



inovalon®

2023

Benefits Open
Enrollment





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At Inovalon, we believe our employees are the foundation of our success. We offer a wide range of benefits, programs and resources that are competitive, diverse and flexible to meet your and your family's needs.

This Guide provides you with an overview of your 2023 benefit plan options and is designed to help you understand your benefits. Review this material carefully before making your enrollment decisions.

Although this Guide contains an overview of benefits, for complete information about the plans available to you, please refer to the various plan documents (Summary Plan Descriptions (SPDs), Summary of Benefits Coverages, etc.) at www.myinovalonbenefits.com.

If you have questions about your benefits or the enrollment process, you may call the Inovalon Employee Benefits Line at 1-888-896-8031.

THIS GUIDE IS NOT A CONTRACT

This Guide is intended only to highlight or summarize general benefits available to Inovalon eligible employees and does not create a binding agreement. Your specific rights and obligations under the plans are set forth in the plan documents. All statements in this Guide are subject to the terms of the official plan documents. In the case of an ambiguity or conflict between a provision in this Guide and a provision in the plan documents, the terms of the plan documents control. Space in this Guide does not permit listing all limitations and exclusions that apply to plan participants and to each plan. Before using your benefits, call the plan for information. Benefits provided can be changed at any time without the consent of participants.

2023 Open Enrollment

2023 Open Enrollment Dates

November 9, 2022 - November 23, 2022

Open enrollment is your opportunity to elect benefits coverage for 2023. Your Open Enrollment elections will be effective January 1, 2023 through December 31, 2023.

Outside of this open enrollment period, you will not have the chance to add, change or remove benefits unless you experience a qualifying life event.*

What you must do during Open Enrollment

You must take action during Open Enrollment to review your medical plan options and make your choices for 2023. If you do not make an active medical election, you will not have coverage in 2023. This means that your current medical benefit will not roll over into 2023 if you do not make an active election. If you want medical coverage in 2023, you **MUST** elect this benefit during Open Enrollment.

The Health Savings Account (HSA) and the Health Care and Dependent Care Flexible Spending Accounts (FSAs), require enrollment every year. If you currently contribute to an HSA or FSA, those contribution elections cannot be carried over – you must actively re-enroll to continue contributing in 2023.

What you can do only during Open Enrollment

- Enroll, change or cancel your benefits coverage(s)
- Add or remove dependents from your current plans

What you can do any time during the year

- Enroll, change or stop your HSA contributions
- Enroll, change or stop your commuter benefits (pre-tax parking and transit) contributions
- Enroll, change or stop your 401(k) Plan contributions

*If you have a qualified life event, such as marriage, birth, divorce or loss of spouse's employment, you may be able to make changes to your benefits coverage(s) outside of Open Enrollment. Contact the Inovalon Employee Benefits Line at 1-888-896-8031 for additional information.

Your Open Enrollment Checklist

Prepare

- Think about your and your family's health history and healthcare needs.
- Gather your dependent and beneficiary information, including social security numbers and dates of birth, as you'll need this information if you wish to add a dependent to your current coverage or designate them as a beneficiary.

Explore

- Review the information in this Guide to make sure you understand all the employee benefits options available to you. You can also attend one of the virtual health fair events on November 15 & 16. For more information, visit the virtual health fair page on nova.

Enroll

- Make your 2023 benefits elections during the Open Enrollment period (November 9 - November 23, 2022) on the Inovalon benefits website at www.myinovalonbenefits.com or by calling the Inovalon Employee Benefits Center at 1-888-896-8031. See page 24 of this Guide for detailed information on how to enroll.

Review

- After you complete your enrollment, you can download a confirmation of your elections for your records. Please review your confirmation statement to ensure your elections are correct as changes generally cannot be made after the Open Enrollment period unless you experience a qualifying life event.

Have enrollment questions?

Contact Inovalon's Employee Benefits Center at 1-888-896-8031 or send your questions via email to inovalon@assuredpartners.com. Representatives are available M-F, 8:00 a.m. to 5:30 p.m. ET.

Eligibility

Regular full-time or part-time employees who are scheduled to work 30 hours or more per week are eligible for the benefits described in this Open Enrollment Guide.

Dependent Eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- spouse, including a common law spouse;
- domestic partner; and
- your children, including biological children, stepchildren, adopted children, children placed for adoption and children you are legally obligated to support. The limiting age for children is 26, except there is no limiting age for children who are dependent on you as the result of a disability.

Important Note About Medical Coverage for Dependents

Inovalon must report to the IRS the names and social security numbers of everyone covered by our company-sponsored medical plans. Therefore, if you are enrolling dependents in the medical plans, be sure to include their social security numbers.

Domestic Partner Coverage

Domestic partners are not currently recognized as Internal Revenue Service (IRS) dependents. Therefore, the portion of premiums that Inovalon pays on behalf of your domestic partner for health, dental and vision insurance must be taxed. This process is referred to as “imputed income.” Also, any medical, dental and vision plan payroll contributions that you pay that are attributable to your domestic partner’s coverage must be taxed. This means a portion of your payroll contributions will be deducted after taxes are deducted.

Dependent Documentation

Inovalon reserves the right to conduct a verification audit of dependent eligibility and/or request documentation from you to substantiate that your dependent(s) is eligible for coverage. If it is determined that you have enrolled, or failed to remove someone who does not meet the definition of an eligible dependent, coverage for the ineligible dependent may be terminated prospectively from the date of determination of ineligibility and you would be responsible for any healthcare expenses incurred by the ineligible dependent.



Medical Insurance

New this year: Quantum Health and Allegiance

As of January 2023, Quantum Health is our one-stop-shop for your medical and prescription drug benefit. The Quantum Health Care Coordinators are a team of nurses, benefits experts, and claim specialists who will be your single point of contact for your unique health care needs. Inovalon has a dedicated team at Quantum Health who are well-versed in your benefits and can provide personalized support with anything from answering claims or billing questions to verifying coverage, locating network providers, ordering ID cards and more. Quantum Health Care Coordinators are just a tap, click or call away.

In partnership with Quantum Health, medical coverage for 2023 will be through Allegiance utilizing the Cigna Open Access Plus (OAP) network. Two distinct medical plan options will continue to be offered with no changes to plan deductibles, copays, out-of-pocket maximums or payroll contributions.

Quantum Health Care Coordinators will be available starting December 1st to help transition to our 2023 medical and prescription drug plans. Call Quantum Health at 1-866-885-1125 for all your health care needs.

How Quantum Health and Allegiance Work Together To Support You

When asked, "Who is your health insurance carrier?" simply reply your coverage is through Allegiance, with the **Cigna Open Access Plus network**. Quantum Health is also available every step of the way to help you navigate the health care system. Together, they work behind the scenes to ensure your best overall member experience. Here is how they partner for you:



- Provides support for all your medical and prescription drug benefit related questions or issues
- Assists you in finding the highest quality in-network providers by procedure and location
- Pre-certifies care when required



- Processes your health care claims
- Manages your provider network, **Cigna Open Access Plus**



Call Quantum Health for all Your Health Care Needs

Quantum Health Care Coordinators are your personal team of specialists and clinicians who support your unique health care needs. Each time you contact your Quantum Health Care Coordinator, you talk to a real person who knows you and your health history.

Your Quantum Health Care Coordinator can help you with

- Receiving ID cards
- Answering claims, billing and benefit questions
- Finding in-network providers
- Managing a health condition
- Saving money on out-of-pocket costs
- Understanding how to get the most out of your benefits
- Pre-certifying care when required
- Learning simple steps to improving your health
- Helping with medical needs – anything that can make the healthcare process easier for you

You have one phone number to call for your health care needs, call Quantum Health at 1-866-885-1125.



Get the MyQHealth app

Starting January 1, 2023, follow these simple steps to obtain your medical and prescription drug member ID card:

1. Open the Apple App Store or Google Play
2. Search for “MyQHealth — Care Coordinators”
3. Select the app and tap “Install” to begin downloading
4. Open the app and register your account

Comparing Your Medical Plan Options

Need a refresher in common health care terms? We've got you covered with a glossary of insurance terminology on page 25.

Medical Plan Summary	OAP PPO		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 ¹ : \$20 Copay Non-CCN ¹ : \$30 Copay	You pay 40% after deductible	CCN ¹ : You pay 0% after deductible Non-CCN ¹ : You pay 20% after deductible	You pay 40% after deductible
Specialist Office Visits	CCN ¹ : \$30 Copay Non-CCN ¹ : \$40 Copay	You pay 40% after deductible	CCN ¹ : You pay 0% after deductible Non-CCN ¹ : You pay 20% after deductible	You pay 40% after deductible
Preventive Services (i.e. immunizations, wellness screenings, etc.)	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

¹ The 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.myinovaloncarecoordinator.com.

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

³ Certain 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:

Precertification is required for certain services. For a list of services, refer to the back of your ID card.

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

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

Medical and prescription biweekly employee payroll contributions

	OAP PPO	Choice Fund OAP with HSA
Employee	\$76.36	\$39.84
Employee + spouse	\$242.58	\$166.25
Employee + child(ren)	\$215.88	\$147.96
Family	\$343.55	\$235.44

Pre-certifying Care

Quantum Health handles all precertification of services for our medical plans. Precertification means that a health care service must be reviewed and approved in advance to be covered by the medical plan. The precertification process helps to ensure you receive high-quality, safe and effective care in the appropriate setting.

If you or a covered family member needs to have any of the following services, your health care provider should call Quantum Health at the number on your insurance card to confirm eligibility, determine coverage and initiate precertification. Your Quantum Health Care Coordinators will work directly with the provider to obtain the necessary documentation.

Medical services requiring precertification

- MRI/MRA/PET scans
- Outpatient surgeries
- Oncology services (chemotherapy and radiation)
- Genetic testing
- Dialysis
- Transplants
- Home health care
- Hospice care
- Durable medical equipment (all rentals and purchases over \$1,500)
- Partial hospitalization and intensive outpatient care for behavioral health and substance use
- Hospitalizations to included acute care, skilled nursing, skilled rehabilitation and behavioral health/substance disorder

The precertification process helps ensure care is medically necessary and appropriate. **If you fail to pre-certify services when required, benefits may be denied.**

Medical Plan ID Cards

Whether you are enrolling in the medical plan coverage for the first time or changing your plan election for 2023, you will receive new ID cards.

- **When will new ID cards be mailed?** You will receive new ID card(s) prior to January 1, 2023.
- **How many cards will be mailed?** You will receive two ID cards to the primary account holder. If you wish to order additional cards, you can do so at no additional cost by calling Quantum Health at 1-866-885-1125.
- **Do I need a separate ID card for prescription drug benefits?** No, your medical plan ID card can be used for both prescription drugs and medical plan provider services.
- **Will I receive a new HSA debit card if I am currently enrolled in the HSA medical plan?** Yes. Since we are changing HSA vendors for 2023, you will be receiving a new card from Allegiance. If you currently have an HSA balance with HSA Bank, it will automatically be transferred to Allegiance in March 2023. Detailed information about the transfer will be emailed later this year. You can view FAQs regarding the transfer on www.myinovalonbenefits.com.

As a reminder, a temporary ID card is available if you ever need one. If you need an ID card before your new one arrives in the mail, starting January 1, 2023, you may download or print your ID card by logging onto www.myinovaloncarecoordinator.com. You may also print or view ID card information right from your mobile device when you download the MyQHealth - Care Coordinators app. Then, you can show it to your doctor or pharmacist.

CareFinder™

Find high-quality, cost-effective, in-network care – all with a single search tool

New to town and need a doctor? Out of town and need a doctor? Looking for the best place to have joint surgery? For all your healthcare research and decisions, now there's only one place you need to go – and it's as close as your computer or mobile device.

Found on your Quantum Health member portal, Care Finder™ helps you find and compare healthcare providers and facilities so you can make informed choices about the care you'll receive. Checking cost and quality rankings in advance can save you hundreds or even thousands of dollars and ensure you receive the best possible care.

Prescription Drug Coverage

Inovalon offers a prescription drug plan through Cigna. Each medical plan automatically comes with prescription drug coverage. You will use your medical plan's ID card to fill prescriptions at one of Cigna's participating pharmacies. You can fill a 30-day supply at any retail pharmacy in the network, including CVS, Walmart, Publix and several others. Or, you may fill a 90-day supply at a select in-network retail pharmacy including CVS, Walmart, etc. For a full list of participating chain retail pharmacies, go to www.cigna.com, or go to cigna.com/rx90network.

How Quantum can help you make the most of your pharmacy benefit

PRESCRIPTION SAVINGS: Get your meds at the lowest cost available. Your dedicated Quantum Health Care Coordinators are familiar with your health plan's drug formulary (a tiered list of generic and brand name prescription drugs that are covered by your plan). Medications in the lower tiers will cost you less. Below are a few other ways Quantum Health Care Coordinators can help you save:

- Comparing prices from different pharmacies
- Investigating same-class alternatives in generic versions
- Finding available savings programs through specific pharmacies and drug manufacturers
- Using discount card programs, coupons and coinsurance assistance programs
- Researching home delivery options
- Engaging the Quantum Health in-house pharmacy team

PRESCRIPTION EDUCATION: Learn more about your condition, medications and specialty drug programs available to you. Condition-specific support programs can improve treatment participation, help you build a sense of community with fellow patients and caregivers and provide a source of the latest information about treatment.

PRESCRIPTION DRUG FORMULARY CHANGE:

Cigna is making a minor change to the drug formulary, which is the list of drugs covered by our plan. If your prescription is impacted, you'll receive a letter in the mail from Cigna explaining the change and your options. In the meantime, you can view the [Cigna 2023 drug list](#). You can also reach out to Cigna customer service for assistance at 1-800-325-1404.

PRESCRIPTION MANAGEMENT SUPPORT: For those with chronic conditions, autoimmune diseases or complex illnesses, your Quantum Health Care Coordinator can help you manage your drug therapy.

- If you are prescribed infusion therapy, Quantum Health Care Coordinators help you find less-costly sites of service
- If you are prescribed a medication that is only available through a specialty pharmacy, Quantum Health Care Coordinators can help you find an in-network specialty pharmacy and help with prior authorizations
- If there are barriers to taking your medications as prescribed, the Quantum Health Care Coordinators will suggest ways to promote adherence
- The Quantum Health Care Coordinators will provide support, continuous education and ongoing monitoring
- The Quantum Health in-house pharmacy team can perform a thorough review of all the medications you take, to ensure safety

PRESCRIPTION REVIEW: The Quantum Health Care Coordinators will engage their in-house pharmacy team to support those with numerous prescriptions, costly prescriptions or adherence issues. Their pharmacy professionals will review your records to identify any patterns and potential problems with drug therapy, which can alert them to the need for therapeutic intervention. Then, they'll call the prescribing physician to discuss potential dosage adjustments or replacement, if necessary.

Quantum Health Pharmacy Review includes:

- | | |
|---|---|
| ■ Medication appropriateness | ■ Generic substitution |
| ■ Drug-disease interactions and serious treatment risks | ■ Incorrect dosage |
| ■ Drug-drug interactions | ■ Inappropriate frequency or duration of drug treatment |
| ■ Therapeutic duplication | ■ Potential and actual adverse effects |
| ■ Clinical abuse & misuse | ■ Pregnancy alerts |
| ■ Drug-allergy interactions | |



Omada

Omada, a service available to medical plan members (employees and their covered dependents), provides you with a personal health coach and digital tools to help you achieve your health goals – all at no cost to you.

Participants in the Omada program will receive:

- A professional Omada health coach to keep you on track
- An interactive program to guide your journey
- A free wireless smart scale to monitor your progress
- Weekly online lessons to empower you
- A small online group of participants to keep you engaged

There are no fees or costs to participate in the program. However, in order to participate, you have to meet certain qualifications. Generally, those qualifications include being at risk for obesity-related illnesses such as diabetes or heart disease. To see if you're eligible, take a 1-minute confidential health questionnaire (copy and paste this URL into your browser – go.omadahealth.com/allegiance).

Wellness Resources

Your overall well-being is important. Inovalon provides a variety of well-being related programs and resources - many of them available to your family too – at no cost. Examples of activities includes virtual yoga and meditation sessions, fitness challenges, charitable giving activities, healthy recipes and more. The Wellness page on www.myinovalonbenefits.com and on nova is your source for these wellness resources. Check the site often as the offerings change frequently.

The Omada® program is administered by Omada Health, Inc., an independent third-party service provider. All Allegiance products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company or its affiliates. The Omada® program is not administered by Cigna. It is administered solely by Omada Health, Inc. which is responsible for the program.



Virtual Care

Virtual care* provides immediate, on-demand 24/7/365 access to affordable, quality non-urgent care for minor conditions, preventive wellness screenings and behavioral health services through MD Live.

What conditions can virtual care doctors treat?

- **GENERAL HEALTH:** allergies, asthma, bronchitis, cellulitis, cold and flu, constipation, diarrhea, ear infection, fever, gout, headache, infections, insect bites, joint aches and pains, poison ivy, rashes, respiratory infections, sinus infection, skin inflammation, sore throat, sports injuries and urinary tract infection.
- **PEDIATRIC CARE:** cold and flu, constipation, ear infection, fever, nausea, pink eye and vomiting.
- **VIRTUAL WELLNESS SCREENING:** blood work and biometrics. Simply make your appointment online and go for a quick visit to a lab. The rest is completed online and via video or phone, wherever it's most convenient for you. You'll receive a summary of your screening results for your records.
- **BEHAVIORAL & MENTAL HEALTH:** counseling sessions for grief/loss, life changes, panic disorders, parenting issues, postpartum depression, stress and relationship issues. This is separate from your Employee Assistance Program benefit and subject to your medical deductible and coinsurance percentage. This feature gives you access to speak to licensed counselor or psychiatrist 24 hours a day 7 days a week for mental health needs.

Are claims for visits with virtual care doctors covered at my in-network rate?

- Yes. The claims for visits with virtual care doctors will be processed by Allegiance, and you will receive an explanation of benefits (EOB), just as you do when other medical claims are processed. If you are a member of the OAP PPO plan, you will be responsible for the in-network non-CCN copay. If you are a member of the Choice Fund HSA plan, you will be responsible for the full cost of any service (charged at the in-network rate) until the deductible is met, then you pay 20% coinsurance.

How do I access virtual care?

You can access care via online, video or phone. Your first step is to register online so you are ready to use the service when it is needed. Connect MDLIVE through www.mdlive.com/allegiance.

*You must be enrolled in one of Inovalon's plans to participate in virtual care. Copay fees will apply at the time of service.

Health Savings Account (HSA)

What is an HSA?

Combined with the Choice Fund OAP medical plan, you can elect to open an Health Savings Account (HSA) offered through Allegiance. This account allows you to set aside money on a pre-tax basis to pay for your current qualified healthcare expenses or save for your future health needs.

If you enroll in the Choice Fund OAP with HSA medical plan, you will receive an HSA debit card from Allegiance. You can use the card to pay for eligible health care expenses, including prescription drugs. The money is taken directly from your HSA, so you should only use the card for eligible expenses. To obtain additional cards, contact the Quantum Health care coordinators.

Some of the advantages of an HSA are:

- Your HSA contributions go into your account before taxes. This lowers your taxable income. As a result, you pay less in taxes.
- The money you take out to pay for eligible healthcare expenses continues to be tax free.
- You can use the money in your HSA to pay for your out-of-pocket healthcare expenses, such as deductibles, copays, etc. or save the funds for future use. The money is yours forever.
- Any unused HSA funds roll over to the next year.
- The IRS does limit the amount that you may contribute to an HSA each year. For 2023, the limit is \$3,850 if you have employee only medical plan coverage or is \$7,750 if you have medical plan coverage of employee + dependent(s). These limits include any amount Inovalon contributes to your HSA. Employees age 55 or older during 2023 can make an additional catch-up contribution up to \$1,000.

There are some circumstances that may impact your eligibility for an HSA:

- You cannot have both an HSA and a regular Health Care Flexible Spending Account (FSA). You can have an HSA and Health Care FSA if your FSA covers eligible dental and vision expenses only (called a Limited Purpose FSA).
- If you have an HSA, your spouse cannot be enrolled in a Health Care FSA or HRA with his or her employer.
- You cannot be enrolled in Medicare or Medicaid.
- If you have other medical coverage through Tricare/ Tricare for Life or have received VA benefits within the past 3 months and do not have a disability rating, you cannot have an HSA.
- If you have coverage under your spouse's medical plan, you cannot have an HSA.
- You cannot be claimed as a dependent on someone else's tax return.

Employer contribution to your HSA

If you enroll in the Choice Fund OAP with HSA, Inovalon will contribute the amount outlined below to your HSA. The amount is based on your annual salary* and level of HSA medical plan coverage. The full amount of the annual employer contribution will be deposited in January 2023 for employees who enroll in the HSA medical plan during Open Enrollment.

Annual Salary*	Annual Employer Contribution
Less than \$120k	<ul style="list-style-type: none"> ■ \$500 Employee Only Coverage ■ \$1,000 Employee + Dependent(s) Coverage
\$120k+	<ul style="list-style-type: none"> ■ \$250 Employee Only Coverage ■ \$500 Employee + Dependent(s) Coverage

*Annual base salary as of October 1, 2022

Stay up to speed

With the Allegiance Advantage Mobile App, you can get to the health care account information you need—fast.

- Enjoy real-time access including an intuitive app design and navigation
- Log in to your account with ease using your fingerprint
- Quickly check available balances and account details
- View charts summarizing account information
- View in-app messages and text alerts that provide instant notifications about your account
- Link to an external web page to obtain helpful information such as a list of eligible expenses
- Retrieve a lost username or password
- Use your device of choice – including Apple® and Android™-powered smartphones

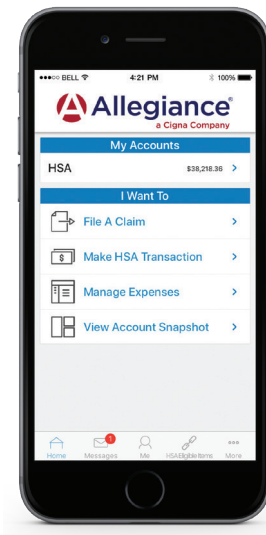
Tap to take Action

Allegiance's easy-to-use app helps you quickly find what you need to make a payment, capture a receipt or take any number of actions.

- Make an HSA distribution or contribution and view HSA investment details
- Use the Eligible Expense Scanner to scan items to determine if they're qualified medical expenses before you get to the checkout lane
- Access your account funds to pay yourself or someone else such as doctor
- Add and store information on new payees Enter and view expense information and receipts
- Enter and view expense information and receipts

Allegiance HSA Resources

Want a simple, easy way to check your health care account balances and submit receipts from anywhere? The Allegiance Advantage Mobile App lets you securely access your health benefit accounts with a touch of a finger. Designed so you can quickly find what you need most, the Allegiance Mobile App provides easy, on-the-go access to all your health accounts.



Check Balances

Wondering whether you can pay for an elective procedure or a mounting bill? Do a quick account check to see your current balance. No need to wait for an answer – it's right at your fingertips.

Make Payments

Record a health expense and capture the receipt the moment the transaction happens. Easily add payees and pay bills from any account. And, if you pay out-of-pocket, file a claim with a receipt or request a distribution from your HSA -- right from your phone.

Scan for Eligible Expenses

How can you easily determine which products can be paid for using your account funds? With the Allegiance Advantage Mobile App, you can simply scan a product bar code to help determine eligibility as a qualified medical expense. That's peace of mind with a touch of a button.

Manage HSA Investments

Keep track of your HSA investment performance wherever you are. In addition to balance and activity details, a graphical snapshot shows the rate of return and performance over time. Analyze your asset mix and allocations with easy-to-read graphs to make informed decisions about your healthcare.

Start managing your account in seconds – download the Allegiance Advantage mobile app from the Apple App Store or Google Play today!

Dental Insurance

Inovalon offers dental insurance through the Delta Dental PPO Plan. The Delta Dental program provides eligible employees access to a national network of dental providers consisting of general and specialty dentists who meet well established credentialing standards. Providers within both the Delta Dental PPO and Premier networks are both considered “in-network”; however, if you use providers in the PPO network, you will have the lowest out-of-pocket costs. You also have the option of going out-of-network and utilizing any licensed provider, but this will result in higher out-of-pocket costs.

You will not receive a new ID card if you were enrolled in this coverage during 2022 and elect coverage for 2023. You may continue to use your current ID card.

If you enroll in coverage in 2023 and were not enrolled in dental coverage in 2022, you will receive Delta Dental ID cards to be used when you visit the dentist. You will receive two ID cards. Additional cards can be printed from Delta Dental's website. Go to www.deltadentalins.com, log in and go to Online Services > Click on Print ID Card > Print. You can also pull up an ID card on your smart phone. Go to the website, log in to your Online Services account > Select My ID Card from the main menu.

To view a list of providers, covered services, the status of a claim, your deductible balance or oral health and wellness information, go to www.deltadentalins.com.

	PPO Network (Lowest Out-of-Pocket Costs)	Premier Network (Higher Out-of-Pocket Costs)	Out-of-Network (Highest Out-of-Pocket Costs)
Annual Deductible			
Individual Only	\$50	\$50	\$100
Family	\$150	\$150	\$300
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	\$2,000 per member	\$2,000 per member
Orthodontics Lifetime Maximum (Per Eligible Individual)	\$2,000 per member	\$2,000 per member	\$2,000 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 biweekly employee payroll contributions

	Biweekly contribution
Employee	\$7.91
Employee + spouse	\$15.82
Employee + child(ren)	\$20.85
Employee + Family	\$28.38

Vision Insurance

Inovalon offers a vision plan through Vision Service Provider (VSP). The VSP Choice Plan offers great benefits and quality eye care provided by VSP doctors. The plan also offers affordable eyewear through national chain participating providers such as Costco. Please visit www.vsp.com for a complete listing of participating providers.

If you enroll in coverage, you will not receive an ID card. When you visit a provider, the provider will be able to review your coverage and benefits if you provide them with your social security number.

	In-network	Out-of-network
Eye Exam (every 12 months)	\$10 copay	\$45 allowance*
Lenses (every 12 months)		
Single vision	\$25 copay	\$30 allowance*
Bifocal	\$25 copay	\$50 allowance*
Trifocal	\$25 copay	\$65 allowance*
Lenticular	\$25 copay	\$100 allowance*
Frames (every 12 months)	\$150 Allowance After \$25 Copay	\$70 Allowance*
Contact Lenses and Exam (every 12 months)	\$60 Copay (Elective) \$150 Allowance (Elective) \$25 Copay (Medically Necessary)	\$105 Allowance (Elective)* \$210 Allowance (Medically Necessary)*

*Out-of-network reimbursements are less any applicable plan copayment. the out of network copays are the same as in network copays.

Vision biweekly employee payroll contributions

	Biweekly contribution
Employee	\$2.46
Employee + spouse	\$4.94
Employee + child(ren)	\$5.24
Employee + Family	\$8.29

Get to know your vision benefits. Create your account on VSP.com to:

- View your coverage details and discover money saving offers
- Find an in-network doctor
- Get access to more than \$3,000 in savings with VSP exclusive member extras
- Shop for contacts, glasses and sunglasses using your vision benefits on Eyeconic® –the VSP preferred online retailer.

Flexible Spending Accounts (FSA)

A Flexible Spending Account (FSA) Plan allows you to set aside pre-tax dollars to pay for eligible expenses that you would have otherwise paid for with post-tax dollars.

There are three types of FSAs:

	2023 IRS Limits	Qualified Expenses
Health Care FSA ¹	\$3,050	Deductibles, prescriptions, vision, dental care and over-the-counter healthcare products
Dependent Care FSA ²	\$5,000 ³	Daycare, after-school programs, summer day camps, limited eldercare programs
Limited FSA ⁴	\$3,050	Dental (cleanings, fillings, orthodontia), vision (eye exams, lenses)

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

²In accordance with IRS regulations, the Dependent Care FSA Plan must be reviewed each year to ensure the Plan does not disproportionately benefit **highly-compensated employees**. If the Plan is found to be discriminatory, highly-compensated participants may have their annual dependent care FSA election amount reduced and will be notified mid-year accordingly.

³Annual limit is \$2,500 if you are married but file taxes separately

⁴The Limited FSA is only available to employees who establish an HSA

Under all three plans:

- The annual amount you elect to contribute is equally deducted from your paychecks and may not be changed or stopped unless you experience a qualified life event.
- Your qualified expenses must be incurred during the calendar year. You have until March 31 of the following year to submit these expenses for reimbursement; otherwise, you will forfeit the money in your account that is not spent.
- AssuredPartners is the FSA Administrator for the FSA Plans.

Rollover option for the Health Care FSA

If you participate in the Health Care FSA (or Limited Health Care FSA for HSA participants), you have the option to rollover up to \$570 of unused Health Care FSA funds at the end of 2022. You must have a balance of at least \$50 to be able to rollover unused funds. The rollover amount of \$570 does not impact the maximum election limit of \$3,050 for the 2023 plan year (i.e. with the maximum election limit of \$3,050 and a rollover amount of \$570, a participant will have access to \$3,620 for the 2023 year). The rollover of unused funds will occur after the claims submission deadline has passed for the previous plan year (March 31, 2023) and all claims are processed.

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. Unlike a health care or dependent care FSA, you can enroll, change or stop your parking or transit contributions at any time.

The IRS sets the monthly maximum that may be deducted before taxes (pre-tax). For 2023, the IRS monthly maximum for both transit and parking is \$300 respectively.



Life Insurance

Inovalon provides Basic Life and Accidental Death & Dismemberment (AD&D) insurance through Prudential to eligible employees at no cost.

Benefit	Benefit Amount	Your Cost Each Pay Date
Basic Life	1x base salary ^{1,2} Maximum benefit of \$250,000	No cost to you 100% employer-paid
Basic Accidental Death and Dismemberment (AD&D)	An additional 1x base salary ^{1,2} if death is due to an accident Maximum benefit of \$250,000	No cost to you 100% employer-paid

¹ For sales employees, benefit amount generally includes base salary, sales bonuses and commissions

² Base salary as of October 1, 2022

Important things to know

You will need to designate at least one beneficiary for your life insurance. Your beneficiary is the spouse, parent, guardian of your child(ren), trust, etc., that will receive the money from the insurance company in the event of your death. You may designate your life insurance beneficiary on the Open Enrollment website.

Company-paid life insurance in excess of \$50,000 is considered a taxable benefit per Section 79 of the Internal Revenue Code. Any premium that is paid by the Company on the benefit amount above \$50,000 is imputed income and will be reflected on your paystub.

Voluntary Life Insurance

You can purchase Voluntary Term Life Insurance for you and your dependents through Prudential.

Benefit	Description	Amount You May Purchase	Your Cost Each Pay Date
Voluntary Employee Life	Life insurance for the employee that is in addition to the Company-provided Basic Life insurance	1x – 5x annual base salary, up to \$750,000 You will have to submit and pass evidence of insurability if: <ul style="list-style-type: none"> The total coverage amount exceeds (1) 4x your annual base salary or (2) \$300,000 You are electing this benefit for the first time You are increasing coverage by more than one level 	Rate is based on the amount you elect and your age
Spouse Life	Life insurance for an employee's spouse or domestic partner	\$5,000 to \$250,000. Amount may not exceed 100% of your own Voluntary Employee Life insurance. Your spouse will have to submit and pass evidence of insurability if: <ul style="list-style-type: none"> They are electing this benefit for the first time They are increasing their current coverage level by any amount 	Rate is based on the amount you elect and your age — not your spouse's age
Child Life	Life insurance for the child(ren) of the employee, the employee's spouse or domestic partner	\$2,500 to \$10,000 of coverage for children that are unmarried, depend on you for at least 50% of their support and are under age 26. Amount may not exceed 100% of your own Voluntary Employee Life insurance. Evidence of insurability is not required.	Rate is based on the amount you elect
Voluntary Employee AD&D	Provides extra protection in the event the employee dies or suffers certain injuries as the result of an accident	1x - 5x annual base salary, up to \$750,000 Evidence of insurability is not required.	
Voluntary Spouse AD&D	Provides extra protection in the event your spouse dies or suffers certain injuries as the result of an accident	\$5,000 to \$250,000 Amount may not exceed 100% of your own Voluntary Employee AD&D insurance. Evidence of insurability is not required.	
Voluntary Child AD&D	Provides extra protection in the event your child(ren) dies or suffers certain injuries as the result of an accident	\$2,500 to \$10,000 of coverage for children that are unmarried, depend on you for at least 50% of their support and are under age 26. Amount may not exceed 100% of your own Voluntary Employee AD&D insurance. Evidence of insurability is not required.	

Disability Insurance

Inovalon provides the following disability plans through Prudential.

Benefit	Description	Benefit Start Date	Your Cost Each Pay Date
Short-Term Disability (STD) ¹	60% of your base salary ^{2,3} , up to a maximum benefit of \$2,800 per week	After a 7-day waiting period	No cost to you 100% employer-paid
Basic Long-Term Disability (LTD)	50% of your base salary ^{2,3} , up to a maximum benefit of \$10,000 per month	After 90 days	No cost to you 100% 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	Rate is based on your salary

¹ For disability due to pregnancy, employees that give birth will receive 6 weeks of leave at 100% of pay

² For sales employees, benefit amount generally includes base salary, sales bonuses and commissions

³ Base salary as of October 1, 2022



401(k) Retirement Savings Plan

One of the best ways to save for your retirement is through a 401(k) Plan. Even saving a small amount can help you down the road. Here are some reasons to enroll:

- You have the choice of pre-tax and Roth contributions.
- Inovalon provides a great employer match!
 - Inovalon will match 100% of the first 5% of your eligible compensation that you contribute to the plan each pay date. For example, if you earn \$3,000 per pay date and contribute 5% (\$150), Inovalon will provide you with an employer matching contribution of \$150 for a total annual employer contribution of \$3,900 (\$150 x 26 pay dates).
 - The employer match is yours as soon as it hits your account. All employees are immediately 100% vested in employer matching contributions.
- Per IRS regulations, while you are an employee, withdrawals from the plan are restricted. However, you may be eligible to take a loan against your account.
- You may enroll, change or stop your contributions at any time.
- Empower (formerly Prudential Retirement) is the plan provider.

*Employees residing or performing services in Puerto Rico are not eligible for the 401(k) Plan.

How to Enroll or Make Changes

- Log into Empower's website at www.prudential.com/online/retirement
- Contact an Empower representative at 1-877-778-2100

Legal Plan and ID Theft Protection

Need legal advice? Worried about identity theft? LegalShield and IDShield have you covered.

LegalShield Plan benefits include:

- Legal Consultation and Advice
- Court Representation
- Legal Document Preparation and Review
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- Will Preparation
- 24/7 Emergency Legal Access
- Mobile App

Identity Theft Protection is provided by IDShield. IDShield Plan benefits include:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity and Credit Monitoring
- Social Media Monitoring
- Child Monitoring (family plan only)
- Full-Service Identity Restoration
- Identity and Credit Threat Alerts
- 24/7 Emergency Access
- Mobile App

You have the option to enroll in only the legal plan or just the ID theft protection plan or combine both.

Plan Options	Biweekly Employee Payroll Contributions
Legal Plan	\$7.27
Individual IDShield	\$3.21
Family IDShield	\$5.98
Individual Legal Plan w/Individual IDShield	\$10.02
Family Legal Plan w/Family IDShield	\$12.37

For more information visit benefits.legalshield.com/inovaloninc.

Pet benefits

Pets are family too! When you enroll in Total Pet Plan coverage through Pet Benefits Solutions, the following suite of benefits will be available for your furry friend:

PetPlus: Discounts on Products and Rx

- Receive member-only pricing (up to 40% off) on prescription medications, preventatives, food, toys, treats and more
- Shipping is always free and same-day pickup available for human-grade medications
- Covers all dogs and cats in any condition including pre-existing conditions

PetAssure: Discounts on Veterinary Care

(Visit www.petbenefits.com/search to locate a network vet)

- Save 25% instantly on all in-house medical services at any network vet
- Covers accident, illness and wellness visits. Routine vaccines, dental cleaning, surgery, cancer treatment, tumor removal and more
- Covers all type of pets, including dogs, cats, ferrets, guinea pig, horses, etc. including pets with pre-existing conditions

AskVet: 24/7 Pet Telehealth

- Receive 24/7 support on health, wellness, behavior and more
- Unlimited access to US licensed veterinarians, at no additional cost
- Reduce unnecessary vet visits and improve pets' health
- Covers all dogs and cats

The PetTag: Lost Pet Recovery Service

- Receive durable ID Tag with QR code to place on collar of pet
- QR code provides access to pet's emergency contact information reuniting lost pets with family even faster than a microchipped pet
- Receive 24/7 support to help connect lost pet with owner
- Covers all pets wearing a collar

For more information, visit www.petbenefits.com.

Plan Options	Biweekly Employee Payroll Contributions
One Pet	\$5.42
Family plan (2+ pets)	\$8.54

Employee Assistance Program (EAP)

Provided by BHS, your Employee Assistance Program (EAP) provides you and your household members with **free, confidential, in-the-moment support** to help with personal or professional problems that may interfere with work or family responsibilities. Participants can receive up to 5 confidential counseling sessions with licensed experts, per issue, per year.

When you call the EAP, a Care Coordinator (master's level clinician) will confidentially assess the problem, assist with any emergencies and connect you to the appropriate resources. The Care Coordinator may resolve your need within the initial call and assess your need as a short-term issue, which can be resolved by an EAP counselor within the available sessions; assess your need as requiring long-term care and assist with connecting you to a community resource or treatment provider available through your health insurance plan.

Work-Life Services

CHILDCARE: BHS provides up-to-date, carefully screened, national resources and referrals for a range of childcare needs, including: adoption and special needs; before and after school programs; emergency and back-up care; summer camps; and more.

ELDERCARE: BHS provides up-to-date, national resources and referrals for a range of eldercare needs, including: home-based services, such as nutrition and cleaning; retirement communities and subsidized housing; medical and nursing rehabilitation services; inpatient services, such as nursing homes and assisted living facilities; transportation services; and more.

LEGAL: When faced with a legal matter, simply contact BHS and you will be connected to an attorney with expertise specific to your needs. Legal benefits under the program include: free 30-minute consultations; in office or telephonic with local plan providers; and 25 percent off the attorney's hourly rate when an hourly rate is quoted for services beyond consultation.

CONVENIENCE CARE RESOURCES AND

REFERRALS: Your personal concierge is just a phone call away! BHS can help you find information, resources and referrals for a range of needs such as concert, sport and theater tickets; contractors, handymen, plumbers and landscapers; party planning; personal shoppers; pet care; spa and salon services; adult education; airfare, hotel and car rental; and more!

FINANCIAL: You and your household members can access unlimited telephonic financial counseling, information and education from BHS' team of highly-trained financial counselors. Typical financial matters include: budgeting, college funding, credit counseling, debt management and consolidation, and retirement funding.

MyBHS Portal

The MyBHS portal provides access to more than 500,000 tools and resources on a variety of well-being and skill-building topics.

- Announcements
- Program Information
- News & Tips
- Access to Live Chat
- BHS Focus Newsletter
- Access to the Resource Library
- Articles
- Training Center
- Assessments and Calculators
- Legal Forms and more.

Access the MyBHS Portal online at portal.BHSONline.com (username: Inovalon) or download the BHSApp from the Apple App Store or Google Play.

Contact the BHS EAP

Services are available 24-hours a day, 7-days a week.

Phone: 800-327-2251

Web: portal.BHSONline.com

Username: Inovalon

Additional Benefits at a Glance

Plan Name	Insurer/Provider	Description	When you can enroll	Who may be covered	Cost
Accident Insurance	Voya Financial	Pays a benefit for specific injuries and events resulting from a covered accident	Only during Open Enrollment	Employee and eligible dependents	Varies by coverage level
Corporate Discounts	BenefitsHub	Discounts are available on a variety of products and services including gym memberships, clothing, entertainment and more	Any time. Discounts are automatically available to you	Employee and eligible dependents	No cost to you
Critical Illness Insurance	Voya Financial	Provides a lump sum payment if you or a covered family member experiences a covered medical condition (such as cancer, heart attack or MS)	Only during Open Enrollment	Employee and eligible dependents	Varies by plan and coverage level
Hospital Confinement Indemnity Insurance	Voya Financial	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	Only during Open Enrollment	Employee and eligible dependents	Varies by coverage level

How to Enroll

You may make your 2023 benefits election online beginning on November 9. The last day to enroll is November 23.

Online Enrollment

You can enroll from your smartphone or your computer directly through the Inovalon's Benefits Information and Enrollment website:

a. Go to www.myinovalonbenefits.com and click on the LOG IN button in the upper right corner

b. Enter your Username

Your username is your work email

c. Enter your Password

Your initial password is your date of birth (MMDDYYYY format). You will be prompted to change your password. Please note: If you have a previously established password for the site (e.g., you set up a password for 2022 Open Enrollment), you should follow the instructions above as all prior passwords have been reset.

d. Begin your enrollment

Proceed with your enrollment by selecting **Start Your Enrollment**. Easy-to-follow instructions will lead you through the following three steps to confirm your information on file and choose your benefit elections.

1. Verify Your Information

- i. Employee** (Personal Information). Verify the accuracy of all information and update as needed. Name and address changes must be updated in Oracle which can be accessed through nova.
- ii. Family** (Dependent Information). You may add dependent information as necessary. Please remember to include social security numbers for all dependents.

2. Your Benefits

Company-paid benefits will be marked as complete. You must confirm your elections for all benefits showing as **Selection Required** before continuing to the next step. Once your elections are complete, click the continue button on the right side of the page.

3. Enroll and Assign Your Beneficiaries

You will be asked to assign beneficiaries, do a final review of your benefit elections and confirm your election(s). It's always a good idea to double check your beneficiary designations to make sure they are up to date.

4. Review Your Benefit Elections

After you have made your benefit elections and verified them for accuracy, click **Complete Enrollment**. You will then have the option to print a copy of the Confirmation Statement or have one sent to you by email for your records. You can make changes to your selections prior to the enrollment deadline by logging back into the system and clicking on **Change My Elections**.

Key Resources

The Inovalon Benefits Information website is www.myinovalonbenefits.com. On this website, you can obtain detailed benefits information to include benefits summaries, legal documents such as summary plan descriptions (SPDs) and regulatory notices, claim forms, provider contact information and much more.



Healthcare Terms to Know

COINSURANCE: The percentage of the cost you pay for a service after the plan's deductible. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

COPAY: A fixed dollar amount you pay for a covered healthcare expense. The amount can vary by the type of service.

ANNUAL DEDUCTIBLE: The amount you pay before the plan begins sharing the cost. Preventive care is not subject to the deductible as it is covered 100% by any medical plan option.

EXPLANATION OF BENEFITS (EOB): An EOB is a statement from the insurance company showing how claims were processed. The EOB tells you what portion of the claim was paid to the healthcare provider and what portion of the payment, if any, you are responsible for.

IN-NETWORK PROVIDER: Doctors, hospitals and service providers that contract with your healthcare plan are called in-network providers. You usually pay less when you use an in-network provider.

OUT-OF-NETWORK PROVIDER: Doctors, hospitals and service providers that do not contract with your healthcare plan are called out-of-network providers. You usually pay more when you use an out-of-network provider.

OUT-OF-POCKET MAXIMUM: The most you'll pay in a year for eligible healthcare services. After you reach the out-of-pocket maximum, the plan covers 100% of eligible expenses for the remainder of the year.

PREMIUMS: The amount that is deducted from your paycheck to pay for your coverage. Your medical, dental and vision plan premiums are deducted from your paycheck pre-tax. The cost of coverage for a domestic partner comes out of your paycheck after taxes.

Benefits Contact Information

Your primary source for all benefits information is www.myinovalonbenefits.com. Bookmark that site and you will never miss an update again!

Refer to the chart below for website and phone information for Inovalon's benefit plans.

Benefit	Provider	Website	Contact Information
401(k)	Empower	www.prudential.com/online/retirement	1-877-778-2100
Accident Insurance	Voya Group #: 0070699-0	www.voya.com/claims	1-877-236-7564
Benefits Information/ Help Desk	AssuredPartners	www.myinovalonbenefits.com	1-888-896-8031 inovalon@assuredpartners.com
Critical Illness	Voya Group #: 0070699-0	www.voya.com/claims	1-877-236-7564
Dental	Delta Dental Group #: 04950	www.deltadentalins.com	1-800-932-0783
Employee Assistance Program	BHS	portal.BHSONline.com Username: Inovalon	1-800-327-2251
Employee Discounts	BenefitHub	www.inovalondiscounts.benefitHub.com	N/A
Pet Insurance	Pet Benefit Solutions Group ID: 4955	www.petbenefits.com	1-800-891-2565 customer.care@petbenefits.com
Flexible Spending Accounts (Health Care and Dependent Care)	AssuredPartners	https://AssuredPartners.lh1ondemand.com	1-800-657-6265 fsa@assuredpartners.com
Health Savings Account (HSA)	Allegiance Group #: 3337352	www.myinovaloncarecoordinator.com	1-877-424-3570
Hospital Indemnity Plan	Voya Group #: 0070699-0	www.voya.com/claims	1-877-236-7564
Legal and ID Theft Services	LegalShield	www.legalshield.com	1-888-807-0407 membersupport@legalshieldcorp.com
Life and Disability Insurance	Prudential Life & Disability Group #: 52720	www.myinovalonbenefits.com	1-888-896-8031 inovalon@assuredpartners.com
Maternity, Parental Leave, FMLA, Disability	Various	leave@inovalon.com	N/A
Medical	Quantum	www.myinovaloncarecoordinator.com	1-866-885-1125
Prescription	Quantum	www.myinovaloncarecoordinator.com	1-866-885-1125
Virtual Care	MDLive	go.omadahealth.com/allegiance	1-877-753-7992
Time Off (PTO, Holidays, Parental Leave, Bereavement)	Inovalon	Policy Center on nova	N/A
Transit and Parking	AssuredPartners	https://AssuredPartners.lh1ondemand.com	1-800-657-6265 fsa@assuredpartners.com
Adoption Assistance, Tuition Reimbursement, Professional Development	Inovalon	hrbenefits@inovalon.com	N/A
Vision	VSP Group #: 30035696	www.vsp.com	1-800-877-7195
Wellness Resources	Various	Wellness Resources page on nova	N/A

Inovalon, Inc.
HEALTH PLAN NOTICES

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IMPORTANT NOTICE

This packet of notices related to our health care plan includes a notice regarding how the plan’s prescription drug coverage compares to Medicare Part D. If you or a covered family member is also enrolled in Medicare Parts A or B, but not Part D, you should read the Medicare Part D notice carefully. It is titled, “Important Notice From Inovalon, Inc. About Your Prescription Drug Coverage and Medicare.”

IMPORTANT NOTICE FROM INOVALON, INC. 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 Inovalon, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

If neither you nor any of your covered dependents are eligible for or have Medicare, this notice does not apply to you or your dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

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. Inovalon, Inc. has determined that the prescription drug coverage offered by the Inovalon, Inc. Employee Benefit Plan ("Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered "creditable" prescription drug coverage. This is important for the reasons described below.

Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to enroll in a Medicare drug plan, as long as you later enroll within specific time periods.

Enrolling in Medicare—General Rules

As some background, you can join a Medicare drug plan when you first become eligible for Medicare. If you qualify for Medicare due to age, you may enroll in a Medicare drug plan during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. If you qualify for Medicare due to disability or end-stage renal disease, your initial Medicare Part D enrollment period depends on the date your disability or treatment began. For more information, you should contact Medicare at the telephone number or web address listed below.

Late Enrollment and the Late Enrollment Penalty

If you decide to *wait* to enroll in a Medicare drug plan, you may enroll later during Medicare Part D's annual enrollment period, which runs each year from October 15 through December 7. But as a general rule, if you delay your enrollment in Medicare Part D, after first becoming eligible to enroll, you may have to pay a higher premium (a penalty).

If after your initial Medicare Part D enrollment period you go **63 continuous days or longer without "creditable" prescription drug coverage** (that is, prescription drug coverage that is at least as good as Medicare's prescription drug coverage), your monthly Part D premium may go up by at least 1 percent of the premium you would have paid had you enrolled timely, for every month that you did not have creditable coverage.

For example, if after your Medicare Part D initial enrollment period you go 19 months without coverage, your premium may be at least 19% higher than the premium you otherwise would have paid. You may have to pay this higher premium for as long as you have Medicare prescription drug coverage. *However, there are some important exceptions to the late enrollment penalty.*

Special Enrollment Period Exceptions to the Late Enrollment Penalty

There are “special enrollment periods” that allow you to add Medicare Part D coverage months or even years after you first became eligible to do so, without a penalty. For example, if after your Medicare Part D initial enrollment period you lose or decide to leave employer-sponsored or union-sponsored health coverage that includes “creditable” prescription drug coverage, you will be eligible to join a Medicare drug plan at that time.

In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

Compare Coverage

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. See the Inovalon, Inc. Plan’s summary plan description for a summary of the Plan’s prescription drug coverage. If you don’t have a copy, you can get one by contacting us at the telephone number or address listed below.

Coordinating Other Coverage With Medicare Part D

Generally speaking, if you decide to join a Medicare drug plan while covered under the Inovalon, Inc. Plan due to your employment (or someone else’s employment, such as a spouse or parent), your coverage under the Inovalon, Inc. Plan will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan’s Summary Plan Description or contact Medicare at the telephone number or web address listed below.

If you do decide to join a Medicare drug plan and drop your Inovalon, Inc. prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back. To regain coverage you would have to re-enroll in the Plan, pursuant to the Plan’s eligibility and enrollment rules. You should review the Plan’s Summary Plan Description to determine if and when you are allowed to add coverage.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information, or call 301-809-4000. **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 Inovalon, Inc. changes. You also may request a copy.

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.
- 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, 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 the Company to demonstrate whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date: September 30, 2022
Name of Entity/Sender: Inovalon Benefits Department
Address: 4321 Collington Road
Bowie, MD 20716
Phone Number: 301-809-4000
Email Address: hrbenefits@inovalon.com

Nothing in this notice gives you or your dependents a right to coverage under the Plan. Your (or your dependents') right to coverage under the Plan is determined solely under the terms of the Plan.

**HIPAA COMPREHENSIVE NOTICE OF PRIVACY POLICY
AND PROCEDURES**

**INOVALON, INC.
IMPORTANT NOTICE
COMPREHENSIVE NOTICE OF PRIVACY POLICY AND PROCEDURES**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is provided to you on behalf of:

Inovalon, Inc. Employee Benefit Plan*

* This notice pertains only to healthcare coverage provided under the plan.

The Plan's Duty to Safeguard Your Protected Health Information

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). The Plan is required to extend certain protections to your PHI, and to give you this notice about its privacy practices that explains how, when, and why the Plan may use or disclose your PHI. Except in specified circumstances, the Plan may use or disclose only the minimum necessary PHI to accomplish the purpose of the use or disclosure.

The Plan is required to follow the privacy practices described in this notice, though it reserves the right to change those practices and the terms of this notice at any time. If it does so, and the change is material, you will receive a revised version of this Notice either by hand delivery, mail delivery to your last known address, or some other fashion. This notice, and any material revisions of it, will also be provided to you in writing upon your request (ask your Human Resources representative, or contact the Plan's Privacy Official, described below), and will be posted on any website maintained by Inovalon, Inc. that describes benefits available to employees and dependents.

You may also receive one or more other privacy notices from insurance companies that provide benefits under the Plan. Those notices will describe how the insurance companies use and disclose PHI and your rights with respect to the PHI they maintain.

How the Plan May Use and Disclose Your Protected Health Information

The Plan uses and discloses PHI for a variety of reasons. For its routine uses and disclosures it does not require your authorization, but for other uses and disclosures, your authorization (or the authorization of your personal representative (e.g., a person who is your custodian, guardian, or has your power-of-attorney) may be required. The following offers more description and examples of the Plan's uses and disclosures of your PHI.

• **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations.**

- **Treatment:** Generally, and as you would expect, the Plan is permitted to disclose your PHI for purposes of your medical treatment. Thus, it may disclose your PHI to doctors, nurses, hospitals, emergency medical technicians, pharmacists, and other health care professionals where the disclosure is for your medical treatment. For example, if you are injured in an accident, and it is important for your treatment team to know your blood type, the Plan may disclose that PHI to the team in order to allow it to more effectively provide treatment to you.
- **Payment:** Of course, the Plan's most important function, as far as you are concerned, is that it *pays for* all or some of the medical care you receive (provided the care is covered by the Plan). In the course of its payment operations, the Plan receives a substantial amount of PHI about you. For example, doctors, hospitals, and pharmacies that provide you care send the Plan detailed information about the care they provided, so that they can be paid for their services. The Plan may also share your PHI with other plans in certain cases. For example, if you

are covered by more than one health care plan (e.g., covered by this Plan and your spouse's plan or covered by the plans covering your father and mother), we may share your PHI with the other plans to coordinate payment of your claims.

- **Health Care Operations:** The Plan may use and disclose your PHI in the course of its "health care operations." For example, it may use your PHI in evaluating the quality of services you received, or disclose your PHI to an accountant or attorney for audit purposes. In some cases, the Plan may disclose your PHI to insurance companies for purposes of obtaining various insurance coverages. However, the Plan will not disclose, for underwriting purposes, PHI that is genetic information.
- **Other Uses and Disclosures of Your PHI Not Requiring Authorization.** The law provides that the Plan may use and disclose your PHI without authorization in the following circumstances:
 - **To the Plan Sponsor:** The Plan may disclose PHI to the employers (such as Inovalon, Inc.) who sponsor or maintain the Plan for the benefit of employees and dependents. However, the PHI may only be used for limited purposes, and may not be used for purposes of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the employers. PHI may be disclosed to: the human resources or employee benefits department for purposes of enrollments and disenrollments, census, claim resolutions, and other matters related to Plan administration; the payroll department for purposes of ensuring appropriate payroll deductions and other payments by covered persons for their coverage; the information technology department, as needed for preparation of data compilations and reports related to Plan administration; the finance department for purposes of reconciling appropriate payments of premium to and benefits from the Plan, and other matters related to Plan administration; and internal legal counsel to assist with resolution of claim, coverage, and other disputes related to the Plan's provision of benefits.
 - **To the Plan's Service Providers:** The Plan may disclose PHI to its service providers ("business associates") who perform claim payment and plan management services. The Plan requires a written contract that obligates the business associate to safeguard and limit the use of PHI.
 - **Required by Law:** The Plan may disclose PHI when a law requires that it report information about suspected abuse, neglect, or domestic violence, or relating to suspected criminal activity, or in response to a court order. It must also disclose PHI to authorities that monitor compliance with these privacy requirements.
 - **For Public Health Activities:** The Plan may disclose PHI when required to collect information about disease or injury, or to report vital statistics to the public health authority.
 - **For Health Oversight Activities:** The Plan may disclose PHI to agencies or departments responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
 - **Relating to Decedents:** The Plan may disclose PHI relating to an individual's death to coroners, medical examiners, or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
 - **For Research Purposes:** In certain circumstances, and under strict supervision of a privacy board, the Plan may disclose PHI to assist medical and psychiatric research.
 - **To Avert Threat to Health or Safety:** In order to avoid a serious threat to health or safety, the Plan may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
 - **For Specific Government Functions:** The Plan may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government programs relating to eligibility and enrollment, and for national security reasons.
- **Uses and Disclosures Requiring Authorization:** For uses and disclosures beyond treatment, payment, and operations purposes, and for reasons not included in one of the exceptions described above, the Plan is required to have your written authorization. For example, uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute a sale of PHI would require your authorization. Your authorization can be revoked at any time to stop future uses and disclosures, except to the extent that the Plan has already undertaken an action in reliance upon your authorization.
- **Uses and Disclosures Requiring You to Have an Opportunity to Object:** The Plan may share PHI with your family, friend, or other person involved in your care, or payment for your care. The Plan may also share PHI with these people to notify them about your location, general condition, or death. However, the Plan may disclose your PHI only if it informs you about the disclosure in advance and you do not object (but if there is an emergency situation and you cannot be given your opportunity to object, disclosure may be made if it is consistent with any prior expressed wishes and disclosure is determined to be in your best interests; you must be informed and given an opportunity to object to further disclosure as soon as you are able to do so).

Your Rights Regarding Your Protected Health Information

You have the following rights relating to your protected health information:

- **To Request Restrictions on Uses and Disclosures:** You have the right to ask that the Plan limit how it uses or discloses your PHI. The Plan will consider your request but is not legally bound to agree to the restriction. To the extent that it agrees to any restrictions on its use or disclosure of your PHI, it will put the agreement in writing and abide by it except in emergency situations. The Plan cannot agree to limit uses or disclosures that are required by law.
- **To Choose How the Plan Contacts You:** You have the right to ask that the Plan send you information at an alternative address or by an alternative means. To request confidential communications, you must make your request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.
- **To Inspect and Copy Your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying.
- **To Request Amendment of Your PHI:** If you believe that there is a mistake or missing information in a record of your PHI held by the Plan or one of its vendors, you may request in writing that the record be corrected or supplemented. The Plan or someone on its behalf will respond, normally within 60 days of receiving your request. The Plan may deny the request if it is determined that the PHI is: (i) correct and complete; (ii) not created by the Plan or its vendor and/or not part of the Plan's or vendor's records; or (iii) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI. If the request for amendment is approved, the Plan or vendor, as the case may be, will change the PHI and so inform you, and tell others that need to know about the change in the PHI.
- **To Find Out What Disclosures Have Been Made:** You have a right to get a list of when, to whom, for what purpose, and what portion of your PHI has been released by the Plan and its vendors, other than instances of disclosure for which you gave authorization, or instances where the disclosure was made to you or your family. In addition, the disclosure list will not include disclosures for treatment, payment, or health care operations. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or before the date the federal privacy rules applied to the Plan. You will normally receive a response to your written request for such a list within 60 days after you make the request in writing. Your request can relate to disclosures going as far back as six years. There will be no charge for up to one such list each year. There may be a charge for more frequent requests.

How to Complain About the Plan's Privacy Practices

If you think the Plan or one of its vendors may have violated your privacy rights, or if you disagree with a decision made by the Plan or a vendor about access to your PHI, you may file a complaint with the person listed in the section immediately below. You also may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. The law does not permit anyone to take retaliatory action against you if you make such complaints.

Notification of a Privacy Breach

Any individual whose unsecured PHI has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner will receive written notification from the Plan within 60 days of the discovery of the breach.

If the breach involves 500 or more residents of a state, the Plan will notify prominent media outlets in the state. The Plan will maintain a log of security breaches and will report this information to HHS on an annual basis. Immediate reporting from the Plan to HHS is required if a security breach involves 500 or more people.

Contact Person for Information, or to Submit a Complaint

If you have questions about this notice, please contact the Plan's Privacy Official or Deputy Privacy Official(s) (see below). If you have any complaints about the Plan's privacy practices, handling of your PHI, *or breach notification process*, please contact the Privacy Official or an authorized Deputy Privacy Official.

Privacy Official

The Plan's Privacy Official, the person responsible for ensuring compliance with this notice, is:

Inovalon Benefits Department
4321 Collington Road
Bowie, MD 20716
301-809-4000
hrbenefits@inovalon.com

Effective Date

The effective date of this notice is: September 30, 2022.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

INOVALON, INC. EMPLOYEE BENEFIT PLAN

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 later 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).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of eligibility under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within *31 days* after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within *60 days* of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within *60 days* after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 *31 days* after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact:

Inovalon Benefits Department
4321 Collington Rd
Bowie, MD 20716
301-809-4000
hrbenefits@inovalon.com

** This notice is relevant for healthcare coverages subject to the HIPAA portability rules.*

WOMEN'S HEALTH AND CANCER RIGHTS NOTICE

Inovalon, Inc. Employee Benefit Plan is required by law to provide you with the following notice:

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") provides certain protections 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 lymphedemas.

The Inovalon, Inc. Employee Benefit Plan provide(s) medical coverage for mastectomies and the related procedures listed above, 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:

OAP PPO	In-Network	Out-of-Network
Individual Deductible	\$350	\$700
Family Deductible	\$700	\$1,400
Coinsurance	20%	40%
Cigna OAP HSA	In-Network	Out-of-Network
Individual Deductible	\$1,750	\$4,100
Family Deductible	\$3,500	\$8,200
Coinsurance	20%	40%

If you would like more information on WHCRA benefits, please refer to your summary plan description or contact your Plan Administrator at:

Inovalon Benefits Department
4321 Collington Road
Bowie, MD 20716
301-809-4000
hrbenefits@inovalon.com

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 July 31, 2022. Contact your State for more information on eligibility.

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	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
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA – Medicaid</p> <p>GA 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</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">INDIANA – Medicaid</p> <p>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</p>	<p align="center">MINNESOTA – Medicaid</p> <p>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</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>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</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov</p>
<p align="center">KENTUCKY – Medicaid</p> <p>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: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
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	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid	TEXAS – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

U.S. Department of Labor
Employee Benefits Security Administration
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
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)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your Summary Plan Description or contact hrbenefits@inovalon.com.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Inovalon, Inc.		4. Employer Identification Number (EIN) 71-1017974	
5. Employer address 4321 <u>Collington</u> Road		6. Employer phone number 301-809-4000	
7. City Bowie		8. State MD	9. ZIP code 20716
10. Who can we contact about employee health coverage at this job? Inovalon Benefits Department			
11. Phone number (if different from above)		12. Email address hrbenefits@inovalon.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

- Some employees. Eligible employees are:

1) All regular full and part-time employees scheduled to work thirty (30) hours or more per week and 2) all temporary, part-time employees averaging thirty (30) hours or more per week during their initial and/or standard measurement periods.

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

Spouse, domestic partner, children, step-children, children of domestic partner, disabled dependents and court-ordered dependents.

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



All changes must be made by November 23!

The descriptions of these benefits are not a guarantee of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

