



BOYD[®]

TEAM MEMBER
BENEFIT RESOURCE GUIDE

2024

TO OUR VALUED TEAM MEMBERS,

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

In turn, we are proud to offer a robust benefits package that reflects our commitment to you and our dedication to your health and wellbeing. No matter which state you call home, our aim is to provide you with the coverage and resources that support you both now and in the future.

While you may be familiar with our benefit plans from prior years, I encourage you to carefully review the enclosed information as we have made changes and enhancements to our benefit plans for 2024. Because your personal needs may have changed as well, it is important for you to review your Benefit Guide to identify which plans are best suited to meet the current needs of you and your family in the coming year.

There are several ways that you can enroll for benefits by the deadline noted in this guide. Online self-enrollment is quick and easy, but if you have questions regarding your benefits options, you can set up an appointment to talk directly to a dedicated Benefit Associate either on the phone or online. Instructions for completing the enrollment process can be found posted around your work location. For questions about the enrollment process, contact your property HR team.

On behalf of the senior leadership team, thank you for your continued service to our Company.

*Keith Smith
President and Chief Executive Officer*

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OPEN ENROLLMENT

Each year, team members have the opportunity to review and make changes to their plans and covered dependents. Open Enrollment usually takes place in the fall, and you will receive special reminders when it's time for you to prepare for this process.

NEW HIRES

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

TEAM MEMBER ELIGIBILITY:

- ▶ Salaried team members – 1st of the month following hire date.
- ▶ Full-time hourly team members – By the 89th day after hire date.
- ▶ Less than full-time hourly team members – Hours are reviewed after 6 months of employment. Team members averaging 30 hours or more per week will be invited to enroll by the 89th day after completion of 6 months.

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 the table to the right for the hour requirement for each of the benefit plans.



BENEFITS AVAILABLE BASED ON AVERAGE HOURS PER WEEK	30 OR MORE HOURS	20-29.99 HOURS	LESS THAN 20 HOURS
Health Insurance	✓		
Mini-Med Plan	✓	✓	
Dental/Vision Insurance	✓		
Company-Paid Life Insurance	✓		
Short-Term Disability	✓		
Long-Term Disability	✓		
Team Member Voluntary Life Insurance and AD&D	✓	✓	
Spouse Voluntary Life Insurance and AD&D	✓	✓	
Child Voluntary Life Insurance and AD&D	✓	✓	
Universal Life Insurance	✓	✓	
Accident Insurance	✓	✓	✓
Critical Illness Insurance	✓	✓	✓
Hospital Indemnity	✓	✓	✓
Flexible Spending Accounts - Health Care, Limited Purpose, and Dependent Care	✓	✓	✓

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.**

NOTE ABOUT COVERAGE FOR SPOUSES

- ▶ If your spouse is a benefits-eligible team member of Boyd Gaming, they must enroll in their own coverage rather than being covered as a dependent on your plan.
- ▶ If your spouse is eligible for group health 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.

QUALIFYING LIFE EVENTS

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 (in certain cases), 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 5.**

HEALTH PLAN COVERAGE

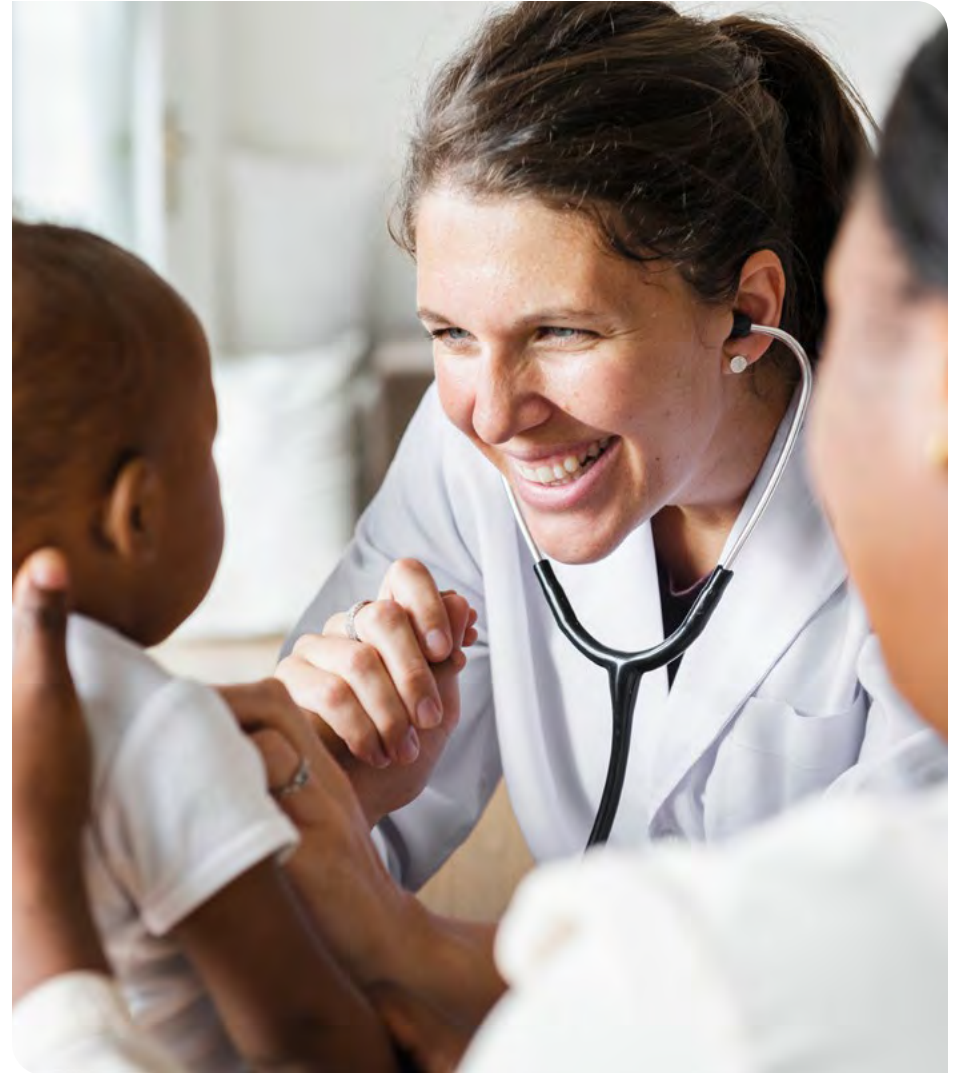
IN-NETWORK PROVIDERS WILL SAVE YOU MONEY!

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. 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.

In-network care can also save you time. 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 \$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 21](#) for information on LiveHealth Online. Also, please visit [anthem.com](https://www.anthem.com) for a listing of urgent care providers in your area.



HEALTH PLAN COVERAGE

VIRTUAL SECOND OPINION

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. Here are the details.

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

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.

THERE ARE CASES WHEN GETTING A FREE SECOND OPINION IS 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 health 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 health, pharmacy, and dental plans are administered by Anthem Blue Cross and Blue Shield.

YOUR FOUR HEALTH OPTIONS ARE:

- ▶ **BRONZE PLAN**
- ▶ **BRONZE PLUS PLAN**
- ▶ **SILVER PLAN**
- ▶ **GOLD PLAN**

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.



Did you know Anthem offers **FREE** Identity protection monitoring to team members enrolled in Anthem Medical Coverage? See **page 26** for details.

HEALTH PLAN COVERAGE

HEALTH PLAN OPTIONS

Boyd Gaming offers three High Deductible Health Plans and one PPO plan. All four plans use the same Anthem network of providers, giving you and your family access to a variety of doctors, specialists, facilities, and pharmacies.

HIGH DEDUCTIBLE HEALTH PLANS

- ▶ BRONZE PLAN
- ▶ BRONZE PLUS PLAN
- ▶ SILVER PLAN

These plans are designed to keep your monthly costs low through higher deductibles and out-of-pocket maximums. You'll pay more for services that you use, but you'll pay the lowest premiums.

These plans can be paired with a Health Savings Account, which is an individually owned account that belongs to you, never expires, and can help offset your out-of-pocket health expenses.

For more details on using a Health Savings Account, see [pages 18-20](#).

PHARMACY EXPENSES

Covered with a copay or coinsurance after the plans deductible has been met. See the health plan comparison chart on [pages 13-17](#) for details.

PPO PLAN

- ▶ GOLD PLAN

With the Gold PPO Plan, you'll pay a higher monthly premium, but your deductibles, out-of-pocket maximums and costs for services will be lower.

Gold Plan members can set aside pre-tax funds into a Health Care Flexible Spending Account to help pay for out-of-pocket health expenses.

For more information about Flexible Spending Accounts, see [page 30](#).

PHARMACY EXPENSES

Covered with a copay right away without having to first satisfy the 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.*

REDUCE YOUR HEALTH PLAN COSTS

SAVE MONEY WITH BOYD'S HEALTH AND WELLNESS PROGRAM

Would you like to better understand your health AND pay less for your health plan? You can do both, just by completing a free wellness screening between January 1 and March 31, 2024. If you do not complete the wellness requirements, you'll pay an additional amount for your health plan from July 1, 2024 through June 30, 2025. If you become eligible for benefits after January 31, 2024, you do not have to participate in a wellness screening in Q1 2024.

HEALTH PLAN TIER	ADDITIONAL AMOUNT	REQUIREMENTS
Team member only or team member + child(ren)	\$45 / pay period	Team member must complete the wellness screening
Team member + spouse or family coverage	\$90 / pay period	Both team member and spouse must complete the wellness screening

Participation is voluntary, free, and completely confidential. Watch for detailed instructions, which will be sent to your home in January.

THE REQUIREMENT FOR 2024 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, 2024 – March 31, 2024.
- ▶ Have your doctor complete and fax the Quest Physician Results Form by March 31, 2024.

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

You will receive information about health screenings when it's time to take action, so be on the look out for instructions.



CHOOSING A PLAN

BRONZE PLAN, BRONZE PLUS PLAN, SILVER PLAN, OR GOLD 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 [anthem.com](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.

Health Plan	Payroll Cost	Best For
Bronze	\$	Team members who do not expect to have many health expenses during the year or are looking for the lowest cost payroll contribution.
Bronze Plus	\$\$	Team members who are healthy but would like to have a little more coverage and lower deductible than the Bronze plan provides. This plan has the second lowest payroll contribution.
Silver	\$\$\$	Team members with a spouse/child. This plan is very popular with families.
Gold	\$\$\$\$	Team Members who regularly visit a doctor or specialist, or who have a lot of prescription medication costs. Because of its low deductible, this plan has the highest payroll contribution.



CHOOSING A PLAN

COMPARING HEALTH PLANS

Use the table on the following four pages to compare how certain in-network services are covered under each plan. While out-of-network coverage is available, staying in-network and using Anthem doctors and facilities will provide the best value.

Please note that this is not a comprehensive list of services, limitations, or exclusions. Please log in at [anthem.com](https://www.anthem.com) for more covered services and to estimate your out-of-pocket cost and additional provisions.



LOOKING FOR YOUR HEALTH PLAN PREMIUMS?
During open enrollment, you can log on to [boydbenefit enrollment.com](https://www.boydbenefit enrollment.com) to view your biweekly payroll costs for 2024.



HEALTH PLAN TERMS TO KNOW



Premium — The amount you pay for insurance.



Copay — The fixed dollar amount you will pay for a healthcare service.



Deductible — The initial amount you pay before your insurance begins covering certain services.



Coinsurance — The amount you pay, as a percentage of the cost of your allowed services, after you reach the deductible until you reach the plan's out-of-pocket maximum.



Out-of-pocket maximum — The most you will pay per calendar year for covered, in-network healthcare expenses including prescription drugs. Once this limit is met, the plan pays 100% on eligible expenses for the remainder of the calendar year.

2024 HEALTH PLAN DESIGNS

TYPE OF SERVICE	BRONZE PLAN	BRONZE PLUS PLAN	SILVER PLAN	GOLD PLAN
	In-Network ¹	In-Network ¹	In-Network ¹	In-Network ¹
ANNUAL DEDUCTIBLES				
Individual	\$3,300	\$1,600	\$1,600	\$1,000 (does not include copays or Rx costs)
Family Maximum	\$6,600	\$3,200	\$3,200	\$2,500 (does not include copays or Rx costs)
CO-INSURANCE LEVELS				
Co-Insurance Levels	75% of allowable ²	70% of allowable ³	75% of allowable ³	80% of allowable
ANNUAL OUT-OF-POCKET MAXIMUMS (OOP)				
Individual Maximum	\$6,900 (includes entire \$3,300 deductible amount) ²	\$6,000 (includes entire \$1,600 deductible amount) ³	\$7,000 (includes entire \$1,600 deductible amount) ³	\$7,000 (includes deductibles, copays, and Rx costs)
Family Maximum	\$13,800 (includes entire \$6,600 deductible amount) ²	\$12,000 per family (includes entire \$3,200 deductible amount) ³	\$14,000 per family (includes entire \$3,200 deductible amount) ³	\$14,000 per family (includes deductibles, copays, and Rx costs)
LIFETIME MAXIMUM				
Lifetime Maximum (Medical and Rx Combined)	Unlimited	Unlimited	Unlimited	Unlimited
HEALTH SAVINGS ACCOUNTS (HSAs)				
Maximum Annual Contribution	\$4,150 per individual \$8,300 per family Additional \$1,000 for those 55 and over	\$4,150 per individual ⁴ \$8,300 per family ⁴ Additional \$1,000 for those 55 and over	\$4,150 per individual ⁴ \$8,300 per family ⁴ Additional \$1,000 for those 55 and over	N/A
Company Matching Contribution	No match available	Up to \$150 per individual Up to \$400 per family	Up to \$500 per individual Up to \$1,000 per family	N/A
FLEXIBLE SPENDING ACCOUNTS (FSAs) (Separate optional election for this benefit)				
Health Care Expense Reimbursements	N/A	N/A	N/A	Up to \$3,050 / year
Dental/Vision Expense Reimbursements (Limited Purpose FSA)	Up to \$3,050 / year	Up to \$3,050 / year	Up to \$3,050 / year	N/A
Dependent Care Expense Reimbursements	Up to \$5,000 / year	Up to \$5,000 / year	Up to \$5,000 / year	Up to \$5,000 / year

1) All Health Plans — medical out-of-network coverage: generally 50% of allowable. Certain maximums apply for some out-of-network coverages. For some types of services — no coverage out-of-network. 2) Bronze Plan — medical and pharmacy deductibles are combined. Co-insurance levels for the entire family apply after the entire deductible amount has been met. Family Maximums for deductibles are combined; but an “Individual” limit within the Family Maximum can be met and co-insurance will apply for that individual. 3) Bronze Plus and Silver Plans — medical and pharmacy deductibles are combined. Co-insurance levels apply after the entire deductible amounts have been met. Family Maximums for deductibles are combined; there is no “Individual” limit within the Family Maximums. Family Maximums for OOP Maximums contain an “Individual” limit of \$6,000 or \$7,000 depending on the plan you have enrolled in. 4) Annual maximum includes contributions from team member as well as Boyd Gaming, if applicable.

2024 HEALTH PLAN DESIGNS

TYPE OF SERVICE	BRONZE PLAN	BRONZE PLUS PLAN	SILVER PLAN	GOLD PLAN
	In-Network ¹	In-Network ¹	In-Network ¹	In-Network ¹
PRIMARY CARE AND SPECIALIST OFFICE VISITS				
Primary Care Physician Anthem BC and BS Network	75% of allowable after deductible	70% of allowable after deductible	75% of allowable after deductible	\$50 office visit copay
Livehealth Online Video Visit	\$55 medical visit \$0 after deductible	\$55 medical visit \$0 after deductible	\$55 medical visit \$0 after deductible	\$0 office visit
Specialist Anthem BC and BS Network	75% of allowable after deductible	70% of allowable after deductible	75% of allowable after deductible	80% of allowable after deductible
URGENT CARE FACILITY				
Urgent Care	75% of allowable after deductible	70% of allowable after deductible	75% of allowable after deductible	\$50 copay
EMERGENCY ROOM SERVICES				
Emergency Room Services	\$500 per visit copay plus 75% of allowable after deductible (copay waived if admitted)	\$500 per visit copay plus 70% of allowable after deductible (copay waived if admitted)	\$500 per visit copay plus 75% of allowable after deductible (copay waived if admitted)	\$500 per visit copay plus 80% of allowable after deductible (copay waived if admitted)
LABORATORY AND RADIOLOGICAL SERVICES				
Laboratory Services	75% of allowable after deductible – lab work at outpatient hospital or independent facility	70% of allowable after deductible – lab work at outpatient hospital or independent facility	75% of allowable after deductible – lab work at outpatient hospital or independent facility	80% of allowable, no deductible – lab work at outpatient hospital or independent facility
Radiological Services	75% of allowable after deductible – radiology at outpatient hospital or independent facility	70% of allowable after deductible – radiology at outpatient hospital or independent facility	75% of allowable after deductible – radiology at outpatient hospital or independent facility	80% of allowable after deductible – radiology at outpatient hospital or independent facility
MAJOR RADIOLOGICAL SERVICES				
Major Radiological Services (MRIs, CAT Scans, PET Scans, MRAs, etc.) Prior Authorization Required	75% of allowable after deductible	70% of allowable after deductible	75% of allowable after deductible	80% of allowable after deductible

1) All Health Plans — medical out-of-network coverage: generally 50% of allowable. Certain maximums apply for some out-of-network coverages. For some types of services — no coverage out-of-network. 2) Bronze Plan — medical and pharmacy deductibles are combined. Co-insurance levels for the entire family apply after the entire deductible amount has been met. Family Maximums for deductibles are combined; but an “Individual” limit within the Family Maximum can be met and co-insurance will apply for that individual. 3) Bronze Plus and Silver Plans — medical and pharmacy deductibles are combined. Co-insurance levels apply after the entire deductible amounts have been met. Family Maximums for deductibles are combined; there is no “Individual” limit within the Family Maximums. Family Maximums for OOP Maximums contain an “Individual” limit of \$6,000 or \$7,000 depending on the plan you have enrolled in. 4) Annual maximum includes contributions from team member as well as Boyd Gaming, if applicable.

2024 HEALTH PLAN DESIGNS

TYPE OF SERVICE	BRONZE PLAN	BRONZE PLUS PLAN	SILVER PLAN	GOLD PLAN
	In-Network ¹	In-Network ¹	In-Network ¹	In-Network ¹
OUTPATIENT, HOSPITAL AND SURGERY				
Outpatient Facility Charges	75% of allowable after deductible	70% of allowable after deductible	75% of allowable after deductible	80% of allowable after deductible
Inpatient Facility Charges	\$150 per visit copay plus 75% of allowable after deductible	\$150 per visit copay plus 70% of allowable after deductible	\$150 per visit copay plus 75% of allowable after deductible	\$150 per visit copay plus 80% of allowable after deductible
Professional Services	75% of allowable after deductible	70% of allowable after deductible	75% of allowable after deductible	80% of allowable after deductible
PREVENTIVE CARE — Well Care Exams				
Routine Preventive Care For Each Child and Adult — including immunizations and women's preventive care	100% of allowable, no deductible	100% of allowable, no deductible	100% of allowable, no deductible	100% of allowable, no deductible
Routine Mammogram	100% of allowable, no deductible	100% of allowable, no deductible	100% of allowable, no deductible	100% of allowable, no deductible
Screening Colonoscopy Age 50+	100% of allowable, no deductible	100% of allowable, no deductible	100% of allowable, no deductible	100% of allowable, no deductible
BEHAVIORAL HEALTH (Services provided by a Mental Health Professional)				
MENTAL HEALTH SERVICES				
Outpatient	75% of allowable after deductible	70% of allowable after deductible	75% of allowable after deductible	80% of allowable after deductible
Inpatient	75% of allowable after deductible	70% of allowable after deductible	75% of allowable after deductible	80% of allowable after deductible
SUBSTANCE ABUSE (Alcohol and Drugs)				
Outpatient	75% of allowable after deductible	70% of allowable after deductible	75% of allowable after deductible	80% of allowable after deductible
Inpatient	75% of allowable after deductible	70% of allowable after deductible	75% of allowable after deductible	80% of allowable after deductible

1) All Health Plans — medical out-of-network coverage: generally 50% of allowable. Certain maximums apply for some out-of-network coverages. For some types of services — no coverage out-of-network. 2) Gold Plan — mandatory mail-order requirement for maintenance medications.

IMPORTANT NOTE: For full health plan details, please refer to the Summary Plan Descriptions on [anthem.com](https://www.anthem.com). For questions regarding Anthem's health plans, pharmacy benefits, or dental coverage, you may call Anthem Blue Cross and Blue Shield 24 hours/day, 7 days/week at 844.862.9784 or visit [anthem.com](https://www.anthem.com). For questions on the VSP Vision Service Plan, call VSP at 800.877.7195 or visit [vsp.com](https://www.vsp.com).



Did you know? We offer three supplemental health plans that can help you meet your plan's deductible with a cash benefit if you experience a covered illness or injury. See pages 32-33 for details.

2024 HEALTH PLAN DESIGNS

TYPE OF SERVICE	BRONZE PLAN	BRONZE PLUS PLAN	SILVER PLAN	GOLD PLAN
	In-Network ¹	In-Network ¹	In-Network ¹	In-Network ¹
PHARMACY PLAN (Figures shown are team member copayments and co-insurance)				
RETAIL PHARMACIES — 30-day supply				
Generic	\$12 after deductible	\$12 after deductible	\$12 after deductible	\$12
Preferred Brand	35% of allowable after deductible (\$200 maximum)	35% of allowable after deductible (\$200 maximum)	35% of allowable after deductible (\$200 maximum)	Greater of \$25 or 35% (\$200 maximum)
Non-Preferred Brand	50% of allowable after deductible (\$250 maximum)	50% of allowable after deductible (\$250 maximum)	50% of allowable after deductible (\$250 maximum)	Greater of \$50 or 50% (\$250 maximum)
MAIL-ORDER — 90-day supply				
Generic	\$24 after deductible	\$24 after deductible	\$24 after deductible	\$24 ²
Preferred Brand	35% of allowable after deductible (\$350 maximum)	35% of allowable after deductible (\$350 maximum)	35% of allowable after deductible (\$350 maximum)	Greater of \$65 or 35% (\$350 maximum) ²
Non-Preferred Brand	50% of allowable after deductible (\$550 maximum)	50% of allowable after deductible (\$550 maximum)	50% of allowable after deductible (\$550 maximum)	Greater of \$150 or 50% (\$550 maximum) ²
COMBINED DENTAL/VISION COVERAGE (Separate optional election from medical coverage)				
	BRONZE DENTAL/VISION		GOLD DENTAL/VISION	
IN-NETWORK DENTAL COVERAGE (Note: Out-of-pocket costs will be reduced when Network dentists are used)				
Annual Maximum	\$1,000 (combined with out-of-network)		\$2,250 (combined with out-of-network)	
Deductible	\$100 per person / maximum \$300 per family		\$75 per person / maximum \$225 per family	
Preventive	2 visits per year; 100% of allowable, no deductible		2 visits per year; 100% of allowable, no deductible	
Basic Restorative (Fillings)	Covered at 80% of allowable after deductible (90% in 2024 with two cleanings in 2023)		Covered at 80% of allowable after deductible (90% in 2024 with two cleanings in 2023)	
Major Restorative (Crowns)	Not covered		Covered at 60% of allowable after deductible (70% in 2024 with two cleanings in 2023)	
Orthodontia	Not covered		Covered at 80% of allowable, no deductible; lifetime maximum of \$2,250 per member	
VISION SERVICE PLAN (VSP)				
Routine vision, primary eye care, and LASIK eye surgery coverage is provided by VSP (see separate VSP flyer summary).	Routine exam/materials – once per calendar year; primary eye care – anytime. For copays, allowances, and discounts, see separate VSP flyer.		Routine exam/materials – once per calendar year; primary eye care – anytime. For copays, allowances, and discounts, see separate VSP flyer.	

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2) Gold Plan — mandatory mail-order requirement for maintenance medications.

IMPORTANT NOTE: For full health plan details, please refer to the Summary Plan Descriptions on [anthem.com](https://www.anthem.com). For questions regarding Anthem's health plans, pharmacy benefits, or dental coverage, you may call Anthem Blue Cross and Blue Shield 24 hours/day, 7 days/week at 844.862.9784 or visit [anthem.com](https://www.anthem.com). For questions on the VSP Vision Service Plan, call VSP at 800.877.7195 or visit [vsp.com](https://www.vsp.com).

HEALTH SAVINGS ACCOUNT (HSA)

TAX-FREE SAVINGS FOR HEALTH EXPENSES

When you're choosing a health plan, there are many factors that affect your decision. If you want an option with flexibility, a high level of choice and tax-advantaged savings, one of our high deductible health plans with a health savings account (HSA) might be the right choice for you.

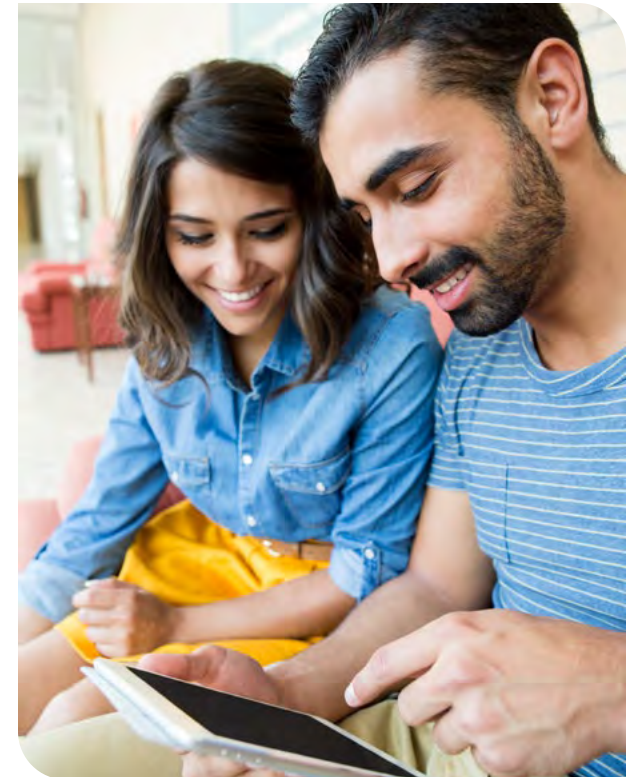
COMPATIBLE HEALTH PLANS

- ▶ BRONZE PLAN
- ▶ BRONZE PLUS PLAN
- ▶ SILVER PLAN

2024 HSA CONTRIBUTION LIMITS

	BRONZE PLAN	BRONZE PLUS PLAN	SILVER PLAN
Maximum Annual Contribution	\$4,150 / individual \$8,300 / family	\$4,150 / individual ¹ \$8,300 / family ¹	\$4,150 / individual ¹ \$8,300 / family ¹
Company Matching Contribution	No match available	Up to \$150 / individual Up to \$400 / family	Up to \$500 / individual Up to \$1,000 / family
Catch up contribution for ages 55 or older	\$1,000	\$1,000	\$1,000

1) Annual maximum includes contributions from team member as well as Boyd Gaming, if applicable.



HEALTH SAVINGS ACCOUNT (HSA)

WHAT IS AN HSA?

A Health Savings Account (HSA) is a great way to save money and efficiently pay for medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HSAs provide individuals who have high deductible health plans with a tax-preferred method of saving money for medical expenses.

FINANCIAL ADVANTAGES:

HSAs are funded with pre-tax dollars, reducing your taxable income so you pay less on your tax bill. You can also earn tax-free interest on your HSA account. HSA dollars can be used tax-free when paying for qualified medical expenses, helping you pay your plan's deductible. You will receive a debit card, which you can use to pay for qualified health care costs.

FLEXIBLE 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.

LONG-TERM SAVINGS:

At the end of the year, you keep any unspent money in your HSA. This rolled over money can grow with tax-deferred investment earnings, and, if it is used to pay for qualified medical expenses, then the money will continue to be tax-free.

INDIVIDUALLY OWNED:

Your HSA and the money in it belongs to you—not your employer or insurance company. An HSA can be a tremendous asset as you save for and pay medical bills because it gives you tax advantages, more control over your own spending, and the ability to save for future expenses.

IT'S SMART TO SAVE WITH AN HSA

The HSA is a wise investment tool, not only for current health care needs, but also for long-term retirement planning. HSA funds are tax-deductible, can build tax-free interest and earnings, and are tax-free to withdraw from for medical bills. Also, people who are age 55 and older can make additional contributions, called "catch-up payments," to accelerate the rate of savings.

You can build your HSA balance by consistently making contributions and investing what you roll over to the next year. The sooner you start, the more you can save. But no matter when you start, an HSA can provide a nest-egg for future health expenses into retirement.

HEALTH SAVINGS ACCOUNT (HSA)

FREQUENTLY ASKED QUESTIONS

AM I ELIGIBLE TO PARTICIPATE?

- ▶ You must select the Bronze Plan, Bronze Plus Plan, or Silver Plan during enrollment.
- ▶ You cannot be enrolled in Medicare.
- ▶ You are not claimed as a dependent on another person's income tax return.

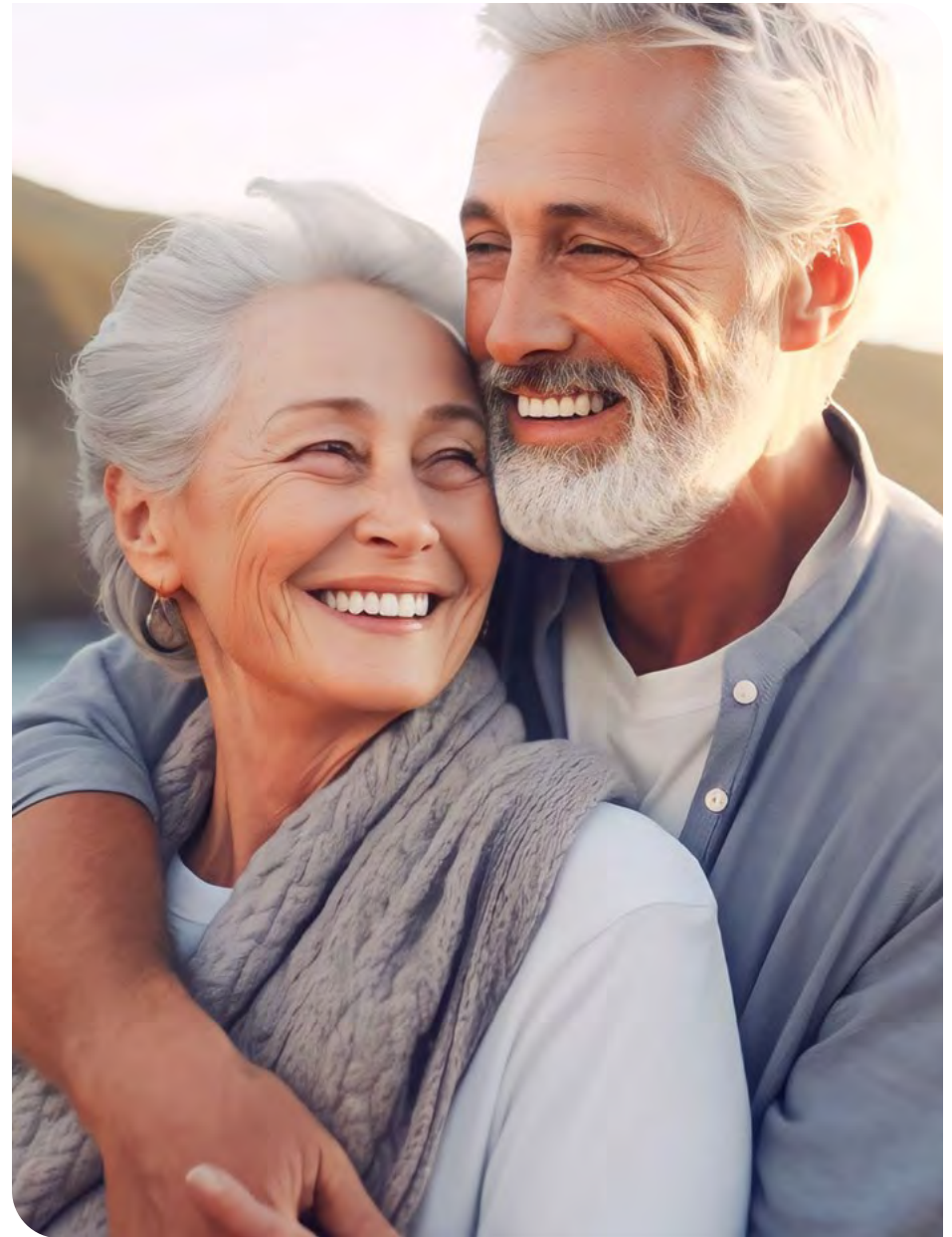
HOW DO I RECEIVE THE EMPLOYER MATCHING CONTRIBUTION?

If you select the Bronze Plus Plan or Silver Plan, Boyd Gaming will match your HSA contributions with company funds during the year. To receive the match, you must contribute your own money into your HSA through payroll deductions. Boyd Gaming will match your contribution up to the annual limits shown below – don't leave money on the table!

- ▶ Bronze Plus: \$150 individual/\$400 family
- ▶ Silver: \$500 individual/\$1,000 family

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. **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 not sufficient to cover the cost of a certain bill, 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. Log on to [anthem.com](https://www.anthem.com) to access your HSA balance and learn more about the reimbursement process.





DOCTORS ONLINE

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

- ▶ **Bronze, Bronze Plus and Silver Plans:** Visits are \$55, then \$0 after the deductible has been met.
- ▶ **Gold Plan:** Copay is \$0.

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).

VIRTUAL PRIMARY CARE



FIND CARE ANYWHERE, ANYTIME

In a complicated world, it can be hard to find time to take care of yourself. We're making it easier to find quality healthcare when you want it through Anthem's virtual care feature. With virtual care, you have convenient, hassle-free access to doctors and specialists in your plan's network, so it's easier to fit a visit into your busy schedule. You can access a virtual care team from your mobile phone, 24/7, including weekends and holidays.

Using Anthem's **Sydney Health app**, you can make an appointment for routine care, prescription refills, and lab tests. Your virtual care team can also work with you to create personalized care plans if you have a chronic condition, such as asthma, diabetes, or high blood pressure.

VIRTUAL CARE HAS ITS BENEFITS

If you have tried virtual care through your primary care doctor or the Sydney Health app, you know how convenient it is. If you haven't tried it, this may be the right time to try the expanded features that make it even easier to access care when and where you need it.

For example, if you have the flu and can't get to the doctor's office, you can connect through your phone, tablet, or computer with a doctor who can diagnose your symptoms. Perhaps you wake up on vacation and realize you forgot to bring your medicine. With virtual care, you can contact a doctor through your smartphone to have a prescription called in to a pharmacy near you.

CONVENIENCE FOR A BUSY LIFE

Virtual care offers peace of mind and saves you time and money.



Visits are available at **low or no cost to you**.



Access virtual care from anywhere via phone, tablet, or computer with a camera



Find care **24/7, 365 days each year**.



Receive **personalized insights and recommendations** so you can make informed decisions about your health.



Scan this QR code with your smartphone camera to get more information about virtual care.

DOWNLOAD OUR 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 Empower Retirement 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!

GOLD PLAN MEMBERS: MANDATORY MAIL-ORDER FOR MAINTENANCE MEDICATIONS

Note: The Gold 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	BRONZE, BRONZE PLUS, AND SILVER PLANS ¹	GOLD PLAN
Generic	\$12 after deductible	\$12
Preferred Brand	35% of allowable after deductible (max. \$200)	Greater of \$25 or 35%, no deductible
Non-Preferred Brand	50% of allowable after deductible (max. \$250)	Greater of \$50 or 50%, no deductible
MAIL-ORDER — 90-DAY SUPPLY		
Generic	\$24 after deductible	\$24 ²
Preferred Brand	35% of allowable after deductible (max. \$350)	Greater of \$65 or 35%, no deductible ²
Non-Preferred Brand	50% of allowable after deductible (max. \$550)	Greater of \$150 or 50%, no deductible ²

1) Bronze, Bronze Plus, and Silver Plans — you will be charged the actual allowable cost of all prescriptions until you meet your total deductible.

2) Gold Plan — mandatory mail-order requirement for maintenance medications.

GENERICS SAVE 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](https://www.fda.gov).



ID PROTECTION MONITORING SERVICES

FREE ID PROTECTION MONITORING FOR ANTHEM HEALTH PLAN MEMBERS

If you enroll in a Boyd Gaming health plan, AllClear Identity Restoration provides you with identity restoration assistance to help fix identity theft issues and return your information to its proper condition. The service is free, but registration is required. See below for registration instructions.

AllClear Credit and Identity Monitoring includes the following:

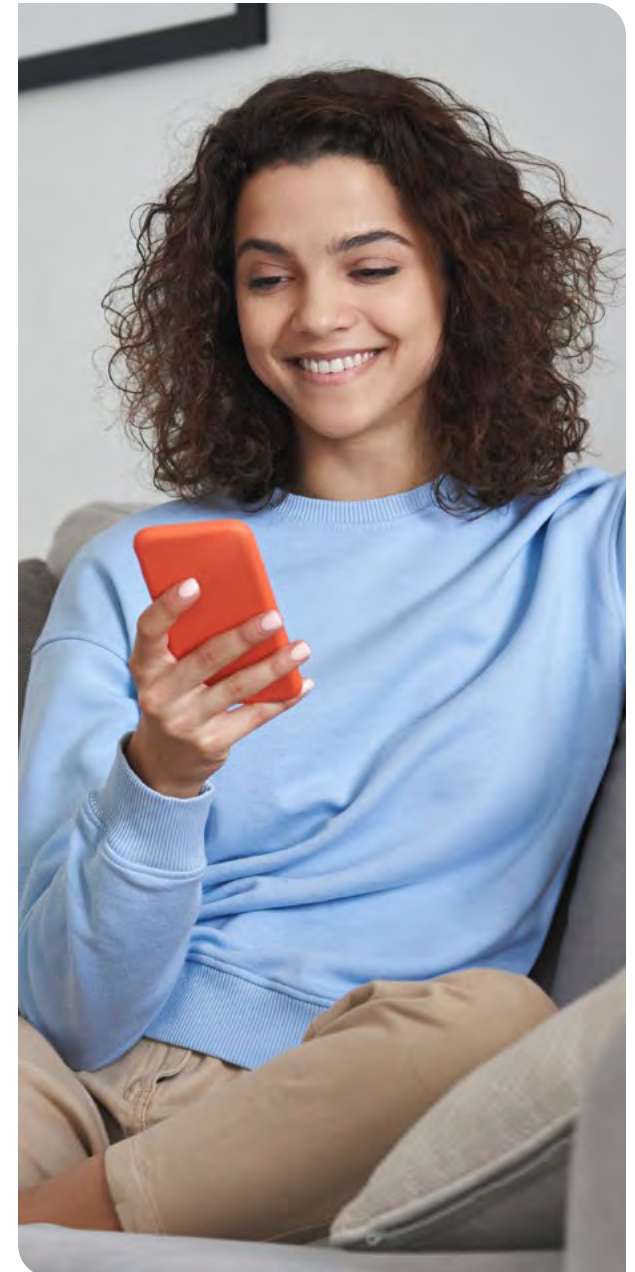
- ▶ Credit monitoring
- ▶ Identity theft monitoring
- ▶ Identity repair
- ▶ Identity theft insurance policy (up to \$1 million)
- ▶ ChildScan for minors
- ▶ Ability to request an annual credit score and credit report
- ▶ Ability to set, renew, and remove 90-day fraud alerts on your credit file to help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



SCAN HERE TO REGISTER!

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 above.

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-8pm CT.



HEALTH PLANS FOR PART-TIME TEAM MEMBERS

Part-time team members working at least 20 hours per week have access to two health plan options through Anthem: The HealthAccess Core plan and the HealthAccess Plus plan. These plans provide access to large nationwide network of Anthem Blue Cross and Blue Shield providers, along with convenient customer service and online tools including LiveHealthOnline, all with convenient and affordable pre-tax payroll deductions. Please refer to the table below to compare coverage details for each plan.

	HEALTHACCESS CORE		HEALTHACCESS PLUS	
Medical Network²	BlueCard PPO		BlueCard PPO	
Pharmacy Network	Anthem National Plus		Anthem National Plus	
Coverage Type	Limited Medical		Limited Medical	
Annual Deductible	\$0		\$0	
Coinsurance Level	0%		0%	
Member Out of Pocket Maximum	None		None	
Preventive Medical Minimum Essential Coverage	Covered 100%, no deductible		Covered 100%, no deductible	
Doctor Office Visits³	Copays	Visit Limit(s)	Copays	Visit Limit(s)
Primary Care	\$25 copay	Up to 5 visits per year combined with PCP and Specialist 5 per year limit	\$25 copay	Up to 5 visits per year combined with PCP and Specialist 5 per year limit
Specialist	Covered at 100%		\$40 copay	
Virtual/Telemedicine	\$10 copay		\$10 copay	
Urgent Care Visits³	\$75 copay	2 per year limit	\$75 copay	2 per year limit
Emergency Room Visits³	\$400 copay	1 per year limit	\$200 copay	1 per year limit
Outpatient X-Ray and Lab³	Not covered		Hospital/testing center: \$200 In office testing: \$100 All other places of service aside from office and facility are not covered.	Limited to 3 tests between x-ray and lab services combined with facility and office.
Outpatient Surgery³	Not covered		\$1,000 copay / \$500 copay	1 per year limit each
Outpatient Complex Imaging (CT, PET, MRI)³	Not covered		\$400 copay	1 per year limit
Inpatient Services⁴	Not covered		\$1,500 copay Included in facility copay	\$5,000 maximum per admission
Retail Pharmacy Benefits	Not covered		\$10 copay Not covered	None
Generic				
Preferred Brand, Non-Preferred Brand, Specialty, and Mail Order				

1) You are eligible if you work more than 20 hours/week on average over the lookback period from October through April and April through October. If you are a new hire you will be eligible for the plan after completing six months of employment with Boyd Gaming and who work an average of 20 hours/week. 2) Out of network services are not covered except for emergency services. 3) HealthAccess and HealthAccess Plus plans limit the number of doctor's office and outpatient facility visits on an annual basis. See plan summary for details. 4) HealthAccess Plus limits the amount of benefits payable per admission; there is no limit on the number of admissions per year. See plan summary for details.

DENTAL AND VISION BENEFITS

Dental and Vision insurance are offered as a combined benefit with one payroll deduction. In other words, if you want dental or vision, you will need to enroll in both. You can choose between Gold and Bronze dental/vision coverage.

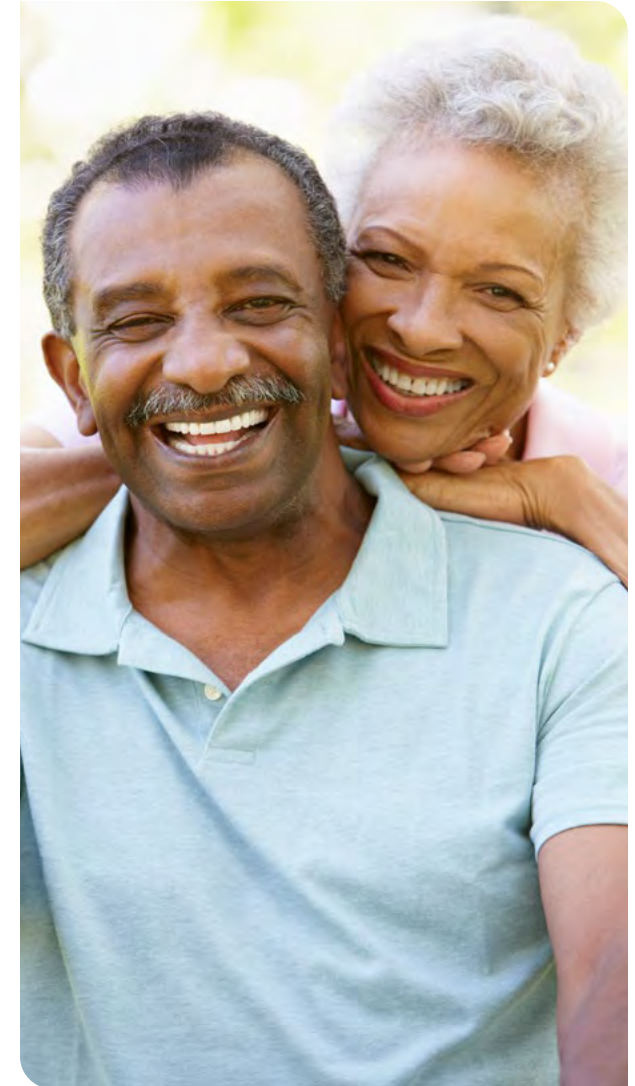
DENTAL

Dental coverage helps you pay for dental care services, from routine cleanings to orthodontia. The plans pay 100% for in-network preventive care. To contact Anthem Blue Cross and Blue Shield customer service, call **855.769.1462**.

DENTAL BENEFITS	BRONZE PLAN	GOLD PLAN
Annual Maximum	\$1,000 combined in/out-of-network	\$2,250 combined in/out-of-network
Deductible	\$100 per person/\$300 family	\$75 per person/\$225 family
Preventive	100% of allowable, no deductible, in-network—2 visits	100% of allowable, no deductible, in-network—2 visits
Fillings	80% of allowable after deductible	80% of allowable after deductible
Crowns	Not covered	60% of allowable after deductible
Orthodontia	Not covered	80% of allowable, no deductible, up to the \$2,250 lifetime 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 2024, you will pay less for fillings and crowns in 2025!

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.

BRONZE PLAN	COPAYMENT (IN-NETWORK)	ALLOWANCE, DISCOUNT, OR COVERAGE (IN-NETWORK)
Preventive Care Exam (Annually)	\$50 with a purchase of a complete pair of prescription glasses	N/A
Glasses	N/A	Frames - 25% savings when a complete pair of prescription glasses is purchased. Lenses - With purchase of a complete pair of prescription glasses; Single vision \$40, lined trifocals \$75, and lined bifocals \$60.
Contacts	N/A	15% savings on contact lens exam (fitting and evaluation).
GOLD 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	\$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)

HELPFUL FSA FACTS

Learn more about the three types of FSAs that your Anthem plan offers so you can choose what's best for you.

	HEALTH CARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
Annual contribution	\$120 to \$3,050	\$120 to \$3,050	\$120 to \$5,000 ¹
What is covered (qualified expenses)	Healthcare costs such as: <ul style="list-style-type: none">▶ Prescriptions▶ Doctor visits▶ Dental or vision care▶ Deductibles, copays, and coinsurance (your percentage of the costs)	Dental and vision care: <ul style="list-style-type: none">▶ Fillings▶ Braces▶ Eyeglasses▶ Contacts▶ Post-deductible covered healthcare expenses	Care for your child, disabled spouse, elderly parent, or other dependent, including: <ul style="list-style-type: none">▶ Before- and after-school care▶ Day care, adult care, or elder care▶ Summer day camp
When funds are available	Day one of the plan	Day one of the plan	As your payroll deposits are made

¹) Married couples can contribute a combined \$5,000 maximum pretax to a dependent care FSA, even if each spouse has their own FSA.

UNDERSTANDING THE SUBSTANTIATION PROCESS FOR FSAs

WHAT IS SUBSTANTIATION, AND HOW DOES IT WORK?

When you use your FSA debit card to pay for care, the merchant or provider gives us the information we need to process your claim. Sometimes, that information is missing or incomplete. If this happens, we'll send you an email or letter asking you to provide more information on the charge or claim to confirm that your FSA funds were used for eligible expenses. This is called substantiation. It's a simple process, and we will walk you through the steps.

HOW CAN I PREPARE FOR SUBSTANTIATION?

Save your qualified expense receipts so you can request reimbursement or verify your spending in case of substantiation.

HOW DO I KNOW IF I NEED TO PROVIDE MORE INFORMATION?

If you need to substantiate a claim, we will send you up to three emails or letters, based on your communication preferences. You may also want to check your account once a month. To do this, log in to [anthem.com](https://www.anthem.com), go to the **My Plan** tab, then select **Spending Accounts** and **Manage My Account**.

WHAT HAPPENS IF I DON'T PROVIDE THE REQUESTED INFORMATION?

If you do not substantiate a claim after we send you three letters or emails, your FSA debit card might be turned off. Also, the dollar amount of the unsubstantiated claims will be included on your W-2 as taxable income, as required by the IRS.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

THREE THINGS TO REMEMBER ABOUT THE FLEXIBLE SPENDING ACCOUNTS

1

The Health Care / Limited Purpose FSAs and Dependent Care FSA are separate accounts. Money in the Health Care / Limited Purpose FSA 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, 2025. For example, you can incur claims for your 2024 contributions until March 15, 2025, and can file claims until April 30, 2025.

3

Plan carefully. After April 30, 2025, 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 Team Member 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.

VOLUNTARY INSURANCE

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

PRE-EXISTING CONDITION LIMITATION

A pre-existing condition limitation applies during the first 12 months of coverage under this plan. A pre-existing condition is any sickness, injury or condition for which medical advice, diagnosis or treatment was recommended by a physician or received from a physician within 3 months before the effective date of coverage of the insured person. During the first 12 months following the effective date of coverage for an Insured Person, any specified health event that occurs due to a pre-existing condition is not covered and no benefits will be payable under the policy in connection with such specified health event.



VOLUNTARY INSURANCE

DISABILITY INSURANCE: TWO WAYS TO PROTECT YOUR PAYCHECK

You may be able to receive a portion of your salary under the Short-Term Disability and Long-Term Disability 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 go through the enrollment process.

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 workers surveyed are very concerned about having enough money to pay bills during a sudden income loss. Consider Short-Term Disability insurance 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.

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.

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.



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.

LIFE AND AD&D INSURANCE



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 up to age 26:** 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.

** If your dependent is a team member of Boyd Gaming and has elected Voluntary Team Member Life Insurance for themselves, he or she is not eligible for dependent coverage under your voluntary life plan.*

UNIVERSAL LIFE INSURANCE



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 guaranteed 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.



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. Empower Retirement is our 401(k) administrator.



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 Empower Retirement at 833.BYD-401K (833.293.4015).

CONTACT INFORMATION

BENEFIT	DESCRIPTION	CONTACT	WEBSITE / EMAIL	PHONE
Health 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
Flexible Spending Accounts	Claims and other information	Anthem Blue Cross and Blue Shield	anthem.com	844.862.9784
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	Free 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 - FREE for health plan members	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	Empower Retirement	empower.com/boydgaming	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	SBCclaims@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, ADA	All non-FMLA leaves	Team Member Services	teammemberservices@boydgaming.com	833.269.3867
FMLA, Military, State-Mandated leaves	All FMLA, Military and State-Mandated leaves	FMLA Source	fmlasource.com	844-365-2693
COBRA	Health coverage following loss of group coverage	EBC	cobrasure.ebcflex.com	800.346.2126
General Questions	General Benefit Questions	Boyd Benefit Resource Center	boydbenefit enrollment.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.