Stomachache | • Allergies    | • UTIs and more |

Behavioral Health – talk privately with a licenses counselor or psychiatrist and have your prescriptions sent directly to your local pharmacy, if appropriate.



## Cost Saving Strategies



**Here are some ways you can be a smart consumer in managing your Health Care!**

### Cigna 24-Hour Health Information Line

You have access to a valuable health information resource anytime you need it. Anywhere in the U.S. you and your participating family members can call the Cigna 24-Hour Health Information Line any time, any day of the year and receive assistance and answers to your health care questions. Speak with a specialist trained as a nurse or, if you prefer, listen to any of the more than 1,000 topics in the Health Information Library.

You can also listen to hundreds of our latest podcasts in English and Spanish to help you stay informed about your health.

#### To listen:

- Select a topic and download podcasts to your mobile device or listen via live-stream on your computer; or
- Choose to listen over the phone. Call the health information line, follow the voice prompts, enter a code for the audio library catalog, and you'll be listening in seconds.

Visit **myCigna.com** for more information

### Cigna Cost Estimator

1. Log in to myCigna.com using your username and password.
2. On the **My Plans** tab, look for the **Estimate Healthcare Costs Tab**.
3. Select Medical Cost Estimator or Drug Cost to get started!
4. In the Health Care Professional Directory, you can estimate your average medical costs for a specific procedure, then choose your doctor and place for care based on cost, plan and location.
5. In the Drug Cost Directory, you can get cost estimates for covered drugs from multiple pharmacies.
6. Need Help? You can **always** call Cigna at **1-800-244-6224**. Cigna is open **24/7/365**.

### Higher cost does not always mean better care

You've heard the saying "you get what you pay for", but that doesn't always apply with medical care. There are many ways to save money and get better care using your Cigna medical plan through LYNX.

Stay In-Network	Ask before you go	Check the price!
This is the easiest way to save money. Visit <a href="http://www.mycigna.com">www.mycigna.com</a> to find an in-network doctor or hospital	If your primary care doctor refers you somewhere, make sure they're in-network before you go	If you need surgery or an expensive scan, look on <a href="http://www.mycigna.com">www.mycigna.com</a> to find the most bang for your buck
Stick with lower-cost labs	Use independent radiology	Choose outpatient surgery
LabCorp and Quest, your preferred labs can get you the same quality service with big savings over smaller, independent labs!	Using an independent radiology center over an outpatient hospital for things like CT scans and MRIs can save you hundreds of dollars	If you need a colonoscopy, GI endoscopy, or arthroscopy, try an outpatient surgery center and save hundreds or thousands of dollars



# Cost Saving Strategies



Cigna Telehealth Connection	Convenience Care clinic	Doctor's office	Urgent care center	Emergency room
Access telehealth services to treat minor medical conditions. Connect with a board-certified doctor via video or phone when where and how it works best for you. Visit the website or call to register.  MDLIVEforCigna.com 888-726-3171	Treats minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends.	The best place to go for routine or preventive care, to keep track of medications, or for a referral to see a specialist.	For conditions that aren't life threatening. Staffed by nurses and doctors and usually have extended hours.	For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening, call 911 or go to the nearest emergency room.  "Freestanding" emergency room (ER) locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.
<ul style="list-style-type: none"> <li>&lt; Colds and flu</li> <li>&lt; Rashes</li> <li>&lt; Sore throats</li> <li>&lt; Headaches</li> <li>&lt; Stomachaches</li> <li>&lt; Fever</li> <li>&lt; Allergies</li> <li>&lt; Acne</li> <li>&lt; UTIs and more</li> </ul>	<ul style="list-style-type: none"> <li>&lt; Colds and flu</li> <li>&lt; Rashes or skin conditions</li> <li>&lt; Sore throats, earaches, sinus pain</li> <li>&lt; Minor cuts or burns</li> <li>&lt; Pregnancy testing</li> <li>&lt; Vaccines</li> </ul>	<ul style="list-style-type: none"> <li>&lt; General health issues</li> <li>&lt; Preventive care</li> <li>&lt; Routine checkups</li> <li>&lt; Immunizations and screenings</li> </ul>	<ul style="list-style-type: none"> <li>&lt; Fever and flu symptoms</li> <li>&lt; Minor cuts, sprains, burns, rashes</li> <li>&lt; Headaches</li> <li>&lt; Lower back pain</li> <li>&lt; Joint pain</li> <li>&lt; Minor respiratory symptoms</li> <li>&lt; Urinary tract infections</li> </ul>	<ul style="list-style-type: none"> <li>&lt; Uncontrolled bleeding</li> <li>&lt; Seizure or loss of consciousness</li> <li>&lt; Shortness of breath</li> <li>&lt; Chest pain</li> <li>&lt; Head injury/major trauma</li> <li>&lt; Blurry or loss of vision</li> <li>&lt; Severe cuts or burns</li> <li>&lt; Overdose</li> </ul>
<ul style="list-style-type: none"> <li>&lt; <b><u>You Pay- \$10 copay</u></b></li> <li>&lt; Appointments typically in an hour or less</li> <li>&lt; No need to leave home or work</li> </ul>	<ul style="list-style-type: none"> <li>&lt; <b><u>You Pay-\$20 copay</u></b></li> <li>&lt; No appointment needed</li> </ul>	<ul style="list-style-type: none"> <li>&lt; <b><u>You Pay- \$20 copay for Primary Care</u></b></li> <li>&lt; Usually need appointment</li> <li>&lt; Short wait times</li> </ul>	<ul style="list-style-type: none"> <li>&lt; <b><u>Average Cost per Visit \$200</u></b></li> <li>&lt; <b><u>You Pay- Base Plan - Deductible then 20%</u></b></li> <li>&lt; <b><u>Enhanced - \$50 copay</u></b></li> <li>&lt; No appointment needed</li> </ul>	<ul style="list-style-type: none"> <li>&lt; <b><u>Average Cost per Visit \$1,200-1,500</u></b></li> <li>&lt; <b><u>You Pay - Deductible then 20%</u></b></li> <li>&lt; No appointment needed</li> <li>&lt; Wait times may be long, averaging over 4 hours</li> </ul>

## To save the most money on prescription drugs:

- Refer to the Preferred Medication List on your myCigna portal when you visit your physician, and ask your doctor to prescribe drugs on the Preferred Medication List
- Ask your doctor or pharmacist if a generic equivalent is available

### **Generic drugs save you the most money!**

- Use mail order for medication you take on a consistent basis

Use the **Prescription Drug Price Quote Tool** on [www.MyCigna.com](http://www.MyCigna.com) to check the lowest prices on your medications at various pharmacies.

# Dental Insurance






**Humana**

**Website:** [www.humana.com](http://www.humana.com)



**Customer Service:** 1-800-223-4013

You and your eligible dependents may enroll in one of three plans offered through Humana. The DHMO Plan offers coverage in-network only. You will need to select a Primary Care Dentist at enrollment if you choose the DHMO Plan. If you enroll in the Low or High PPO Plan, you may choose any provider you wish. However, your savings will be greater if you choose a participating provider due to network discounts. You may visit [www.humana.com](http://www.humana.com) to locate a participating provider.

Plan Type	DHMO HS205 	Low PPO 		High PPO 	
Network Access	In-Network Coverage	In-Network	Out of Network	In-Network	Out of Network
Primary Care Dentist	Must select at enrollment	N/A		N/A	
Benefit Maximum/ Year per family member	N/A	\$1,000 <b>NEW:</b> Additional coverage for services after benefit maximum with 30% coinsurance		\$1,500 <b>NEW:</b> Additional coverage for services after benefit maximum with 30% coinsurance	
Calendar Year Deductible (CYD) Individual/family max	N/A	\$50/\$150		\$50/\$150	
Preventive Services	See Schedule of Benefits	100% (CYD Waived)		100% (CYD Waived)	
Basic Services		70%		80%	
Major Services		40%		50%	
Orthodontia	Adolescent/Adult	Child through age 18			
Benefit	See Schedule of Benefits	50%		50%	
Lifetime Maximum		\$1,000		\$1,000	
Out of Network Reimbursement Level	N/A	Maximum Allowable Cost		90% Reasonable & Customary	

**New:** The Low and High PPO have been enhanced for the 2024 plan year. The extended annual max benefit has been added, noted above. Also composite (non-silver) fillings are now covered under the plan regardless of tooth location.

**Important:** Employees enrolling in the DHMO plan must designate a provider prior to enrollment. To access a list of available providers, visit [www.humana.com](http://www.humana.com). Download the MyHumana mobile app to access dental and vision plan information if enrolled. Using the app you can:

- View coverage details
- Access ID cards
- Find a provider



## Vision Coverage



### Humana



**Website:** [www.humana.com](http://www.humana.com)



**Customer Service:** 1-877-398-2980

Monday-Thursday 8am-8pm EST, Friday 8am-6pm EST

You and your eligible dependents have the opportunity to enroll in the Vision program through LYNX. You may use any provider you wish, but your benefits are higher when you use a participating provider. You may locate a participating provider at [www.humana.com](http://www.humana.com). You will pay the copayments stated below for the services you receive; there are no claim forms to file. If you choose an out-of-network provider, you will pay the provider at the time of the visit and submit receipts to Humana for reimbursement.

Benefit	Participating Provider	Non-Participating Provider (Reimbursement)	Frequency
Vision Exam	\$5 Copay	Up to \$30	12 months
Lenses (Single/Bifocal/Trifocal/Lenticular)	\$15 Copay	Up to \$25/\$40/\$60/\$100	12 months
Frames	\$175 Allowance	\$50 Allowance	12 months
Contact Lenses (in lieu of glasses)	\$175 Allowance	\$80 Allowance	12 months
Contact Lenses (medically necessary)	\$15 Copay	\$200 Allowance	12 months

**New:** for 2024 ultraviolet coating will now have a \$0 copay. Adult and child standard polycarbonate lenses are free.

## Employee Assistance Program (EAP)



### ComPsych



**Website:** [guidanceresources.com](http://guidanceresources.com) (ER ID – LYNX)



**24/7 Help Line:** 1-800-272-7255

LYNX is now providing you and your family with a confidential Employee Assistance Program through ComPsych at no cost to you. This program provides you with unlimited legal, financial and family source phone consultations and six face to face visits per issue.

#### EAP Services Include:

- Stress and anxiety related to work or family
- Parenting concerns
- Childcare and eldercare
- Counseling to help with difficulties in relationships
- Alcohol and drug abuse
- Working through grief
- Personal life improvement
- Legal and financial counseling
- Depression

# Wellness



As an employee enrolled in LYNX's Health Plan administered by Cigna, you have ample opportunities to take responsibility for your personal health!

The LYNX Wellness Program utilizes Cigna's MotivateMe incentive program to reward employees that are currently practicing healthy behaviors or working on making health improvements.

## Earning Your Wellness Incentive Dollars

Throughout the year, you can earn up to a \$280 in gift cards by completing wellness incentive goals. To track your goal completion, you can log in to your MyCigna account or access your account using the MyCigna app.

### Wellness Incentive Program Login Information

1. Log on to [www.MyCigna.com](http://www.MyCigna.com) If you have not registered for myCigna.com, please follow these simple steps.
  - Visit [www.MyCigna.com](http://www.MyCigna.com)
  - Select "**Register Now**"
  - Follow the prompts to verify your identity
  - Create a username and password that you will remember

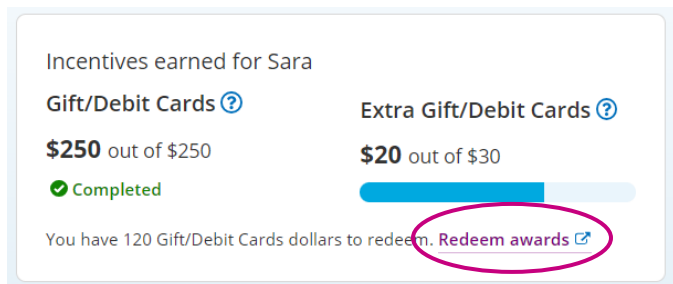
**Can't remember your username and password?** Use the "forgot username" or "forgot password" feature on [www.MyCigna.com](http://www.MyCigna.com) or call 1-800-853-2713 for help.
2. Click on **Wellness and Incentives** under the **Wellness** section of the top navigation bar
3. Click **View All Incentives** to navigate to the Incentive Awards page and view all the opportunities to earn your wellness incentive dollars

As goals are completed, your account will be automatically updated with Wellness \$\$ earnings. There are claims-driven goals such as "Get a Flu Shot," and self-reported goals such as "Get a Dental Exam." **Please note that claims-driven incentives (i.e. preventive exam, screenings, etc.) may take up to 45 days to post.**

## Redeeming Your Wellness Incentive Dollars

When you are ready to cash out your wellness dollars, you can follow these steps to choose your gift cards!

1. Visit your [www.MyCigna.com](http://www.MyCigna.com) account
2. Click on **Wellness & Incentives** found under the Wellness section of the navigation bar
3. Click on the **Redeem Awards** link located in your Incentives tally box: You will be redirected to an external website where you can shop over 100 vendors for gift cards.



**Please note: some gift cards will be delivered as e-cards to the email address you provide while others will be shipped to the mailing address you provide. Human Resources cannot help you retrieve these gift cards once they are purchased/mailed.**



## Earning your 2024 Enhanced Plan Coverage Discount

You can also use the **Wellness & Incentives** section of MyCigna account to track your progress toward earning your 2021 Enhanced Plan coverage.

### 2024 Enhanced Plan Coverage Goals:

- **Health Assessment:** Must be completed between January 1 and July 31 on [www.MyCigna.com](http://www.MyCigna.com) or using the MyCigna app. *Posts within 48-72 hours.*
- **Biometric Screening (bloodwork):** Must be completed at a Quest or a LabCorp for automatic credit. If completed in physician's office or other facility, you will need to have your physician complete the **Cigna Wellness Screening Form**, which is available on your myCigna portal and from Human Resources. *Posts within 45 days.*
- **Annual Preventive Exam:** Please be sure that your doctor codes your visit as "preventive" to ensure you receive credit for this goal. Otherwise, you can request a **PCP Visit Verification Form** from Human Resources. *Posts within 45 days.*

**IMPORTANT: For all employees hired before April 1, 2024, the completion period for all 2025 Enhanced Plan Goals is until July 31, 2024.**

## MyCigna App

The MyCigna app\*\* is available for download from the Google Play and Apple App Store. Use your [www.MyCigna.com](http://www.MyCigna.com) login information to sign-in to the app. You can use the MyCigna app to:

- Find a Doctor or Service
- View Explanation of Benefits and Bills
- Review your Wellness Incentives and Goals
- Take your Health Assessment
- View your ID Cards

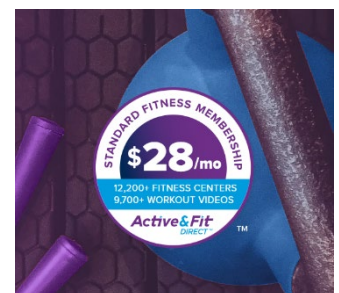


\*\* The downloading and use of the Cigna Apps & Activities App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile carrier and data charges may apply.

## Cigna Healthy Rewards Discount Program

This is a health and wellness discount program for Cigna members. Visit the Healthy Rewards section of your MyCigna.com homepage to receive:

- Alternative medicines discounts: massage, acupuncture, etc.
- Fitness product discounts: yoga mats, dumbbells, etc.
- Gym membership discounts through the Active & Fit Direct Program:
  - Choose from 9,000+ fitness centers nationwide
  - \$28/month per month (plus enrollment and taxes)
  - Gyms include: Esporta, LA Fitness, & the Central Florida YMCA



## Wellness



### Cigna Health Coaching

One-on-one, over the phone coaching sessions that last 15-20 minutes and are scheduled at your convenience. Program workbooks and toolkits provided along with great accountability. Topics included are Weight Management, Stress Management and Tobacco Cessation. **Call 1-855-245-1873 to enroll.**

### On-Site Health Coaching

Employees can meet with the Wellness Coordinator for nutrition and exercise education. Each employee is entitled to 6, 30-minute sessions per calendar year. **Call 407-254-6012 to schedule an appointment.**

### OMADA Health Programs

OMADA is a virtual, integrated care program designed to help you make lasting health changes through personalized tools, resources and support. Programs are covered at no cost for eligible employees and participation is 100% confidential. LYNX is proud to partner with Cigna and OMADA to provide employees the following programs:

**Diabetes Prevention** Build healthy habits and lower your health risks through small but powerful changes. Provides evidence-based curriculum, one-on-one coaching, and peer group support for attaining health goals.

**Diabetes Management** Keep glucose in check with new ways to eat well, move more and manage stress. Provides education that will promote practical skills that build self-efficacy around diabetes self-management. Participants will also receive FREE testing strips, FREE generic Diabetes medications, and reduced rates on Preferred Brand medications.

**Hypertension Management** Lose weight, gain energy, and learn ways to lower high blood pressure outside of medication. Provides cardiovascular risk curriculum, assistance with medication adherence and identification of recommended diagnostic tests, includes free blood pressure monitor.

Participants will receive the following with OMADA:

- A customized plan
- A dedicated health coach
- A state of the art scale, glucometer or blood pressure monitor (program dependent)
- Interactive weekly lessons
- 24/7 access to support via the OMADA app



To enroll, employees and covered dependents over the age of 18 can visit [www.omadahealth.com/lynx](http://www.omadahealth.com/lynx) to take an eligibility assessment.



# Wellness



## On-Site Wellness Centers

LYNX offers two on-site wellness centers with varying hours. The LOC-B Wellness Center is located on the 1<sup>st</sup> floor near the elevator. The LCS Wellness Center is located on the 2<sup>nd</sup> floor to the right of the Board Room. Please visit the Wellness page of inLYNX for more information on current hours and access procedures.

## Wellbeats

Wellbeats is an on-demand streaming service that offers thousands of high-quality, expert-led, fitness, nutrition, and mindfulness classes to help you feel your best.

All LYNX employees can gain access to Wellbeats by emailing the [wellness@golynx.com](mailto:wellness@golynx.com) at any time after your date of hire. Wellbeats accounts can be accessed by visiting [www.wellbeats.com](http://www.wellbeats.com) from a computer, any wifi-capable device, or by downloading the Wellbeats app. The Wellbeats app is available on the [Google Play](#) and [Apple](#) stores.



## LYNX Wellness Partner Program (Non-Medically Enrolled Employees)

The Wellness Incentive Program is currently administered by Cigna and therefore inaccessible to employees that are not enrolled in the LYNX medical plan. However, LYNX Wellness also offers the Wellness Partner Program as a way for non-medically enrolled employees to still receive incentives for participating in wellness-related activities.

Employees will receive a virtual punch card and will be issued punches for various wellness-related activities pending proof of completion. Employees can earn up to \$250 in incentives each calendar year by participating in this program. Non-medically enrolled employees may join the LYNX Wellness Partner Program at any time during the calendar year by emailing [wellness@golynx.com](mailto:wellness@golynx.com).

## Notice Regarding Wellness Program

LYNX offers voluntary wellness programs available to all employees. The programs are administered according to federal rules. Employees who choose to participate in a wellness program may receive a reward or incentive. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Brian Anderson at 407-254-6219.

### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and LYNX may use aggregate information it collects to design a program based on identified health risks in the workplace, LYNX will never disclose any of your personal information either publicly, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. [Specify any other or additional confidentiality protections if applicable.] Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Brian Anderson at 407-254-6219.

# Flexible Spending Account (FSA)



**Chard Snyder** Email: [askpenny@chard-snyder.com](mailto:askpenny@chard-snyder.com)  
[www.chard-snyder.com](http://www.chard-snyder.com)



1 (800) 982-7715  
8am – 9pm ET

## Consider enrolling in an FSA:

FSAs give you an opportunity to use pre-tax money deducted from each paycheck to pay for your eligible health care and dependent care costs. You benefit by reducing your taxable income and not having to pay FICA or Federal withholding taxes on your contributions.

Estimate your contribution carefully as unused FSA funds at the end of the plan year (January—December) are not refundable to you. For claims incurred near the end of the plan year, you have a grace period to file your claims.

## Health Care FSA

You may use the Health Care FSA to pay for various eligible out-of-pocket medical expenses including:

- Deductibles, copayments and coinsurance related to medical expenses for physician and hospital services
- Prescription drug expenses
- Diabetic supplies, including insulin and test strips
- Dental and orthodontic expenses
- Vision care expenses, including eye exams, prescription eyeglasses and contact lenses

The annual maximum contribution is **\$3,050** per employee. The entire amount you elect to contribute is available on the first day of the plan year, allowing you to receive the care you need without worrying about the availability of your funds.

## Dependent Care FSA

LYNX offers a Dependent Care FSA to pay for qualifying dependent care expenses with pre-tax money. These expenses must be incurred on behalf of a "Qualifying Individual". The annual maximum contribution is **\$5,000**.

To qualify, you must be at work during the time your eligible dependent receives care. In addition, you must also meet the following guidelines:

- be a single parent; or
- have a working spouse or a spouse looking for work; or
- have a spouse who is a full-time student for at least five months during the year while you are working; or
- have a spouse who is physically or mentally unable to provide for his/her own care; or
- be divorced and have custody of your child even though your former spouse may claim the child for income tax purposes.

## FSA Mobile Tools

### Chard Snyder Mobile App

You may download the Chard Snyder Mobile app; available for iPhone/iPad or Android from the App Store or Google Play Store





# Critical Illness Insurance



**Trustmark**

[www.trustmarksolutions.com](http://www.trustmarksolutions.com)



1-800-918-8877, Opt. 6

The Critical Illness and Cancer plan available through Trustmark will pay you a lump sum of money if you are diagnosed with a specific critical illness, heart attack, internal cancer, or stroke. The cash benefit is provided upon the first diagnosis of a covered condition, and is designed to help you with associated costs and additional financial obligations. You own the policy and it is 100% portable—at the same benefit level and price.

Regardless of other coverage in force, the benefit is paid out in a full lump sum.

**If you are newly benefit eligible, you may enroll in this coverage up to a certain level with no medical questions:**

- Employee: \$10,000
- Spouse: \$5,000
- Child: \$1,000

## **Examples of covered conditions:**

Invasive Cancer, Heart Attack, Stroke, Renal (Kidney) Failure, Blindness, ALS (Lou Gehrig's Disease), Major Organ Transplant, Paralysis of Two or More Limbs, Coronary Artery Bypass Surgery (25% benefit), Carcinoma In Situ (25% benefit).

In addition, this policy includes a Health Screening Benefit. This benefit pays up to \$100 per each insured person to receive one immunization or one screening test per calendar year (60-day waiting period for this benefit).

## **Examples of health screenings include:**

- Low-dose Mammogram
- Pap Smear
- Serum Cholesterol
- Prostate Specific Antigen (PSA)
- Stress Test
- Colonoscopy
- Bone Marrow
- Chest X-Ray

Rates vary by age and plan customizations. Please see a Benefit Counselor for rate information.

# Accident Insurance



## Trustmark



[www.trustmarksolutions.com](http://www.trustmarksolutions.com)



1-800-918-8877, Opt. 6

An accident plan, available through Trustmark, helps pay for the unexpected expenses that can result from an accident. You own the policy and it is 100% portable—at the same benefit level and price.

- Benefits are paid regardless of any other coverage you may have
- Cash benefits are paid directly to you
- Family coverage is available
- Sports-related injuries are covered
- On- and off-the-job coverage (24/7)

Benefits include (please see brochure for a complete list of benefits):

- Emergency Room Visits: \$150
- Hospitalization: \$3,200 admission, \$500 per day
- Fractures: up to \$15,000
- Dislocations: up to \$12,000
- Wellness: \$100 per person (see below)

This policy includes a Wellness Benefit when you have a standard screening test performed. A wellness benefit is paid for all routine physicals, vaccines, and health screening tests for each covered person. There is a 60-day waiting period for this benefit.

This benefit pays \$100 per test per person, twice each year (maximum of \$200 annually per insured).

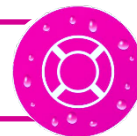
Examples of Health Screenings include:

- Low-dose Mammogram
- Pap Smear
- Serum Cholesterol
- Prostate Specific Antigen (PSA)
- Stress Test on a bicycle or treadmill
- Colonoscopy
- Chest X-Ray
- Fasting blood glucose test

### **Bi-Weekly Rates:**

Employee Only	\$9.49
Employee + Spouse	\$16.14
Employee + Child(ren)	\$22.92
Employee + Family	\$29.57

## Life and AD&D Insurance



### The Standard

www.standard.com



1-888-937-4783

LYNX provides Basic Life Insurance and Accidental Death & Dismemberment (AD&D) at no cost to you in the amount of your annual salary (up to \$200,000) through The Standard. The AD&D rider pays a benefit equal to two times your Life Insurance coverage should death occur as a result of an accident. A partial benefit may be paid for accidents that result in a loss of limb or sight.

**Enrollment in the Basic Life/AD&D plan is automatic; however please ensure that Human Resources has an updated Beneficiary Designation Form on file for you. Coverage is subject to age reduction provisions.**

## Voluntary Life and AD&D Insurance



### The Standard

As an employee, you may apply for additional Life Insurance for you and/or your eligible dependents. Accidental Death and Dismemberment (AD&D) is included with Voluntary Life Insurance. Please see below for cost information.

**Employee Coverage** – As a newly eligible employee, you may apply for additional Life Insurance in increments of \$10,000 to 5 times your salary with a maximum of \$300,000. Approval by The Standard will be required for coverage in excess of \$200,000. AD&D benefit of two times the life benefit is included.

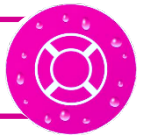
**Spouse Coverage** – If you elect voluntary employee life insurance, you may apply as a newly-eligible employee for additional Life Insurance for your spouse in increments of \$10,000. The amount you purchase cannot be more than your basic + voluntary life coverage to a maximum of \$250,000. Approval by The Standard will be required for coverage in excess of \$50,000. Cost is based upon the age of the employee. AD&D benefit of two times the life benefit is included.

**Child(ren) Coverage** – If you elect voluntary employee life insurance, you may apply for additional Life Insurance in the amount of \$5,000 or \$10,000 for your child(ren).

The cost for this coverage is: **\$5,000:** \$0.162 bi-weekly. **\$10,000:** \$0.323 bi-weekly.

**Evidence of Insurability (EOI)** - If you elect to enroll as a newly eligible employee, you are guaranteed up to \$200,000 of Voluntary Life Insurance coverage with no medical information required. EOI and approval by The Standard will be required for any amount of Employee coverage requested over \$200,000. Normally, if you apply for coverage after you are initially eligible or request an increase in coverage at a later date, you will be subject to EOI for any amount of coverage requested. Cost Calculation information is available on page 22.

## Universal Life Insurance



### Trustmark

[www.trustmarksolutions.com](http://www.trustmarksolutions.com)



1-800-918-8877, Opt. 6

Trustmark Universal LifeEvents with Long Term Care includes both a death benefit and a living benefit.

- This is permanent life insurance that is designed to meet your needs throughout your lifetime. It pays a higher death benefit during your working years when expenses are high and you need maximum protection.
- This coverage is priced to remain the same cost to you until age 100.
- The death benefit reduces at age 70.
- The Living Benefit, Long Term Care, never reduces and is valued at 4% of the original death benefit for up to 25 months.
  - If you use the Long Term Care benefit, your death benefit does not reduce
- Coverage is available for your spouse and child(ren) as well.
- You own the policy and it is 100% portable—at the same benefit level and price.

Rates vary by each individual due to your age and the coverage level you select. Please see a Benefit Counselor to determine your cost for coverage.

## Pre-Paid Legal & Identity Theft



### LegalShield



#### Website:

[www.legalshield.com/info/comprehensiveplan](http://www.legalshield.com/info/comprehensiveplan)



#### Customer Service:

1-800-654-7757

LegalShield offers two plan choices that provide assistance with legal matters and with identity theft protection. Please see additional information in the LegalShield materials.

- **Life Events Legal Plan** is a comprehensive family legal plan that includes will preparation and updates, unlimited telephone conversations for business and personal matters, unlimited document/contract reviews, letters written by an attorney, 24/7 emergency access, moving traffic violations, pre-trial and trial hours, uncontested separation/divorce, mortgage document assistance and more.
- **Identity Theft Shield** provides monitoring and complete restoration by Kroll for all areas of Identity Theft. This includes ID theft of Social Security, Drivers License, Criminal, and Medical. You also get a credit report and personal credit score analysis and monitoring of credit activities with alerts.

#### Cost per pay period:

- **Legal only:** \$7.27 (Covers you and your dependents)
- **ID Theft only:** \$5.98 (Covers you and spouse; add \$0.46 for dependent children up to age 18)
- **Both plans:** \$11.86 (Add \$0.46 for ID theft on dependent children up to age 18)

## Short-Term Disability Insurance



### The Standard

**Website:** [www.Standard.com](http://www.Standard.com)



### Customer Service:

1-888-937-4783

As a LYNX employee, you are able to enroll in Short Term Disability (STD) coverage. STD coverage supplements your lost wages should you be unable to work due to an illness or injury. STD coverage begins after missing the specified elimination period below due to a medically certified illness or injury. Benefits are payable up to the specified benefit duration period below. Employees must exhaust all sick pay before disability payments may begin. STD pays 60% of your weekly income to a maximum of \$2,500 per week. You are able to choose one of the following combinations

<b>Elimination Period</b> (benefits begin after)	<b>Benefit Duration</b> (benefits received for)
15 days	24 weeks
30 days	22 weeks
60 days	18 weeks
90 days	13 weeks
120 days	9 weeks

## Long-Term Disability Insurance



LYNX provides Long Term Disability (LTD) insurance at no cost to you. Employees will be automatically enrolled in LTD. In the event you become fully disabled due to illness or injury, LTD pays 60% of your salary up to \$10,000 per month. The plan has a 180-day waiting period and will pay for 36 months if you're unable to perform the duties of your own occupation. If you're not able to perform the duties of any occupation, the plan will pay until you reach age 65. If you become disabled after age 65 LTD benefits are still available for a limited period of time based on your age at disability.

# Life and Disability Cost Estimation



## Voluntary Life/AD&D Insurance Cost Estimation

To estimate your bi-weekly cost for Voluntary Life/AD&D insurance, find your age as of January 1, 2024 on the table below. You'll then enter the corresponding rate as well as your coverage level to complete the following formula. The cost for spouse coverage is based upon your age.

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	.051	.060	.102	.157	.230	.342	.392	.494	.992	1.975

**EXAMPLE:** Based upon a 40-year old electing \$50,000 coverage

$$\text{Employee } \$ 50,000 \div 1,000 = 50 \times .157 = \$ 7.85$$

Your Election  Rate from Table  Your Bi-Weekly Costs\*

$$\text{Employee } \$ \div 1,000 = \times = \$$$

Your Election  Rate from Table  Your Bi-Weekly Costs\*

$$\text{Spouse } \$ \div 1,000 = \times = \$$$

Your Election  Rate from Table  Your Bi-Weekly Costs\*

## Short Term Disability (STD) Cost Estimation

You can estimate your Bi-Weekly STD costs using the formula below. Enter your weekly salary in the formula and locate the Bi-Weekly rate for the coverage level you wish to choose in the table to determine your estimated Bi-Weekly cost for STD coverage.

Elimination Period	15 days	30 days	60 days	90 days	120 days
Benefit duration	24 weeks	22 weeks	18 weeks	13 weeks	9 weeks
Bi-Weekly Rate	.036	.030	.021	.012	.008

**EXAMPLE:** Based on an employee making \$450 per week and choosing the 30-day elimination period.

$$\$ 450 \times 0.60 = \$ 270 \times 0.030 = \$ 8.10$$

Your Weekly Salary  Your Covered Weekly Income  Bi-Weekly Rate  Your Bi-Weekly Cost\*

$$\$ \times 0.60 = \$ \times = \$$$

Your Weekly Salary  Your Covered Weekly Income  Bi-Weekly Rate  Your Bi-Weekly Cost\*

\* Actual deductions may vary due to rounding

# Annual Disclosure and Notices



**This section contains important information about your benefits and rights. Please read the following pages carefully and contact Human Resources with any questions you have.**

**HIPAA Special Enrollment Rights** – If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Benefits or HR Administrator.

**Section 111** – Effective January 1, 2009 Group Health Plans are required by the Federal government to comply with Section 111 of the Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. This mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help to establish who pays first. The mandate requires Group Health Plans to collect additional information such as social security numbers for all enrollees, including dependents aged six months or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

**Women's Health and Cancer Rights Act of 1998** – If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for all stages of reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses; and treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

**Newborns' and Mothers' Health Act** - Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

**Patient Protection** – If your group health plan requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. If the plan or health insurance coverage designates a primary care provider automatically, until you make this designation, the group health plan will make one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the health plan. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the group health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

# Annual Disclosure and Notices



For a list of participating health care professionals who specialize in obstetrics or gynecology, or for information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator or refer to the carrier website.

It is your responsibility to ensure that the information provided on your application for coverage is accurate and complete. Any omissions or incorrect statements made by you on your application may invalidate your coverage. The carrier has the right to rescind coverage on the basis of fraud or misrepresentation.

## **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in the following state, you may be eligible for assistance paying your employer health plan premiums. Contact your State for more information on eligibility-

FLORIDA – Medicaid
Website: <a href="http://flmedicaidtplrecovery.com/hipp/">http://flmedicaidtplrecovery.com/hipp/</a> Phone: 1-877-357-3268

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.



# Annual Disclosure and Notices



The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## **Important Notice from Lynx About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Lynx and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Lynx has determined that the prescription drug coverage offered by Cigna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Lynx coverage will not be affected. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current Lynx coverage, be aware that you and your dependents will be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Lynx and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by

# Annual Disclosure and Notices



at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Lynx changes. You also may request a copy of this notice at any time.

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date:	August 15, 2023
Name of Entity/Sender:	Lynx
Contact:	Brian Anderson
Address/Phone:	455 N. Garland Avenue Orlando, FL 32801 (407) 841-2279

# Important Contacts



## Benefit Programs

### **Medical Insurance**

Cigna  
www.mycigna.com  
Customer Service: 1-800-244-6224

### **Telehealth**

MDLive  
www.MDLIVEforCigna.com  
Customer Service: 888-726-3171

### **Dental and Vision Insurance**

Humana  
www.humana.com  
Dental: 1-800-223-4013  
Vision: 1-866-995-9316

### **Employee Assistance Program (EAP)**

ComPsych  
www.guidanceresources.com  
Employer ID LYNX  
24/7 Help Line: 1-800-272-7255

### **Life and AD&D Insurance**

#### **(Basic & Voluntary), Short-Term Disability, Long-Term Disability**

Standard  
www.standard.com  
Customer Service: 1-888-937-4783

### **Flexible Spending Account**

ChardSnyder  
www.chard-snyder.com  
Customer Service: 1-800-982-7715

### **Universal Life, Accident, & Critical Illness**

Trustmark  
www.trustmarksolutions.com  
Customer Service: 1-800-918-8877 opt. 6

### **Pre-Paid Legal & Identity Theft**

LegalShield  
www.legalshield.com/info/comprehensiveplan  
Customer Service: 1-800-654-7757

### **Wellness**

MotivateMe  
www.myCigna.com  
Customer Service: 1-800-853-2713

## Human Resources

### **Michael Lagano**

[mlagano@golynx.com](mailto:mlagano@golynx.com)  
(407) 254-6147

### **Sara Holtzman**

[sholtzman@golynx.com](mailto:sholtzman@golynx.com)  
(407) 254-6012

### **Brian Anderson**

[banderson@golynx.com](mailto:banderson@golynx.com)  
(407) 254-6219

All current benefit information and certificates of coverage for each insurance benefit can be found on Ceridian Self Service under "Company Documents". You may also view the 2024 Summaries of Benefits and Coverage (SBC) for the medical insurance in this file. If you would like to request a printed copy of the SBC's, please contact Human Resources.



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This summary has been prepared by:



The information in this guide is a summary of the benefits available to you and should not be intended to take the place of the official carriers' Member Certificates or our plan's Summary Plan Descriptions (SPD). This guide contains a general description of the benefits to which you and your eligible dependents may be entitled as a fulltime employee. This guide does not change or otherwise interpret the terms of the official plan documents. To the extent that any of the information contained in this guide is inconsistent with the official plan documents, the provisions of the official documents will govern in all cases and the plan documents and carrier certificates will prevail.