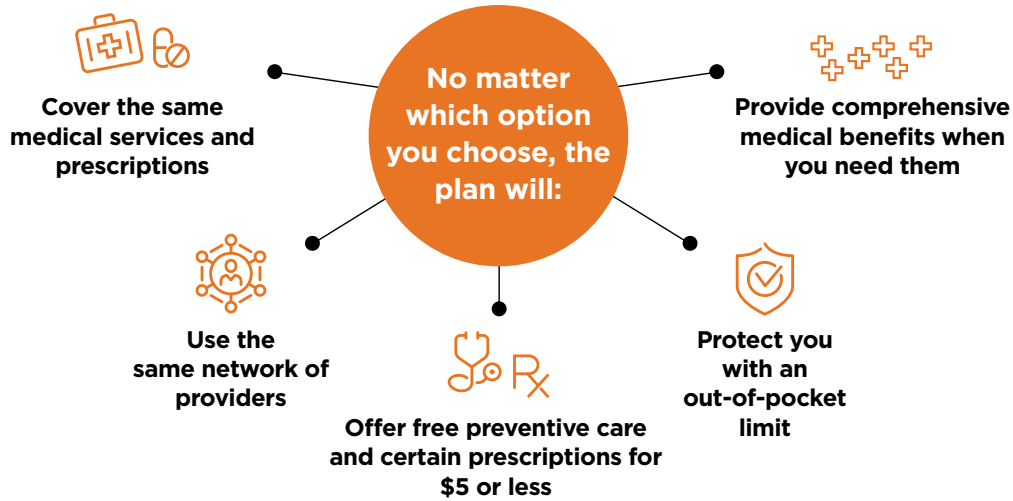


One Medical & Pharmacy Plan, Four Options

Giving you greater control over healthcare spending



	Platinum	Gold	Silver	Bronze
Paycheck cost Premiums you pay whether or not you use the medical plan				
Out-of-pocket cost Copays, deductibles and coinsurance you pay to the provider when you use the medical plan				
Financial risk Your annual out-of-pocket maximum if you have a catastrophic medical event, serious illness, or significant use of medical benefits				
Health Savings Account Save, spend, and invest tax-free dollars for healthcare expenses now or in the future	 HSA not available	 Up to a \$500 company match	 Up to a \$500 company match	 HSA available but without match

Need support?

Access your health advocate through the [Sharecare app](#) or by calling **855-452-0478**. You may also call CVS about prescription drug coverage at **800-826-6941**.

For your premium and more detailed information, log in to the Koch Benefits Enrollment site to see your *Benefits Guide* and the *Summary Plan Description* under *Plan Documents*. Infor employees can find these documents on the U.S. HR SharePoint site.



Medical Plan At-A-Glance



Claims / Network Administrator: Anthem and CVS Caremark	Platinum		Gold		Silver		Bronze	
	Employee Only	Family	Employee Only	Family	Employee Only	Family	Employee Only	Family
Deductible	\$500	\$1,000	\$1,600	\$3,200	\$2,600	\$5,200	\$6,500	\$13,000
Out-of-Pocket Maximum	\$3,200	\$6,400	\$3,400	\$6,800	\$4,400	\$8,800	\$6,500	\$13,000*
Deductible and OOP Max Type	Each person's deductible on a family plan is limited by the individual deductible (and out-of-pocket maximum)		Each person's costs are pooled with covered dependents until the deductible (and out-of-pocket maximum) are fully satisfied					
Medical Services Coinsurance	You pay a \$25 urgent care and primary care copay, a \$50 specialist copay and a \$150 ER copay You pay 20% after deductible for services without a copay		You pay 10% after deductible		You pay 20% after deductible		You pay nothing after deductible	
Preventive Care¹	The plan pays 100% without you having to meet your deductible							
Enhanced, No-Cost Health Programs	Transcarent Surgery Support, 2nd.MD, Hinge Health (virtual physical therapy), and Pomelo Care (maternity and fertility support) are available							
Covered Services	All four plan options cover the same medical services							
Provider Network	All four plan options use the same Anthem Blue Cross Blue Shield network							
Generic Prescriptions	You pay \$5 copay ⁷		You pay 20% after deductible		You pay nothing after deductible			
Brand on the PDL^{2, 3}	You pay 30% ^{5, 7} (no deductible)		You pay 25% after deductible					
Brand not on the PDL^{2, 3}	You pay 30% ^{6, 7} (no deductible)		You pay 50% after deductible					
Specialty Medications⁸	Covered at no cost to you if enrolled in PrudentRx through CVS		Covered at no cost to you after deductible if enrolled in PrudentRx through CVS					
Preventive Medications⁴ (90-day Supply)	Covered as above		You pay nothing after copay. For list, visit 'view your benefits' on Sharecare.					
• Generic			You pay \$5 copay (CVS retail location or mail order)					
• Brand with no generic available			You pay \$40 copay (CVS retail location or mail order)					
• Brand with generic available ³			You pay \$60 copay or \$5 copay + cost difference between the brand drug and generic drug alternative ³ (CVS retail location or mail order)					

Note: All coverage amounts above show in-network providers; see Summary Plan Description for out-of-network benefits. Family deductibles and out-of-pocket maximums apply to family coverage or to an employee plus a covered dependent.

*The in-network out-of-pocket maximum amount for any individual enrolled in a plan with family coverage is capped at \$9,100 for 2023.

¹ Subject to certain limits based on legal requirements.

² PDL = Performance Drug List, which is available under 'view your benefits' on Sharecare.

³ The "pay the difference" provision applies, meaning if you choose to fill a brand name drug that has a generic equivalent, you will pay the cost of the generic drug as covered by the plan, plus the difference in cost between the two. In order for the "pay the difference" provision to not apply, you must obtain pre-approval of your physician's request for an exception with CVS/Caremark.

⁴ The copay only applies if you purchase a 90-day supply of a preventive medication via mail order or at a CVS retail pharmacy (including Target). If not, you must purchase up to a 30-day supply and it will be subject to deductible and coinsurance after your third refill. See SPD or Enrollment Guide.

⁵ Retail max. \$125. Mail Order max. \$250.

⁶ Retail max. \$150. Mail Order max. \$300.

⁷ After your first three 30-day retail fills, you must fill a 90-day supply through CVS mail or a CVS retail location.

⁸ You pay 30% if you choose not to enroll in PrudentRx. You must enroll in PrudentRx for costs to apply to out-of-pocket maximum.

This information applies to eligible U.S. employees of Koch Industries, Inc. and affiliated companies. It does not apply to employees who work less than 30 hours per week or those classified as temporary, intern, temporary Field Service, OPD Field Service, Engineering Field Boilermaker, employed by Encadria Staffing Solutions, LLC OR employees who are included in a unit of employees covered by a bona fide collective bargaining agreement in which the benefits described were the subject of good faith bargaining and the benefits were agreed to not be available to those employees.

Any conflict between this summary and the benefit plan documents shall be controlled by the plan documents. If there is any conflict between this summary and your company's policies, the company policy shall control. Koch Industries, Inc. reserves the right to make changes in the benefits, costs and other provisions relative to employee benefits or to terminate any benefit plan or program offered to employees at any time.

myLifeChoices

