BETTER REWARDS
Pay  Health  Future  Life  Career

BENEFITS OPEN ENROLLMENT
2022 eGuide
Our Commitment to You

It’s Open Enrollment: May 11 – May 27

For benefit plan year July 1, 2022 – June 30, 2023

At Hologic, we’re committed to helping people live better – and that commitment begins with you! Our Better Rewards program is developed with you in mind, focusing on helping you achieve better health, a better future and a better life.

Open Enrollment is your opportunity to review and make changes to your benefits. We encourage you to take advantage of the full array of benefits available and choose what will work best for you and your family in the year to come.

This Benefits Open Enrollment eGuide highlights the benefit plans available to you as well as important updates that will take effect July 1. It also outlines steps to enroll using Benefits Self Service at hologicbenefits.com.

DON’T MISS THE DEADLINE!
ENROLL BY MAY 27

Otherwise, your next opportunity to make changes to your benefits will be during the next Open Enrollment period or within 31 days of a “qualifying life event,” such as a marriage, divorce or the birth or adoption of your child(ren).
What’s New for 2022?

At Hologic, we’re proud to offer benefits that support our employees in all areas of their lives. No matter where you are in life’s journey, we want to ensure you that our forward-thinking benefits are available to help you be your best self at work and at home. Our Better Rewards program affirms our investment in you and shows our support in creating a healthy, balanced life.

As the landscape of healthcare changes, our benefit plans will experience some changes too. Last year, we absorbed all medical plan premium increases while adding robust programs such as mental health, family care and income security programs to support you where it matters most.

This year, we will be making some adjustments to our medical plans to adapt to the rising costs of healthcare and to expand fertility services. There will be a small increase to your medical premiums as well as some coinsurance and copay changes. There will not be any increases to dental plan premiums for the upcoming year. Hologic will continue to absorb a large portion of the increase in healthcare costs to lessen the impact to you.

For additional details on these changes, visit page 4.
**Benefit Changes and Enhancements**

**Medical**

All medical plans will...

- Incur a low 4.5% increase in premiums
- Include expanded fertility services to support family planning needs such as:
  1. The medical lifetime maximum is increasing from $25,000 to $35,000
  2. The prescription lifetime maximum is increasing from $10,000 to $15,000
  3. Reciprocal IVF*
  4. Infertility does not need to be documented to receive coverage for donor egg, donor embryo or donor sperm*
  5. Elective cryopreservation, with a separate $15,000 lifetime maximum

*Subject to the medical lifetime maximum

**Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)**

- The in-network coinsurance is changing from 10% to 15%.

**PPO Plan**

- The in-network coinsurance is changing from 15% to 20%.

**PPO Plus Plan**

- The in-network coinsurance is changing from 0% to 10%.
- The in-network PCP copay and mental health outpatient visit is changing from $20 to $25.
- The emergency room copay is changing from $125 to $150.

**Health Savings Account (HSA)**

- You must enroll or re-enroll each year. If you are currently enrolled and take no action, employee and Company contributions will end on July 1, 2022.
- The maximum contribution is increasing to $3,650 for employee only coverage and $7,300 for family coverage.
- Hologic will continue to fund up to $600 for employee only coverage and $1,200 for family coverage when enrolled in the CDHP the entire plan year.

**Healthcare Flexible Spending Accounts (FSA)**

- You must enroll or re-enroll in the Healthcare FSA to participate in the 2022/2023 plan year.
- The Healthcare FSA contribution maximum is increasing to $2,850.

**Dental Plan**

For the third year in a row, there are no increases to the premiums. Deductibles and copays are staying the same too.

**Healthcare...be at your best**
Choose Well

During Open Enrollment, you can elect or make changes to the following benefits:

- Medical
- Dental
- Flexible Spending Accounts (FSAs)
- Health Savings Account (HSA)
- MetLife Legal Plan
- Critical Illness Insurance
- Accident Insurance

It's also a good time to review your life insurance coverage to ensure you have the income protection you and your family need. You can apply for coverage at any time during the year but will be subject to evidence of insurability before coverage is approved.

Most plan elections will automatically roll over to the new plan year. However, you must enroll in FSAs each year if you wish to participate. You must also enroll in the HSA (when enrolled in the CDHP), in order to receive Company contributions.

NEED HELP WITH YOUR DECISIONS?

Use the information and decision support tools available on the Benefits Open Enrollment site at benefitsopenenrollment.hologic.com to learn about plan offerings. You can also click the hyperlinks below and throughout this document.

- Watch the Open Enrollment video
- Review what's new
- Examine benefit plan resources
- Use the decision support tools
- Find rates for benefit plans

TAKE ACTION

Take the time to review your options. It will help you make informed decisions about what’s best for you and your family.

1. READ this Benefits Open Enrollment eGuide and the Benefits eCatalog to learn about your options.

2. USE benefitsopenenrollment.hologic.com to help with your decisions.

3. ENROLL online using Benefits Self Service at hologicbenefits.com before May 27.
Who Is Eligible?

Employees
If you are...

A regular full- or part-time employee scheduled to work at least 30 hours per week, you are eligible for all benefits summarized in this eGuide.

An intern working 30 hours or more per week, you are eligible to participate in the medical plan after a 90-day waiting period. You are also eligible for a prorated allotment of sick time.

Scheduled to work between 20 and 30 hours per week, you are eligible for prorated vacation and sick time, the Employee Assistance Program and Employee Stock Purchase Plan.

All employees are eligible to enroll in the 401(k) plan with the exception of interns who are eligible after 1,000 work hours and attaining age 21.

Dependents
You may enroll your dependents in certain plans. Eligible dependents include:

- Your legal spouse
- Your domestic partner (same sex or opposite sex) for whom you can provide proof of shared residency and financial interdependence (such as a joint lease or mortgage)
- Dependent children are covered up to the end of the month they attain age 26, regardless of their marital status, residence or eligibility for coverage elsewhere

More information about dependent eligibility is available on the Better Rewards Benefits page on MyHologic.

Adding Dependents?
- You must provide a Social Security number and documentation (such as a birth or marriage certificate or tax returns) to verify your newly added dependents’ eligibility by May 27, 2022. Otherwise, your coverage for any newly added dependent will not be effective as of July 1, 2022.
- You will receive additional information and instructions on how to submit this documentation when you add your dependent through Benefits Self Service.
- A list of acceptable documentation to verify dependent eligibility is available on MyHologic.

IMPORTANT NOTE

This is not a full description of the eligibility rules and each of the benefit plans may have variations from this general description. For a detailed explanation of eligibility, please refer to the applicable plan document and Wrap Plan Document found on the Better Rewards Benefit page on MyHologic.
Enroll Today

To make benefit changes or enroll, log on to Benefit Self Service at hologicbenefits.com from May 11 – May 27, or access the MyChoice Mobile App from your mobile device.

This is Your Chance...

Take the time to reflect on your needs. For most benefits, once Open Enrollment closes, your only opportunity to make changes during the plan year is within 31 days of a qualifying life event, such as a marriage, divorce or the birth or adoption of your child(ren). More information about qualifying life events can be found on the Better Rewards Benefits page on MyHologic.

Benefits Self Service: Our Enrollment System

1. Log on to Benefit Self Service at hologicbenefits.com from May 11 – May 27. If this is the first time you are accessing this site, register with your Social Security number, date of birth and the Company key of “hologic” (all lower case).

2. Once you are logged into the system, follow the onscreen instructions to complete your enrollment.

3. A printable PDF Benefit Confirmation Statement will be posted to your Personal Documents after you confirm your elections on or around June 17, 2022.

Eligibility advisement

- Information on qualifying events
- Dependent verification and documentation assistance

Technical/navigational support

- Website assistance
- Help downloading benefit confirmations and resources
- Help uploading dependent verification documentation

Advocacy

- Guidance to help you understand your plans
- Assistance in resolving eligibility and coverage issues
- Help with ID cards

QUESTIONS?

Contact the Benefits Service Center:

Telephone 844.319.3420 / Monday through Friday 8 a.m. to 8 p.m. ET

Live chat hologicbenefits.com / Monday through Friday 8:30 a.m. to 6:30 p.m. ET
Health... be at your best

A key ingredient to your overall wellness is being the healthiest you can be.

**In Good Health – Medical**

You have the choice of three PPO medical plans through Blue Cross Blue Shield of MA (BCBSMA):
- Consumer Driven Health Plan (CDHP) with Health Savings Account (HSA)
- PPO
- PPO Plus

It’s important to understand the terminology. More information on your healthcare benefits and a list of detailed medical terms can be found in the 2022/2023 Benefits eCatalog.

<table>
<thead>
<tr>
<th>BCBSMA Medical Option</th>
<th>Payroll Premium</th>
<th>Deductible</th>
<th>Coinsurance (% after deductible)</th>
<th>Copays (flat $ after deductible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDHP with HSA</td>
<td>Lowest</td>
<td>Highest (offset by Company-funded HSA)</td>
<td>Low</td>
<td>N/A</td>
</tr>
<tr>
<td>PPO</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>PPO Plus</td>
<td>Highest</td>
<td>Lowest</td>
<td>Lowest</td>
<td>Lowest</td>
</tr>
</tbody>
</table>

**INDIVIDUAL MANDATE FOR HEALTH COVERAGE**

Although the federal penalty requiring individuals to maintain health coverage has been reduced to $0, some states have their own state-specific individual mandates. To avoid paying the penalty in these states, you can obtain health insurance through our benefits program or purchase coverage elsewhere, including from a state or federal Health Insurance Exchange. For information regarding healthcare reform and the individual mandate, visit healthcare.gov or your state’s Health Insurance Exchange site.

**FIND A BCBSMA MEDICAL PROVIDER**

It’s Your Choice

All three medical plans offer access to the BCBSMA PPO network of providers. You can choose in-network providers and facilities for better network discounts or you can use out-of-network providers and facilities. To save on out-of-pocket costs, use in-network providers whenever possible.

2. Click on “Choose Location and Plan”.
3. Enter your zip code and “HLX” as the plan prefix.

Note: Members residing in NH must first log in to their MyBlue account at bluecrossma.org to search for an in-network provider.

**NEED MORE INFORMATION ABOUT THE HOLOGIC MEDICAL PLANS?**

Click on the links below:
- 2022/2023 Benefits eCatalog
- Your Guide to the CDHP with HSA
- Summary of Benefits and Coverage (SBCs)
### Medical Plans At-a-Glance

<table>
<thead>
<tr>
<th></th>
<th>CDHP with HSA Plan</th>
<th>PPO Plan</th>
<th>PPO Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan year deductible</td>
<td>$1,500 employee only(^1)</td>
<td>$1,000 per person(^2)</td>
<td>$750 per person(^2)</td>
</tr>
<tr>
<td></td>
<td>$3,000 family(^1)</td>
<td>$2,000 per family(^2)</td>
<td>$1,500 per family(^2)</td>
</tr>
<tr>
<td>Plan year out-of-pocket maximum</td>
<td>$3,000 employee only(^3)</td>
<td>$3,500 per person(^4)</td>
<td>$2,500 per person(^4)</td>
</tr>
<tr>
<td></td>
<td>$6,000 family(^3)</td>
<td>$7,000 per family(^4)</td>
<td>$5,000 per family(^4)</td>
</tr>
<tr>
<td>Eligibility for tax-savings account</td>
<td>Health Savings Account (HSA)</td>
<td>Healthcare Flexible Spending Account (FSA)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(see page 7 of Your Guide to the CDHP)</td>
<td>(see page 12)</td>
<td></td>
</tr>
<tr>
<td>Hologic annual contribution to HSA</td>
<td>$600 employee only(^5)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>$1,200 family</td>
<td>Prorated and funded per pay period</td>
<td></td>
</tr>
<tr>
<td>Preventive visits</td>
<td>No cost</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Telehealth visits</td>
<td>No cost(^5)</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Primary care office visit</td>
<td>15%(^5)</td>
<td>$30 copay(^5)</td>
<td>$25 copay(^5)</td>
</tr>
<tr>
<td>Other covered providers (specialists) office visit</td>
<td>15%(^5)</td>
<td>$50 copay(^5)</td>
<td>$40 copay(^5)</td>
</tr>
<tr>
<td>Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans and nuclear cardiac imaging tests</td>
<td>15%(^5)</td>
<td>20%(^5)</td>
<td>10%(^5)</td>
</tr>
<tr>
<td>Breast Health Imaging (Ultrasounds, MRIs, CT, PET scans)</td>
<td>No cost(^5)</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Fertility Benefits</td>
<td>Lifetime maximum - $35,000(^7)</td>
<td>Prescription lifetime maximum - $15,000(^7)</td>
<td>Elective cryopreservation lifetime maximum - $15,000(^7)</td>
</tr>
<tr>
<td>Inpatient hospitalization</td>
<td>15%(^5)</td>
<td>20%(^5)</td>
<td>10%(^5)</td>
</tr>
<tr>
<td>Chiropractic care</td>
<td>15%(^5)</td>
<td>$50 copay(^5)</td>
<td>$40 copay(^5)</td>
</tr>
<tr>
<td>(90 visits per calendar year)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td>15%(^5)</td>
<td>$50 copay(^5)</td>
<td>$40 copay(^5)</td>
</tr>
<tr>
<td>(20 visits per calendar year)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency room</td>
<td>15%(^5)</td>
<td>$150 per visit; no deductible</td>
<td>$150 per visit; no deductible</td>
</tr>
<tr>
<td>Outpatient mental health/ substance use treatment</td>
<td>15%(^5)</td>
<td>$30 copay(^5)</td>
<td>$25 copay(^5)</td>
</tr>
<tr>
<td>Routine vision exam</td>
<td>No cost</td>
<td>No cost</td>
<td>No cost</td>
</tr>
<tr>
<td>Vision hardware reimbursement</td>
<td>See page 10</td>
<td>See page 10</td>
<td>See page 10</td>
</tr>
<tr>
<td>Prescription drug</td>
<td>See page 10</td>
<td>See page 10</td>
<td>See page 10</td>
</tr>
</tbody>
</table>

### Employee Premiums

Rates shown are effective July 1, 2022 — June 30, 2023

<table>
<thead>
<tr>
<th></th>
<th>CDHP with HSA Plan</th>
<th>PPO Plan</th>
<th>PPO Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biweekly Rate* (26 pay periods)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$29.96</td>
<td>$49.77</td>
<td>$109.86</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$83.89</td>
<td>$113.22</td>
<td>$226.17</td>
</tr>
<tr>
<td>Family</td>
<td>$125.83</td>
<td>$169.84</td>
<td>$339.26</td>
</tr>
<tr>
<td>Semi-monthly Rate** (24 pay periods)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$32.46</td>
<td>$53.92</td>
<td>$119.01</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$90.88</td>
<td>$122.66</td>
<td>$245.02</td>
</tr>
<tr>
<td>Family</td>
<td>$136.32</td>
<td>$183.99</td>
<td>$367.53</td>
</tr>
</tbody>
</table>

* Biweekly means you are paid every other Friday.
** Semi-monthly means you are paid on the 15th and the last day of the month.

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### Medical Premium Reduction

Take advantage of earning a $200 medical premium reduction for the following plan year (July 1, 2023 – June 30, 2024) with Healthy Living’s Virgin Pulse program. Visit the Healthy Living page on MyHologic for more information.

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1. CDHP with HSA: The entire deductible must be satisfied before benefits are paid.
2. PPO and PPO Plus: The family deductible can be satisfied by eligible costs incurred by any combination of covered family members. No individual family member will have to pay more than the per person deductible before benefits are provided for that family member.
3. CDHP with HSA: The out-of-pocket maximum must be satisfied before any covered member receives 100% coverage for the remainder of a plan year, including prescription drugs.
4. PPO and PPO Plus: The family plan year out-of-pocket maximum can be satisfied by eligible costs incurred by any combination of covered family members. No individual family member will have to pay more than the per person out-of-pocket maximum before the family member receives 100% coverage for the remainder of the plan year, excluding prescription drugs.
5. After the plan year deductible is met.
Seeing Brighter – Vision

When you enroll in a medical plan, vision coverage is automatically included through BCBSMA. Your routine vision exams are covered at no cost when you use an in-network provider. Diagnostic visits are subject to the applicable medical plan deductible and copay/coinsurance.

- **For members 19 and older**, receive reimbursement up to an overall $250 benefit per member per calendar year for any combination of:
  - Lenses
  - Frames
  - Contact lenses

- **For children up to age 19**, receive reimbursement per calendar year for:
  - Any two glasses or frames, or
  - A year supply of contact lenses

You must pay out-of-pocket for hardware and file for reimbursement for your expenses with BCBSMA. Reimbursements from the medical plan are not eligible for reimbursements through a Healthcare FSA or Health Savings Account (HSA).

Virtual Healthcare – Telehealth

When enrolled in our medical plan, you have access to virtual doctor visits from your mobile device or computer. This telehealth service provides access to board-certified physicians whenever and wherever you or your covered dependents need it. Learn how to access Telehealth on the Better Rewards Benefits page on MyHologic.

Feel Better – Prescription Drugs

All three medical plans include retail and mail order prescription drug coverage through CVS Caremark. See the 2022/2023 Benefits eCatalog for details. To find network pharmacies in your area, go to Caremark’s Pharmacy locator page or call a Customer Care representative toll-free at 855.271.6598.

In-Network Coverage At-a-Glance

<table>
<thead>
<tr>
<th>When enrolled in:</th>
<th>CDHP with HSA Plan</th>
<th>PPO or PPO Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill at: CVS Caremark Network Pharmacy: 30-day supply</td>
<td>CVS Retail Store Pharmacy using Maintenance Choice: 90-day supply</td>
<td></td>
</tr>
<tr>
<td>Mail Order: 90-day supply</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Generic (Tier 1)
- $10 copay at retail $20 copay at mail order

Preferred brand name (Tier 2)
- 25% 4 $30 copay at retail $60 copay at mail order

Non-preferred brand name (Tier 3)
- 35% 4 $50 copay at retail $100 copay at mail order

Specialty medication (Tier 4)*
- Covered within respective tier level 5

Out-of-pocket maximum
- Combined with medical out-of-pocket maximum
- $3,000 per employee only coverage
- $6,000 per family coverage

- $150 copay through specialty pharmacy or $0 with PrudentRx*

- A separate out-of-pocket maximum applies
  - PPO: $3,500 per person $7,000 per family
  - PPO Plus: $2,500 per person $5,000 per family

1. Certain preventive drugs are not subject to the medical plan year deductible.
2. Fill options may be limited for specialty and diabetic medications.
3. If you fill a prescription at a CVS retail pharmacy or through mail order, you may receive a 90-day supply for the cost of a 60-day supply when enrolled in the PPO or PPO Plus plan and a discount when enrolled in the CDHP plan.
4. These medications are typically used to treat complex conditions such as autoimmune disorders, multiple sclerosis and hemophilia. Members taking eligible specialty medications and enrolled in the PPO or PPO Plus plan will receive communications directly from Caremark and PrudentRx and should enroll to take advantage of significant cost savings.
5. After medical plan year deductible is met.

*PRUDENTRX

Some specialty medications are eligible for a copay discount when you enroll in the PrudentRx program, a partner of Caremark. Specialty medications are typically used to treat complex conditions such as autoimmune disorders, multiple sclerosis and hemophilia. Members taking eligible specialty medications and enrolled in the PPO or PPO Plus plan will receive communications directly from Caremark and PrudentRx and should enroll to take advantage of significant cost savings.
You may choose from two dental plans offered through Delta Dental of Massachusetts: the Core plan or the Enhanced plan with orthodontia.

Both comprehensive plans have coverage for exams, cleanings, fillings, crowns, implants, bone grafts, periodontal services and more. More information about the dental plans can be found on the Dental page on MyHologic.

### Dental Plans At-a-Glance

<table>
<thead>
<tr>
<th></th>
<th>Core Plan</th>
<th>Enhanced Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan year deductible</td>
<td>$100 per individual</td>
<td>$50 per individual</td>
</tr>
<tr>
<td></td>
<td>$300 per family</td>
<td>$150 per family</td>
</tr>
<tr>
<td>Plan year maximum benefit</td>
<td>$750 per individual</td>
<td>$2,000 per individual</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Core Plan</th>
<th>Enhanced Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Exams, cleanings, sealants, X-rays</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Restorative Fillings, extractions, root canals, oral surgery</td>
<td>80%¹</td>
<td>80%¹</td>
</tr>
<tr>
<td>Major treatment Crowns, dentures</td>
<td>50%¹</td>
<td>60%¹</td>
</tr>
<tr>
<td>Orthodontia Adults and children</td>
<td>Not covered</td>
<td>50%</td>
</tr>
<tr>
<td>Lifetime orthodontia benefit</td>
<td>N/A</td>
<td>$2,000 per individual</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate</th>
<th>Core Plan</th>
<th>Enhanced Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biweekly Rate² (26 pay periods)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$3.49</td>
<td>$8.15</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$6.68</td>
<td>$15.57</td>
</tr>
<tr>
<td>Family</td>
<td>$9.79</td>
<td>$22.83</td>
</tr>
<tr>
<td>Semi-monthly Rate³ (24 pay periods)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Only</td>
<td>$3.79</td>
<td>$8.83</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$7.24</td>
<td>$16.87</td>
</tr>
<tr>
<td>Family</td>
<td>$10.61</td>
<td>$24.73</td>
</tr>
</tbody>
</table>

¹ After dental plan year deductible is met.
² Biweekly means you are paid every other Friday.
³ Semi-monthly means you are paid on the 15th and the last day of the month.

Note: Percentages above apply to discount contracted rates for Delta Dental dentists.

Get the Max from Your Coverage

The plans also offer a Rollover Max feature that allows you to roll over a portion of your unused dental benefits from one plan year to the next.
Stretch Your Dollars – Healthcare Flexible Spending Account (FSA)

The Healthcare FSA, administered through Payflex, offers a way to save money and pay for healthcare expenses on a tax-free basis. Set aside pre-tax dollars from your paycheck and reimburse yourself for qualified expenses.

<table>
<thead>
<tr>
<th>Account Feature</th>
<th>Healthcare FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>Pay for qualified healthcare expenses for yourself and eligible family members not already reimbursable by a medical or dental plan.</td>
</tr>
<tr>
<td>Plan year pre-tax election</td>
<td>Minimum amount: $100&lt;br&gt;Maximum amount: $2,850</td>
</tr>
<tr>
<td>Qualified healthcare expenses</td>
<td>• Medical and dental out-of-pocket expenses&lt;br&gt;• Glasses and contact lenses not already paid for by the medical plan, as well as LASIK surgery</td>
</tr>
</tbody>
</table>

**IMPORTANT RULES**

1. You must enroll in the FSA each year if you wish to participate; elections do not carry forward.

2. **Plan Carefully!** The plan does include a grace period. A grace period is an extended period of coverage following the plan year end, (June 30) that allows you extra time to incur expenses to use your remaining FSA funds. The grace period is 2½ months from June 30, which is September 15 each year. Claims submissions are due within 90 days of the plan year end, which is September 28. The temporary extension to incur and submit claims by the end of the calendar year due to the National Emergency will not apply for the 2022-2023 plan year.

3. **Use it or Lose it!** Your FSA funds must be used and submitted per the grace period schedule. Any unused funds beyond the grace period deadline will be forfeited.

4. You may not participate in the Healthcare FSA if you enroll in the Consumer Driven Health Plan (CDHP) with HSA.

For a list of IRS-qualified expenses and planning tools, go to payflex.com.
Helping You Build Your Family – Fertility Coverage

There are many fertility coverages available to those enrolled in our BCBSMA medical plans to support your journey to parenthood. These include, but aren’t limited to:

- Intrauterine insemination (IUI)
- In vitro fertilization (IVF)
- Cryopreservation
- Donor egg, embryo and sperm

Coverage is increasing from $25,000 to a $35,000 lifetime maximum for procedures and services considered medically necessary.

In an effort to remove some barriers and expand access of fertility services, the following procedures are now covered:

- **Reciprocal IVF** – New for same-sex female couples. Embryos are made using one partner’s eggs, then placed into the other partner’s uterus to carry the pregnancy.
- **Removal of Documentation Requirement** – Employees and covered dependents no longer need to document infertility in order to receive coverage for a donor egg, embryo or sperm.
- **Elective Fertility Preservation** – Written documentation is no longer needed for fertility services such as IVF and cryopreservation (freezing of eggs, embryos or sperm to preserve for future use), up to a lifetime maximum of $15,000. Medically necessary egg cryopreservation may be covered up to the $35,000 lifetime maximum.
Future... plan for a sure tomorrow

A secure future for you and your family with income protection benefits.

Value to You – Basic Life and AD&D Insurance

Basic life insurance provides valuable financial security in the event of your death.

- **All full-time employees**, excluding Full Commission Sales plan eligible employees, receive Company-paid basic life and AD&D insurance equal to two times your base annual salary up to $500,000.
- **Full Commission Sales** plan eligible employees will receive Company-paid basic life and AD&D insurance at a flat benefit of $175,000.

Basic life and AD&D insurance is **paid for by Hologic** and administered by **Lincoln Financial**.

Protect Your Income – Optional Life

In addition to basic life and AD&D coverage, you may purchase optional life insurance for yourself and/or dependents through **Lincoln Financial**.

Review the **plan summary** and the **cost of coverage** on the Benefits Open Enrollment site for more information.

<table>
<thead>
<tr>
<th>Coverage for:</th>
<th>Coverage Amount</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee*</td>
<td>increments of $10,000</td>
<td>Up to a maximum of $1,000,000</td>
</tr>
<tr>
<td>Spouse/domestic partner</td>
<td>increments of $10,000</td>
<td>The lesser of $500,000 or your combined basic and optional employee life coverage amount</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$2,500, $5,000 or $10,000</td>
<td></td>
</tr>
</tbody>
</table>

* Optional life insurance for yourself also includes AD&D coverage at the same coverage level.

You may apply for coverage any time throughout the year. However, electing or increasing optional employee and spouse life insurance requires you to complete Evidence of Insurability (EOI) before coverage is approved. Child life insurance does not require EOI and can be elected at any time.

CHECK YOUR BENEFICIARY INFORMATION

If you do not have a beneficiary for your life insurance plans, you will be required to assign a beneficiary(ies) within **Benefits Self Service**. You can change your beneficiary information at any time.

Have Peace of Mind – Disability Insurance

Hologic pays the full cost to provide you with short- and long-term disability coverage through **Lincoln Financial**.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Waiting Period</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term disability</td>
<td>7 days</td>
<td><strong>Weeks 2-8:</strong> 100% of your pre-disability earnings*&lt;br&gt;<strong>Weeks 9-13:</strong> 60% of your pre-disability earnings*</td>
</tr>
<tr>
<td>Long-term disability</td>
<td>90 days</td>
<td>60% of pre-disability earnings* up to a maximum monthly benefit of $25,000.&lt;br&gt;Beneﬁts are payable for up to 24 months if you are disabled and cannot perform the duties of your own occupation. After 24 months, beneﬁts will continue to be paid only if you are unable to perform the duties of any gainful occupation for which you are reasonably qualiﬁed by education, training or experience.</td>
</tr>
</tbody>
</table>

* Pre-disability earnings for non-sales employees include weekly gross base pay only. Pre-disability earnings for sales employees include weekly gross pay plus commissions.
Mishaps Happen – Accident Insurance

Accident insurance from Lincoln Financial can help with out-of-pocket expenses if you or an enrolled dependent is injured in a covered accident. This coverage pays a cash payment directly to you to help pay for medical expenses, the mortgage, car payments or even utility bills. You decide how to use the funds. Some examples of benefits you or your covered family members will receive include ambulance transportation, emergency care, concussion and more. Review the plan summary and the cost of coverage on the Benefits Open Enrollment site for more information.

Help Along the Road to Recovery – Critical Illness Insurance

No one likes to think about it, but a critical illness can happen at any time. Financial hardships can come along with these illnesses too. This coverage from Lincoln Financial provides a cash benefit to use however you want if you or a covered family member is diagnosed with a covered illness or event such as heart attack, invasive cancer, advanced COPD, vascular disease, childhood conditions and more. Depending on the coverage you elect and who the coverage is for, the lump sum ranges from $2,500 to $20,000. Review the plan summary and the cost of coverage on the Benefits Open Enrollment site for more information.

Build Financial Security – Fidelity Investments

There are many ways to boost your financial wellness! Fidelity Investments is more than just our 401(k) plan provider. They offer an array of solutions along with their third-party providers, including:

- Saving and investing
- Tax preparation
- Student debt refinancing
- Credit counseling
- Estate planning
- College preparation and counseling

TAKE CARE OF YOURSELF AND GET $100!

Receive $100 per person per plan year with the critical illness Insurance plan when you and your covered family members complete one of the following policy-covered services:

- Electrocardiogram
- Stress test
- Mammogram
- Colonoscopy
- Pap smear
- Diabetes screening
- See the plan summary and claim $100 by completing this Health Assessment.

With $100 for each enrolled member, critical illness coverage may pay for itself! This $100 is in addition to the $300 Preventive Care Incentive available to you through the Hologic Healthy Living program.
Life... feed your mind, body, spirit

Helping you to manage the demands of every day while you strive to live your best life.

Sound Advice – MetLife Legal Plan

MetLife Legal Plan offers an affordable solution to help with your personal legal needs, including:

- Document preparation
- Powers of attorney
- Trusts
- Real estate matters
- Family law
- Financial matters
- Access to LifeStages Identity Management Services – fraud and identity protection
- Up to four hours for an attorney's consultative services for non-covered matters

The plan is available at the same low rate of $8.08 biweekly or $8.75 semi-monthly. For details, visit info.legalplans.com and enter access code 6091281.

If you are already enrolled, you do not need to re-enroll to continue coverage. However, if you want to waive or enroll for the first time, Open Enrollment is your only opportunity during the year.
Be Tax Savvy – Dependent Care Flexible Spending Account (FSA)

The Dependent Care FSA, administered through Payflex, offers a tax-favorable way to save money on qualified dependent care expenses. Set aside pre-tax dollars from your paycheck and reimburse yourself for qualified expenses.

<table>
<thead>
<tr>
<th>Account Feature</th>
<th>Dependent Care FSA¹, ²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Pay for qualified dependent care expenses so you and, if you are married, your spouse can work</td>
</tr>
</tbody>
</table>
| Plan year pre-tax election | Minimum amount: $100  
Maximum amount: $5,000¹ ($2,500 if married and filing separate tax returns) |
| Qualified expenses        | • Child and elder care provided in your home  
• Child and elder care provided in an approved day care center  
• Before- and after-school programs  
• Day camp, but not overnight camp |

¹ All dependent care providers must have a Social Security number or tax identification number.
² This account may be used for your dependent child(ren) under the age of 13 and your spouse or a person who is physically or mentally unable to care for him or herself, including parents or parent in-laws, that you can claim as a dependent.
³ Highly-compensated employees may be limited in how much they are allowed to elect or experience a reduction in contribution amount.

Important Rules

- You must enroll in the FSA each year if you wish to participate; elections do not carry forward.
- Plan Carefully! The plan does include a grace period. A grace period is an extended period of coverage following the plan year end, (June 30) that allows you extra time to incur expenses to use your remaining FSA funds. The grace period is 2½ months from June 30, which is September 15 each year. Claims submissions are due within 90 days of the plan year end, which is September 28. The temporary extension to incur and submit claims by the end of the calendar year due to the National Emergency will not apply for the 2022-2023 plan year.
- Use it or Lose it! Your FSA funds must be used and submitted per the grace period schedule. Any unused funds beyond the grace period deadline will be forfeited.
- A change in dependent care provider costs is considered a qualifying life event. You have the opportunity to make benefit changes within 31 days of a qualifying life event.
- For a list of qualified expenses and planning tools, go to payflex.com.
Additional Benefits

Hologic offers you a number of additional benefits to help you achieve a healthy work/life balance. Find even more information on each of these benefits by clicking the benefit name.

**Care Management through BCBSMA**
Personalized support to manage chronic conditions and complex medical conditions.

**Included Health (Formerly Grand Rounds Health)**
The updated name reflects their promise to treat each member as an individual, putting members first, wherever and wherever they are. This benefit provides you and your family members with help navigating a health condition, discussing treatment options, assistance with finding high-quality physicians and/or obtaining a second opinion.

**Health Advocate**
Assistance with navigating the healthcare system.

**Omada Chronic Disease Prevention and Lifestyle Management Program**
Ongoing support that combines the latest digital technology and personalized approach for those that are at risk for certain chronic diseases such as type 2 diabetes, hypertension or heart disease.

**Adoption Reimbursement**
Reimbursement of up to $10,000 for eligible expenses related to the adoption of a child.

**Care@Work by Care.com**
Access to ongoing and short-term care for children, adults, seniors, pets and more through a no-cost premium membership, along with 5 Hologic partially-subsidized back-up care days.

**Family Care Leave and Pay**
You may take up to a total of 12 weeks (26 weeks for military caregiver leave) of leave (except where state law mandates a different leave period) to care for a family member with a serious medical condition.
You may receive up to 4 weeks of pay at 100% when on an approved FMLA or Company-sponsored Family Care Leave.

**Healthy Living Program**
Discover your healthy as you take an active role in your wellbeing. Virgin Pulse, our cornerstone program, and other wellness providers offer tools, motivation and support to help you explore your wellness.
Earn quarterly and annual rewards and cash with Virgin Pulse.

**401(k) Plan**
Plan highlights include pre-tax, Roth and catch-up contributions, an employer match, 100% vested from day one, a match true-up, Roth conversions, rollovers and loans/withdrawals.

**Ameriprise Financial Workplace Education and Personal Consulting**
Periodic financial educational seminars. A free 30-minute consultation with a financial advisor.

**Employee Stock Purchase Plan**
A voluntary program that allows you to purchase Hologic stock at a 15% discount through payroll deductions.

**Liberty Mutual Home and Auto Program**
Receive premium discounts on auto, home and renter’s insurance through convenient payroll deductions.

**Paid Time Off**
Hologic provides time away from work with vacation, sick time, holidays and to volunteer within your community to help maintain balance between your mind, body and spirit.

**Parental Leave and Pay**
Birth and non-birth parents may receive up to 16 weeks (or more where required by state law) of job-protected parental leave for the care of a newborn or a newly-adopted child.
Birth and non-birth parents are eligible for 8 weeks of parental pay at 100%; for birth parents, this is in addition to receiving STD for weeks 2 through 8 at 100%.

**Partners in Giving Program**
Partner with Hologic to donate to your favorite non-profit organization.

**PerkSpot Discounts**
Access to discounts on travel, entertainment, cell phones, restaurants, apparel and more.

**Hologic Scholarship Program**
Money is awarded for undergraduate college, vocational and technical school programs.

**Tuition Reimbursement**
Provides reimbursement of up to $5,250 per calendar year for eligible expenses related to undergraduate and graduate courses.
# ID Cards

If you are enrolling in medical (including prescription and vision), dental or either Flexible Spending Account for the first time, you will receive member ID cards before July 1, 2022. If you are re-enrolling or switching plans, please see the chart below:

<table>
<thead>
<tr>
<th>If you are currently enrolled in:</th>
<th>And you enroll in:</th>
<th>You will:</th>
</tr>
</thead>
</table>
| CDHP with HSA PPO PPO Plus      | The same plan for the new plan year or you switch between the PPO and PPO Plus plans | • Receive a new BCBSMA Medical ID card (one card for each covered member)  
  • For CDHP plan, keep your current HealthEquity Visa® Health Account debit card and receive new debit card when your current card reaches expiration date  
  • Keep your current CVS Caremark prescription card |
| PPO or PPO Plus                 | CDHP with HSA     | • Receive a new BCBSMA Medical ID card (one card for each covered member)  
  • Receive a new CVS Caremark prescription card (two cards with your name on them) |
| CDHP with HSA PPO PPO Plus      | PPO PPO Plus      | • Receive a new BCBSMA Medical ID card (one card for each covered member)  
  • Receive a new CVS Caremark prescription card (two cards with your name on them) |
| Either Dental Plan              | Core Plan         | • Keep your current Delta Dental card |
|                                | Enhanced Plan     |                                                     |
| Healthcare or Dependent Care    | Healthcare or Dependent Care Flexible Spending Account | • Keep your current PayFlex Cards®  
  • Receive new card if your current card reaches expiration date |
| Flexible Spending Account       |                   |                                                     |

Even if you are not changing medical plans this year, all members will receive new BCBS ID cards.
Plan Resources
For more information about your benefits, visit the Benefits Open Enrollment site at benefitsopenenrollment.hologic.com to help you make confident enrollment decisions:

### 2022/2023 Benefits eCatalog

<table>
<thead>
<tr>
<th>Plan</th>
<th>Vendor</th>
<th>Website</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learn about all the benefits Hologic has to offer you and your family</td>
<td>Better Rewards Benefits page on MyHologic</td>
<td><a href="https://hologic.sharepoint.com/sites/MyHologic-Department-Benefits/">https://hologic.sharepoint.com/sites/MyHologic-Department-Benefits/</a></td>
<td>N/A</td>
</tr>
<tr>
<td>Benefits Self Service</td>
<td>Benefits Service Center</td>
<td>Live chat: hologicbenefits.com</td>
<td>844.319.3420</td>
</tr>
<tr>
<td>Back-up Care Support</td>
<td>Care@Work by Care.com</td>
<td>hologic.care.com</td>
<td>855.7811303</td>
</tr>
<tr>
<td>Medical (including telehealth and vision coverage)</td>
<td>Blue Cross</td>
<td>bluecrossma.org</td>
<td>800.358.2227</td>
</tr>
<tr>
<td>Prescription Drug Program</td>
<td>CVS Caremark</td>
<td><a href="https://www.caremark.com/wps/portal">https://www.caremark.com/wps/portal</a></td>
<td>855.271.6598</td>
</tr>
<tr>
<td>Dental</td>
<td>Delta Dental of Massachusetts</td>
<td>deltadalma.com</td>
<td>800.872.0500</td>
</tr>
<tr>
<td>Financial Health</td>
<td>Fidelity Investments,Ameriprise Financial</td>
<td>netbenefits.com</td>
<td>800.890.4015</td>
</tr>
<tr>
<td>Personal Healthcare Assistant, Second Medical Opinions and Treatment and Condition Support</td>
<td>Included Health</td>
<td>includedhealth.com/hologic</td>
<td>800.929.0926</td>
</tr>
<tr>
<td>Healthcare Advocacy – claims, coordination and navigation</td>
<td>Health Advocate</td>
<td>healthadvocate.com/hologic</td>
<td>866.695.8622</td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>HealthEquity</td>
<td>healthequity.com</td>
<td>877.694.3938</td>
</tr>
<tr>
<td>Personal Legal Matters</td>
<td>MetLife Legal Plan</td>
<td>info.legalplans.com</td>
<td>800.821.6400</td>
</tr>
<tr>
<td>Life, AD&amp;D, Short- and Long-Term Insurance, Critical Illness and Accident Insurance</td>
<td>Lincoln Financial</td>
<td>Email: <a href="mailto:hologic.benefits@hologic.com">hologic.benefits@hologic.com</a></td>
<td>844.319.3420</td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>Lyra</td>
<td>hologic.lyrahealth.com/worklife</td>
<td>877.301.0911</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Lyra Mental Health Benefits</td>
<td>hologic.lyrahealth.com</td>
<td>877.301.0911</td>
</tr>
<tr>
<td>Support for Nursing Moms</td>
<td>Milk Stork</td>
<td>milkstork.com/hologic</td>
<td>510.356.0221</td>
</tr>
<tr>
<td>Chronic Disease Prevention and Management Program</td>
<td>Omada</td>
<td>omadahealth.com/hologic</td>
<td>888.987.8337</td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSAs)</td>
<td>PayFlex</td>
<td>payflex.com</td>
<td>800.284.4885</td>
</tr>
<tr>
<td>Virgin Pulse Member Services</td>
<td>Virgin Pulse</td>
<td>iam.virginpulse.com</td>
<td>888.671.9395</td>
</tr>
</tbody>
</table>

### Benefit plan resources and summaries

- Medical plan cost comparison tool

###Disclaimer
This eGuide is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of the Hologic benefits program and does not constitute a contract. Consult your plan documents (Summary Plan Descriptions and Group Insurance Certificates) for a complete description of all governing contractual provisions, including benefits, exclusions, limitations and procedures relating to your plans. All of the terms and conditions of the plans are subject to applicable laws, regulations and policies. In case of a conflict between your plan documents and the information contained in this eGuide, the plan documents will always govern.