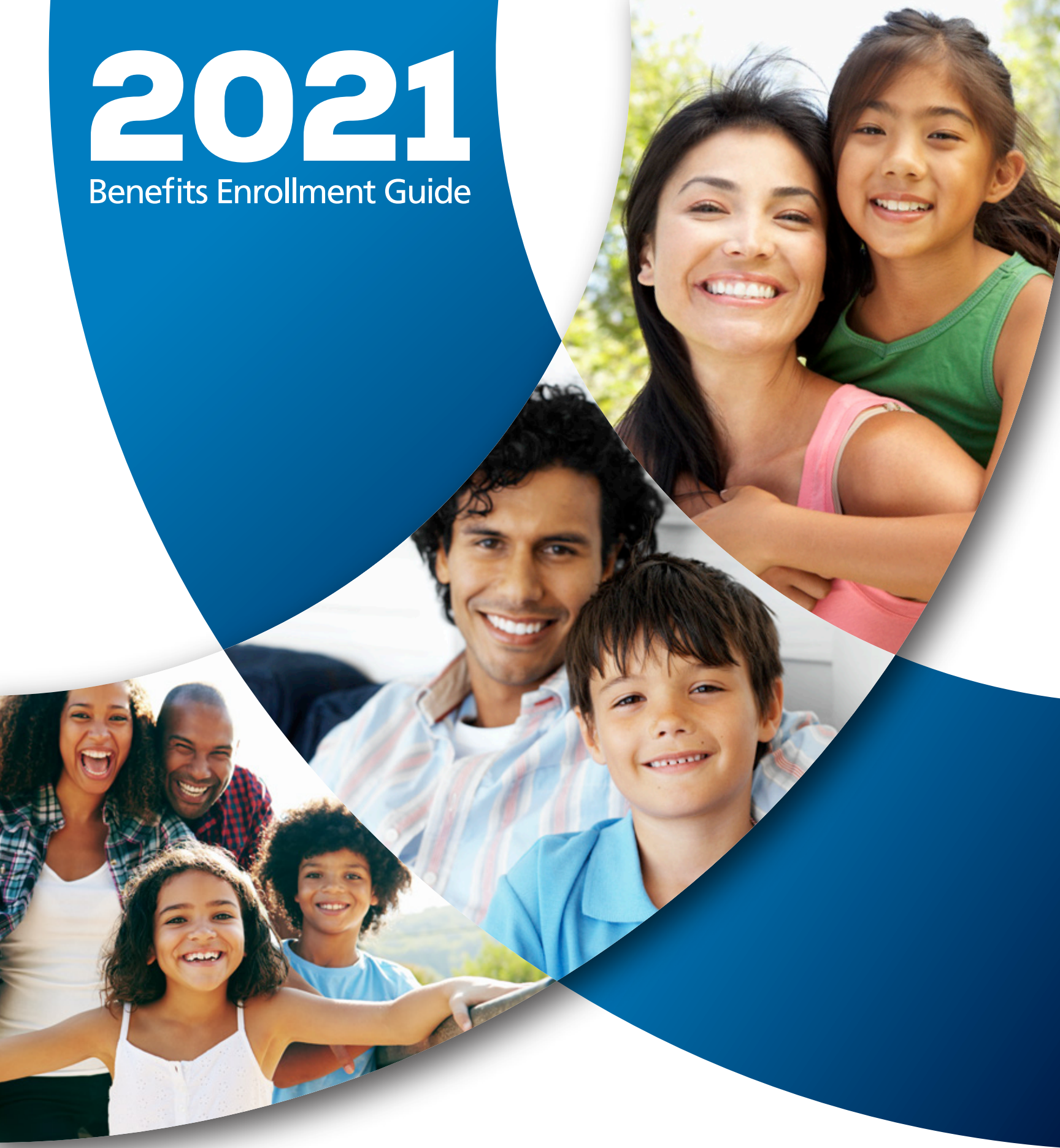


2021

Benefits Enrollment Guide



BOYDGAMING
BENEFITS
YOUR LIFE • OUR COMMITMENT



KEITH SMITH
PRESIDENT AND
CHIEF EXECUTIVE OFFICER

WELCOME TO YOUR 2021 BENEFITS

To Our Valued Team Members,

At Boyd Gaming, we believe our Team Members are essential to our Company’s long-term success. Your commitment and dedication to delivering great service helps Boyd Gaming truly stand out from the competition, and allows us to build strong, long-term relationships with our customers and business partners.

As a reflection of the importance we place in our Company’s relationship with you, Boyd Gaming is proud to offer a comprehensive and competitive benefits package created to meet the diverse needs of our nationwide team.

While you may be familiar with our benefits plans from prior years, I encourage you to carefully review the enclosed information. Our benefits plans continue to evolve over time – and your personal needs may change as well, so it is important for you to read this guide to identify which plan is the best fit for you in the coming year.

As with prior years, please keep in mind that our Company offers a wide selection of resources and incentive plans to help improve and enhance your health and well-being. And by fully participating in these incentive plans, you can realize considerable savings on your annual benefits costs. You can learn more about these incentives and benefits in the enclosed guide.

Should you have any questions regarding your benefits, please do not hesitate to reach out to our Benefits team for clarification and further information.

Thank you for your continued service to our Company.

Keith Smith
President and Chief Executive Officer

WHAT’S INSIDE!

How to Enroll	2	Dental and Vision Benefits	11
Eligibility	3	Flexible Spending Accounts (FSAs)	12
Health Plan Coverage	4	Accident, Hospital and Critical Illness Insurance	14
Health Savings Account	6	Short and Long-Term Disability	15
Choosing a Plan	7	Life and Accidental Death & Dismemberment Insurance	16
Ways to Reduce your Health Plan Premiums	8	401(k) Savings Plan	17
LiveHealth Online	9	Contact Information	18
Pharmacy Benefits	10		

NEW HIRES - HOW TO ENROLL

If you are a new hourly full-time team member, you will be eligible for benefits by your 89th day of employment. Please refer to your enrollment letter from Boyd Benefits.

As a new team member, you can enroll in your benefits by speaking with a Benefit Expert over the phone. Being able to enroll with a Benefit Expert is the best way to ensure all of your questions are answered and you enroll in the right plans that meet your individual needs.

TO ENROLL OVER THE PHONE WITH A BENEFIT EXPERT (NEW HIRES ONLY):



CALL 866.540.1760 TO MAKE AN APPOINTMENT WITH A BENEFIT EXPERT.



SELECT A TIME THAT WORKS FOR YOUR SCHEDULE. PLEASE SET ASIDE 30 MINUTES TO ENROLL (LONGER IF TRANSLATION IS NEEDED).



AFTER YOUR APPOINTMENT IS MADE, THE BENEFIT EXPERT WILL CALL YOU ON THE DATE AND TIME OF YOUR APPOINTMENT.



ELIGIBILITY

DEPENDENT ELIGIBILITY

You can cover dependents under certain benefit plans. Eligible dependents include:

- ▶ Your legal spouse;
- ▶ Any child under 26 years of age including natural children, stepchildren, legally adopted children, children placed with you for adoption or legal guardianship, and children for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO) or other court or administrative order – even if the child does not reside with you.
- ▶ Any unmarried, disabled child of any age who resides with you and who was medically certified as disabled prior to their 26th birthday and who is primarily dependent upon you for support;

Medical Coverage for Dependent(s) Required Documentation:

1. **Spouse:** Copy of certified marriage certificate, a recent jointly filed tax return, and a Employer Benefit Verification and Information Release Authorization Form.
2. **Child:** Copy of certified birth certificate
3. Valid Social Security Number
4. You will receive a packet in the mail in approximately 7 days with instructions on how to provide this documentation to our secure third party administrator, Consova and any other legal documentation needed.

QUALIFYING LIFE EVENT

You cannot change your plans, coverage levels or dependents during the year unless you have a “Qualifying Life Event” (QLE). QLEs allow you to make changes to certain benefits during the year. You must submit the required documentation (e.g., legal marriage certificate, birth certificate, or birth confirmation for newborns, etc.) **within 30 days of the event.**

You can change your medical, dental/vision coverage tier, voluntary life insurance (certain QLEs allow), and Flexible Spending Account elections during the year for the following reasons:

- ▶ Legal marriage
- ▶ Divorce or legal separation
- ▶ Birth or adoption of a child
- ▶ Change in your employment status and corresponding change in eligibility for benefits
- ▶ Changes in your spouse’s employment status in which available health coverage is gained or lost
- ▶ Significant change in your spouse’s health care coverage (e.g., a significant reduction in coverage or a significant change in premiums)

Questions about QLEs? Call Team Member Services at 833.269.3867 +option 3.



NOTE ABOUT COVERAGE FOR SPOUSES

- ▶ If your spouse is a Boyd benefits eligible Team Member, they must enroll in their own coverage.
- ▶ If your spouse is eligible for group health coverage through his or her employer and voluntarily elects not to enroll in or make any required contributions for that coverage, he or she will not be eligible for coverage under a Boyd Gaming health plan.

MAINTAINING COVERAGE

Once you become eligible, you must work the minimum required hours in order to maintain benefits. Different benefit plans have different hour requirements. The hours are reviewed twice a year in April and October for effective dates of July 1 and January 1 each year. Please see below for the hour requirement for each of the benefit plans.

Average 30 hours or more

- ▶ Medical Insurance
- ▶ Dental/Vision Insurance
- ▶ Company Paid Life Insurance
- ▶ Short-Term Disability
- ▶ Long-Term Disability
- ▶ Voluntary Team Member Life Insurance and AD&D
- ▶ Voluntary Spouse Life Insurance and AD&D
- ▶ Voluntary Child Life Insurance and AD&D
- ▶ Accident Insurance
- ▶ Critical Illness Insurance
- ▶ Hospital Indemnity
- ▶ Flexible Spending Account - Health and Dependent Care

Average 20 but less than 30 hours

- ▶ Anthem Mini Med FlexHour
- ▶ Voluntary Team Member Life Insurance and AD&D
- ▶ Voluntary Spouse Life Insurance and AD&D
- ▶ Voluntary Child Life Insurance and AD&D
- ▶ Accident Insurance
- ▶ Critical Illness Insurance
- ▶ Hospital Indemnity
- ▶ Flexible Spending Accounts - Health and Dependent Care

Less than 20 Hour Requirements

- ▶ Accident Insurance
- ▶ Critical Illness Insurance
- ▶ Hospital Indemnity
- ▶ Flexible Spending Accounts - Health and Dependent Care

IN-NETWORK PROVIDERS WILL SAVE YOU MONEY!

Anthem Blue Cross and Blue Shield have entered into contracts with a wide range of medical and dental providers to offer services at discounted rates. These provider networks allow Anthem to offer more competitive pricing, which in turn can lower your costs.

- ▶ **In-Network Care:** When you seek medical services from an Anthem BCBS contracted provider, your plan allows the provider to only bill you at the discounted allowable rates. Contracted providers also take care of billing your claim directly with Anthem BCBS, so there's no paperwork required on your part.

EMERGENCY ROOM AND OTHER URGENT CARE OPTIONS

When you need immediate medical care, the first line of advice has been to "Go to the nearest emergency room" but unless it is a true emergency, you will likely get quicker and less expensive medical care in other care settings. Keep in mind that a visit to the emergency room comes with a \$350 copay. Urgent care centers, retail health clinics and Anthem's LiveHealth Online are wonderful alternatives to the emergency room and usually have shorter wait times. Please see page 9 for information on LiveHealth Online. Also, please visit Anthem.com for a listing of urgent care providers in your area.

HERE ARE THE DETAILS:

Getting a second opinion can be a big part of making a choice about care for yourself or a loved one. You may have questions when it's time to decide what type of care to get and where to go.

**CALL OUR VIRTUAL SECOND OPINION PROGRAM AND SPEAK WITH A NURSE AT 888.361.3944
MONDAY - FRIDAY, 8:30 AM - 11:00 PM EST.**

WHEN TO CONTACT VIRTUAL SECOND OPINION

VIRTUAL SECOND OPINION PROGRAM

We've partnered with ConsumerMedical, a leader in helping people get expert second opinions. Through ConsumerMedical, you'll work with a support team of qualified health care professionals who aren't connected to your doctor or Anthem. They can:

- ▶ Help you get a "virtual" second opinion
- ▶ Refer you to a doctor in your plan for a second opinion.
- ▶ Provide information to help you make a decision about your care.

This program is part of your health plan and may come at no cost to you depending on your benefits. If you pay a copay to see a doctor today, you'll have to pay a copay for a second opinion but nothing more! If you don't pay a copay, then there's no extra cost. This way, you can focus on your health and your options, and not worry about more costs, traveling a long distance or waiting in a doctor's office.

FOR A FREE, SECOND OPINION (MANDATORY)

- ▶ Before you schedule any non-urgent or non-emergency back surgery, you are required to schedule and complete a mandatory second opinion from Virtual Second Opinion.
 - Examples of back surgeries include (but are not limited to) discectomy, spinal fusion, and spinal decompression.
- ▶ If you proceed with your surgery without a Virtual Second Opinion, you will pay \$500 additional copay that does not count toward your deductible or out-of-pocket maximum.
- ▶ You are not required to follow the second opinion recommendations.



HEALTH PLAN COVERAGE

Boyd Gaming provides medical coverage to help you stay healthy through annual physical exams and routine care. It is our goal to assist with managing ongoing health conditions, and to protect you from extremely high medical costs in the event of a serious illness or emergency. All medical, pharmacy, and dental plans are administered by Anthem Blue Cross and Blue Shield.

YOUR FOUR MEDICAL OPTIONS ARE:

- ▶ **VALUE PLAN**
- ▶ **CHOICE PLAN**
- ▶ **PPO PLAN**
- ▶ **HEALTH SAVINGS ACCOUNT (HSA)**

ALL HEALTH PLANS OFFER:

- ▶ 100% coverage for in-network preventive care, such as annual physicals, immunizations, age-appropriate lab tests and screenings.
- ▶ A higher level of benefits when you use in-network providers, specialists, and hospitals. Contracted in-network providers offer discounted rates, so you pay less out-of-pocket for care.
- ▶ The flexibility to choose an out-of-network doctor or hospital. Please note that the plan pays less for services received from out-of-network providers, so you will end up paying more, including any charges above the plan's allowable charges.



THE VALUE & THE CHOICE PLANS

The Value and Choice Plans provide a 100% Company-paid Health Fund (Health Reimbursement Account).

What is a Health Reimbursement Account?

Boyd Gaming understands how costly health plan deductibles can be. With the Value and Choice options, we provide money in a Health Reimbursement Account (HRA) at the beginning of the year to help pay a portion of your initial health expenses. (Please see page 7 for more information about the Health Reimbursement Account and the amounts per plan per coverage level.)

How does it work?

Each time you incur a medical or pharmacy expense, Boyd Gaming will use this fund to pay 100% of your medical or pharmacy costs until the fund runs out. When the HRA is completely used, you will be responsible for 100% of the remainder of your medical or pharmacy allowable charges up to your required annual deductible. Once you have met your annual deductible, you will be responsible for the co-insurance portion (when using in-network providers) of your medical expenses.

PPO PLAN

The PPO plan is a traditional “co-pay” based plan, and has more expensive payroll contributions than the other plans. This plan has a traditional co-pay of \$45 for each visit to an in-network doctor. Other types of medical services received outside of the normal doctor office visit require the annual deductible to be met before the plan will pay. Once you meet the plan's deductible, the plan pays 80% of your medical expenses. What the plan doesn't pay is your responsibility, or co-insurance. In-network preventative care is covered at 100%.

Pharmacy expenses are also available right away without having to first satisfy your medical plan deductible.

(Please note there is a mandatory mail-order requirement for maintenance prescriptions. Pharmacy expenses are not subject to deductibles and have different co-insurance percentages than other medical expenses. See chart on page 10.)

HEALTH SAVINGS ACCOUNT (HSA)

An HSA is a special tax-sheltered savings account that can be used to pay for medical, prescription, dental, and vision expenses for you and your qualified dependents. The HSA is funded by your own pre-tax contributions through payroll deductions. You may also contribute money to your HSA with after-tax dollars. There are limits to the amounts you can contribute to your HSA each year, which are set by the IRS. You will receive a debit card, which you can use to pay for qualified health care costs. The money in your HSA account is your money. The account is yours, even if you leave the company or retire.

HEALTH SAVINGS ACCOUNT (HSA)

HEALTH SAVINGS ACCOUNT (HSA)

The Boyd Gaming HSA Medical Plan is a special tax-sheltered savings account that can be used to pay for medical and prescription expenses for you and your qualified dependents, now and in the future. Your HSA funds will come from contributions from your paycheck during the year, and any after-tax contributions you decide to put into your HSA.

YOUR HSA CONTRIBUTIONS

You decide if, when, and how much to contribute to your HSA, up to the limit set by the IRS each year. During Open Enrollment, you can elect a payroll contribution to be deducted, before taxes, from your paycheck, in equal amounts during the year. You can start, stop, or change your contributions at any time. You can also make lump sum contributions at any time with after-tax dollars outside of payroll contributions.

The IRS sets limits to the total amount of money you can contribute to your HSA in a year. Contributions above that limit are subject to income taxes. It is your responsibility not to exceed the maximum HSA contribution limit.

The 2021 HSA contribution limits (including contributions from your paycheck and any other source combined) are:

- ▶ \$3,600 for Team Member only coverage, and
- ▶ \$7,200 for Team Member plus dependent(s) coverage

If you are age 55 or older, you can make additional “catch up” contributions of up to \$1,000 in 2021.

QUESTIONS ABOUT THE HSA?

How do I pay for eligible expenses?

You will receive a debit card, which you can use to pay for qualified health care costs. Funds will be deducted directly from your HSA. It is important to be aware of your HSA balance as you are responsible for non-preventive care expenses until the deductible is met. If the balance in your HSA is \$0, you will be responsible for paying the expense using personal funds. You may then, at a later date, reimburse yourself once the HSA funds are available in your HSA.

What happens to my HSA funds?

Funds in the account can earn interest and you can leave the funds in your account and allow it to accumulate for use towards future expenses or in retirement. The money and the account are yours, even if you leave the company or retire.

HSA Eligibility – How does it work?

- ▶ You must select the HSA Health Plan option during Open Enrollment.
- ▶ You cannot be enrolled in Medicare.
- ▶ You are not claimed as a dependent on another person's income tax return.

Changing Medical Plans

If you are currently enrolled (for 2020) in either the Choice Plan or Value Plan, you will not be able to transfer/roll over any unused Health Reimbursement Account (HRA) balances from these accounts to your HSA account in 2021.



CHOOSING A PLAN

VALUE PLAN, CHOICE PLAN, PPO PLAN, OR HSA PLAN

Which plan is right for you?

When choosing a medical plan, a little research can make a difference. Review the following to determine which plan will fit you and/or your family's needs for the upcoming year.

1. Review the previous Explanation of Benefits (EOB) sent to you from Anthem for each covered member after every medical service you receive (doctor visits, pharmacy charges, etc.). These are available online by logging into <https://www.Anthem.com>.
2. Estimate your out-of-pocket costs including deductibles and co-insurance for the next year.
3. Add up your payroll contribution for the last twelve months to understand your cost outside of the deductible and co-insurance amounts.

FEATURE	VALUE PLAN	CHOICE PLAN	PPO PLAN	HSA PLAN
Your Premiums: This is the amount you pay from each paycheck for coverage.	Might be right for you if you expect low (or no) medical costs beyond preventive care (covered at 100%).	Costs more in premiums, but gives you a higher contribution into your HRA bucket.	Costs more in premiums, and this plan is a mixture of copayments and co-insurance. You do not receive a Boyd HRA contribution.	The HSA Plan offers the lowest cost premiums. HSA must be funded through payroll deductions.
Health Reimbursement Account / HRA: This is the amount Boyd Gaming contributes toward your expenses.	\$250 team member only coverage \$750 team member plus one or more dependents	\$600 team member only coverage \$1,200 team member plus one or more dependents	N/A	N/A
Team Member Portion of The In-Network Deductible: This is the amount you have to pay before co-insurance applies.	\$1,250 team member only coverage \$2,250 team member plus one or more dependents	\$900 team member only coverage \$1,800 team member plus one or more dependents	\$1,500 team member only coverage \$3,000 team member plus one or more dependents	\$3,000 team member only coverage \$6,000 team member plus one or more dependents
Co-Insurance: This is the percentage of in-network services that you and the plan pay when you get care (after the total deductible is met).	The plan pays 70% of the cost, you pay 30%. (Note: Pharmacy expenses are subject to the plan's deductibles, and have different co-insurance percentages than other medical expenses.)	The plan pays 75% of the cost, you pay 25%. (Note: Pharmacy expenses are subject to the plan's deductibles, and have different co-insurance percentages than other medical expenses.)	The plan pays 80% of the cost, you pay 20%. For some services, you will only pay a flat copayment amount. (Note: Pharmacy expenses are not subject to the plan's deductibles, and have flat copayments.)	The plan pays 70% of the cost, you pay 30%. (Note: Pharmacy expenses are subject to the plan's deductibles, and have different co-insurance percentages than other medical expenses.)
Out-Of-Pocket Maximum: The plan pays 100% of in-network expenses over the out-of-pocket maximum, for the rest of the year. (Note: Your co-insurance costs for pharmacy expenses count toward the plans' out-of-pocket maximums.)	\$8,150 for team member only coverage \$16,300 for team member plus one or more dependents.	\$8,150 for team member only coverage \$16,300 for team member plus one or more dependents.	\$8,150 for team member only coverage \$16,300 for team member plus one or more dependents.	\$6,900 for team member only coverage \$13,800 for team member plus one or more dependents.

2021 – HEALTH FUND ALLOWANCES FOR NEW HIRES AND NEWLY ELIGIBLE TEAM MEMBERS*				
PLANS	Coverage Eff. Date During 1st Qtr. 2021	Coverage Eff. Date During 2nd Qtr. 2021	Coverage Eff. Date During 3rd Qtr. 2021	Coverage Eff. Date During 4th Qtr. 2021
Value Plan Individual	\$250	\$188	\$125	\$63
Value Plan Family	\$750	\$563	\$375	\$188
Choice Plan Individual	\$600	\$450	\$300	\$150
Choice Plan Family	\$1,200	\$900	\$600	\$300
PPO Plan Individual	\$0	\$0	\$0	\$0
PPO Plan Family	\$0	\$0	\$0	\$0

* Note to newly hired team members and team members newly eligible for coverage during 2021: The Health Reimbursement Account (HRA) is prorated according to your effective date of coverage (the prorated amount applies to your first year of coverage; you will receive the full Health Reimbursement Account (HRA) amount (first column in the chart above) in your next and ongoing years of coverage). EXCEPTION: certain Qualifying Life Events during the year may modify your HRA amount.

REDUCE YOUR HEALTH PLAN COSTS

At Boyd Gaming, we have two ways you can elect to reduce the total cost of your health plan premiums. Participation is completely voluntary.

DISCOUNTED PREMIUMS FOR 2022

Each year, Boyd Gaming provides the opportunity to receive a discount on your health insurance premiums. Team members and their covered spouses are encouraged to take an active approach to better health. In doing so, covered members can receive a discount on the following year's premiums.

THE COMPLETED REQUIREMENTS FOR 2022 ARE:

- 1** Complete a certified biometric screening during the month of February at your property or have your doctor complete and fax the Biometric form between January 1 and March 31, 2021.
- 2** Set a goal by April 30, 2021.
- 3** Meet your goal by August 31, 2021.

More details to come throughout the year...

HEALTHY PASS!

If your biometric scores in 2021 (received between January 1, 2021 to March 31, 2021) are within the healthy ranges for each health category, you will receive a "Healthy Pass". This means you will not be required to set or meet a goal to qualify for the discount in 2022. You and your covered spouse will only have to complete your biometrics before the deadline date in 2021 for low premiums in 2022. You will receive a notification from Anthem regarding your Healthy Pass.

KNOW THESE NUMBERS!

To be in healthy ranges, you should be **BELOW:**

30
BMI

120 / 80
Blood Pressure

200
Total Cholesterol

100 OR 140
Glucose – fasting/non-fasting



DOCTORS ONLINE

Easy, fast doctor visits all from the comfort of your own computer or mobile device anytime - 24/7.

- ▶ Copay is \$0 in 2021*
**If you have enrolled in the HSA, Copay is \$59 until your deductible is satisfied, then it is free.*

Now you can get the health care you need without all the hassle. With LiveHealth Online, you don't have to schedule an appointment, take time off work, drive to the doctor's office, and then wait. In fact, you don't even have to leave your home or property. Doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed. All you need is a computer with a webcam or a mobile device to see the doctor in seconds.

WITH LIVEHEALTH ONLINE, YOU GET:

- ▶ Doctor visits through live video.
- ▶ Your choice of board-certified doctors.
- ▶ Private, secure, and convenient online visits.

ACCESS YOUR BENEFITS ON THE GO!

Together with Anthem, Boyd Gaming is offering you the **Boyd Mobile Health** app to access your benefits on the go.

WITH THE APP YOU GET A TOTALLY PERSONALIZED EXPERIENCE AND CAN:

- ▶ View your Anthem ID card
- ▶ View a description of your Anthem plan benefits including dental and Employee Assistance Program
- ▶ Access LiveHealth Online
- ▶ Locate in-network doctors or nearby urgent care centers
- ▶ View your 2022 Premium Discount Steps
- ▶ Go to your Prudential 401(k) plan
- ▶ View your Vision Service Plan information
- ▶ View open enrollment reminders and appointments
- ▶ Understand your health and health risks
- ▶ View personal health reminders

EAP PROVIDERS ONLINE

Seeking help for behavioral health is a big step. That's why we've made it easy and convenient. Now you can use the service from the comfort of your home.

- ▶ Evening and weekend access based on availability.
- ▶ Ability to schedule the first visit and be seen within four days and, in some cases, on demand.
- ▶ Ability to interact privately with a psychologist or therapist from a comfortable environment like your home.
- ▶ Your cost share remains the same as for current in-office therapy benefits.
- ▶ Call EAP first to get a coupon code to access your free counseling sessions through LiveHealth Online 855.383.7229 (24/7/365).

LiveHealth[®]
O N L I N E
LIVEHEALTHONLINE.COM

HERE'S HOW TO GET STARTED NOW

From your smartphone or other mobile device:

- ▶ Go to the Apple Store or Google Play
- ▶ Search for **Mobile Health Consumer** to download the app

From your computer:

- ▶ Go to **mobilehealthconsumer.com**
- ▶ Choose the **User** button in the top-right corner
- ▶ Select **Register Now**

PHARMACY BENEFITS

The Health Plan you choose determines your share of the costs for prescription drugs. You can buy prescription drugs both at a participating retail pharmacy and through the plan's mail-order program.

For convenience and some savings, use the mail-order program for medications you take on a regular basis to treat things like high blood pressure, high cholesterol, allergies, diabetes, etc. You can get up to a 90-day supply, and it's delivered right to your door!

IMPORTANT: If you or your dependent(s) have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage.

Note: The PPO Plan includes a mandatory mail-order feature for maintenance medications. You may receive up to two refills at a retail pharmacy. After the second refill, your prescription will be automatically transferred to the Mail-Order Pharmacy for future refills (you will be notified after you receive your first fill). You will not be able to refill your prescription at a retail pharmacy after the second refill.

TEAM MEMBER COPAYMENTS AND CO-INSURANCE

RETAIL PHARMACIES—30-DAY SUPPLY	VALUE, CHOICE, AND HSA PLANS*	PPO PLAN
Generic	\$12 after deductible	\$12
Preferred Brand (\$200 Maximum After Deductible)	35% of allowable after deductible	\$25 or 35% (greater of) (No Deductible)
Non-Preferred Brand (\$250 Maximum After Deductible)	50% of allowable after deductible	\$50 or 50% (greater of) (No Deductible)
MAIL-ORDER — 90-DAY SUPPLY		
Generic	\$24 after deductible	\$24
Preferred Brand (\$350 Maximum After Deductible)	35% of allowable after deductible	\$65 or 35% (greater of) (No Deductible)
Non-Preferred Brand (\$550 Maximum After Deductible)	50% of allowable after deductible	\$150 or 50% (greater of) (No Deductible)

*Value, Choice, and HSA Plans—you will be charged the actual allowable cost of all prescriptions until you meet your total deductible.

GENERIC SAVES YOU MONEY!

In most cases, generic drugs have the same active ingredients, are equally safe and effective, perform as well, and must meet the same manufacturing standards as their brand-name counterparts. Generic drugs also cost much less!

Ask your doctor or pharmacist for generic alternatives for your prescription drugs.

Source: U.S. Food and Drug Administration website, fda.gov.



DENTAL AND VISION BENEFITS

Dental coverage is combined with Vision coverage and is a separately elected benefit.

DENTAL

Dental coverage helps you pay for dental care services, from routine cleanings to orthodontia. The plan pays 100% for in-network preventive care. To contact Anthem Blue Cross and Blue Shield customer service, call 844.862.9784.

DENTAL PLAN	
Annual Maximum	\$2,000 combined in-and out-of-network
Deductible	\$100 per person/\$300 family
Preventive	100% of allowable, no deductible, in-network—2 visits
Fillings	80% of allowable after deductible
Crowns	60% of allowable after deductible
Orthodontia/Lifetime Maximum Per Member	80% of allowable, no deductible/up to the \$2,000 maximum

To encourage you to get preventive dental care, you have the opportunity to increase your dental plan benefits. Here's how it works. Get two preventive cleanings by the end of each calendar year and receive an increase in dental coverage the following year. That means if you get two preventive cleanings in 2021, you will pay less for fillings and crowns in 2022!

PREVENTIVE CARE INCENTIVE	BENEFIT COVERAGE WITHOUT TWO CLEANINGS	BENEFIT COVERAGE WITH TWO CLEANINGS
Fillings	80%	90%
Crowns	60%	70%

VISION

Your eye doctor may be your first line of defense against serious illnesses. An eye exam can detect 30 different systemic conditions, including diabetes and high blood pressure, so take advantage of your coverage and get an annual vision exam. Vision coverage helps pay for routine eye exams, primary eye care, and eyeglasses and contact lenses. You can lower your out-of-pocket costs by seeing Vision Service Plan (VSP) network providers. To contact VSP customer service, call 800.877.7195. To learn more about your benefits or to find a VSP doctor, visit vsp.com.

VISION PLAN	COPAYMENT (IN-NETWORK)	ALLOWANCE, DISCOUNT, OR COVERAGE (IN-NETWORK)
Preventive Care Exam (Annually)	\$20	N/A
Glasses (Annually*)	\$50	\$130 toward frames
Contacts (Annually*)	\$0	\$130 for contact lenses and exam
Laser Vision Correction	N/A	15% off regular price, or 5% off promotional price
Primary Eye Care Benefit Use this benefit and save money in your Health Reimbursement Account (Value and Choice Plans).	\$20	Treatment for eye pain, pink eye, sudden vision changes, and other primary care services

*Either glasses or contacts are covered annually, but not both in the same year. Any additional materials or services you wish to purchase will be fully paid by you — however, you will receive a discount using a VSP provider.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Enrolling in Flexible Spending Accounts can help you save money for your family's Health Care and Dependent Care expenses.

FSAs offer a convenient way to save money on a pre-tax basis through payroll deductions for your estimated out-of-pocket Health Care and Dependent Care expenses. Your FSA contributions are then reimbursed to you for expenses incurred during the plan year. Note: If you wish to enroll in an FSA, you must re-enroll every year and elect your annual contribution amount. Annual re-enrollment is not automatic. To contact Anthem Blue Cross and Blue Shield customer service, call 844.862.9784.

HEALTH CARE AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

HEALTH CARE FSA	DEPENDENT CARE FSA
<p>Reimbursement of eligible out-of-pocket Health Care expenses for you and your dependents.</p> <ul style="list-style-type: none"> ▶ You may contribute between \$50 and \$2,750 per year. ▶ Convenient deductions from each paycheck. ▶ Your entire 2021 election amount is available for immediate use. This is especially helpful for unexpected expenses. ▶ Reimburse yourself for your out-of-pocket share of medical, dental and vision expenses, such as your copayments, deductibles and co-insurance amounts. (This covers expenses incurred after you've used your Value and Choice Plans Health Fund balance, if applicable.) ▶ Pre-tax savings. Your deductions are taken on a pre-tax basis, which could reduce your taxes. ▶ You may pay for your FSA claims as you incur them using your FSA debit card. You can also submit claims for payment using an FSA claim form available at anthem.com. <p><i>*The IRS determines the maximum contribution amount in any given year.</i></p>	<p>Reimbursement of eligible day or evening care expenses for your child and/or elderly or handicapped dependents.</p> <ul style="list-style-type: none"> ▶ You may contribute between \$50 and \$5,000 per year (\$2,500 if married filing separately). ▶ Convenient deductions from each paycheck. ▶ Reimburse yourself for your child's day care (up to age 13) and/or elderly or handicapped dependent expenses so you (and your spouse, if married) can work. ▶ Eligible expenses include day care, preschool, before- and after-school care, summer day camp and elder/ handicapped dependent care. ▶ Reimbursement for expenses up to the total amount of the payroll deductions you have made at the time your claim is submitted (less any previous claims paid that year). ▶ Pre-tax savings. Your deductions are taken on a pre-tax basis, which could reduce your taxes. ▶ Leaves of absence. This FSA generally may not be used during a leave of absence, so consider this when enrolling each year. ▶ Note: The Dependent Care FSA does not cover Health Care expenses for dependents.



Dependent Care:

Covers children up to age 13, disabled children of any age or a disabled spouse.



To Be Eligible:

Care providers must claim the money as income when determining their taxes at the end of the year.



Dependent Care:

Proof (or substantiation) needed for reimbursement:

- ▶ Dates of service
- ▶ Dollar amount
- ▶ Day care provider name
- ▶ Day care provider signature

FLEXIBLE SPENDING ACCOUNTS (FSAs)

IS THE HEALTH CARE FSA RIGHT FOR YOU?

A Health Care FSA can be a significant benefit for team members expecting to have expenses for services beyond routine preventive care, dental or vision care. To estimate the annual dollar amount you may wish to contribute, review your 2020 out-of-pocket medical, dental, and vision expenses, then estimate your 2021 out-of-pocket costs. Your total estimated out-of-pocket costs (copayments, deductibles and co-insurance amounts) for medical, pharmacy, dental, and vision expenses will give you a guideline for your 2021 Health Care FSA contribution election.

VALUE PLAN	
Do you expect to have out-of-pocket medical costs above the Company- funded Health Reimbursement Account (HRA) amount? <ul style="list-style-type: none"> ▶ \$250 team member only coverage ▶ \$750 team member plus one or more dependents 	If yes, consider electing an amount to help cover your portion of the deductible (\$1,250 team member only coverage / \$2,250 team member plus one or more dependents)
Do you expect to have expenses over your deductible?	If yes, consider electing enough to cover your co-insurance amount (30% of the cost of most services).
CHOICE PLAN	
Do you expect to have medical costs above the Company- funded Health Reimbursement Account (HRA) amount? <ul style="list-style-type: none"> ▶ \$600 team member only coverage ▶ \$1,200 team member plus one or more dependents 	If yes, consider electing an amount to help cover your portion of the deductible (\$900 team member only coverage / \$1,800 team member plus one or more dependents).
Do you expect to have expenses over your deductible?	If yes, consider electing enough to cover your co-insurance amount (25% of the cost of most services).
PPO PLAN	
Do you expect to see the doctor for treatment other than preventive care? Do you expect to need any prescription drugs?	If yes, consider electing enough to cover your expected copayments, deductibles, and co- insurance.
Do you expect to have expenses beyond office visit and prescription drug copayments?	If yes, consider electing enough to cover your deductible (\$1,500 team member only / \$3,000 team member plus one or more dependents) and co- insurance.
HSA PLAN	
The Health Care FSA is not available if you are enrolled in the Health Savings Account (HSA) per federal guidelines.	

NOTE: If you have remaining funds in your 2020 FSA on January 1, 2021 and sign up for the 2021 HSA, per federal guidelines you must use all remaining funds in your FSA first, before you can use your HSA. If this is the case, HSA funds will not be available for use until April 1, 2021.

THREE THINGS TO REMEMBER ABOUT THE FLEXIBLE SPENDING ACCOUNTS

1

The Health Care and Dependent Care Flexible Spending Accounts are two separate accounts. Money in the Health Care account cannot be used to pay for Dependent Care expenses, and vice versa.

2

You can incur reimbursable FSA expenses for a total of fourteen and a half months - through March 15 of the following year - and file for reimbursement of your claims by April 30, 2021. For example, you can incur claims for your 2021 contributions until March 15, 2022, and can file claims until April 30, 2022.

3

Plan carefully. After April 30, 2022, any unclaimed contributions will be forfeited (per IRS guidelines). If you are a new hire or newly eligible team member, remember to set aside only what you expect to use for the remaining months in the plan year (plus the extension period until March 15 of the following year).

Learn more and enroll in these important employee benefits.

The first step to choosing the right benefits is understanding the importance of each option. So take a closer look at these great benefits available to you from Kemper and enroll today!

GROUP ACCIDENT INSURANCE

Accidents can happen at any time and when you least expect them. Group Accident Insurance can help you be better prepared.

Accidents happen frequently and can be very costly. In fact, the average cost for one visit to the ER is \$1,354. Accident insurance can help you pay for costs not covered by your medical insurance. There are over 150 covered conditions associated with an accident that could trigger benefits, including various injuries, hospitalization, medical services, and treatments. Plus, this coverage features:

- ▶ Guaranteed issue, which means no health questions will be asked during enrollment
- ▶ Payments made directly to you
- ▶ Benefits that you can use in any way you see fit: Use them to help pay for insurance deductibles, copayments and more

KEMPER Health

HOSPITAL INSURANCE

Hospital insurance pays a lump-sum benefit if you or a member of your family is hospitalized.

With an average cost of \$10,000 per hospital stay in the U.S., it's easy to see why having hospital insurance coverage may make good financial sense. If you are admitted or confined to a hospital due to an accident or illness, hospital insurance benefits can help pay for out-of-pocket costs, such as health insurance deductibles and co-payments—or for anything that you see fit. Plus, this coverage features:

- ▶ Guaranteed issue, which means no health questions will be asked during enrollment
- ▶ Payments made directly to you, not your health care provider
- ▶ Coverage is portable, meaning you can take it with you if your employment status changes

The Group Accident and Hospital Insurance plans above have two options to choose from: High Plan provides higher payouts and the Low Plan provides lower payouts, with less premium payments per pay check.

CRITICAL ILLNESS

Help protect your family and your budget from the impact of a critical illness.

If a serious illness happens to you or a loved one, this coverage provides you with a lump-sum payment that can be used to pay for everyday living expenses and out of pocket medical costs, like copays and deductibles. Here's why it's a good idea to choose critical illness insurance:

- ▶ Provides a lump-sum payment for covered conditions such as heart attack, cancer or stroke
- ▶ Guaranteed issue, which means no health questions will be asked during enrollment

Coverage Amount options: \$10,000, \$20,000, or \$30,000



VOLUNTARY INSURANCE

SHORT- AND LONG-TERM DISABILITY (STD AND LTD)

You may be able to receive a portion of your salary under the STD and LTD plans if you are unable to work due to a disability for a period of time. Offered through Symetra, you will learn more about your STD and LTD benefit options when you complete your enrollment.

SHORT-TERM DISABILITY

Short-Term Disability insurance can help you cover your essential living expenses and help protect your savings, since it replaces a portion of your income during the initial weeks of a disability.

In fact, 44% of employees surveyed are very concerned about having enough money to pay bills during a sudden income loss. Consider STD to ensure your family is financially prepared to handle essential living expenses such as the following:

- ▶ Mortgage
- ▶ Car payments
- ▶ Food
- ▶ Child care/Tuition

Hourly and Salaried Team Members: Plan will pay 60% of weekly earnings, up to \$3,000 weekly benefit.

Elimination Period: Eligible claims will begin to pay on the 15th day for an accident and the 22nd day for an illness.

Benefit Duration: 13 weeks



LONG-TERM DISABILITY

The loss of income over an extended period of time due to a disability could be financially devastating to you and your family. One look at these disturbing facts and you can quickly see why it pays to have Long-Term Disability insurance:

- ▶ Just over 1 in 4 of today's 20 year olds will likely become disabled before reaching age 67.
- ▶ 1 in 8 workers will be disabled for 5 years or more during their working careers.

Hourly and Salaried Team Members: Plan will pay 60% of monthly earnings, up to \$15,000 monthly benefit maximum.

Elimination Period: Eligible claims will begin to pay after the 90th day.

Benefit Duration: Later of Reducing Benefit Duration or 5 years.

What's more, given its strict definitions of what qualifies as a disability, you may not be able to count on federal help.

Chances are you may not be able to count on Social Security Disability Insurance (SSDI) to help you; approximately 67% of initial SSDI claims are actually denied. Social Security benefits are not available if you are expected to be out of work for less than a year.

Your Disability coverage may also include some additional benefits designed to assist you in getting back to work (please see the Plan Summary for details):

- ▶ **Return to Work Incentives Assistance**
In returning to the workforce and valuable transition support, when appropriate.
- ▶ **Rehabilitation Incentive**
You can increase the amount of your Disability benefit by as much as 10% when you participate in a Symetra approved Rehabilitation Program.
- ▶ **Family Care Benefit**
Get reimbursed for expenses, such as child care for eligible family members, if you participate in a Symetra approved Rehabilitation Program.
- ▶ **Work Benefit**
You may receive up to 100% of your pre-disability earnings when combining the Disability benefit, return- to-work earnings, Rehabilitation incentives, and other income benefits such as State Disability benefits and Social Security Disability benefits.

COMPANY-PAID LIFE INSURANCE

If you are enrolled in a Boyd Gaming health plan, you automatically receive Basic Life and Accidental Death and Dismemberment (AD&D) insurance.

- ▶ **Hourly Team Members:** receive \$15,000 of coverage.
- ▶ **Salaried Team Members:** receive coverage equal to one time their annual base salary.

You will see the amount of coverage provided to you when you complete your online enrollment. AD&D coverage doubles the amount of your life insurance benefits in the case of accidental death, and provides specific benefits for accidental dismemberment injuries.

BENEFICIARY INFORMATION

When enrolling, you'll be asked to confirm or designate a beneficiary for your life insurance benefit upon your death (this is required information). While a beneficiary is typically a person, you can also name your estate or an organization. You must provide the name(s) of your beneficiary(ies), the percentage of your life insurance amount you want him or her to receive, and his or her Social Security number. You can change your beneficiary(ies) at any time by logging on to boydbenefitsenrollment.com.

VOLUNTARY TERM LIFE INSURANCE

You can purchase additional life and Accidental Death and Dismemberment (AD&D) coverage (when you or your dependents are first eligible) through Symetra. You must be enrolled in Voluntary Team Member Life Insurance to enroll your dependent(s) in a voluntary life plan. You will see rates for coverage when you complete your online enrollment on boydbenefitsenrollment.com.

- ▶ **For yourself:** You can purchase additional life insurance coverage up to \$500,000 (in \$25,000 increments), not to exceed five times your base annual salary. You can get up to \$100,000 in coverage "guaranteed issue" (no medical questions) when you are first eligible. Requests for coverage above the \$100,000 guaranteed issue amount will require submission of "Evidence of Insurability" (EOI) to Symetra. If EOI is required, Symetra will provide the required forms to complete and return. Your benefit amount over the guaranteed issue amount will not become effective until Symetra receives and approves your EOI. Rates are based on team member's age and smoker status.
- ▶ **For your spouse:** You can purchase Voluntary Life Insurance coverage up to \$60,000. This amount cannot exceed the team member coverage amount. The guaranteed issue amount is \$30,000 (no medical questions) when you are first eligible. Rates are based on the team member's age and spouse's smoker status.
- ▶ **For your children:** You can purchase Voluntary Life Insurance coverage in \$2,000 increments, up to \$10,000. If you have more than one child, each of your children will be covered by the benefit amount you select.



401(K) SAVINGS PLAN

The 401(k) Savings Plan helps you save for your future. Team members age 21 and older are eligible to enroll in the plan on the first day of the month after three months of continuous employment, or anytime after. Prudential is our 401(k) administrator.



Prudential

HIGHLIGHTS OF THE 401(K) SAVINGS PLAN INCLUDE:

- ▶ **Company match.** Boyd Gaming matches 25% of the first 6% of your contribution. You can maximize the Company match by contributing 6% of your pay. The match is made in a lump sum payment shortly after the end of the year as long as you are an active team member as of December 31st.
- ▶ **Automatic enrollment.** You will be automatically enrolled for a 3% contribution each pay period when you are first eligible, unless you opt out or change your contribution.
- ▶ **Flexible savings options.** You can contribute as little as 1% of your pay each pay period on a pre-tax basis, or as much as the annual IRS limit each year. Pre-tax savings may save you money now, as taxes are deferred to a later time.
- ▶ **Wide array of investment options.** No matter if you're new to investing or an experienced investor, you'll find an array of low to high-risk investment funds to meet your needs.
- ▶ **Loans.** If you need to access a portion of your money before you leave employment, you can take out a loan on your account balance and pay yourself back over time.
- ▶ **Five-year graded vesting schedule.** You are always 100% vested in your own contributions. Your Company- matching contributions will vest 20% for each year of service you complete. You become fully vested after completing five years of service, or after you attain age 59^{1/2} if you remain employed.



Saving for your retirement on a pre-tax, tax-deferred basis through easy payroll contributions to the Company plan is one of your best ways to save! Remember - it is never too early or too late to save for your retirement! If you have any questions about the plan or would like to enroll - you can contact Prudential at 833.BYD-401K (833.293.4015).



CONTACT INFORMATION

BENEFIT	DESCRIPTION	CONTACT	WEBSITE / EMAIL	PHONE NUMBER
Medical Plans	Claims information, coverage questions, Summary Plan Descriptions	Anthem Blue Cross and Blue Shield	anthem.com	844.862.9784
24 Hour Nurse Line	Questions or help in finding appropriate care	Anthem Blue Cross and Blue Shield	anthem.com	800.700.9184
Company Paid Health Fund - Value and Choice Plan	Check balances and claims	Anthem Blue Cross and Blue Shield	anthem.com	844.862.9784
Flexible Spending Accounts	Claims and other information	Anthem Blue Cross and Blue Shield	anthem.com	844.862.9784
Pharmacy Plans	Questions or mail-order prescriptions	Anthem Blue Cross and Blue Shield	anthem.com	833.917.1698
Virtual Second Opinion	Second Opinion Program	Virtual Second Opinion	anthem.com	888.361.3944
Employee Assistance Program (EAP)	Professional counseling 24/7 365 days	Anthem Blue Cross and Blue Shield	anthem.com	855.383.7229
Dental Plan	Claims information, coverage questions	Anthem Blue Cross and Blue Shield	anthem.com	855.769.1462
Vision Plan	Coverage questions, network providers and claims	Vision Service Plan (VSP)	vsp.com	800.877.7195
401(k) Savings Plan	Questions, enrollment and investment changes	Prudential	http://boyd.retirepru.com	833.BYD.401K or 833.293.4015
Short- and Long-Term Disability	Begin a claim, questions about claim status and payments	Symetra	Claim status: symetra.com/myGO Questions: ladcla@symetra.com	800.278.1985
Life	Begin a claim, questions about claim status and payments	Symetra	Claim status: symetra.com/myGO Questions: ladcla@symetra.com	800.278.1985
Group Critical Illness, Accident and Hospital Indemnity	Begin a claim, questions about claim status and payments	Kemper	kemperbenefits.com	833.864.4315
Leaves: Personal, Jury Duty, Bereavement, Military	All non-FMLA leaves	Team Member Services	teammemberservices@boydgaming.com	833.269.3867
COBRA	Health coverage following loss of group coverage	EBC	cobrasecure.ebcflex.com	800.346.2126
General Questions	General Benefit Questions	Boyd Benefits Resource Center	boydbenefitsenrollment.com	866.540.1760
		Team Member Services	corporatebn@boydgaming.com	833.269.3867

This guide contains a brief summary of your team member benefits. Complete descriptions of the plans are contained in the plan documents. If there is any discrepancy between the plan documents and the information described here or any verbal description, the plan documents will govern.