

2022

Benefits Enrollment Guide



BOYD GAMING
B E N E F I T S
YOUR LIFE • OUR COMMITMENT



KEITH SMITH
PRESIDENT AND
CHIEF EXECUTIVE OFFICER



WELCOME TO YOUR 2022 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 guests and business partners.

I think you would agree that recent events have highlighted the importance of our personal health, as well as the availability of a nationally recognized health plan to support our health care needs. Boyd Gaming is proud to continue to offer you a comprehensive and competitive benefits package created to meet the needs of our nationwide team.

I encourage you to carefully review the enclosed information. Our benefit plans 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 and your family in the coming year.

Finally, there are many ways to enroll in your benefits by the deadlines noted in this guide. While many of you will self-enroll by going online, you can also schedule a time to speak to a dedicated Benefit Advocate through a traditional one-to-one telephone conversation or a virtual/screen share one-to-one conversation, where you can ask questions prior to selecting the benefit options best for you.

Thank you for your continued service to our Company.

Keith Smith
President and Chief Executive Officer

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HOW TO ENROLL



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 Advocate over the phone. Being able to enroll with a Benefit Advocate 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 OR VIRTUAL / SCREEN SHARE WITH A BENEFIT ADVOCATE (NEW HIRES ONLY):



CALL 866.540.1760 TO MAKE AN APPOINTMENT WITH A BENEFIT ADVOCATE.



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 ADVOCATE 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. Please watch for a packet from ClearTrackHR / Clarify at your home address. If you have an email address on file with HR, you will also receive information in your email inbox. Be sure to read the packet in its entirety and meet the stated deadlines or your dependents will be dropped from medical coverage.

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.

ELIGIBILITY



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
- ▶ Universal Life

Average 20 but less than 30 hours

- ▶ Anthem Mini Med Plan
- ▶ 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
- ▶ Universal Life

Less than 20 hours

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

HEALTH PLAN COVERAGE



IN-NETWORK PROVIDERS WILL SAVE YOU MONEY!

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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

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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 \$500 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 13 for information on LiveHealth Online. Also, please visit Anthem.com for a listing of urgent care providers in your area.





VIRTUAL SECOND OPINION

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.**

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 a \$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.



HEALTH PLAN COVERAGE



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 11 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 after you meet your deductible. 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 16.)

HEALTH SAVINGS ACCOUNT (HSA)



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.

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 2022 HSA contribution limits (including contributions from your paycheck and any other source combined) are:

- ▶ \$3,650 for Team Member only coverage, and
- ▶ \$7,300 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 2022.

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. You can also make payments online or reimburse yourself. Go to Anthem.com for more information. 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. There are even investment options to choose from, similar to a 401(k) plan, if you accumulate over \$1,000 in your account.

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 2021) 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 2022.

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.



CHOOSING A PLAN



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

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 or personal contributions.
Health Reimbursement Account / HRA: This is the amount Boyd Gaming contributes toward your expenses.	\$150 team member only coverage \$400 team member plus one or more dependents	\$500 team member only coverage \$1,000 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.	\$1,350 team member only coverage \$2,600 team member plus one or more dependents	\$1,000 team member only coverage \$2,000 team member plus one or more dependents	\$1,000 team member only coverage \$2,500 team member plus one or more dependents	\$3,300 team member only coverage \$6,600 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 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.)
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.)	\$6,000 for team member only coverage \$12,000 for team member plus one or more dependents.	\$7,000 for team member only coverage \$14,000 for team member plus one or more dependents.	\$7,000 for team member only coverage \$14,000 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.

2022 – HEALTH REIMBURSEMENT ACCOUNT ALLOWANCES FOR NEW HIRES AND NEWLY ELIGIBLE TEAM MEMBERS*				
PLANS	Coverage Eff. Date During 1st Qtr. 2022	Coverage Eff. Date During 2nd Qtr. 2022	Coverage Eff. Date During 3rd Qtr. 2022	Coverage Eff. Date During 4th Qtr. 2022
Value Plan Individual	\$150	\$112	\$74	\$38
Value Plan Family	\$400	\$300	\$200	\$100
Choice Plan Individual	\$500	\$375	\$250	\$125
Choice Plan Family	\$1,000	\$750	\$500	\$250
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 2022: 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 a way you can elect to reduce the total cost of your health plan premiums. Participation is completely voluntary.

HEALTH AND WELLNESS PROGRAM 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.

THE REQUIREMENT FOR 2022 IS:

Complete a free wellness screening. You have three options to complete a wellness screening –

- ▶ You can go to a convenient on-site event during months of February and March.
- ▶ You can go to a Quest Patient Service Center (PSC) anytime between January 1, 2022 – March 31, 2022.
- ▶ Have your doctor complete and fax the Quest Physician Results Form by March 31, 2022.

Please go to My.QuestForHealth.com for more information. If you do not already have a login from last year, please create an account using the Registration Key: boydgaming

Adult members (team member and covered spouse) who do not complete the wellness screening will pay a surcharge of \$12 per adult per paycheck for the last six months of 2022. This means July 1 - December 31, 2022.

More details to come throughout the year...





LiveHealth[®] O N L I N E

DOCTORS ONLINE

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

- ▶ Copay is \$0 in 2022*
**If you have enrolled in the HSA, Copay is \$59 for medical visits 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.

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).

MOBILE HEALTH APP



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 Wellness Screening Results
- ▶ Go to your Prudential 401(k) plan
- ▶ View your Vision Service Plan information
- ▶ Understand your health and health risks
- ▶ View personal health reminders

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!

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.*

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.



PHARMACY BENEFITS



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 (\$250 maximum coinsurance after deductible)	35% of allowable after deductible	\$25 or 35% (greater of) (No deductible)
Non-Preferred Brand (\$250 maximum coinsurance 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.



ID PROTECTION MONITORING SERVICES



Did you know Anthem offers FREE ID protection monitoring to team members enrolled in Anthem Medical Coverage?

ID PROTECTION MONITORING

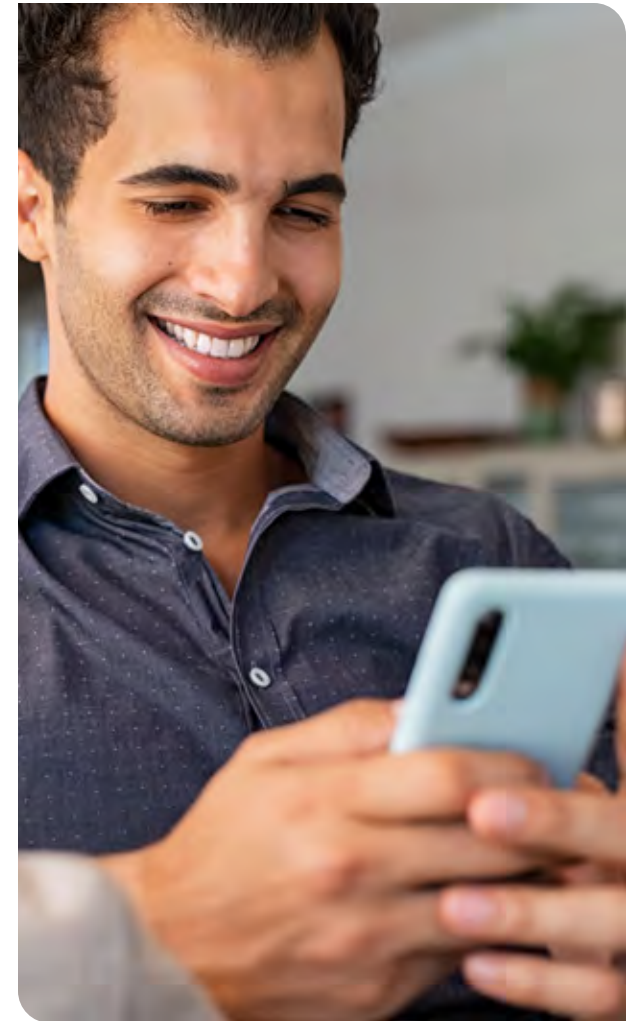
AllClear Identity Restoration provides identity restoration assistance to help fix identity theft issues and return your information to its proper condition.

AllClear Credit and Identity Monitoring includes the following:

- ▶ Credit monitoring
- ▶ Identity theft monitoring
- ▶ Identity repair
- ▶ Identity theft insurance policy (up to \$1 million)
- ▶ ChildScan for minors
- ▶ Ability to request an annual credit score and credit report
- ▶ Ability to set, renew, and remove 90-day fraud alerts on your credit file to help protect you from credit fraud

You must enroll in order to take advantage of any of these services. If you are interested in signing up, go to <https://portal.allclearid.com/enrollment/4?PCD=ANTHEMCARES2021> or scan the QR code below.

When enrolling, provide your name, contact information and Social Security number. You can also sign up by calling Customer Service at 855.227.9830 Monday to Saturday 8am to 8pm Central Time.



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 2022, you will pay less for fillings and crowns in 2023!

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



DENTAL AND VISION BENEFITS



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.



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)



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 2022 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><small>*The IRS determines the maximum contribution amount in any given year.</small></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.

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 2021 out-of-pocket medical, dental, and vision expenses, then estimate your 2022 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 2022 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">▶ \$150 team member only coverage▶ \$400 team member plus one or more dependents	If yes, consider electing an amount to help cover your portion of the deductible (\$1,350 team member only coverage / \$2,600 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">▶ \$500 team member only coverage▶ \$1,000 team member plus one or more dependents	If yes, consider electing an amount to help cover your portion of the deductible (\$1,000 team member only coverage / \$2,000 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 (\$1,000 team member only / \$2,500 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 2021 FSA on January 1, 2022 and sign up for the 2022 HSA, per federal guidelines you must use all remaining funds in your FSA first, before you can contribute to and use your HSA. If this is the case, your payroll contributions will begin with your first pay date in April, 2022.

FLEXIBLE SPENDING ACCOUNTS (FSAs)



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, 2023. For example, you can incur claims for your 2022 contributions until March 15, 2023, and can file claims until April 30, 2023.

3

Plan carefully. After April 30, 2023, 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).



VOLUNTARY INSURANCE



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 Symetra 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 when you least expect them and can include motor vehicle accidents, sports injuries, slips, falls or just every day mishaps! Symetra's Group Accident Insurance can pay lump-sum benefits based on the injury you incur and the treatment you need, including emergency room care and related surgery. The benefit can help offset out-of-pocket expenses, including deductibles and co-pays/co-insurance. A Wellness Screening benefit will pay an annual benefit for preventive care.

- ▶ Guaranteed issue, which means no health questions will be asked during enrollment
- ▶ Payments made directly to you

Benefits may be paid for any of the following occurrences. The list of covered injuries includes: broken bones and burns, torn ligaments, cuts repaired by stitches, coma due to a covered injury, eye injuries, ruptured discs, and concussions.

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 will provide you a lump sum benefit up to \$30,000 if you are diagnosed with a covered disease or condition, including cancer, heart attack, stroke, kidney failure, Alzheimer's, and more. Critical Illness Insurance can ease the financial stress of facing a life-threatening illness. This benefit can help pay for out-of-pocket medical costs, assist with living expenses, or anything else you choose.

- ▶ 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



VOLUNTARY INSURANCE



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. Age reductions may apply.

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.

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 boydbenefitserollment.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.



NEW VOLUNTARY BENEFIT
UNIVERSAL LIFE INSURANCE

TransElite Universal Life Insurance provides you and your family a life insurance solution that is flexible and can be tailored to your family's needs. Included benefit riders are Waiver of Monthly Deductions for Layoff or Strike rider and Accelerated Death Benefit for Terminal Condition Rider. Optional riders include Extension of Benefits Rider, Child Term Insurance Rider and an Accelerated Death Benefit Rider that will provide living benefits in the event you become chronically ill or are diagnosed with a terminal illness. If you need long-term care, death benefits can be paid early for home health care, assisted living and nursing home care.

Team Members and eligible dependents may enroll in this plan. Coverage is guarantee issue this open enrollment! You will have the option to choose the amount of coverage and riders that make the most sense for you and your family. Rates will remain the same as you age.



NOTE: If you currently are enrolled in a TransLegacy Universal Life plan, you will remain in that plan until you choose to cancel. Team Members will not lose the coverage they are currently enrolled in. Team Members can enroll in the new plan being offered this year for additional coverage. If you have an existing TransLegacy Universal Life plan, be on the look out for a letter in the mail with additional information.

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.

*In the first quarter of 2022, Empower Retirement will be purchasing Prudential and will become our 401(k) administrator. You will receive additional information after the first of the year.



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 and Health Savings 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
ID Protection	Questions and enrollment information	AllClear	allclearid.com/identity-protection-services/	855.227.9830
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
Voluntary Term Life Insurance	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	Symetra	SBClaims@symetra.com	800.497.3699
Universal Life Insurance	Begin a claim, questions about claim status and payments	Transamerica	transamerica.com	888.763.7474
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	cobrasure.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.