

# Benefits

## OPEN ENROLLMENT

2024 eGuide





# Our Commitment to You



**It's Open Enrollment: May 15 – May 31**

## For benefit plan year July 1, 2024 – June 30, 2025

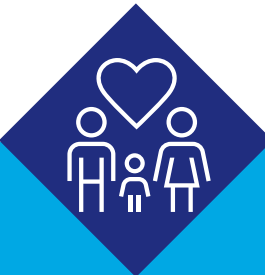
At Hologic, we're committed to helping people live better – and that commitment begins with you! Our Better Rewards program is developed with you in mind, focusing on helping you achieve **better health**, a **better future** and a **better life**.

Open Enrollment is the time to review, change, or update your benefits. It's important to revisit current benefits and discover new ones, even if you're not making changes. See **page 4** for more information.

This Benefits Open Enrollment eGuide highlights available benefit plans and key updates effective July 1, including how to enroll using **Benefits Self Service** at **HologicBenefits.com**.

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## DON'T MISS THE DEADLINE! ENROLL BY MAY 31

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).



## Welcome to Open Enrollment at Hologic!

We're excited to enhance your wellbeing with new Better Rewards offerings, including a standalone vision plan, peri/menopause care support and virtual physical therapy programs.

Some plans will see a modest premium increase, complemented by enhancements to better meet your family's healthcare needs.

Make your selections count. Explore your benefits today!



### **CLICK IT!**

Click the colored and bold text in the eGuide for detailed information on specific benefits.

Keep reading on to **page 3** for details on benefit changes and enhancements for the new plan year.

# Benefit Changes and Enhancements

## Health...be at your best



### Medical Coverage

- Vision coverage is being transitioned from **BCBSMA** to a standalone program with **EyeMed**.
- Hologic's PPO and PPO Plus plans will see no plan changes to deductibles, copays or coinsurance.
- CDHP with HSA In-Network Deductibles: Increased from \$1,500 (employee) / \$3,000 (family) to \$1,600 / \$3,200 in order to maintain HSA eligibility (per the IRS).
- In-Network Out-of-Pocket Maximums: Raised from \$3,000 (employee) / \$6,000 (family) to \$3,200 / \$6,400.

### Health Savings Account (HSA)

- Hologic is increasing its account contributions to \$700 for individuals and \$1,400 for families for those enrolled in the CDHP the entire plan year.
- Annual enrollment is required to keep benefits; without it, contributions stop after July 1, 2024.
- Maximum combined contribution limits are now \$4,150 for individuals and \$8,300 for families.

### Medical Plan Premium

All medical plans will incur a modest increase in premium:

- CDHP: 4%
- PPO Plan: 5%
- PPO Plus Plan: 5.5%

### NEW!

#### Vision Coverage

Our new standalone **EyeMed** vision plan offers the following benefits at an affordable premium:

- Comprehensive eye care coverage
- Ease of access to providers throughout the U.S.
- Benefits for exams and eyewear to maintain perfect vision.

You are eligible for this benefit even if you are not enrolled in a BCBSMA plan. You must enroll to have coverage.

### ENHANCED!

#### Dental Coverage

Our dental plans with **Delta Dental** are now even better!

- Preventive benefit enhancement
- Better white fillings coverage
- Right Start 4 Kids program (hint hint, most services are covered 100% up to age 13)
- Orthodontia maximum increased

#### Dental Plan Premium

Both plans will incur a modest increase of 4.4%.

### NEW!

#### Peri/Menopause Support

Hot flashes, mood swings and more – tackle peri/menopause head on with our dedicated resources and expert guidance through **Progyny!**

You must be enrolled in a Hologic BCBSMA plan to access plan benefits.

### NEW!

#### Virtual Physical Therapy

Use **Sword Health's** virtual physical therapy to ease and prevent back, joint and muscle pain right from home. Your custom plan:

- Is guided by a physical therapist
- Includes high-tech tools to help with acute, chronic or pre/post-surgery pain

You must be enrolled in a Hologic BCBS plan to access benefits.

### NEW!

#### Pelvic Health Support

Women, take charge of your health! Don't let pelvic pain, urinary leaking or bowel disorders slow you down. Find relief with **Sword's** pelvic-therapy solution from the comfort of your own home. You must be enrolled in a Hologic BCBS plan to access benefits.

#### Healthcare Flexible Spending Account (FSA)

- **You must enroll or re-enroll** in the Healthcare FSA to participate in the 2024/2025 plan year.
- The Healthcare FSA contribution maximum is increasing to \$3,200.
- **HealthEquity** will now administer the plan for a better experience with an automated claims substantiation process.

#### Dependent Care Flexible Spending Account (FSA)

- **HealthEquity** will now administer the plan for a better experience and streamlined process.

Information on these benefits and more start on **page 7**.



## Choose Well

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

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

**Review your life insurance now to secure the necessary income protection for your family. Apply anytime, but approval requires Evidence of Insurability.**

Most current plan choices will carry over, however you must actively enroll in vision, FSAs and HSA (when enrolled in the CDHP with HSA Plan) for the new year.

## NEED HELP WITH YOUR DECISIONS?

Use the information and decision support tools available on the **Benefits Open Enrollment site** at [BenefitsOpenEnrollment.Hologic.com](https://BenefitsOpenEnrollment.Hologic.com) to learn about plan offerings. You can also click the hyperlinks below and throughout this document.

- [Find information on what's coming July 1](#)
- [Read the Benefits eCatalog](#)
- [Determine benefit plan rates](#)
- [Discover plan resources](#)
- [Use the decision support tools](#)
- [Register for a Benefit Information Session](#)
- [Learn how to enroll or make changes](#)



## 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](https://BenefitsOpenEnrollment.Hologic.com) to help with your decisions.
3. **ENROLL** online using **Benefits Self Service** at [HologicBenefits.com](https://HologicBenefits.com) before May 31.



# 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 31, 2024. Otherwise, your coverage for any newly added dependent will not be effective as of July 1, 2024.
- 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 Benefits** page on **MyHologic**.



### CLICK IT!

Click the colored and bold text in the eGuide for detailed information on specific benefits.


# Enroll Today

To make benefit changes or enroll, log on to **Benefits Self Service** at [HologicBenefits.com](https://HologicBenefits.com) from **May 15 – May 31**, 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 **Benefits Self Service** at [HologicBenefits.com](https://HologicBenefits.com) from May 15 – May 31. 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).

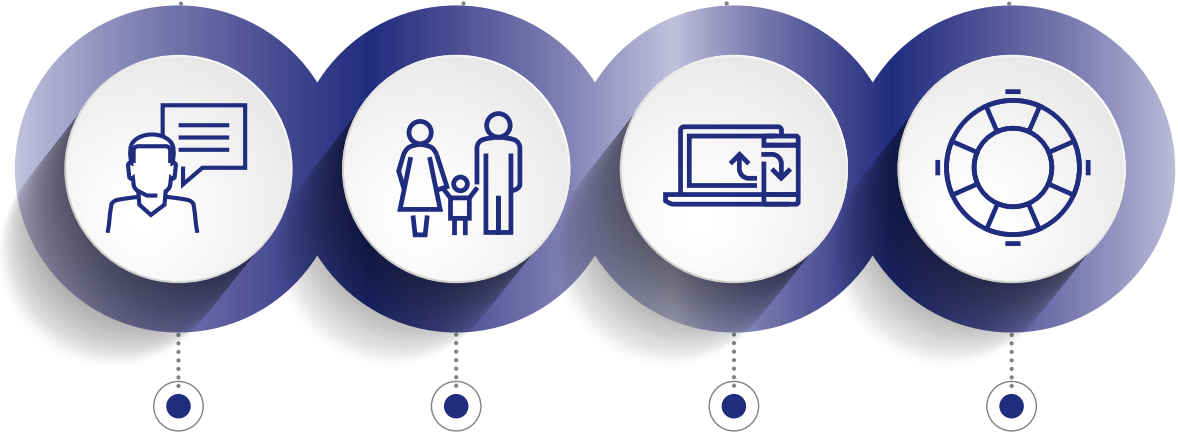


You may also make enrollment updates using the **MyChoice Mobile App** after retrieving an access code by logging into your account at [HologicBenefits.com](https://HologicBenefits.com). You can easily find the app on your Hologic smartphone or tablet home screen.

-  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** on or around **June 14, 2024** after you confirm your elections.

## Benefits Service Center



### Enrollment guidance

- How to enroll
- How to make qualified changes
- How to access resources

### 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 9 a.m. to 6 p.m. ET

**Live chat** [HologicBenefits.com](https://HologicBenefits.com) / Monday through Friday 8 a.m. to 8 p.m. ET

## Message Alert!

Check your personal Message Center on your home page for important alerts. Watch for an email notification from [Messenger@HologicBenefitSelfService.com](mailto:Messenger@HologicBenefitSelfService.com).



# 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 **2024/2025 Benefits eCatalog**.

BCBSMA Medical Option	Payroll Premium	Deductible	Coinsurance (% after deductible)	Copays (flat \$ after deductible)
CDHP with HSA	Lowest	Highest (offset by Company-funded HSA)	Low	N/A
PPO	Moderate	Moderate	Moderate	Moderate
PPO Plus	Highest	Lowest	Lowest	Lowest

## NEED MORE INFORMATION ABOUT THE HOLOGIC MEDICAL PLANS?

Click on the links below:

- [2024/2025 Benefits eCatalog](#)
- [Your Guide to the CDHP with HSA](#)
- [Summary of Benefits and Coverage \(SBCs\)](#)



## INDIVIDUAL MANDATE FOR HEALTH COVERAGE

Despite the federal health coverage mandate penalty being \$0, certain states still enforce their own mandates. To dodge state penalties, get insured via our benefits or through state/federal exchanges. For more on healthcare reform and mandates, check [healthcare.gov](https://www.healthcare.gov) or your state's exchange site.

## FIND A BCBSMA MEDICAL PROVIDER



### It's Your Choice

All three medical plans provide access to the same PPO network saving you out-of-pocket money over a non-network provider.

1. Visit [provider.bcbs.com](https://provider.bcbs.com).
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](https://BlueCrossMA.org) to search for an in-network provider.





## Medical Plans At-a-Glance

	CDHP with HSA Plan	PPO Plan	PPO Plus Plan
	In-Network You Pay	In-Network You Pay	In-Network You Pay
Plan year deductible	\$1,600 employee only <sup>1</sup> \$3,200 family <sup>1</sup>	\$1,000 per person \$2,000 per family <sup>2</sup>	\$750 per person \$1,500 per family <sup>2</sup>
Plan year out-of-pocket maximum	\$3,200 employee only <sup>3</sup> \$6,400 family <sup>3</sup>	\$3,500 per person \$7,000 per family <sup>4</sup>	\$2,500 per person \$5,000 per family <sup>4</sup>
Eligibility for tax-savings account	Health Savings Account (HSA) (see <a href="#">page 7</a> of Your Guide to the CDHP)	Healthcare Flexible Spending Account (FSA) (see <a href="#">page 13</a> )	
Hologic annual contribution to HSA	\$700 employee only \$1,400 family Prorated and funded per pay period	N/A	N/A
Preventive visits	No cost	No cost	No cost
Telehealth visits	No cost <sup>5</sup>	No cost	No cost
Primary care office visit	15% <sup>5</sup>	\$30 copay <sup>5</sup>	\$25 copay <sup>5</sup>
Other covered providers (specialists) office visit	15% <sup>5</sup>	\$50 copay <sup>5</sup>	\$40 copay <sup>5</sup>
Diagnostic X-rays and lab tests, including CT scans, MRIs, PET scans and nuclear cardiac imaging tests	15% <sup>5</sup>	20% <sup>5</sup>	10% <sup>5</sup>
Breast health imaging (Ultrasounds, MRIs, CT, PET scans)	No cost <sup>5</sup>	No cost	No cost
Fertility and family building benefits	3 Smart Cycles provided by Progyny. See <a href="#">page 14</a> for more information. BCBS Medical Plan cost share applies.		
Inpatient hospitalization	15% <sup>5</sup>	20% <sup>5</sup>	10% <sup>5</sup>
Peri/menopause support	Women: Get Progyny expert help for symptoms like hot flashes, weight gain, brain fog, aches, hormone changes and more. (BCBS Medical Plan cost share applies)		
Chiropractic care (90 visits per calendar year)	15% <sup>5</sup>	\$50 copay <sup>5</sup>	\$40 copay <sup>5</sup>
Acupuncture (20 visits per calendar year)	15% <sup>5</sup>	\$50 copay <sup>5</sup>	\$40 copay <sup>5</sup>
Emergency room	15% <sup>5</sup> applies to in-network deductible only	\$150 per visit; no deductible	\$150 per visit; no deductible
Outpatient mental health/substance use treatment	15% <sup>5</sup>	\$30 copay <sup>5</sup>	\$25 copay <sup>5</sup>
Prescription drug	See <a href="#">page 9</a>	See <a href="#">page 9</a>	See <a href="#">page 9</a>

## Employee Premiums

Rates shown are effective July 1, 2024 – June 30, 2025

	CDHP with HSA Plan	PPO Plan	PPO Plus Plan
<b>Biweekly Rate* (26 pay periods)</b>			
Employee Only	\$32.56	\$54.87	\$122.85
Employee + 1	\$91.17	\$124.83	\$252.93
Family	\$136.76	\$187.25	\$379.39
<b>Semi-monthly Rate** (24 pay periods)</b>			
Employee Only	\$35.27	\$59.45	\$133.09
Employee + 1	\$98.77	\$135.24	\$274.01
Family	\$148.16	\$202.85	\$411.01

\* Biweekly means you are paid every other Friday.

\*\* Semi-monthly means you are paid on the 15th and the last day of the month.

### MEDICAL PLAN PREMIUM CREDIT

Any wellness premium credit earned for the July 1, 2024 plan year will be applied in the benefits enrollment system.

Don't forget this year you can earn even more – up to \$300. Visit the [Wellness Guide](#) for more information.



- 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.



## Feel Better – Prescription Drugs



All three medical plans include retail and mail order prescription drug coverage through **CVS Caremark**. See the **2024/2025 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

When enrolled in:	CDHP with HSA Plan <sup>1</sup>	PPO or PPO Plus Plan
Fill at <sup>2</sup> : <b>CVS Caremark Network Pharmacy</b> : 30-day supply <b>CVS Retail Store Pharmacy using Maintenance Choice</b> : 90-day supply <sup>3</sup> Mail Order: 90-day supply <sup>3</sup>		
Generic (Tier 1)	\$10 copay at retail <sup>5</sup> \$20 copay at mail order <sup>5</sup>	\$10 copay at retail \$20 copay at mail order
Preferred brand name (Tier 2)	25% <sup>5</sup>	\$30 copay at retail \$60 copay at mail order
Non-preferred brand name (Tier 3)	35% <sup>5</sup>	\$50 copay at retail \$100 copay at mail order
Specialty medication (Tier 4) <sup>4</sup>	Covered within respective tier level or \$0 with PrudentRx <sup>6</sup>	\$150 copay through specialty pharmacy or \$0 with PrudentRx
<div style="background-color: #4a5568; color: white; padding: 2px; border-radius: 5px; display: inline-block;">Save with PrudentRx</div>		
Out-of-pocket maximum	Combined with medical out-of-pocket maximum \$3,200 per employee only coverage \$6,400 per family coverage	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



### 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 will receive communications directly from Caremark and PrudentRx and should enroll to take advantage of significant cost savings.

<sup>1</sup> Certain preventive drugs are not subject to the medical plan year deductible.  
<sup>2</sup> Fill options may be limited for specialty and diabetic medications.  
<sup>3</sup> 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.  
<sup>4</sup> These medications are typically used to treat complex conditions such as autoimmune disorders, multiple sclerosis and hemophilia, for example.  
<sup>5</sup> After medical plan year deductible is met.  
<sup>6</sup> Specialty medications filled through PrudentRx on the CDHP with HSA Plan apply towards deductible but not out-of-pocket maximum.



## Virtual Care from Anywhere



Eliminate the wait times found at traditional appointments with these solutions that increase the flexibility and convenience of access to the care you want and need.

### Telehealth

Telehealth enables 24/7 remote medical consultations with BCBSMA healthcare providers through digital devices, offering a convenient way to access care for non-urgent health needs from anywhere you are and no cost\* to you when enrolled in Hologic's medical plan.

### Virtual Primary Care

BCBSMA members have access to **virtual primary care** at no cost\*. Virtual primary care allows patients to have routine check-ups, manage chronic conditions and receive general health guidance from primary care physicians online, without an in-person visit.



### Peri/Menopause Support

Comprehensive benefits are provided to support the many transitions in a woman's life. When enrolled in Hologic's medical plan, this program can help you manage your unique symptoms – weight fluctuations, anxiety, insomnia, brain fog, fatigue, joint pain and hot flashes.

- Virtually connect to OB/GYNs, nurse practitioners, registered dietitians and mental health clinicians for integrative and ongoing care.
- Receive personalized hormonal and non-hormonal treatment plans, lifestyle support and symptom relief.
- Access early screenings for chronic conditions including cancer, cardiovascular and metabolic issues and more.

Provided through **Progyny**, get the care you deserve, manage your symptoms and boost your overall health.

### Virtual Physical Therapy and Pelvic Support

Programs provided through **Sword Health** help prevent and relieve pain from anywhere you are with a personalized plan designed by your dedicated physical therapist.

- Digital physical therapy utilizes and best-in-class technology for data collection, real-time feedback, check-ins and support to eliminate pain in your back, joint and muscles.
- Work with a physical health specialist and a tracking device to keep moving and eliminate recurring chronic pain and injury with the Move\*\* program.
- Women have access to comprehensive care for pelvic disorders, reproductive health, bladder and bowel disorders right from the comfort of their own home through the Bloom\*\* program, which utilizes the Elvie pod trainer.

You must be enrolled in a Hologic medical plan to use this benefit.

\* Subject to deductible when enrolled in the CDHP with HSA.  
\*\* Not available in Puerto Rico.



## Something to Smile About – Dental



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 coverage of white fillings. More information can be found on the **Dental** page on **MyHologic**.

### Dental Plans At-a-Glance

	Core Plan	Enhanced Plan
Plan year deductible	\$100 per individual \$300 per family	\$50 per individual \$150 per family
Plan year maximum benefit	\$750 per individual	\$2,000 per individual
<b>In-Network</b>		
Preventive Exams, cleanings, sealants, X-rays	100%	100%
Restorative Fillings, extractions, root canals, oral surgery	80% <sup>1</sup>	80% <sup>1</sup>
Major treatment Crowns, dentures	50% <sup>1</sup>	60% <sup>1</sup>
Orthodontia Adults and children	Not covered	50%
Lifetime orthodontia benefit	N/A	<b>ENHANCED!</b> \$2,500 per individual
<b>Biweekly Rate<sup>2</sup> (26 pay periods)</b>		
Employee Only	\$3.65	\$8.51
Employee + 1	\$6.97	\$16.26
Family	\$10.22	\$23.83
<b>Semi-monthly Rate<sup>3</sup> (24 pay periods)</b>		
Employee Only	\$3.95	\$9.22
Employee + 1	\$7.55	\$17.61
Family	\$11.08	\$25.82

<sup>1</sup> After dental plan year deductible is met. <sup>2</sup> Biweekly means you are paid every other Friday.

<sup>3</sup> 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.

**NEW!**

### PREVENTIVE CARE UPDATE

Preventive care services will no longer count toward the plan year maximum benefit. So you'll have more money available for bigger treatments like fillings or crowns.



Roll over a portion of your unused dental benefits from one plan year to the next with the **Rollover Max feature**.

**NEW!**

### INTRODUCING THE RIGHT START 4 KIDS<sup>SM</sup> BENEFIT

The sooner good oral health habits are created, the easier it is to prevent cavities, pain and infections. That's why Right Start 4 Kids covers 100% of the cost of covered care with in-network dentists for children up to their 13th birthday. This means no deductibles or coinsurance for covered preventive, diagnostic, basic and major services up to the maximum benefit of the plan the child is enrolled in.





## Seeing Brighter – Vision



Introducing our new standalone vision coverage with **EyeMed**, separate from medical! All benefit-eligible employees can enroll even if not on the medical plan. Brighten your view with routine exams, lenses, frames, contact lenses and even prescription sunglasses.

Save money by using an in-network or PLUS Provider. Visit the **EyeMed Virtual Benefit Fair** to learn about this new coverage and locate a provider.

Code: **YN741M5H**

Don't miss out – make sure to sign up to secure your vision coverage!!

### FRAMES OR CONTACTS?

There's no need to choose! You can get both frames AND contacts in the same year. That's a \$500 value!

### ADDITIONAL SAVINGS

Don't miss out on these additional in-network discounts:

- 40% off a second pair of glasses
- 20% off blue light filtering and some non-prescription sunglasses
- Hearing aids from Amplifon Network
- Lasik or PRK from U.S. Laser Network



### Vision Plan At-a Glance

All services and material are covered once every plan year (July 1 – June 30).

Covered Services/Material	In-Network You Pay	Out-of-Network You are Reimbursed
Eye exam	\$0	Up to \$57
Frames	Covered up to \$250 <sup>1</sup> , then 20% discount	Up to \$200
<b>Lenses (Choose either Eyeglass Lenses OR Contact Lenses)</b>		
<b>Eyeglass Lenses</b>		
Single, bifocal, trifocal, lenticular, standard progressive	\$0	Between \$47 and \$113, depending on the lens type
Progressive premium tier 1-4	Covered between \$85-\$215	Up to \$95
<b>Contact Lenses</b>		
Conventional	Covered up to \$250, then 15% discount	Up to \$200
Disposable	Covered up to \$250	Up to \$200
Medically necessary	\$0	Up to \$300

### Employee Premiums

	Biweekly Rate <sup>2</sup> (26 pay periods)
Employee Only	\$5.42
Employee + 1	\$10.30
Family	\$15.12
	Semi-monthly Rate <sup>3</sup> (24 pay periods)
Employee Only	\$5.87
Employee + 1	\$11.16
Family	\$16.38

<sup>1</sup> Coverage increases to \$300 when you visit a PLUS Provider.

<sup>2</sup> Biweekly means you are paid every other Friday.

<sup>3</sup> Semi-monthly means you are paid on the 15th and the last day of the month.



## Stretch Your Dollars – Healthcare Flexible Spending Account (FSA)



The Healthcare FSA is now administered through **HealthEquity** and 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.

Account Feature	Healthcare FSA
Goal	Pay for qualified healthcare expenses for yourself and eligible family members not already reimbursable by a medical or dental plan
Plan year pre-tax election	Minimum amount: \$100 Maximum amount: \$3,200
Qualified healthcare expenses	<ul style="list-style-type: none"><li>• Medical and dental out-of-pocket expenses</li><li>• Glasses and contact lenses not already paid for by the vision plan, as well as LASIK surgery</li></ul>

### HSA's AND FSA's DON'T MIX

If you are considering enrolling in the CDHP with HSA plan and you are currently enrolled in a Healthcare FSA, please note that you should plan to deplete your entire FSA balance by June 30, 2024. The IRS does not allow contributions into an HSA while funds are available in a Healthcare FSA.



### 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.
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. Continue to submit and validate claims through Inspira Financial (formerly named Payflex) for the current plan year.
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 **HealthEquity**.



## Fertility and Family Support – Progyny



Your fertility and family building benefits are offered through **Progyny** (when enrolled in a BCBSMA plan). Progyny provides superior clinical outcomes, flexible treatment plans and exceptional member experiences.

Benefits include:

- Comprehensive treatment coverage leveraging the latest technologies and treatments
- Access to high-quality care through a premier network of fertility specialists
- Integrated fertility medication coverage with Progyny Rx
- Personalized emotional support and guidance for every path to parenthood from dedicated Patient Care Advocates (PCAs)

To make your fertility benefit easier to understand and utilize, Progyny bundles all the individual services, tests and treatments you may need into Smart Cycles. Each treatment or service is expressed as a fraction, so you always know your benefit balance. You and your physician work together to create a customized treatment path.

Coverage is available for three Smart Cycles. Covered services, treatments and tests include, but are not limited to:

- Genetic testing, including PGT-A, PGT-M/PGT-SR
- In vitro fertilization (IVF) – fresh cycle, freeze-all, reciprocal
- Frozen Embryo Transfer (FET)
- Intrauterine Insemination (IUI)
- Pre-Transfer Embryology Services
- Egg, Embryo and Sperm Freezing



### FIND MORE INFORMATION

Call your Progyny Patient Care Advocate at **866.946.0633** to learn more and activate your benefit.



# Future...plan for a sure tomorrow

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



## CLICK IT!

Click the colored and bold text in the eGuide for detailed information on specific 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.

Coverage for:	Coverage Amount	Maximum
Employee*	Increments of \$10,000	Up to a maximum of \$1,000,000
Spouse/domestic partner	Increments of \$10,000	The lesser of \$500,000 or your combined basic and optional employee life coverage amount
Child(ren)	\$2,500, \$5,000 or \$10,000	

\* 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**.

Plan	Waiting Period	Benefit
Short-term disability	7 days	<b>Weeks 2-8:</b> 100% of your pre-disability earnings* <b>Weeks 9-13:</b> 60% of your pre-disability earnings*
Long-term disability	90 days	60% of pre-disability earnings* up to a maximum monthly benefit of \$25,000.  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.

\* 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.

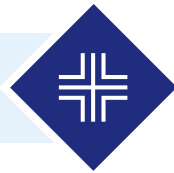
## Build Financial Security – Fidelity Investments



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

## 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.

## TAKE CARE OF YOURSELF AND GET \$100!

Receive \$100 per person (up to \$600 per family) per plan year with the critical illness Insurance plan when you and your covered family members complete one of the following policy-covered services, such as:

- Electrocardiogram
- Stress test
- Mammogram
- Colonoscopy
- Pap smear
- Diabetes screening
- And other policy-qualified services
- 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 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](https://www.inflegalplans.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 is now administered through **HealthEquity** and 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.

Account Feature	Dependent Care FSA <sup>1,2</sup>
Purpose	Pay for qualified dependent care expenses so you and, if you are married, your spouse can work
Plan year pre-tax election	Minimum amount: \$100 Maximum amount: \$5,000 <sup>3</sup> (\$2,500 if married and filing separate tax returns)
Qualified expenses	<ul style="list-style-type: none"><li>• Child and elder care provided in your home</li><li>• Child and elder care provided in an approved day care center</li><li>• Before- and after-school programs</li><li>• Day camp, but not overnight camp</li></ul>

<sup>1</sup> All dependent care providers must have a Social Security number or tax identification number.

<sup>2</sup> 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.

<sup>3</sup> 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.
- **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. Continue to submit and validate claims through Inspira Financial (formerly named Payflex) for the current plan year.
- 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 **HealthEquity**.



# Additional Benefits for Added Protection, Value and Convenience

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 on the benefit name.



## Included Health Expert Medical Opinions and Support

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.

## Lyra Mental Health Benefit

With this go-to for evidence-based mental healthcare, receive mental health services including 1-on-1 coaching or therapy sessions with a mental health provider, or utilize the self help guides and programs.

## Omada Chronic Disease Prevention and Lifestyle Management Program

Access ongoing support that combines the latest digital technology (smart scale and blood pressure cuff) and personalized approach for those that are at risk for certain chronic diseases such as type 2 diabetes, hypertension or heart disease.

## SmartConnect Medicare Support

Receive guidance and support when considering Medicare options as you become eligible. Whether you are still working or are starting to transition into retirement, this is available at no cost.



## 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.

## Employee Stock Purchase Plan

This voluntary program allows you to purchase Hologic stock at a 15% discount through payroll deductions.



## Adoption or Surrogacy Reimbursement

Reimbursement of up to \$10,000 each is available for eligible expenses related to the adoption or surrogacy of a child.

## Ameriprise Financial Workplace Education and Personal Consulting

Periodic financial educational seminars are provided, as well as a free 30-minute consultation with a financial advisor.

## Care@Work by Care.com

Access 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 Wellness 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.

## Lyra Employee Assistance Program

Balance work and life with services such as legal and financial advice, identity theft and dependent care needs.

## Milk Stork

On-the-go breast milk storage, toting and transportation assistance while traveling for work, as well as lactation support consulting are provided.

## 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 birth parents receiving STD for weeks 2 through 8 at 100%.

## Partners in Giving Matching Gift Program

Partner with Hologic to donate to your favorite non-profit organization.

## PerkSpot Discounts

Access discounts on travel, entertainment, cell phones, restaurants, apparel and more.

## Tuition Reimbursement

Reimbursement of up to \$5,250 per calendar year is provided for eligible expenses related to undergraduate and graduate courses.



## ID Cards

If you are enrolling in medical (including prescription), dental, vision or either Flexible Spending Account for the first time, you will receive member ID cards before July 1, 2024. If you are re-enrolling or switching plans, please see the chart below:

If you are currently enrolled in the below plan(s) for the 2023-2024 plan year:	And you enroll in the below plan(s) for the 2024-2025 plan year:	You will:
CDHP with HSA PPO PPO Plus	The same plan for the new plan year	<ul style="list-style-type: none"> <li>Keep your current BCBSMA Medical ID card (one card for each covered member)</li> <li>For CDHP plan, keep your current HealthEquity Visa® Health Account debit card and receive new debit card when your current card expires</li> <li>Keep your current CVS Caremark prescription card</li> </ul>
PPO or PPO Plus	CDHP with HSA	<ul style="list-style-type: none"> <li>Receive a new BCBSMA Medical ID card (one card for each covered member)</li> <li>Receive a new CVS Caremark prescription card (two cards with your name on them)</li> <li>Receive a HealthEquity Visa® Health Account debit card if enrolling for the first time</li> </ul>
PPO or PPO Plus	You switch between the PPO and PPO Plus Plans	<ul style="list-style-type: none"> <li>Receive a new BCBSMA Medical ID card (one card for each covered member)</li> <li>Keep your current CVS Caremark prescription card</li> </ul>
CDHP with HSA	PPO PPO Plus	<ul style="list-style-type: none"> <li>Receive a new BCBSMA Medical ID card (one card for each covered member)</li> <li>Receive a new CVS Caremark prescription card (two cards with your name on them)</li> </ul>
Either Dental Plan	Core Plan Enhanced Plan	<ul style="list-style-type: none"> <li>Keep your current Delta Dental card</li> </ul>
Healthcare or Dependent Care Flexible Spending Account	Healthcare or Dependent Care Flexible Spending Account	<ul style="list-style-type: none"> <li>Receive a new HealthEquity Visa® Health Account debit card to start using July 1 for Healthcare FSA only</li> <li>Debit cards will not be generated for Dependent Care FSA</li> <li>If you have money remaining in your Inspira Financial FSA Account, you have until the grace period end date of September 15, 2024 to deplete those funds at Inspira Financial or you will lose them</li> </ul>
Vision through BCBSMA	Vision through EyeMed	<ul style="list-style-type: none"> <li>Receive two EyeMed ID cards with your name on them</li> </ul>



# Plan Resources

For more information about your benefits, visit the **Benefits Open Enrollment site** at [BenefitsOpenEnrollment.Hologic.com](https://BenefitsOpenEnrollment.Hologic.com) to help you make confident enrollment decisions:

[2024/2025 Benefits eCatalog](#)

[Benefit plan resources and summaries](#)

[Medical plan cost comparison tool](#)

Plan	Vendor	Website	Phone Number
<a href="#">Learn about all the benefits Hologic has to offer you and your family</a>	<a href="#">Better Rewards Benefits</a> page on MyHologic	<a href="https://Holx.co/MyHologic.USbenefits">Holx.co/MyHologic.USbenefits</a>	N/A
<a href="#">Benefits Self Service</a>	Benefits Service Center	Live chat: <a href="https://HologicBenefits.com">HologicBenefits.com</a>	844.319.3420
<a href="#">Medical (including telehealth coverage)</a>	Blue Cross Blue Shield of MA	<a href="https://BlueCrossMA.org">BlueCrossMA.org</a>	800.358.2227
<a href="#">Back-up Care Support</a>	Care@Work by Care.com	<a href="https://Hologic.Care.com">Hologic.Care.com</a>	855.781.1303
<a href="#">Prescription Drug Program</a>	CVS Caremark	<a href="https://Caremark.com/wps/portal">Caremark.com/wps/portal</a>	855.271.6598
<a href="#">Dental</a>	Delta Dental of Massachusetts	<a href="https://DeltaDentalMA.com">DeltaDentalMA.com</a>	800.872.0500
<a href="#">Vision</a>	EyeMed	<a href="https://EyeMed.com">EyeMed.com</a>	During open enrollment: 866.804.0982 After open enrollment: 866.800.5457
<a href="#">Financial Health</a>	Fidelity Investments Ameriprise Financial	<a href="https://NetBenefits.com">NetBenefits.com</a> Email: <a href="mailto:Tom.g.duval@ampf.com">Tom.g.duval@ampf.com</a>	800.890.4015 617.367.1006
<a href="#">Health Savings Account (HSA), Flexible Spending Accounts (FSAs)</a>	HealthEquity	<a href="https://HealthEquity.com">HealthEquity.com</a>	877.694.3938
<a href="#">Personal Healthcare Assistant, Second Medical Opinions and Treatment and Condition Support</a>	Included Health	<a href="https://IncludedHealth.com/Hologic">IncludedHealth.com/Hologic</a>	800.929.0926
<a href="#">Life, AD&amp;D, Short- and Long-Term Insurance, Critical Illness and Accident Insurance</a>	Lincoln Financial	<a href="https://MyLincolnPortal.com">MyLincolnPortal.com</a> <a href="https://LincolnFinancial.com">LincolnFinancial.com</a>	800.713.7384 800.423.2765
<a href="#">Employee Assistance Program (EAP)</a>	Lyra	<a href="https://Hologic.LyraHealth.com/worklife">Hologic.LyraHealth.com/worklife</a> (Company code: <b>LyraHologic</b> )	877.301.0911
<a href="#">Mental Health</a>	Lyra Mental Health Benefits	<a href="https://Hologic.LyraHealth.com">Hologic.LyraHealth.com</a> <a href="#">Watch this video</a> to learn more	877.301.0911
<a href="#">Personal Legal Matters</a>	MetLife Legal Plan	<a href="https://Info.LegalPlans.com">Info.LegalPlans.com</a> Access code: 6091281	800.821.6400
<a href="#">Support for Nursing Moms</a>	Milk Stork	<a href="https://MilkStork.com/Hologic">MilkStork.com/Hologic</a>	510.356.0221
<a href="#">Chronic Disease Prevention and Management Program</a>	Omada	<a href="https://OmadaHealth.com/Hologic">OmadaHealth.com/Hologic</a>	888.409.8687
<a href="#">Fertility and Family Building</a>	Progyny	N/A	866.946.0633
<a href="#">Peri/Menopause Support</a>	Progyny	N/A	866.946.0633
<a href="#">Medicare Decision Support</a>	SmartConnect	<a href="https://gps.SmartMatch.com/Hologic">gps.SmartMatch.com/Hologic</a>	833.859.1160
<a href="#">Virtual Physical Therapy and Pelvic Support</a>	Sword Health	<a href="https://meet.SwordHealth.com/Hologic">meet.SwordHealth.com/Hologic</a>	888.492.1860
<a href="#">Virgin Pulse Member Services</a>	Virgin Pulse	<a href="https://Iam.VirginPulse.com">Iam.VirginPulse.com</a>	888.671.9395

## 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.

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