



somalogic

**DISCOVER
YOUR BENEFITS**

**2023
BENEFITS
GUIDE**

CONTENTS

GETTING STARTED

- 4 WHO'S ELIGIBLE FOR BENEFITS?
- 4 WHAT IS A QUALIFYING LIFE EVENT?

MEDICAL, DENTAL, & VISION

- 5 WORDS TO KNOW – INSURANCE LINGO
- 6 MEDICAL PLAN
- 7 ENGAGE IN YOUR HEALTH – ASK AND SAVE
- 8 CIGNA ONE GUIDE
- 9 CIGNA RESOURCES AND SERVICES
- 10 HEALTHCARE FLEXIBLE SPENDING ACCOUNT
- 11 DENTAL PLAN
- 12 VISION PLAN

LIFE & DISABILITY

- 13 BASIC LIFE AND AD&D
- 13 VOLUNTARY LIFE AND AD&D
- 13 SHORT-TERM DISABILITY
- 13 LONG-TERM DISABILITY

WELLBEING & BALANCE

- 14 EMPLOYEE ASSISTANCE PROGRAM
- 14 SUICIDE PREVENTION

VOLUNTARY BENEFITS

- 15 VOLUNTARY ACCIDENT
- 15 VOLUNTARY CRITICAL ILLNESS
- 15 VOLUNTARY HOSPITAL INDEMNITY

FINANCIAL WELLNESS

- 16 DEPENDENT CARE FSA
- 16 COMMUTER & TRANSIT
- 17 401(K)
- 17 CONTINUING EDUCATION

IMPORTANT PLAN INFORMATION

- 18 YOUR BENEFIT COSTS
- 19 PLAN CONTACTS
- 20 PLAN NOTICES & DOCUMENTS



GETTING STARTED

Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, SomaLogic supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, and more.

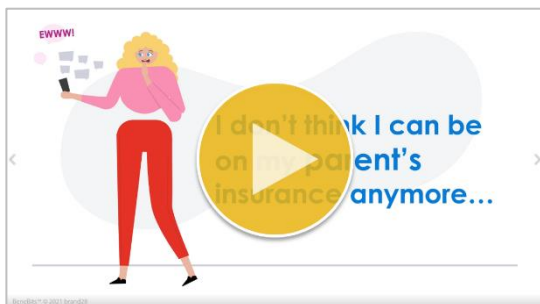
You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

2023 BENEFITS
January 1 through
December 31, 2023

WHO'S ELIGIBLE FOR BENEFITS?



WHAT IS A QUALIFYING LIFE EVENT?



LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

Employees

You are eligible if you are a regular employee working 20 or more hours per week.

Eligible dependents

- Legally married spouse or same or opposite gender domestic partner (signed affidavit required)
- Natural, adopted, or step children up to age 26
- Children over age 26 who are disabled and depend on you for support with approved paperwork
- Children named in a Qualified Medical Child Support Order (QMCSO)

When you can enroll

- 31 days from your eligibility date to enroll in benefits as a new hire
- During the annual open enrollment benefits period
- Within 30 days of experiencing a **Qualifying Life Event**

If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason).

A **Qualifying Life Event (QLE)** is an event that occurs outside of your open enrollment period, allowing you to make changes to your plan choices. These include:

- Marriage, divorce, or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects benefit eligibility
- Qualified Medical Child Support Order



MEDICAL

WORDS TO KNOW

Can you beat the Health Lingo game? Learn the words that will help you understand how your plan works.

[Click to play video](#)



- **DEDUCTIBLE:** The amount of healthcare costs you have to pay for with your own money before your plan will start to pay anything.
- **OUT-OF-POCKET MAXIMUM:** Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most eligible expenses for the rest of the plan year.
- **COINSURANCE:** After the deductible (if applicable), you and the plan share the cost. For example, if the plan pays 80%, your coinsurance share of the cost is 20%. You are billed for your coinsurance after your visit.
- **COPAY:** A set fee you pay instead of coinsurance for some healthcare services, for example, a doctor's office visit. You pay the copay at the time you receive care.
- **IN-NETWORK / OUT-OF-NETWORK:** In-network services will always be the lowest cost option. Out-of-network services will cost more or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

Cigna Medical – Open Access Plus Plan

BENEFITS	In-Network	Out-of-Network
Deductible		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Out of Pocket Maximum		
Individual	\$4,000	\$7,000
Family	\$8,000	\$14,000
Coinsurance	100%	70%
Preventive Services		
Wellness & Preventive Services	Covered 100%	Not covered
Physician Services		
Office Visit (PCP/SP)	\$25/\$50 copay	30% after deductible
Lab and X-ray	No charge after deductible	30% after deductible
Hospital Services		
Inpatient	No charge after deductible	30% after deductible
Outpatient	No charge after deductible	30% after deductible
Emergency Services		
MDLIVE Virtual Urgent Care	\$25 copay	Not covered
Urgent Care	\$75 copay	30% after deductible
Emergency Room	\$300 copay per visit (waived if admitted)	
Prescription Coverage		
Generic	\$15 copay	Not covered
Preferred Brand	\$35 copay	
Non-Preferred Brand	\$60 copay	
Mail Order (90-day supply)	\$38/\$88/\$150 copay	

The information above is a summary of coverage only. Please access your detail plan information and limitations on SomaLogic's personal Cigna Page: [Click Here](#)

Note: Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Copays do not apply to the deductibles. Usual, customary, and reasonable charges apply for all out-of-network benefits.

Don't get surprised by a big bill. Remember, you are your own best advocate. The more you know before you go, the more ways you can save. Read more on the next page.

Ask and Save:

Many health plans give you the choice of using any doctor or facility— either “in” or “out” of the plan’s network. But when it comes to getting the most out of your health care dollars, it pays to stay in-network. Ask your doctor these questions to make sure you receive in-network care:

At your annual checkup:

- › Do I need any lab work or other screenings?
- › Can I use a lab in my network?
- › Will I need to see a specialist for follow-up care?
- › Can you refer me in-network?

Why you need to know: Your primary care doctor may be in your plan’s network, but other providers they refer you to might be out-of-network. If so, you won’t get Cigna’s negotiated discounted rate. And that means you may pay more.

Before seeing a specialist

- › Are you in Cigna’s network?
- › What hospitals are you affiliated with/do you refer to? Are they in Cigna’s network?

Why you need to know: Just because a doctor’s office says they “take” Cigna insurance doesn’t mean the doctor is in your network. To get your plan’s discounted rate, confirm that the doctor is in your plan’s network before you make your appointment. If they are not, you may pay more for services.

Visit myCigna.com to find in-network doctors, hospitals, and compare treatment costs. You can also Download the myCigna mobile app from the App Store or Google Play.

Cigna One Guide

Cigna One Guide service can help you make smarter, informed choices and get the most from your plan. It's their highest level of support that combines the ease of a powerful app with the personal touch of live service. One Guide personal support, tools and reminders can help you stay healthy and save money.

Your One Guide team is a click away to help you:

Understand Your Plan

- Guidance on how to choose the best plan
- Know your coverage and how it works
- Get answers to all your health care or plan questions
- Plan support and a personalized experience
- Education and valuable resources

Get Care

- Find an in-network doctor, lab, pharmacy or urgent care center
- Connect to health coaches, pharmacists and more
- Stay on track with appointments and preventive care
- Take advantage of dedicated one-on-one support for complex health situations

Save and Earn

- Maximize your benefits and save money using online tools
- Get cost estimates and service comparisons to avoid surprises

Easy to Register. Easy to Use. *myCigna and Cigna One Guide*

Access Cigna One Guide by following the registration instructions below.



1. **Go to** [myCigna](#) or launch the myCigna Mobile App and select "Register Now"
2. **Enter** your personal information
3. **Confirm** your identity
4. **Create** your security information and provide your primary email address for enhanced security protection and notifications
5. **Review**, then select "Submit"



myCigna App users log in with just one touch.

Download the **myCigna App** and securely access your account with just a fingerprint on any compatible device.



Valuable Cigna Resources and Services

Here are a few other benefits you will receive when you enroll in one of our Cigna medical plans; click the title to be directed to the appropriate Cigna resource.



[Cigna Telehealth Connection](#)

Connect with a board-certified doctor via video chat or phone.



[Healthy Rewards Program](#)

Get deep discounts on the health products and programs you use every day. Log into myCigna and navigate to Healthy Rewards Discount Program, or call (800) 870-3470.



[Preventive Care](#)

Receive eligible preventive care services from an in-network doctor at no additional cost to you.



[24/7 Health Information Line](#)

Know before you go; talk to a nurse who can help you choose the right care in the right setting at the right time. Call (800) 244-6224.



[Specialty Medications](#)

Cigna can help you understand, manage and treat more complex conditions that require a specialty medication.



[24/7/365 Service](#)

Live customer service is available 24 hours a day, 7 days a week, 365 days a year. Call (888) 806-5094 or log in to [myCigna](#) to start a chat.



[My Health Assistant](#)

Cigna has many ways to help you improve your health wherever you are, whenever you're ready. To enroll online, log in to your Cigna portal and select "My Health Assistant" under the "Wellness" drop down menu.

How to Find In-Network Providers:

Already enrolled? Visit MyCigna

When you enroll at [myCigna](#), you can search for in-network providers. When you use in-network providers, you'll save the most money on out-of-pocket costs.

Not enrolled? Follow these steps:

- Go to the [Cigna](#) website
- Click on "Find a Doctor, Dentist or Facility"
- Select employer coverage
- Enter city or zip, select how you want to find a doctor, click continue as guest
- Select "Open Access Plus" as the network

OR call Cigna customer service at **(888) 806-5094**



Want to learn more about the available resources and programs through Cigna? [Click Here](#)

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Click to play video



ARE YOU ELIGIBLE?

You don't have to enroll in one of our medical plans to participate in the healthcare FSA.

Find out more

- [WEX FSA Store](#)
- [Eligible Expenses](#) – now includes more over-the-counter items!
- [Ineligible Expenses](#)



Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year.

How the WEX FSA works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, even eligible drugstore items.
- You can contribute up to \$3,050, the annual limit set by the IRS. Contributions are deducted from your pay pre-tax, meaning no federal or state tax on that amount.
- During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they're for eligible healthcare expenses. If you forget to use your debit card, you can also submit for reimbursement online.

Estimate carefully!

If you don't spend all the money in your account, you can roll over up to \$610 to use the following year. Any additional remaining balance will be forfeited.

FSA TAX SAVINGS EXAMPLE

\$60,000 Annual Pay, with \$1,500 FSA Contribution

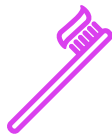
\$330	\$115	\$445
22% Federal income tax	7.65% FICA tax	Annual FSA tax savings

\$120,000 Annual Pay, with \$2,850 FSA Contribution

\$684	\$219	\$903
24% Federal income tax	7.65% FICA tax	Annual FSA tax savings

Your tax savings may vary depending on tax filing status and other variables

Dental Plan



Dental benefits are provided through Cigna Dental and are available to you and your dependents. The Dental plan features a network of providers who offer their services at a discounted rate. When you go to an in-network dentist, you'll save money. The information below is a summary of coverage only.

Why sign up for Dental coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.



How to Find In-Network Providers:

Already enrolled? Visit MyCigna

When you enroll at [myCigna](#), you can search for in-network providers. When you use in-network providers, you'll save the most money on out-of-pocket costs.

Not enrolled? Follow these steps:

- Go to the [Cigna](#) website
- Click on "Find a Doctor, Dentist or Facility"
- Select employer coverage
- Enter city or zip, select how you want to find a doctor, click continue as guest
- Select "Total Cigna DPPO" as the network

OR call Cigna customer service at **(888) 806-5094**

BENEFITS	In-Network	Out-of-Network
Deductible (Preventive & Orthodontia Waived)		
Individual		\$50
Family		\$150
Annual Maximum		
Per Member		\$2,000
Coinsurance		
Diagnostic & Preventive (oral exams, cleanings, x-rays, fluoride, etc.)		Plan Pays 100%
Basic Services (fillings, extractions, periodontics, etc.)		Plan Pays 80% after deductible
Major Services (dentures, crowns, etc.)		Plan Pays 50% after deductible
Orthodontia		
Children (through age 18)		50% coverage
Lifetime Maximum		\$1,500

Reminder: If you choose to receive treatment from an out-of-network provider, you will be balance billed for any amounts over the reasonable and customary (R&C) charges.



Why sign up for Vision coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.



BENEFITS

Frequency

Exam	Once every 12 months
Prescription Lenses	Once every 12 months
Frames	Once every 24 months
Contact Lenses (<i>in lieu of glasses</i>)	Once every 12 months

In-Network

Exam	\$10 copay
Materials	\$20 copay (waived for contacts)
Lenses - Single Bifocal Trifocal	100% of basic lens
Frame Allowance	Up to \$150
Contact Lenses (elective)	Up to \$130 (in lieu of lenses & frames)

Out of Network (reimbursements)

Exam	Up to \$45
Lenses - Single Bifocal Trifocal	Up to \$32 Up to \$55 Up to \$65
Frame Allowance	Up to \$83
Contact Lenses (elective)	Up to \$105 (in lieu of lenses & frames)

Reminder: There are three ways to find a quality eye doctor in your area:

1. Log into myCigna.com, "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select "Find A Doctor, Dentist or Facility", click on Cigna Vision Directory, under Additional Resources.
3. Prefer the phone? Call (888) 806-5094 and talk with a Cigna Vision customer service representative.

Life and Disability Insurance

SomaLogic provides you with basic life and accidental death and dismemberment (AD&D) coverage and pays the full premium. The cost of coverage over \$50,000 is taxable income to the employee.

BASIC LIFE AND AD&D BENEFITS

Employee	2 times Basic Annual Earnings, up to a maximum of \$500,000. Benefits are reduced at age 70 and may reduce again in subsequent years as noted in your Certificate.
----------	---

Eligible employees can purchase additional life and matching AD&D coverage to ensure their loved ones are protected should something happen.

SUPPLEMENTAL LIFE AND AD&D BENEFITS

Employee	You can choose from \$10,000 to \$500,000 – in increments of \$10,000 not to exceed 5x Basic Annual Earnings. No medical questions asked up to the Guaranteed Issue amount of \$250,000.
Spouse	If you elect coverage for yourself, you can choose from \$5,000 to \$500,000 – in increments of \$5,000 not to exceed 100% of employee election. No medical questions asked up to the Guaranteed Issue amount of \$50,000.
Dependent Children	If you elect coverage for yourself, you can choose lesser of 50% of employee amount or \$10,000 in increments of \$1,000. No medical questions asked up to the Guaranteed Issue amount of \$10,000.

SomaLogic provides you with short-term disability (STD) coverage and pays the full premium.

SHORT-TERM DISABILITY (STD) BENEFITS

Weekly Benefit	100% of your total weekly earnings
Elimination Period	7 days
Benefit Duration	Up to 12 weeks

SomaLogic provides you with long-term disability (LTD) coverage and pays the full premium. This plan provides the option to either exclude LTD premium payments from income taxes (PreTax), or to subject all LTD premium payments to income taxes by adding the premium value to your W-2 earnings (PostTax). If a PreTax election is made, any claim benefits received by you from this policy would be subject to regular income taxes. If the PostTax election is selected, you pay income tax on the policy premium, but all future benefits received through a claim would be provided income tax free.

LONG-TERM DISABILITY (LTD) BENEFITS

Monthly Benefit	60% of your total monthly earnings, up to \$15,000
Elimination Period	90 days
Benefit Duration	Up to Social Security Normal Retirement Age
Pre-existing Condition	12 months

Reminder: Please be sure to keep your beneficiary information up to date.

Mental Health

Employee Assistance Program (EAP)

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through EAPBusiness can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

You can receive counseling through the EAP up to 3 sessions per issue, per person, per calendar year. These can be virtual or face-to-face visits.

Contact:

Phone: 1-877-595-5281 (24/7 access)

Website: www.guidanceresources.com

App: GuidanceNow

Web ID: EAPBusiness

Click to play video

Just because
people don't talk
about it, doesn't
mean they're not
dealing with it.



Suicide Prevention

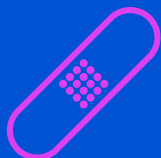
If you or someone you know is in a crisis, please call 911, go to the nearest emergency room, or call or text 988 anytime to be connected to trained counselors with the National Suicide Prevention Lifeline.

Voluntary Benefits

You can enroll in accident, critical illness, and hospital indemnity benefits offered through Sun Life. These voluntary benefits provide financial protection that can enhance your current benefits package and help cover financial gaps through lump sum payments when you or a covered dependent experiences a covered accident, is diagnosed with a covered critical illness, or is admitted to the hospital.

Accident

Accident insurance helps offset unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.



Critical Illness

Critical illness insurance can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump sum, tax-free benefit is paid directly to you. Use it to help cover medical costs, transportation, childcare, lost income, or any other need following a critical illness. There are three coverage options: \$10,000, \$20,000, or \$30,000.



Hospital Indemnity

Hospital indemnity insurance from Sun Life can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.



PAYING FOR DAYCARE? MAKE IT TAX-FREE!



Dependent Care FSA—up to \$5,000 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on day care. This program is administered by WEX.

Here's how the WEX Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only childcare, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside up to \$5,000 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.

EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?



Estimate carefully!

You can't change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.



SAVE ON COMMUTER EXPENSES

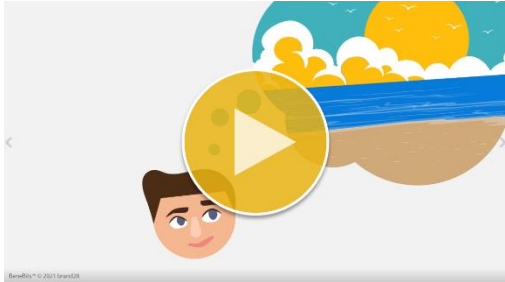
Do you have out-of-pocket commuting expenses for public transportation, van pooling, or for worksite parking? If so, you can save on taxes by enrolling in our transportation savings account and/or our parking savings account, both administered by WEX.

These accounts lets you set aside money—before it's taxed—through payroll deduction. You may enroll in or stop these programs at any time. Money in these accounts can be used in future months or plan years.

Set aside up to \$300 per month for work-related parking expenses and up to \$300 per month for work-related commute expenses. You could put away up to \$600 per month for commuting to work!

SAVE NOW, ENJOY LATER

Click to play video



401(k) Retirement Savings Plan

The SomaLogic 401(k) plan is administered through Empower and employees may join immediately. There is a 100% company match up to 4% of employee contribution with immediate vesting. You may make changes to your contribution rate at any time. As part of the plan, you may select a managed account or self-directed brokerage account. Additional fees will apply. Employees have the option to contribute to a pre-tax account, Roth account, or both simultaneously. Employer matching contributions are made on a pre-tax basis.

What are your plans?

Many of us can't plan past the weekend, never mind thinking about a retirement nest egg. Our 401(k)-retirement plan will help you set a retirement savings goal and stick to it.

The important thing is to start now and set aside what you can, even if you think it's too small an amount.

With the company match and compound interest, that "small amount" can grow over time. You'll be a retirement saver before you know it.

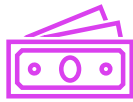


CONTINUING EDUCATION

SomaLogic's Continuing Education Reimbursement Program is available for regular full-time employees pursuing undergraduate or graduate courses, professional certifications, or other continuing education while at SomaLogic.

Employees may receive up to \$5,250 per calendar year and are eligible after 6 months of employment. Details of the policy can be found on the SomaLogic benefits page.

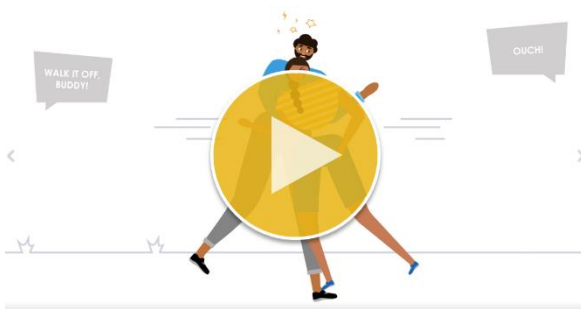
COST COMPARISON



Total Monthly Cost		Medical	Dental	Vision
Employer Paid				
Employee Only	\$672.08	\$41.03	\$4.82	
Employee & Spouse	\$1,411.31	\$81.98	\$9.66	
Employee & Child(ren)	\$1,276.80	\$105.71	\$9.75	
Employee & Family	\$2,016.09	\$160.13	\$15.56	
Total Monthly Cost		Accident	Hospital Indemnity	
Employee Paid				
Employee Only	\$8.77	\$15.73		
Employee & Spouse	\$14.40	\$33.62		
Employee & Child(ren)	\$16.31	\$25.45		
Employee & Family	\$21.94	\$43.34		
		Voluntary Life/AD&D (Employee & Spouse)	Critical Illness	
Age	Per \$1,000 of coverage	Per \$10,000 of coverage		
Under Age 25	\$0.072	\$3.80		
25 - 29	\$0.080	\$4.10		
30 - 34	\$0.090	\$5.00		
35 - 39	\$0.100	\$7.00		
40 - 44	\$0.110	\$10.00		
45 - 49	\$0.154	\$14.00		
50 - 54	\$0.213	\$20.80		
55 - 59	\$0.319	\$27.50		
60 - 64	\$0.476	\$32.90		
65 - 69	\$0.694	\$43.30		
70 - 74	\$1.376	\$57.90		
75+	\$2.090	\$79.30		
Voluntary Child(ren) Life/AD&D		\$0.280		

Benefit	Carrier/ Vendor	Group/Policy Number	Website	Phone Number
Medical & Rx	Cigna	00611642	www.mycigna.com	(866) 494-2111
Spending Accounts (FSA, DCFS & Transit/Parking)	WEX	30743	www.wexinc.com	(800) 492-0669
Dental	Cigna	00611642	www.mycigna.com	(866) 494-2111
Vision	Cigna	00611642	www.mycigna.com	(877) 478-7557
Life and AD&D	Sun Life	955685	www.sunlife.com/us/en	(800) 274-6875
Supplemental Life	Sun Life	955685	www.sunlife.com/us/en	(800) 274-6875
Long-Term Disability	Sun Life	955685	www.sunlife.com/us/en	(800) 274-6875
Short-Term Disability	Sun Life	955685	www.sunlife.com/us/en	(800) 274-6875
Employee Assistance Program (EAP)	GuidanceNow	EAPBusiness	www.guidanceresources.com	(877) 595-5281
Voluntary Benefits (Accident, Critical Illness & Hospital Indemnity)	Sun Life	955685	www.sunlife.com/us/en	(800) 274-6875
Human Resources	SomaLogic		peopleservices@somalogic.com	(303) 625-9000

Click to play video



ER vs Urgent Care

Click to play video



Explanation of Benefits

Annual Notices

Medicare Part D Notice

Important Notice from SomaLogic 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 SomaLogic 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. SomaLogic 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 15th to December 7th.

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 SomaLogic coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Cigna is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your SomaLogic prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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 SomaLogic 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 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 SomaLogic 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 [medicare.gov](https://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 800-MEDICARE (800-633-4227). TTY users should call 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 [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 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: [09/2022]

Name of Entity/Sender: SomaLogic

Contact: Human Resources

Address: 2945 Wilderness Pl, Boulder, CO 80301

Email: peopleservices@somalogic.com

Women's Health and Cancer Rights Act

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. Therefore, the following deductibles and coinsurance apply: \$1,500/\$3,000, 100%. If you would like more information on WHCRA benefits, contact your Human Resources team.

Newborns and Mothers' Health Protection 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). If you would like more information on maternity benefits, contact your Human Resources team.

HIPAA Notice of Special Enrollment Rights

If you decline enrollment in SomaLogic's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in SomaLogic's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in SomaLogic's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Availability of Privacy Practices Notice

We maintain the HIPAA Notice of Privacy Practices for SomaLogic describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contact your Human Resources team.

OMB Control Number 1210-0137 (expires 1/31/2023)

Notice of Certain Deadline Extensions and Summary of Material Modifications

Prepared for SomaLogic Participants

This document provides notice of the potential expiration of the deadline relief that began on March 1, 2020 and an explanation of how that expiration will affect certain deadlines tolled under prior guidance applicable to ERISA plans. Specifically, deadlines cannot be tolled for longer than one-year, **so depending on the date an individual action would have been required, some deadline extensions will be expiring on February 28, 2021. Whether deadlines are tolled, or resume will depend on the specific date you were required to take action or provide notice to the plan.** This is a Summary of Material Modifications (“Summary”) to the extent those extensions applied to ERISA benefits under the SomaLogic Health and Welfare Plan (“the Plan”). You should take the time to read this Summary carefully and keep it with the Summary Plan Description (“SPD”) document that was previously provided to you. If you need another copy of the SPD or if you have any questions regarding these changes to the Plan, please contact Human Resources during normal business hours at 303-625-9000.

End of Relief Period Extending Certain Deadlines in Response to the COVID-19 Crisis will Depend on the Date an Individual Action Would Have been Required with some Deadlines resuming February 28, 2021

On April 28, 2020 Multi-Agency guidance extended certain deadlines that apply to group health plans that fall within the COVID-19 outbreak period beginning **March 1, 2020**. Those deadlines included and were limited to the following:

- The 30-day period to request special enrollment under HIPAA (or 60-day period as applicable to CHIP enrollment requests);
 - employees, spouses, and new dependents are allowed to enroll upon marriage, birth, adoption, or placement for adoption;
 - employees and dependents are allowed to enroll if they had declined coverage due to other health coverage and then lose eligibility or lose all employer contributions towards active coverage;
 - employees and their dependents are allowed to enroll upon loss of coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs;
- The 60-day election period for COBRA continuation coverage;
- The deadline for making COBRA premium payments;
- The 60-day deadline for individuals to notify a plan of a COBRA qualifying event or determination of disability;
- The deadline for individuals to file an ERISA benefit claim under the plan's claims procedure (including a H-FSA run out period deadline that ends during the outbreak period); or
- The deadline for claimants to file an appeal of an adverse benefit determination, a request for an external review, and to file information related to a request for external review for an ERISA plan.

The period that these deadlines can be tolled is limited to one year. On Feb. 28, 2021, one year from March 1, 2020, some of the above timelines will no longer be tolled.

Individual timeframes listed above that are subject to deadline relief will have the applicable deadlines disregarded only until the earlier of: (a) 1 year from the date they were first eligible for relief, or (b) 60 days after the announced end of the National Emergency (the end of the Outbreak Period). On those individualized applicable dates, the timeframes for employees/participants with periods that were previously tolled will resume.

Examples and Explanations:

If a qualified beneficiary would have been required to make a COBRA election by March 1, 2020, the individual can wait until February 28, 2021, which is the earlier of 1 year from March 1, 2020 or the end of the Outbreak Period. Because the individual had 60 days to elect before the start of the Outbreak he or she would need to make an election by February 28, 2021.

If a qualified beneficiary would have been required to make a COBRA election by March 1, 2021, the Notice delays that election requirement until the earlier of 1 year from that date (March 1, 2022) or the end of the Outbreak Period, with the possibility of an additional 60-day extension.

If an individual experienced the birth of a child in February 2021 and the National Emergency was declared over July 1, 2021 (**hypothetically**), the employee would have 60 days from the end of the National Emergency plus 30 days under HIPAA to give notice of the birth to request enrollment from the plan, September 29, 2021.

Again, if you have any questions regarding these changes to the Plan or your specific circumstances, please contact Human Resources during normal business hours at 303-625-9000.

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.

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 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 or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943 State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid
A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, press 2
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562
KANSAS – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840
MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx or http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462
RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347 or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select or https://www.coverva.org/en/hipp
Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/
Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

U.S. Department of Health and Human Services

Employee Benefits Security Administration Centers for Medicare & Medicaid Services

www.dol.gov/agencies/ebsa

www.cms.hhs.gov

1-866-444-EBSA (3272)

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.

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 ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

