LAIKA
care

EMPLOYEE BENEFITS GUIDE

2025

HERE IS SOME IMPORTANT INFORMATION YOU SHOULD KNOW:

Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices at the end of this guide for more details.

This guide is an overview and does not provide a complete description of all benefit provisions. For additional information, please refer to summary plan descriptions (SPDs), which are electronically posted at https://laikallc.sharepoint.com/SitePages/benefits.aspx. To request physical copies of this handbook or plan documents, please e-mail benefits@laika.com.

A list of plan contacts is included at the back of this guide.

Benefits in this summary are effective 1/1/2025 - 12/31/2025

WHAT'S INSIDE?

WELCOME TO OPEN ENROLLMENT 2025!

One of the best things about working at LAIKA is having access to the incredible benefits that we offer. Our benefits program is as unique as we are! Our goal is to continue to provide you with a benefits package that reflects our "employee first" culture, designed around choice, equity, flexibility, and value. We are excited to showcase it to you, and to provide you with access to programs and tools that enable you and your loved ones to be healthy and well: physically, mentally, and financially.

Open Enrollment will be held from October 21 to November 1. This is the one time per year when you can make changes to your LAIKA benefits package for any reason. Any changes that you make during Open Enrollment will be effective on January 1, 2025. LAIKA is also hosting an onsite **Benefits Fair** on October 23! Come visit the vendors and ask them all your burning insurance questions.

We are very pleased to announce some positive changes to our benefits package for 2025:

- **New Medical Plan Administrator**: Our health plan will no longer be administered by Luminare and will now be administered by **Regence Group Administrators (RGA)**. With the change to RGA, we will no longer use the Cigna provider network and will move to the Regence BlueCross BlueShield network. BlueCross BlueShield has one of the largest, national networks of doctors and hospitals. Watch for your **New ID Card** to arrive in the mail by 1/1/2025.
- **New Pharmacy Benefit Manager (PBM)**: Our prescription drug plan will now be through **OptumRx** administered by **RxBenefits**. Consider refilling prescriptions prior to year end. Please use your new ID card to fill any prescriptions starting January 1, 2025.
- **More Massage Therapy!** The calendar year limit for massage therapy will increase from 18 visits to 24 visits, starting in 2025. Chiropractic care and acupuncture will continue at 18 visits each per calendar year.
- Complex imaging and major diagnostics such as MRIs, CT scans, etc. performed at in-network free standing facilities will no longer have a separate benefit. These services will now be subject to participant deductible first then 20% coinsurance.
- **Flexible Spending Account (FSA)** administration will move to Health Equity, an integrated partner of RGA. Please review the Flexible Spending section of this guide for important information on this transition.
- **CancerCare Reimbursement Program**: LAIKA will continue to cover 100% of all cancer-related claims if you participate in the CancerCare Program. If you are diagnosed with cancer and participate in the CancerCare program, your cancer-related claims will now be reimbursed through a **Health Reimbursement Account**. Once your claim is processed through the medical plan, you will receive a reimbursement check for all cancer-related out of pocket costs.
- **Expanded** benefits through **Carrot**! Carrot offers support, exclusive resources, and financial coverage for **Gender Affirming Care** and for people going through **Menopause and Low Testosterone (low T) changes**.
- LAIKA has partnered with **LYLA** to offer **free personal assistance services to employees.** Through LYLA you will work with expert researchers to plan events and trips, manage errands, walk the dogs, and much more.

- LAIKA will discontinue the Employee Assistance Program (EAP) through Modern Health, however the EAP through Unum will continue to be available to you and your family members at no cost. This program provides three counseling visits, per issue, at no cost to you with a licensed professional counselor.
- **Onsite Behavioral Health Provider!** LAIKA is expanding our relationship with One Medical, and employees will now have access to onsite mental health visits every Wednesday with Dr. Elliot Witherspoon, MS, LPC. You can book your appointment via the One Medical app.
- **Paid Leave Oregon:** In September 2023, LAIKA launched the studio's Paid Leave Oregon equivalent plan for employees working in the state of Oregon. Paid Leave Oregon is a state-mandated program that provides paid time off for family, medical, and safe leave. **The plan is designed to be funded through a shared cost model between individuals and employers, where both the company and employee contributes.** Oregon's recommendation is that employees contribute 60% of the total premium, and the company should cover the remaining 40%. LAIKA has decided to implement a shared cost model of 50/50. Starting January 1, 2025, LAIKA will implement a 50/50 shared cost model for the program, and the employee's contribution will be 0.5% of their gross wages, up to an annual maximum of $168,800, automatically deducted from their paycheck on a post-tax basis.
- We have partnered with **BMI Audit Services** to perform a **relationship verification for dependent(s)** enrolled in our medical, dental, and vision program. LAIKA maintains a self-funded health plan which requires that we be fully compliant with all federal laws and regulatory requirements. We must also be good stewards of our healthcare dollars to help mitigate increases for LAIKA and for employees. The purpose of this audit is to ensure the accuracy of our benefits records and confirm that all dependents covered under our plan are eligible for coverage. Look for more information beginning 2025!

General Reminders

- **Flexible Spending:** If you would like to participate in the Health Care Flexible Spending Account and/or Dependent Care Flexible Spending Account, you have to re-enroll in this benefit each year. Remember, these are the plans that allow you to pay for qualified health care expenses and day care expenses *with pre-tax dollars!* It will save you money on taxes as well as help you budget for these expenses in 2025.

- **Extra Life Insurance:** During Open Enrollment, if you are currently participating in the voluntary (employee paid) life insurance benefit, you can increase your coverage up to the below limits with *no medical questions asked*! This is called the "guarantee issue" limit:
  - Employee: $180,000
  - Spouse/Domestic Partner: $30,000

  If your coverage already exceeds these amounts, or if you are not currently enrolled in the voluntary life program, and you would like to purchase additional coverage (or newly enroll, assuming you are not a new hire), you will need to complete an application and medical questionnaire and submit it to Unum for approval.

- **CANCERCARE:** Almost nothing is scarier than receiving a cancer diagnosis. CancerCare was developed to ensure you receive the best possible care. The program provides access to cancer experts that can answer questions about your diagnosis, treatment, and potential side effects. CancerCare team members advocate to ensure you receive evidence-based care that has been developed by leading cancer Centers of Excellence with tested and proven results. They can guide you through your treatment process, helping you utilize all resources that are available. By participating in the CancerCare program, members are eligible to have 100% of the cost of their care covered by the plan. With a 100% coverage benefit, you can have peace of mind from financial worries while you benefit from their years of cancer experience, as they support and educate you throughout your treatment. For more information or upon diagnosis, please call 877-640-9610.

This Benefits Guide was created to help you learn about your benefits, review highlights of the available plans, and to assist you as you make selections that best fit your lifestyle and budget during 2025. We offer education and help understanding your benefits, via your Partners Group service team. We have included their contact information, the LAIKA benefits team email and phone numbers, as well as information on who to contact with questions for particular plans under “Your Benefits Contacts.”

In addition, a Summary of Benefits and Coverage (SBC) will be provided to help you make your healthcare coverage choices. The SBC summarizes information about your medical plan options and is in a standard format required by the Affordable Care Act. Additional copies are also available, free of charge.

ARE YOU ELIGIBLE FOR BENEFITS?

You're eligible for benefits if you are a full-time employee working 20 hours or more per week.

IMPORTANT: Employees with variable hours and seasonal schedules may be considered eligible if they work on average 30 hours a week or 130 hours a month. LAIKA measures hours worked using the Look-Back Measurement Method as required by the Affordable Care Act (ACA). Refer to Determining Eligibility later in this guide for details.

YOUR ELIGIBLE DEPENDENTS

- Legally married spouse and eligible Domestic Partners, as indicated via signed affidavit.
- Natural, adopted, or step children up to age 26
- Tax dependents who are disabled and dependent on you for support
- Children named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law

Family members such as parents, grandparents and siblings who are not your tax dependents as described above are not eligible for coverage. In addition, an employee of LAIKA cannot be covered as both an employee and a dependent of another employee (for example, a spouse).

WHEN YOU CAN ENROLL

You can enroll in benefits as a new hire or during the annual open enrollment period. New hire coverage begins on your hire date if you enroll within 31 days of becoming eligible. If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason).

CHANGING YOUR BENEFITS

Outside of open enrollment, you may add or remove dependents or alter your benefit enrollments if you have a big change in your life and submit your request within 30 days. Qualifying life events include:

- change in legal marital status
- change in number of dependents or dependent eligibility status
- change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- change in newly shared, or end of shared, residence with eligible domestic partner
- change in residence that affects access to network providers
- change in your health coverage or your spouse's coverage due to your spouse's employment
- change in an individual's eligibility for Medicare or Medicaid
- court order requiring coverage for your child
- "special enrollment" event under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

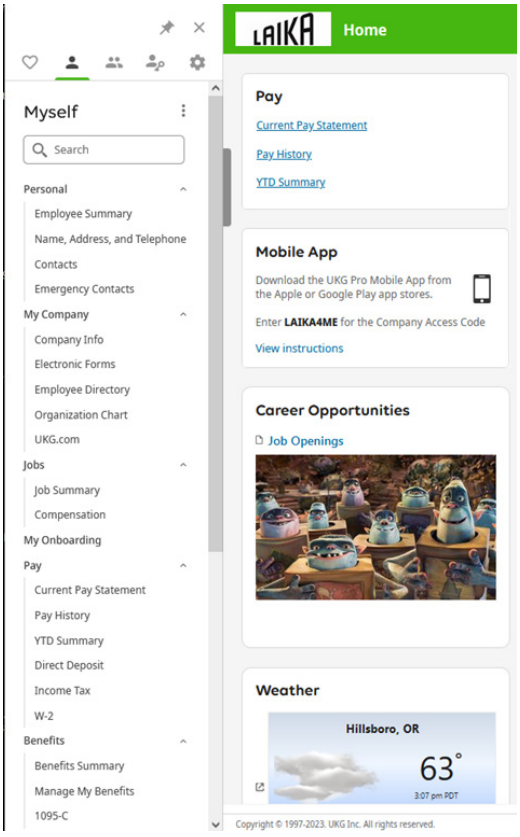
HOW TO ENROLL

All benefit enrollments are completed in LAIKA's HR, benefits, and payroll system – UKG:

1. Visit https://laika.ultipro.com
   a. Log in using your single sign on.
   b. If you are using UKG for the first time or just had your account reset, check your email for your temporary password. If you have forgotten your log in please reach out to payroll.
2. Go to *My Benefits* using the navigation menu on the left.
3. To elect your Open Enrollment 2025 benefits, choose the blue *open enrollment* link.

   Troubleshooting Tips if PlanSource does not open for you :
   - Make sure you are using Chrome if on a desktop.
   - If you are using an Iphone, make sure you have cross site tracking turned off in settings.
     - Settings > Safari > Scroll Down and turn on Prevent Cross-Site Tracking

If you have any questions about the enrollment process, please contact benefits@laika.com.



MEDICAL + PRESCRIPTION COVERAGE

New Medical Plan Administrator

On January 1, 2025, LAIKA will move our medical plan benefits to Regence Group Administrators (RGA). LAIKA members will access the BlueCross BlueShield (BCBS) network of doctors and hospitals. We encourage you to use doctors, hospitals, and facilities that participate in the BCBS network. By doing so, you will have the lowest out-of-pocket costs. If you choose to see an out-of-network provider, the Plan will pay a reduced amount towards your covered claims. Exceptions to this are outpatient mental health office visits and alternative care visits, which provide the same level of coverage for both in-network and out-of-network providers. However, most out-of-network claims will be processed and paid based on the BCBS contracted amount. It is possible that an out-of-network provider (doctor, hospital, or facility) will bill you for the difference of any amount that is above the BCBS contracted amount. This can substantially increase your out-of-pocket costs, sometimes referred to as "balance billing." Please refer to your RGA SPD for detailed information on in-network and out-of-network coverage.

To locate BCBS in-network providers, please visit https://or.accessrga.com and click on "Member" and "Find a Provider" or call 1-800-810-2583. Once you receive your new RGA ID card, please download the RGA Mobile App and create an account.

If you are currently in the middle of treatment with a provider who is not in the BCBS network, please reach out to your Benefits Team so that we can connect you with a Transition of Care team at RGA.

New Pharmacy Benefit Manager (PBM)

Our pharmacy benefits will move to Optum Rx on January 1, 2025. LAIKA will use a company called RxBenefits to help with pharmacy questions. **If you have a pharmacy question or pharmacy claim issue on or after January 1, 2025, please contact RxBenefits at 1-800-334-8134.**

If you take a drug that will be affected by any coverage or program changes taking effect on January 1, 2025, you will receive communication in the month's prior, at your home address, describing the changes and any action needed. The intent is to minimize disruption of access to the medications you and your covered dependents use by sharing any required changes in advance. Our goal is to give you ample time to work with your doctors or pharmacies to make the necessary changes. The mail order program allows you to receive up to a 90-day supply of a maintenance medication. Beginning January 1, 2025, mail service will be provided by OptumRx Home Delivery. Open prescription refills will be transferred to the new home delivery pharmacy prior to January 1, 2025. Additionally, all active prior authorizations (PAs) will be transferred prior to January 1. You will be notified via mail if you need a new prior authorization, or if there is some reason why your open prescription refill will not transfer, and you will need a new prescription from your doctor.

If you are concerned about this transition, please refill your current prescriptions prior to January 1, 2025, so that you have more time to adapt to the pharmacy change.

LAIKAcare medical plans are designed to provide high-quality, cost-effective, and inclusive care to employees and eligible dependents. Participants can choose between two options:

1. Partner Clinic Plan (PCP) – offers affordable and easily accessible care through One Medical Partner Clinics. Monthly membership fees for One Medical are paid by LAIKA. All clinic services are covered at 100% and employee coverage is free. In addition, this plan has a higher deductible than the PPO at $1,500.

2. PPO Plan (PPO) - this plan has a lower $500 deductible and lower out of pocket maximum, but costs more per pay check. On this plan, you can also visit One Medical clinics, but services you receive at One Medical are treated like any other in-network provider. LAIKA also plays for One Medical memberships for PPO participants.

Women's health, pediatric, mental health, urgent care, specialists, and alternative care (acupuncture, chiropractic, and massage) services have the same coverage in both plans.

In 2025, we are increasing our Massage Therapy benefits for the Partner Clinic Plan and the PPO Plan. You and your covered dependents will each have access to 24 visits of massage therapy per calendar year. Chiropractic care and acupuncture will continue at 18 visits each per calendar year. LAIKAcare will continue to provide access to out of network alternative care providers for a $25 copay.

The following pages contain summary coverage information for each plan.

PARTNER CLINIC PLAN - MEDICAL + PRESCRIPTION		
ONE MEDICAL PARTNER CLINIC SERVICES	**SERVICES AT ONE MEDICAL ARE COVERED AT 100% WITH NO COPAY OR COINSURANCE REQUIRED FROM MEMBERS. THIS INCLUDES PRIMARY CARE, PREVENTIVE CARE, AND DIAGNOSTIC LAB & X-RAY.**	
	IN-NETWORK (NON-ONE MEDICAL)	**OUT-OF-NETWORK**
Annual deductible	$1,500 individual; $3,000 family	
Annual out-of-pocket maximum	$4,000 individual; $8,000 family	$7,000 individual; $14,000 family
Primary provider office visit	$25 copay then Plan pays 100%	Plan pays 60% after deductible
Specialist office visit	$25 copay then the Plan pays 100%	Plan pays 60% after deductible
Outpatient mental health	Plan pays 100%	$25 copay then Plan pays 100%*
Alternative care (chiropractic and acupuncture: 18 visits each, massage therapy: 24 visits each, per calendar year)	$25 copay then Plan pays 100%	$25 copay then Plan pays 100%*
Preventive care	Plan pays 100%	Plan pays 60% after deductible
Diagnostic lab and X-ray (Minor Diagnostics)	Plan pays 100% Plan payment based on how provider bills, some diagnostics and x-rays may be billed to insurance as major diagnostics	Plan pays 60% after deductible
Complex imaging (Major Diagnostics)	Plan pays 80% after deductible Mammograms – Plans pays 100%, deductible waived Plan payment based on how provider bills, some major diagnostics are coded as surgery	Plan pays 60% after deductible
Urgent care	$25 copay then Plan pays 100%	$25 copay then Plan pays 100%
Emergency room	Emergency Room: $200 copay (waived if admitted) Emergency Room Physicians: Plan pays 80% after deductible	
Hospitalization	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient surgery	Plan pays 80% after deductible	Plan pays 60% after deductible
PRESCRIPTION	**OPTUM RX INSURANCE**	
	PARTICIPATING RETAIL PHARMACY 30-DAY SUPPLY	**PARTICIPATING MAIL ORDER PHARMACY 90-DAY SUPPLY**
Preferred generic	$2 copay	$4 copay
Generic	$10 copay	$20 copay
Preferred brand	$30 copay	$60 copay
Non-preferred brand	$50 copay	$100 copay
Specialty Pharmacy	Preferred brand: $100 copay Non-preferred brand and orphan tier: 25% deductible waived Use of the Specialty Pharmacy is mandatory for certain medication therapies	

**If you visit an out of network outpatient mental health or alternative care provider, you will not be subject to balance billing.*

PPO PLAN - MEDICAL + PRESCRIPTION		
PARTNER CLINIC (ONE MEDICAL) SERVICES	**MONTHLY MEMBERSHIPS TO ONE MEDICAL CLINICS ARE PAID BY LAIKA. SERVICES ARE COVERED AT THE SAME LEVEL AS ANY IN-NETWORK PROVIDER.**	
	IN-NETWORK (NON-ONE MEDICAL)	**OUT-OF-NETWORK**
Annual deductible	$500 individual; $1,000 family	
Annual out-of-pocket maximum	$3,500 individual; $7,000 family	$6,500 individual; $13,000 family
Primary provider office visit	$25 copay then Plan pays 100%	Plan pays 60% after deductible
Specialist office visit	$25 copay then Plan pays 100%	Plan pays 60% after deductible
Outpatient mental health	Plan pays 100%	$25 copay then Plan pays 100%*
Alternative care (chiropractic and acupuncture: 18 visits each, massage therapy: 24 visits each, per calendar year)	$25 copay then Plan pays 100%	$25 copay then Plan pays 100%*
Preventive care	Plan pays 100%	Plan pays 60% after deductible
Diagnostic lab and X-ray	Plan pays 80%, deductible waived Plan payment based on how provider bills, some diagnostics and x-rays may be billed to insurance as major diagnostics	Plan pays 60% after deductible
Complex imaging	Hospital – Plan pays 80% after deductible Mammograms – Plans pays 100%, deductible waived Plan payment based on how provider bills, some major diagnostics are coded as surgery	Plan pays 60% after deductible
Urgent care	$25 copay then Plan pays 100%	$25 copay then Plan pays 100%
Emergency room	Emergency Room: $200 copay (waived if admitted) Emergency Room Physicians: Plan pays 80% after deductible	
Hospitalization	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient surgery	Plan pays 80% after deductible	Plan pays 60% after deductible
PRESCRIPTION	**OPTUM RX INSURANCE**	
	PARTICIPATING RETAIL PHARMACY 30-DAY SUPPLY	**PARTICIPATING MAIL ORDER PHARMACY 90-DAY SUPPLY**
Preferred generic	$2 copay	$4 copay
Generic	$10 copay	$20 copay
Preferred brand	$30 copay	$60 copay
Non-preferred brand	$50 copay	$100 copay
Specialty Pharmacy	Preferred brand: $100 copay Non-preferred brand and orphan tier: 25% deductible waived Use of the specialty pharmacy is mandatory for certain medication therapies	

**If you visit an out of network outpatient mental health or alternative care provider, you will not be subject to balance billing.*

VISION

LAIKAcare offers vision coverage through VSP. This plan provides coverage through both in and out-of-network providers. To find a VSP provider, go to: www.vsp.com or call 800-877-7195. VSP does not issue ID cards. Your name and Social Security number are the identification used to access benefits.

VSP VISION PLAN		
	VSP PREFERRED PROVIDERS	**NON-VSP PROVIDER**
Vision Exam (every calendar year)	**Adults:** $15 copay **Children under age 19:** Covered in full	Up to $45 allowance
Lenses (every calendar year)	**Adults:** $15 copay **Children under age 19:** Covered in full	Up to $30 allowance single vision; Up to $50 allowance bifocal; Up to $65 allowance trifocal
Frames – Adults	**Adults -** every 2 calendar years: $200 allowance or $220 allowance for featured frame brands; 20% discount on amount over the allowance **Children under age 19 -** every calendar year: $200 allowance or $220 allowance for featured frame brands; 20% discount on amount over the allowance	Up to $70 allowance
Elective Contacts (in lieu of lenses and frames)	Contact lens exam/fitting – Covered in full **Adults -** every 2 calendar years: $200 allowance **Children under age 19 -** every calendar year: $200 allowance	Up to $105 allowance
Lasik	Covered 100% up to a $1,000 benefit maximum	

DENTAL

There are 2 LAIKAcare dental plans:

- Willamette Dental HMO Plan – coverage for a variety of dental services performed at Willamette Dental clinics, including cleanings, orthodontics, etc. Willamette Dental clinics are only available in Oregon, Washington, and Idaho. Willamette Dental does not issue ID cards. You must call their appointment line to schedule services.
- MODA Delta Dental PPO Plan – coverage for services performed by providers in a broad, national network.

Below is a summary comparison of the plans:

	WILLAMETTE HMO	MODA DELTA DENTAL PPO		
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK PREMIER PROVIDERS	OUT-OF-NETWORK
Annual deductible	None	$25 per individual; $75 per family		
Annual plan maximum	Unlimited	$1,250 per individual (applies to basic and major services)		
Office visit copay	$20 per visit	Not applicable		
Diagnostic and preventive*	Plan pays 100%	Plan pays 100%	Plan pays 80% after deductible	Plan pays 80% after deductible
BASIC SERVICES				
Fillings, oral surgery, root canals	$20-$250 copay then Plan pays 100% (varies by services; see contract for fee schedule)	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 60% after deductible
MAJOR SERVICES				
Crowns, dentures, bridges	$250-$400 copay then Plan pays 100% (varies by services; see contract for fee schedule)	Plan pays 50% after deductible		
Implants	$1,500 per year	Plan pays 50% after deductible		
ORTHODONTIA SERVICES				
Orthodontia	$2,500 copay then Plan pays 100%	Not covered		
Dependent children	Covered			
Adults and eligible full-time students	Covered			
Lifetime maximum	Unlimited			
	*1 cleaning covered per year; additional coverage as medically necessary	*3 cleanings per year (1 every 4 months); up to 2 additional cleanings for periodontal disease		

COST OF COVERAGE

The total amount that you pay for your benefits coverage depends on the plans you choose and how many dependents you cover. Employee costs shown are per pay period.

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
MEDICAL/RX/VISION				
PCP - $1,500 deductible	$0.00	$103.87	$68.99	$191.22
PPO - $500 deductible	$76.79	$238.47	$192.27	$353.94
VISION				
VSP Vision	$0.31	$1.90	$2.12	$4.14
DENTAL				
Willamette Dental - HMO Plan	$4.00	$13.82	$14.12	$24.77
MODA Delta Dental - PPO Plan	$4.27	$14.73	$15.05	$26.36

While the total premium costs are the same, Domestic Partner's portion of the paycheck premiums are processed as a post-tax deduction. Additionally, per IRS requirements, the estimated value of LAIKA's financial contribution toward medical/vision/dental insurance coverage for unmarried partners must be reported as taxable wages earned, otherwise known as imputed income. Please connect with payroll@laika.com for imputed income amounts. If your unmarried partner is your taxable dependent, please contact the benefits department as this may change the post-tax and imputed income requirements.

	PER PAYCHECK POST-TAX DEDUCTION	PER PAYCHECK PRE-TAX DEDUCTION	PER PAYCHECK TOTAL DEDUCTION
MEDICAL/RX/VISION			
PCP - $1,500 deductible			
Employee + Domestic Partner	$103.87	$0.00	$103.87
Family + Domestic Partner	$122.23	$68.99	$191.22
PPO - $500 deductible			
Employee + Domestic Partner	$161.68	$76.79	$238.47
Family + Domestic Partner	$161.67	$192.27	$353.94
VISION			
VSP Vision			
Employee + Domestic Partner	$1.59	$0.31	$1.90
Family + Domestic Partner	$2.02	$2.12	$4.14
DENTAL			
Willamette Dental - HMO Plan			
Employee + Domestic Partner	$9.82	$4.00	$13.82
Family + Domestic Partner	$10.65	$14.12	$24.77
MODA Delta Dental - PPO Plan			
Employee + Domestic Partner	$10.46	$4.27	$14.73
Family + Domestic Partner	$11.31	$15.05	$26.36

VOLUNTARY LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Your cost for coverage will depend on your age and how much coverage you buy. Please see enrollment forms for rates.

Log in to the LAIKA benefits and payroll system, UKG, at https://laika.ultipro.com for enrollment forms and rates.

FLEXIBLE SPENDING ACCOUNT (FSA)

HEALTH CARE FSA

Administration of our flexible spending plans will move to HealthEquity on January 1, 2025. **Below are some important things to be aware of during the transition:**

Current Plan Year (2024) Participants: If you currently have an FSA through Trustmark/Luminare, your debit card will be deactivated on December 31, 2024. You will need to submit manual claims to Trustmark/Luminare during the run-out period (90 days following December 31, 2024) to use up any remaining funds for qualified expenses you incurred during the 2024 calendar year. If you have $640 or less left in your healthcare FSA at the end of the 90 day run-out period, this amount will be transferred from Trustmark/Luminare to HealthEquity in April- May 2025.

If you have rollover funds from your 2024 FSA and you do not enroll in an FSA for 2025, an account with HealthEquity will be created for you so that you can continue to access to your rollover balance.

2025 FSA Participants: If you enroll in the Flexible Spending Plan for 2025, a new HealthEquity debit card will be mailed to your home address. Please use your new debit card to pay for any qualified healthcare expenses you incur between January 1, 2025 and December 31, 2025. You will want to establish an online account at https://my.healthequity.com

A Flexible Spending Account (FSA) allows you to pay for eligible healthcare expenses with pre-tax dollars through payroll deductions. The money you choose to contribute to an FSA is not taxed - so you save money. Each year, if you wish to participate in the FSA, you will need to elect the amount you want to contribute. The maximum amount you can contribute to your healthcare FSA for 2025 is $3,300. Your annual election amount will be withheld from your paycheck in equal amounts. When you incur expenses, you can access the funds in your FSA to pay for eligible health care expenses. For a list of eligible expenses, visit https://IRS.gov/Pub502

The FSA debit card offers a convenient way to pay for qualified healthcare expenses, pulling funds from your annual FSA election. Although using the debit card can limit the number of receipts that you need to submit, HealthEquity may still require submission of receipts for certain expenses. It's recommended that you retain receipts for your transactions to ensure you can provide them upon request. If you do not submit receipts in a timely manner, your debit card may have a hold placed on it until you can substantiate the expense(s).

The Health Care FSA will allow you to roll over $660 of any unused funds at the end of 2025. The rollover amount is determined at the end of the plan's 90-day run-out period, after all eligible expenses have been reimbursed for the prior plan year. This amount will be added to any contributions you elect for your 2026 healthcare FSA. Per IRS regulations, any balance over $660 will be forfeited, so please plan accordingly.

FLEXIBLE SPENDING ACCOUNT (FSA)

DEPENDENT CARE FSA

If you pay a person to care for your dependent child (under age 13), your disabled dependent, or your disabled spouse while you work, you may allocate money from your paycheck to a dependent care account. These eligible expenses will be reimbursed to you with pre-tax dollars. The maximum amount that you can contribute to your dependent care account for 2025 is $5,000 annually ($2,500 if married and filing separately or a reduced amount if your spouse is contributing more). You cannot claim dependent care expenses that you submitted to your dependent care account for reimbursements on your tax return. It is encouraged that employees contact a professional tax consultant to determine if it would be more advantageous to claim the tax credit on your tax return. For a list of eligible expenses, visit https://IRS.gov/Pub503.

LAIKA offers a dollar-for-dollar match to participants in the Dependent Care FSA up to $2,000 per year for households with an adjusted gross income up to $120,000. The purpose of this employer match is to assist our LAIKA families with the cost of qualified childcare expenses. The DCSA Match application can be found on LAIKA's Backstage intranet at https://laikallc.sharepoint.com/SitePages/Flexible-Spending-Accounts.aspx.

Please note that to qualify for Dependent Care FSA, your spouse must be working, actively seeking work, or a full-time student. Contributions for both individuals cannot exceed the $5,000 limit. The IRS does not allow a balance rollover for dependent care FSA plans and any unused funds will be forfeited at the end of the plan year, so please plan accordingly.

ADDITIONAL MEDICAL BENEFITS

Beyond core medical/prescription/vision and dental coverages, a number of additional programs round out the LAIKAcare health wellness offerings.

ONE MEDICAL/MINDSET MEMBERSHIP

LAIKA provides all employees and dependents quality, concierge care via fully paid One Medical Clinic memberships.

- Partner Clinic Plan enrollees receive 100% coverage and no cost associated with One Medical visits.
- PPO Plan copays and deductibles may apply per the plan document specifications.
- LAIKA employees not on LAIKA medical plans are welcome to utilize their paid One Medical membership with their current insurance.

One Medical is a membership-based primary care practice on a mission to make getting quality care for you and your family more affordable, accessible, and enjoyable for all through a blend of human-centered design, technology, and an exceptional team. Members enjoy seamless access to comprehensive care at calming offices near where they work, live, and shop in twelve major U.S. markets, as well as 24/7 access to virtual care. One Medical has offices across the US, along with a conveniently located onsite clinic at LAIKA Studios. One Medical members also have access to online scheduling through the website or the One Medical app.

Your mental health benefit, virtual therapy **and** coaching from One Medical.

Many of us are all too familiar with stress, anxiety, racing minds, or difficult emotions. And adding a pandemic to the mix can amplify all these feelings. So to help you feel your best emotionally, we're offering a mental health benefit: virtual therapy and coaching by One Medical.

One Medical's Mindset program gives you fast, convenient, and affordable access to one-on-one mental health help over video appointments — wherever you are. The One Medical team will work with you on a personalized plan to help you feel calmer, happier, and more balanced.

Here are a few benefits of the Mindset program:

- **Fast, easy access to help**

  We can quickly get you started — even the next day. We'll take care of all of the legwork, connecting you with the right provider and creating the right plan for your needs.

- **Convenient help from anywhere**

  You'll meet with your therapist or coach over video appointments — no need to come into an office.

- **A whole person approach**

  Mindset is fully integrated with your One Medical primary care to make sure you're getting the most appropriate and effective care for both your body and mind.

- **Affordable, quality care**

  Every Mindset mental health provider is in network with our health plans, with LAIKAcare plans offering a $0

Learn more at onemedical.com/mymindset.

To get started, visit https://onemedical.com/mybenefit and sign up using the code **LAIKAXOM**.

ASSERTA HEALTH

For surgical procedures and imaging services, Asserta Health can help employees obtain deep discounts by negotiating the cost of procedures with providers before treatment is rendered. Members share savings, up to $2,500 depending on the cost of the procedure. To learn more, call 888-342-5044.

LASIK eye surgery is available in both LAIKAcare medical/prescription/vision plans. Since the benefit is capped (LASIK $1,000/lifetime), partnering with Asserta is an excellent way to receive the most out of your benefit dollars. Asserta has negotiated rates with local providers Eye Health Northwest specifically for LAIKA employees. For more information, contact Asserta at 888-342-5044 or visit https://assertahealth.com.

CANCERCARE

Almost nothing is scarier than receiving a cancer diagnosis. CancerCare was developed to ensure you receive the best possible care. The program provides access to cancer experts that can answer questions about your diagnosis, treatment, and potential side effects. CancerCare team members advocate to ensure you receive evidence-based care that has been developed by leading cancer Centers of Excellence with tested and proven results. They can guide you through your treatment process, helping you utilize all resources that are available. By participating in the CancerCare program, members are eligible to have 100% of the cost of their care covered by the plan. With a 100% coverage benefit, you can have peace of mind from financial worries while you benefit from their years of cancer experience, as they support and educate you throughout your treatment. For more information or upon diagnosis, please call 877-640-9610.

CARROT FAMILY FORMING

Carrot Fertility offers inclusive fertility and family- forming benefits that cover all paths to parenthood - adoption, gestational carrier arrangements/surrogacy, fertility treatments, pregnancy and more. Carrot is a benefit designed to support your unique parenthood journey. Carrot is not health insurance but rather provides resources to make family forming more accessible to everyone.

Through Carrot, you have access to fertility and family-forming education, pregnancy support, virtual chats with physicians and other specialists, exclusive discounts and expedited appointments at clinics, free consultations at adoption agencies, an expert-authored resource library, and a dedicated Care Team to help guide your journey and provide peace of mind every step of the way.

LAIKA provides a lifetime benefit of $25k of employer-sponsored funds (combined programs) to help pay for your care. Visit https://www.get-carrot.com to get started.

NEW! CARROT MENOPAUSE & LOW TESTOSTERONE SUPPORT

Fertility health doesn't stop at family forming – Carrot offers support for menopause and low testosterone (low T). Though menopause is a natural process, symptoms like changes in weight and body composition, hot flashes, sleep disturbances, and hair thinning can be challenging and last for years. While lesser known, low T affects about 40% of males over the age of 45, and up to 20% of males between the ages of 15-39 may also have a testosterone deficiency. Carrot can support you in navigating these challenges through their expert led support groups, virtual one-on-one coaching, or by helping you find a provider that specializes in menopause or Low T in your area.

LAIKA provides a lifetime benefit of $25k of employer-sponsored funds (combined programs) to help pay for your care. Visit https://www.get-carrot.com to get started.

NEW! CARROT - GENDER AFFIRMING CARE

Carrot offers support and financial coverage for gender affirming care (GAC). Finding expert providers can be challenging, Carrot's GAC offering is designed to break down the barriers and you with personalized care that's right for you, whether that's education, emotional support, chats with GAC experts, specialist care, or gender-affirming hormone therapy (GAHT).

LAIKA provides a lifetime benefit of $25k of employer-sponsored funds (combined programs) to help pay for your care. Visit https://www.get-carrot.com to get started.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Unum EAP is designed to help you lead a happier, more productive life at home and at work. Call for confidential access to a licensed professional counselor who can help you with stress, depression, anxiety, divorce, job stress, family problems, anger, grief, loss and more. Also offered is support for work/life balance issues including childcare, elder care, legal questions, identity theft, financial services and more!

The EAP also offers free, confidential counseling services, per issue, as well as 24-hour crisis telephone support.

Visit https://www.unum.com/lifebalance or call 1-800-854-1446.

NEW! LYLA

Arguably our most innovative benefit yet! LAIKAcare is excited to introduce LYLA! LYLA is your free, personal assistant and available to all LAIKA employees and spouses or domestic partners. Do you have a personal "To Do" list that is miles long? Allow LYLA to give you the satisfaction of crossing items off that list! Submit your request to LYLA and let them do the leg work for you. The research and coordination efforts they provide are totally free!

Examples:

- Order flowers for your spouse
- Buy an anniversary gift
- Hire movers
- Book travel arrangements and hotels
- Find a babysitter

To get started with this exciting new service, please visit https://HelpMeLYLA.com

TELADOC (FORMERLY LIVONGO)

LAIKA partners with Teladoc Health to help employees and dependents who are diagnosed as prediabetic or who need help managing their type 1 or type 2 diabetes. This program delivers a comprehensive member journey that complements the diabetes management program provided by your personal physician. Upon enrollment, members receive a Teladoc Health Welcome Kit which includes a Teladoc Health meter, carrying case, lancing device, lancets, control solution, and test strips.

- Diabetic supplies including a smart connect meter
- Access to Teladoc Health mobile app
- Access to a health coach who provides support

Additionally, the Teladoc Health Whole Person Program connects members who need additional help with the following conditions:

- Hypertension
- Dyslipidemia
- Weight management
- Mental Health

Get started with Teladoc Health today! Visit TeladocHealth.com/Smile/LAIKA or call 800-835-2362.

You can also download the mobile app and use your registration code: LAIKA

LIFE AND AD&D

Life insurance can fill financial gaps for a family recovering from the death of a loved one. Without enough life insurance, many families have to reduce their standard of living after the loss of an income. Consider your current and future financial needs when evaluating how much coverage you need. The most common short and long-term financial needs include:

- Medical bills and funeral expenses
- Living expenses for the surviving family (housing, food, clothing, utilities, etc.)
- Large expenses, e.g., college education, or home mortgage
- Taxes and debts that need to be settled.

Make sure that you have named a beneficiary for your life insurance benefit and update it if your family or marital status changes.

BASIC LIFE AND AD&D (LAIKA-PAID COVERAGE)

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident. The cost of coverage is paid in full by LAIKA.

Unum Group Basic Life And Ad&D Plan - Executives

Basic Life	2 x covered annual earnings up to $300,000. Guaranteed issue is $300,000
Basic AD&D	2 x covered annual earnings up to $300,000

Unum Group Basic Life And Ad&D Plan - All Employees

Basic Life	1 x covered annual earnings up to $150,000. Guaranteed issue is $150,000
Basic AD&D	1 x covered annual earnings up to $150,000

A note about taxes: A life insurance benefit over $50,000 is considered a taxable benefit. You will see the value of the benefit over $50,000 included in your taxable income on your paycheck and W-2.

VOLUNTARY LIFE

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

Employee Increments of $1,000 up to Lesser of 5 x covered annual earnings or $300,000. Guaranteed issue is $180,000.

Spouse Increments of $1,000 up to Lesser of 100% of employee amount or $150,000. Guaranteed issue is $30,000.

Child(ren) Increments of $2,000 (age may affect benefit) up to Lesser of 100% of employee amount or $10,000. Guaranteed issue is $10,000.

If you select coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit an Evidence of Insurability form with additional information about your health for the insurance company to approve this higher amount of coverage.

VOLUNTARY AD&D

Voluntary AD&D Insurance allows you to purchase additional accidental death and dismemberment insurance to protect your family's financial security in case you suffer from loss of a limb, speech, sight, or hearing or if you have a fatal accident. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

Employee Get up to $500,000 of AD&D coverage for yourself in $1,000 increments to a maximum of 5 times your earnings.

Spouse Get up to $500,000 of AD&D coverage for your spouse in $1,000 increments, if eligible.

Child(ren) Get up to $10,000 of coverage for your children in $1,000 increments if eligible.

If you select coverage above the "guaranteed issue" amount or after your initial eligibility period, you will need to submit an Evidence of Insurability form with additional information about your health in order for the insurance company to approve this higher amount of coverage.

You can update your beneficiaries at any time using your benefit enrollment portal online at: http://laika.ultipro.com

LAIKA PAID TIME OFF

PAID TIME OFF (PTO)

We want you to enjoy time off with your family and friends and we will pay for it! The PTO plan provides for scheduled days off, vacations, and personal time.

Production Regular Staff have their full PTO balances credited at the beginning of the year based on the table below. If you are hired mid-year, your PTO balance will be pro-rated based on the number of remaining

LENGTH OF SERVICE	FRONTLOADED PTO	PAID PRODUCTION BREAK	TOTAL ANNUAL PAID TIME
0 to 2 years	48 hours | 6 days	88 hours | 11 days	136 hours | 17 days
2 to 10 years	88 hours | 11 days	88 hours | 11 days	176 hours | 22 days
10+ years	128 hours | 16 days	88 hours | 11 days	216 hours | 27 days

* The annual frontloaded PTO amount remains fixed for the entire calendar year and will not be adjusted due to any changes in production schedules, including increased hours, or any scheduled or unscheduled overtime. PTO hours frontloaded in the same year the employee terminates are paid out (if applicable) on a pro-rated basis reflecting the termination date.

Business Operations Regular Staff accrue PTO throughout the year:

LENGTH OF SERVICE	PTO HOURS ACCRUED*	MAX. ANNUAL ACCRUAL
0 thru 2 years	.065 hours per hour paid	136 hours | 17 days
2 thru 10 years	.085 hours per hour paid	176 hours | 22 days
10+ years	.104 hours per hour paid	216 hours | 27 days

* No accruals after 40 hours paid in a week. Accruals are credited at the end of each pay period.

Additional details about PTO is available in LAIKA's Backstage intranet at:
https://laikallc.sharepoint.com/SitePages/Leaves-and-Paid-Time-Off.aspx

SICK PAY

LAIKA provides Regular Staff employees 40 hours (5 days) of paid sick leave per calendar year. These hours are available, in full, as of January 1 of each year. Sick Pay does not roll over, accrue each year, or pay out upon termination of employment. An employee may not exchange scheduled PTO with Sick Pay.

BEREAVEMENT PAY

If you experience the loss of a family or friend LAIKA will provide you with regular straight-time wages for up to 5 working days (40 hours) per year. LAIKA also offers 8 hours of paid Pet Bereavement Pay.

JURY DUTY PAY

The Studio encourages you to fulfill your civic responsibilities by serving jury duty when required. Regular Staff employees may request up to 5 days of paid jury duty leave over any 12-month period.

DISABILITY AND PAID FAMILY LEAVE

Most people underestimate their likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Limited duration issues such as: • Pregnancy issues and childbirth recovery • Prolonged illness or injury • Surgery and recovery time	Longer term issues such as: • Debilitating illness (cancer, heart disease, etc.) • Serious injuries (accident, etc.) • Heart attack, stroke • Mental disorders

SHORT-TERM DISABILITY - (100% COMPANY SUBSIDIZED)

Short-term disability (STD) coverage through UNUM pays a benefit if you temporarily can't work because of an injury, illness, or pregnancy. Payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. LAIKA pays 100% of the cost of this coverage. For employees located in Oregon, Washington, and California, you will need to also apply for state paid family leave as well. The LAIKA STD Plan will supplement any amount you receive from a State Paid Leave Plan up to 80%.

Weekly Benefit Amount 80% of covered weekly earnings

Maximum Payment Period 13th week of disability (based on the first day you are disabled, not when benefits begin)

LONG-TERM DISABILITY - (100% COMPANY SUBSIDIZED COVERAGE)

If you can't work for a longer time, long-term disability (LTD) coverage through UNUM replaces part of your monthly income. If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled.

Monthly Benefit Amount 60% of covered monthly earnings up to a maximum of $11,000

Benefits Begin After 90 days

Maximum Payment Period Later of Reducing Benefit Duration (RBD) or Social Security Normal Retirement Age (SSNRA). The age at which disability begins may affect duration of benefits.

PAID FAMILY LEAVE

LAIKA recognizes the importance of the health and well-being of LAIKA employee's family members and aims to support the Studio's employees both at work and at home. LAIKA's leave policies comply with all federal and state-specific requirements.

Employees may take up to 12 weeks of leave for their own medical condition and receive at least 80% of their regular rate of pay for the duration of their approved leave. Employees who need paid time off to care for a family member, to bond with a new child, to manage qualifying active duty responsibilities, or for safe leave, may take up to 12 weeks off and receive at least 60% of their regular rate of pay.

Any benefits received under the LAIKAcare Paid Family Leave program will be offset by payments you receive from your state paid family leave program, if applicable.

ONSITE WELLNESS SERVICES

LAIKA is pleased to offer the following services to enhance employees' well-being. Look for the weekly schedules on BackStage.

CHAIR/EVENING MASSAGES

LAIKA hosts onsite massages in our Evergreen building massage room to help our employees be the best they can be!

During the day, we offer free 15-minute chair massages. This service has no copay and does not apply to your 24 visits of massage therapy per calendar year. LAIKA also offers 90-minute onsite massages in the massage room. This service is applied to your LAIKAcare insurance plan and applies as 1 visit towards the 24 visits of massage therapy you have in a calendar year. A $25 copay may apply.

HEALTH CLINIC

For the convenience of our employees, One Medical offers onsite weekly primary and acute care two days per week in the Evergreen medical offices. Employees can schedule a new patient appointment and address acute or ongoing medical issues. The costs of these office visits are covered 100% by LAIKA. Additional onsite medical services are also offered such as: weekly nutrition appointments with a registered dietitian (copay applies) and bi-weekly physical therapy and ergonomic support through Marka Health.

YOGA CLASSES

Our Evergreen building also hosts yoga classes three days a week. We are currently running 6 classes a week in hopes that there is a time that will work for everyone. Sign-ups are required; there is no cost for these classes.

COMMUNITY ACUPUNCTURE

Community acupuncture sessions are held on a weekly basis. These 50-minute sessions are fully clothed, focusing on relaxation and tension release. $0 copay for those on either LAIKAcare medical plan. These sessions will apply as 1 visit towards your 18 visits of acupuncture per calendar year.

For more information on how to access onsite care please look at the Backstage site.

RETIREMENT, FINANCIAL, AND MISCELLANEOUS BENEFITS

401(K) PLAN

This is a summary only. The information contained in this document does not override any plan requirements, regulations, or restrictions contained in the Summary Plan Description (SPD). The SPD is the official plan document, and all final decisions will be based upon the information contained within. If you would like a copy of the SPD please download it directly from https://laikallc.sharepoint.com/SitePages/Financial-and-Legal Benefits.aspx or contact us at benefits@laika.com.

The LAIKA, LLC Profit Sharing and 401(k) Plan allows employees to save and invest for retirement. LAIKA offers three types of contributions:

1. **Traditional 401(k)** where contributions from your paycheck are deducted pre-tax. Contributions and earnings are then taxed at distribution during retirement.
2. **Roth 401(k)** where contributions are taken after taxes. At distribution in retirement, original contributions and earnings are not taxed.
3. **After-Tax** deductions are also available for employees who will reach the annual contribution limit for Pre-Tax and Roth deductions. These deductions are not eligible for the LAIKA match and do not have the tax advantages associated with Traditional and Roth contributions.

LAIKA's 401(k) record keeper is Fidelity Investments. Your contribution elections can be changed at any time at https://www.401k.com and are updated within one to two pay periods. Payroll deductions are wired to Fidelity where you have full control over how the funds in your account are invested amongst the options offered by the LAIKA 401(k) Plan.

Enrollment

LAIKA will automatically enroll all newly hired and newly rehired employees into the 401(k) Plan at 6% with an automatic 1% increase each year. This automatic enrollment will begin 30 days from your start date.

You can waive, enroll, or change your deduction percentage/amount at any time. Log in to the Fidelity online system at https://www.401k.com. To waive the 401(k) auto-enrollment, enter 0% for your contribution amount.

Contributions

The 2025 contribution limit for Traditional and/or Roth contributions combined is $23,500. The catch up contribution limit for employees age 50 - 59 is $7,500. For employees age 60 -63, the catch up contribution is $10,000.

Company Match

LAIKA's 401(k) matching contribution is 50% of your Tradition and/or Roth contributions up to 6% of eligible pay. All eligible employees are immediately eligible and 100% vested in the company match upon hire. The match is calculated on a per paycheck basis.

ADDITION WEALTH

Addition Wealth provides LAIKA employees with a range of resources from a library of relevant, insightful articles to one-on-one sessions with certified financial and accounting professionals. Curious about budgeting, taxes, or how to plan for retirement? Get started by visiting: https://app.additionwealth.com/sign-up.

LIFEBALANCE

The LifeBalance Program helps you save on fun and healthy activities that leave you feeling fit, happy, and fulfilled! Discounts are available year-round for both you and your family for things like gym memberships, yoga classes, fitness gear or massages.

To learn about or use discounts, log in to https://LifeBalanceProgram.com where you can search by vendor, location, or category. Enter your email address (you're welcome to use either your work or personal email) and click Let's Get Started. Your company's activation code is LKA2595.

ROCKET LAWYER

LAIKA offers all employees free access to Rocket Lawyer services which include a legal library that allows you to create and sign hundreds of legal documents. You can also submit a question for an attorney to answer or you can schedule a free 30-minute consultation with a Rocket Lawyer attorney. If you need services beyond that 30 minutes you will receive 40% off! Visit https://go.rocketlawyer.com/laika to get started!

PLAN CONTACTS

PROVIDER	CATEGORY	PHONE	WEBSITE/EMAIL	POLICY #/ ACTIVATION CODE
RGA	Medical	866-738-3924	https://or.accessrga.com	020621
RxBenefits	Prescription	800-334-8134	customercare@rxbenefits.com	Rx BIN: 610011 RX PCN: IRX
One Medical	Medical	503-773-0151	https://onemedical.com/mybenefit	LAIKAXOM
Teladoc Health	Medical	800-835-2362	https://TeladocHealth.com/Smile/LAIKA	-
Asserta Health	Medical	888-342-5044	https://assertahealth.com	-
CancerCare	Medical	877-640-9610	https://cancercareprogram.com	-
Willamette Dental	Dental	855-433-6825	https://willamettedental.com	OR201
MODA Delta Dental	Dental	800-452-1058	https://www.modahealth.com	10005015
VSP	Vision	800-877-7195	https://www.vsp.com	-
Professional Benefit Services	HRA (Cancer Care members only)	800-982-2012	https://www.profben.com	-
Health Equity	FSA	877-924-3967	https://www.myhealthequity.com	-
UNUM	Life and Disability	866-679-3054	https://www.unum.com	617389
UNUM	EAP	1-800-854-1446	https://www.unum.com/lifebalance	-
Carrot	Family Forming, GAC, MLT	-	https://www.get-carrot.com	-
LYLA	Personal Assistant	-	HelpMeLYLA.com	-
UKG	HR/Benefits/ Payroll	-	https://laika.ultipro.com	-
Fidelity Investments	401(k)	866-602-0636	https://401k.com	-
Addition Wealth	Financial Advice	-	https://www.additionwealth.com	LAIKA1
Rocket Lawyer	Legal	-	https://www.rocketlawyer.com	-
LifeBalance	Discounts	-	https://lifebalanceprogram.com	LKA2595
Backstage	LAIKA Intranet	-	https://laikallc.sharepoint.com	-
LAIKA Benefits	Benefits Team	503-906-5562	benefits@laika.com	-
The Partners Group	Jane Perlas Benefits Consultant	503-726-5746	jperlas@tpgrp.com	-
The Partners Group	Pauline Irwin Benefits Consultant	503-442-1253	pirwin@tpgrp.com	-

LEGAL NOTICES

To see an updated listing of legal notices and policies, please visit:
https://laikallc.sharepoint.com/SitePages/Policies-and-Legal-Notices.aspx

Physical copies of documents can be requested by contacting the Benefits Team at:
benefits@laika.com, 503-906-5562

OMB 0938-0990

Important Notice from LAIKA Group Health Plan About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with LAIKA Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **LAIKA Health Plan has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

CMS Form 10182-CC **Updated April 1, 2011**

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current LAIKA Health Plan coverage may or may not be affected.

If you do decide to join a Medicare drug plan and drop your current LAIKA Group Health Plan coverage, be aware that you and your dependents may or may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with LAIKA and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through LAIKA Group Health Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

CMS Form 10182-CC **Updated April 1, 2011**

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 1, 2024
Name of Entity/Sender:	LAIKA
Address:	6750 NE Bennett St, Hillsboro, OR 97124
Phone Number:	503-615-3344

CMS Form 10182-CC **Updated April 1, 2011**

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: up to $500 or $1,500 deductible, 80% coinsurance. If you would like more information on WHCRA benefits, please contact the LAIKA Benefits Team during normal business hours at 6750 NE Bennett Street, Hillsboro, OR 97214 or via email at benefits@laika.com.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, please contact the LAIKA Benefits Team during normal business hours at 6750 NE Bennett Street, Hillsboro, OR 97214 or via email at benefits@laika.com.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31-day time frame, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in LAIKA's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

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

AVAILABILITY OF PRIVACY PRACTICES NOTICE

We maintain the HIPAA Notice of Privacy Practices for LAIKA LLC Health & Welfare Benefit Plan describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting the LAIKA Benefits Team during normal business hours at 6750 NE Bennett Street, Hillsboro, OR 97214 or via email at benefits@laika.com.

MICHELLE'S LAW

The LAIKA LLC Health & Welfare Benefit Plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from school. Coverage may continue for up to a year, unless your child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school — or change in school enrollment status (for example, switching from full-time to part-time status) — starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, notify the plan administrator in writing as soon as the need for the leave is recognized. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**ALASKA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

NOTICE OF CERTAIN DEADLINE EXTENSIONS AND SUMMARY OF MATERIAL MODIFICATIONS

Prepared for LAIKA Participants
Effective 01/01/2023

This document provides notice of the potential expiration of the deadline relief that began on March 1, 2020 and an explanation of how that expiration will affect certain deadlines tolled under prior guidance applicable to ERISA plans. Specifically deadlines cannot be tolled for longer than one-year, so depending on the date an individual action would have been required, some deadline extensions will be expiring on February 28, 2021. Whether deadlines are tolled or resume will depend on the specific date you were required to take action or provide notice to the plan. This is a Summary of Material Modifications ("Summary") to the extent those extensions applied to ERISA benefits under the LAIKA LLC Health & Welfare Benefit Plan Health Plan ("the Plan"). You should take the time to read this Summary carefully and keep it with the Summary Plan Description ("SPD") document that was previously provided to you. If you need another copy of the SPD or if you have any questions regarding these changes to the Plan, please contact the LAIKA Benefits Team during normal business hours at 6750 NE Bennett Street, Hillsboro, OR 97214 or via email at benefits@laika.com.

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

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

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

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

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

Examples and Explanations:

> If a qualified beneficiary would have been required to make a COBRA election by March 1, 2020, the individual can wait until February 28, 2021, which is the earlier of 1 year from March 1, 2020 or the end of the Outbreak Period. Because the individual had 60 days to elect before the start of the Outbreak he or she would need to make an election by February 28, 2021.
>
> If a qualified beneficiary would have been required to make a COBRA election by March 1, 2021, the Notice delays that election requirement until the earlier of 1 year from that date (March 1, 2022) or the end of the Outbreak Period, with the possibility of an additional 60-day extension.
>
> If an individual experienced the birth of a child in February 2021 and the National Emergency was declared over July 1, 2021 (hypothetically), the employee would have 60 days from the end of the National Emergency plus 30 days under HIPAA to give notice of the birth to request enrollment from the plan, September 29, 2021.

Again, if you have any questions regarding these changes to the Plan or your specific circumstances, please contact the LAIKA Benefits Team during normal business hours at 6750 NE Bennett Street, Hillsboro, OR 97214 or via email at benefits@laika.com.

ACA DISCLAIMER

This offer of coverage may disqualify you from receiving government subsidies for an Exchange plan even if you choose not to enroll. To be subsidy eligible you would have to establish that this offer is unaffordable for you, meaning that the required contribution for employee only coverage under our base plan exceeds 9.02% in 2025 of your modified adjusted household income.

LAIKA care