

2022 BENEFITS SUMMARY



MEDICAL COVERAGE

Employees have the choice of two medical plans:

- Cigna Open Access Plus (OAP) PPO
- Cigna Choice Fund OAP with a Health Savings Account (HSA)

Under both plans:

- You have access to Cigna's large national network of quality providers and facilities with competitive network discounts. To see if your doctor is in-network, visit <https://hcpdirectory.cigna.com> or call 1-800-CIGNA24.
- You may see any doctor. Referrals are not required to see a specialist. You will save money if you use in-network providers.
- You will receive a medical ID card to use when you obtain coverage. In addition, you always have access to your ID card information using the **myCigna** app.
- Prescription drug coverage is also provided.
- For less cost than a typical in-office doctor's visit, you can see a doctor through Cigna's virtual care service, MDLive®.
- You and your enrolled dependents may be eligible for Omada Health, a free service that offers personal health coaches and digital tools to help achieve your health goals.

The key differences between the plans are the deductibles, copays, out-of-pocket maximums and the amount you will pay each paycheck for plan coverage. In addition, the Cigna Choice Fund OAP includes a health savings account (HSA). The following chart highlights some important differences between the two medical plans.

Medical Plan Summary	Cigna OAP PPO		Cigna Choice Fund OAP with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (only needs to be met once a year)	\$350 individual \$700 family	\$700 individual \$1,400 family	\$1,750 individual \$3,500 family	\$4,100 individual \$8,200 family
Coinsurance Percentage	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Out-of-Pocket Maximum	\$5,500 individual \$11,000 family	\$6,500 individual \$13,000 family	\$3,000 individual \$6,000 family	\$5,250 individual \$10,500 family
Physician Office Visit	CCN!: \$20 Copay Non-CCN!: \$30 Copay	You pay 40% after deductible	CCN!: 0% after deductible Non-CCN!: 20% after deductible	You pay 40% after deductible

Specialist Office Visits	CCN: \$30 Copay Non-CCN: \$40 Copay	You pay 40% after deductible	CCN: You pay 0% after deductible Non-CCN: You pay 20% after deductible	You pay 40% after deductible
Preventive Services	You pay 0%	You pay 40% after deductible	You pay 0%	You pay 40% after deductible
Virtual Care	\$30 Copay	Not covered	You pay 20% after deductible	Not covered
Inpatient Hospital	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Outpatient Hospital	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Emergency Care	\$150 Copay		You pay 20% after deductible	
Urgent Care	\$50 Copay		You pay 20% after deductible	
Prescription benefits ³ - 30-day supply from a retail pharmacy	\$10 (Generic) \$40 (Preferred) ² \$60 (Non-Preferred) ²	You pay 20%	\$10 (Generic) after deductible \$40 (Preferred) ² after deductible \$60 (Non-Preferred) ² after deductible	You pay 20% after deductible
Prescription benefits ³ - 90-day supply from a retail pharmacy or home delivery	\$20 (Generic) \$80 (Preferred) ² \$120 (Non-Preferred) ²	Retail: You pay 20% Home Delivery: Not covered	\$20 (Generic) after deductible \$80 (Preferred) ² after deductible \$120 (Non-Preferred) ² after deductible	Retail: You pay 20% after deductible Home Delivery: Not covered

¹The Cigna Care Network (CCN) consists of Health Care Professionals that are assigned the Cigna Care Designation (CCD), meaning that they meet Cigna's criteria for certain quality and cost-efficiency measures. The Cigna Care Network (CCN) provides a higher level of in-network benefits (coinsurance and/or copayment), so you pay less when you visit a CCN provider. Visit www.myCigna.com to locate a CCN provider in your area.

²When you request a preferred or non-preferred brand drug, you pay the brand copay plus the cost difference between the brand drug and generic drug up to the cost of the brand drug (unless your physician indicates "Dispense as Written").

³Certain prescriptions that are considered to be preventive under federal law are mandated to be covered in full and the noted cost sharing does not apply. For a list of ACA approved preventive care, go to www.healthcare.gov.

Additional Details:

Preauthorization is required for certain services. For a list of services, go to www.myCigna.com.

If you cover dependents on the Choice Fund HSA plan, the full family deductible must be met before the plan will start to pay.

The above is only brief summary of the plans. For a more detailed summary, go to www.myinvalonbenefits.com.

Biweekly Payroll Contributions		
Medical Plan	Cigna OAP PPO	Cigna Choice Fund HSA
Employee	\$76.36	\$39.84
Employee + Spouse	\$242.58	\$166.25
Employee + Child(ren)	\$215.88	\$147.96
Family	\$343.55	\$235.44

DENTAL COVERAGE

Inovalon's dental plan is administered by Delta Dental.

Delta Dental Summary	PPO (Lowest Out-of-Pocket Costs)	Premier (Higher Out-of-Pocket Costs)	Out-of-Network (Highest Out-of-Pocket Costs)
Annual Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Services			
Diagnostic and Preventive Care*	You pay 0%	You pay 0%	You pay 0%
Basic Services	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Major Services	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Orthodontia	You pay 50%	You pay 50%	You pay 50%
Annual Benefit Maximum	\$2,000 per member		
Orthodontist Lifetime Maximum	\$1,500 per member		

*Diagnostic and Preventive Care is exempt from the deductible and the annual benefit maximum; Orthodontia is exempt from the deductible. Benefit percentages apply to Delta Dental's Maximum Plan Allowance or the dentist's actual fee, whichever is less.

Dental Plan	Biweekly Payroll Contributions
Employee	\$7.91
Employee + Spouse	\$15.82
Employee + Child(ren)	\$20.85
Family	\$28.38

VISION COVERAGE

VSP is the provider of Inovalon's vision plan.

VSP Vision Plan Summary	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$10 Copay	\$45 Allowance
Lenses (every 12 months)		
Single Lens	\$25 Copay	\$30 Allowance
Bifocal Lens	\$25 Copay	\$50 Allowance
Trifocal Lens	\$25 Copay	\$65 Allowance
Lenticular	\$25 Copay	\$100 Allowance
Frames (every 12 months)	\$150 Allowance After \$25 Copay	\$70 Allowance
Contact Lens and Exam (every 12 months)	\$60 Copay (Elective) \$150 Allowance (Elective) \$25 Copay (Medically Necessary)	\$105 Allowance (Elective) \$210 Allowance (Medically Necessary)

Vision Plan	Biweekly Payroll Contributions
Employee	\$2.46
Employee + Spouse	\$4.94
Employee + Child(ren)	\$5.24
Family	\$8.29

LIFE INSURANCE

Insurance	Coverage Amounts	Cost for Coverage
Basic Life	1 X Salary up to \$250,000	Employer Paid
Basic Accidental Death & Dismemberment (AD&D)	1 X Salary up to \$250,000	Employer Paid
Employee Voluntary Life and AD&D	1 - 5 X Salary up to \$750,000	Employee Paid
Spouse Life and AD&D	Up to \$250,000	Employee Paid
Child Life and AD&D	Up to \$10,000	Employee Paid

DISABILITY INSURANCE

Benefit	Benefit Amount	Benefit Start Date	Cost for Coverage
Short-Term Disability (STD) ¹	60% of base pay up to a maximum benefit of \$2,800 per week	After a 7-day waiting period	Employer Paid
Basic Long-Term Disability (LTD)	50% of base pay, up to a maximum benefit of \$10,000 per month	After 90 days	Employer Paid
LTD Buy-Up Option	You may purchase an additional 10% benefit; total maximum monthly benefit, to include Basic LTD and LTD Buy-Up Option is \$10,000	After 90 days	Employee Paid

¹Disabilities due to pregnancy will receive 6 weeks of STD at 100% of pay.

FLEXIBLE SPENDING ACCOUNT (FSA)

These accounts allow employees to set aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care or dependent care expenses incurred throughout the year.

2022 Annual IRS Limits		Cost for Coverage
Health Care FSA ¹	\$2,750	Deductibles, prescriptions, vision, dental care and over-the-counter healthcare products
Dependent Care FSA	\$5,000 (or \$2,500 if married filing separate tax returns)	Daycare, after-school programs, summer day camps, limited eldercare programs
Limited Purpose FSA ²	\$2,750	Dental (cleanings, fillings, orthodontia), vision (eye exams, lenses)

¹The Health Care FSA is NOT available if you are enrolled in the Cigna Choice Fund Plan and have established and contribute to a Health Savings Account (HSA).

²The Limited FSA is only available to employees who establish an HSA.

401(K)

Inovalon's 401(k) Plan through Prudential Retirement offers pre-tax and Roth contributions and a great employer match. Inovalon will match 100% of the first 5% of eligible earnings deferred to the Plan each pay period. The Company's matching contributions are immediately 100% vested.

COMMUTER BENEFITS

Transit and parking benefits allow you to pay for your work-related monthly commuting expenses, such as public transit, vanpooling, and parking fees, using pre-tax dollars.

HOLIDAYS

Nine paid holidays to include New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Day and a floating holiday.

PAID TIME OFF

Inovalon provides employees with paid time off to be used for time away from work such as vacation, personal time, sick time and short-term illness or injury.

Employees with less than 4 years of service will receive 17¹ days per year. Employees who have completed 4 years up to 8 years of service will receive 20 days per year. Employees with 9 or more years of service will receive 25 days per year.

¹If you are a full-time new hire who will work 40 hours per week, your PTO will be prorated during your first year based on the number of whole months remaining in the calendar year. For example, you start employment on June 15. You will receive 68 hours of PTO to utilize prior to the end of the calendar year [(136 hours/12 months)*6 whole months remaining in the calendar year].

PARENTAL LEAVE

Eligible new parents with at least 12 months of service are eligible for 15 days of paid leave at 100% of salary following the birth, adoption or placement of a child. Employees with 6-12 months of service are eligible for 10 days of paid parental leave.

WELLNESS RESOURCES

Inovalon provides a variety of physical, nutritional, emotional, financial and social well-being tools and resources - many of them available to you and your family free of charge.

ADDITIONAL BENEFITS AT A GLANCE

Plan Name	Description	Cost for Coverage
Accident Insurance	Pays a benefit for specific injuries and events resulting from a covered accident.	Employee Paid
Adoption Assistance	Reimburses for eligible adoption-related expenses up to a maximum of \$5,000.	Employee Paid
Charitable Giving Program	Employees and their families can help give back to the community by participating in Inovalon charitable giving program events.	N/A
Corporate Discounts	Discounts are available on a variety of products and services, including gym memberships, clothing, entertainment and more.	No cost to you
Critical Illness Insurance	Provides a lump sum payment if you or a covered family member experiences a covered medical condition (such as cancer, heart attack or MS).	Employee Paid
Employee Assistance Program (EAP)	A variety of services, including free counseling for personal issues, work-life resources (such as searches for childcare), financial counseling and more are available.	Employer Paid
Employee Referral Program	Employees are eligible to receive a referral bonus when a referred candidate joins the Inovalon team.	Employer Paid

Health Advocacy and Assistance Program	Provides access to a Personal Health Advocate who can help you with benefit questions and a full range of healthcare and insurance-related issues.	Employer Paid
Hospital Confinement Indemnity Insurance	Provides a cash payment in the event you or a covered member have a covered stay in a hospital, critical care unit or rehab facility.	Employee Paid
Identity Theft Protection Services	Provides up-to-date credit reports, continuous credit monitoring and identity theft restoration services.	Employee Paid
LA Fitness Gym Membership	Inovalon pays the initiation fee. Employees also receive a reduced monthly membership rate.	Employee Paid
Legal Services	Services available include unlimited phone consultations with an attorney, contract and document review, will and living will preparation, mortgage document assistance, divorce and separation, adoption, name changes and more.	Employee Paid
Online Learning Courses	24/7 access to over 5,000 online courses covering a wide range of business, technical, software and creative topics.	Employer Paid
Pet Benefits	Discounts on veterinary care and prescription medication, pet products and pet telehealth services.	Employee Paid
Professional Development	Employees may be reimbursed for specialized short-term learning opportunities that may include conferences, seminars, and workshops separate from formal coursework in a degree program.	Employer Paid
Tuition Reimbursement	Receive reimbursement for tuition expenses (including registration fees and books, excluding other supplies) up to \$5,250 per calendar year based on department budget approval.	Employer Paid