



mapbox

2024 Benefits Guide

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At Mapbox, benefits are considered an important part of our employees' Total Rewards package and we are pleased to offer our comprehensive Benefits Program to support the overall well-being of you and your family.

This guide will prove to be a valuable resource in taking advantage of your benefits package and managing your health and your financial security throughout the year. We encourage you to carefully review this guide to choose the coverage that's right for you. You'll get the most value from your benefits by understanding how they work and selecting the benefits that best meet the needs of you and your family.

We urge you to read every page, but if you are looking for something quickly, use this interactive menu to explore your benefit options.

Click on each section to quickly and easily find the benefit information you are looking for.

To access plan summaries and virtual wallet cards for all your benefits, visit the U.S. Mapbox Benefits Portal at mapbox.epiceb.com.



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Employee Eligibility

Any active, regular, full-time employee scheduled to work a minimum of 30 hours per week is eligible for our comprehensive benefit package. Benefits are effective on your date of hire.

Dependent Eligibility

- Your legal spouse or domestic partner ^{1, 2}
- Your dependent children (including your step-children and legally adopted children) up to age 26
 - A child which includes your natural child, adopted child, a child placed with you for adoption, stepchild, domestic partner's child, or a child for whom you, your spouse, or domestic partner are the legal guardian
 - Any dependent child who reaches the age limit and is incapable of self-support because of a mental or physical disability

¹Throughout this document, any reference to "spouse" is meant to be inclusive of domestic partner relationship.

²Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by Mapbox on behalf of your domestic partner are generally considered taxable income to you. Contact HR@mapbox.com if you believe your domestic partner is exempt from federal or state taxes.

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Enrolling in Benefits

There are three opportunities to enroll in or make changes to your Mapbox benefits:

As a New Mapboxer



You have 30 days to enroll in benefits effective your date of hire. You will receive an email from Bswift with information on how to enroll in our plans. If you miss this initial enrollment window, your next opportunity to enroll will be the annual open enrollment period.

Open Enrollment



You can make changes to your benefits each year during the annual open enrollment period (normally held in November) for benefits effective January 1–December 31 of the following year.

Qualifying Life Events



Your elections will remain in effect throughout the plan year unless you experience a change in status that affects eligibility for benefits or another qualifying life event (per Internal Revenue Code rules). You must request an election change within 30 days and may need to provide supporting documentation (such as a marriage license or birth certificate).

Examples of qualified status change events include (but are not limited to):

- Marriage, divorce or legal separation
- Birth, adoption, placement for adoption or custody of a child
- The death of a dependent
- A change in your spouse's employment that affects your benefits eligibility (starting a new job, leaving a job, starting or returning from an unpaid leave of absence or changing from part-time to full-time status, etc.)
- A change in your dependent's eligibility for benefits
- A change in you or your dependent's residence that affects eligibility for coverage
- Receiving a court order, such as a Qualified Medical Child Support Order

► How to Enroll or Make Changes

All benefit enrollments or changes should be done in Bswift at Mapbox.bswift.com.

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You have the choice of multiple quality and comprehensive medical plans through **Cigna** and **Kaiser** (if you live in California).

Both Cigna plans offer in and out-of-network coverage, but you will pay less for services when you use in-network providers. The Kaiser plan offers in-network coverage only, with the exception of emergency services and is only available if you live in California.

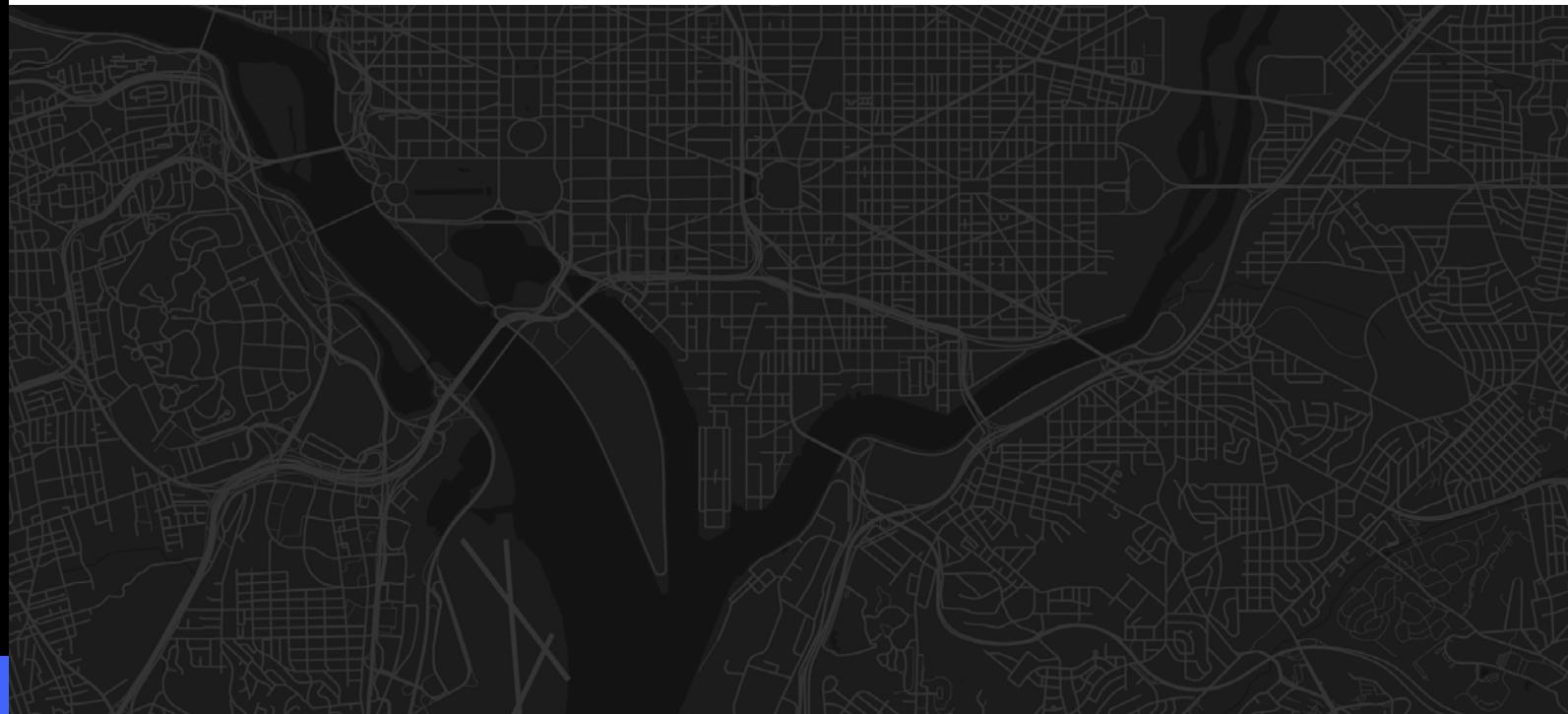
Finding a Doctor or In-Network Facility

► Cigna

Visit mycigna.com and log in to your account or register for an account to locate a provider or facility near you based on your personalized plan choice.

► Kaiser

Visit kp.org, sign into the member's portal or register for an account to find a Kaiser facility near you or to choose your primary care provider. Your primary care provider will be responsible for coordinating and referring you to any necessary specialized care.



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Medical Plan Summaries

| | Cigna HDHP | | Cigna PPO | | Kaiser HMO (CA Area Only) |
|---|---|----------------------|---|----------------------|---|
| | Network | Non-Network | Network | Non-Network | Network Only |
| Annual Deductible (Individual/Family) | \$2,000 / \$4,000 | \$4,000 / \$8,000 | \$500 / \$1,000 | \$1,500 / \$3,000 | None |
| Mapbox's Annual HSA Contribution (Individual/Family) | \$1,000 / \$2,000 | | N/A | | N/A |
| Out-of-Pocket Max (Individual/Family) | \$4,500 / \$6,550 | \$6,000 / \$12,000 | \$4,500 / \$6,550 | \$6,000 / \$12,000 | \$2,500 / \$5,000 |
| Primary/SpecialtyCare Office Visits | \$20 / \$40 copay | 30% after deductible | \$20 / \$40 copay | 30% after deductible | \$30 / \$30 copay |
| Preventive Care | No charge (deductible waived) | 30% after deductible | No charge (deductible waived) | 30% after deductible | No charge |
| Inpatient Hospital | 10% after deductible | 30% after deductible | \$300 per day copay + 10% coinsurance | 30% after deductible | \$500 copay |
| Emergency (copay waived if admitted) | \$200 / visit after deductible | | \$200 / visit | | \$100 / visit |
| Urgent Care | \$50 / visit after deductible | 30% after deductible | \$50 / visit | 30% after deductible | \$30 copay |
| Chiropractic | 10% after deductible | 30% after deductible | \$40 copay | 30% after deductible | \$15 copay |
| Acupuncture | \$40 copay after deductible | 30% after deductible | \$40 copay | 30% after deductible | \$15 copay |
| Physical Therapy | \$40 copay after deductible | 30% after deductible | \$40 copay | 30% after deductible | \$15 copay |
| Retail Prescriptions (30-day supply) | Tier 1: \$0 Tier 2: \$25 Tier 3: \$45 after deductible | Not covered | Tier 1: \$10 Tier 2: \$30 Tier 3: \$50 | Not covered | Generic: \$15 Brand: \$35 Specialty: 30% up to \$25 |
| Mail Order Prescriptions (Cigna 90-day Supply Kaiser 100-day Supply) | Tier 1: \$0 Tier 2: \$50 Tier 3: \$90 after deductible | Not covered | Tier 1: \$20 Tier 2: \$60 Tier 3: \$100 | Not covered | Generic: \$30 Brand: \$70 |

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Navigating Your Care With HealthJoy

You don't have to navigate your benefits alone. We have partnered with **HealthJoy** to simplify your healthcare experience. HealthJoy can help in many ways, such as getting you personalized recommendations for doctors near you or reviewing and negotiating confusing medical bills. They are here to help you and your family anytime, anywhere. You'll even get instant access to an up-to-date benefits wallet with all your benefits ID cards.

► Chat with HealthJoy 24/7

Simplify your healthcare journey and save time, money and frustration with **HealthJoy's** support.

HealthJoy mobile App

877.500.3212

support@healthjoy.com

Personalized Benefit Navigators



Help finding doctors, specialists and hospitals near you



Cost estimations, bill and Rx saving reviews



Consolidated ID card access



Help Booking Appointments



Help interpreting your Explanation of Benefits for your medical plan and provider bills



Answers to your coverage questions and more!

Personalized Care With One Medical

One Medical is a membership-based network of Primary Care Practice that is available to you and your eligible dependents. It is not available in all U.S. markets and is considered out-of-network for Mapbox's Kaiser HMO plan.

Through One Medical you will have access to:

- Same-day or next-day appointments
- 24/7/365 virtual visits at no cost with no claim
- Mobile App - convenient scheduling and Rx fills
- All offices have onsite labs
- Virtual nutrition coaching

One Medical Primary Care Practice includes:

- Primary Care, Urgent Care, and Travel Health
- Women's and Men's Health
- Mental health, sleep issues, hair loss, and follow-ups for chronic conditions
- Visits are billed to insurance, standard copay and deductibles apply.

► To Learn More

To see the benefits of One Medical membership and to see if One Medical is available in your area visit onemedical.com or call 415.523.6317. Reference our company code: **MAPXOM**.

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Keep your smile healthy for years to come with one of our **Lincoln Financial Group** dental plans. Both plans offer in and out-of-network coverage, but you will pay less for services with network dentists because they agree to charge discounted fees for covered services.

| | Lincoln Financial Group Base Plan | | Lincoln Financial Group Buy Up Plan | |
|--|--------------------------------------|-------------|--|-------------|
| | Network | Non-Network | Network | Non-Network |
| Deductible (Individual / Family) | \$50 / \$150 | | \$50 / \$150 | |
| Preventive (Deductible Waived) | 100% | 100% | 100% | 100% |
| Basic | 80% | 80% | 90% | 90% |
| Major | 60% | 60% | 60% | 60% |
| Calendar Year Maximum | \$1,500 | | \$2,000 | |
| Orthodontia (Adult and child) | Not Covered | | \$2,500 lifetime maximum | |

► Finding a Dentist

To find a dentist near you, download the **Lincoln Dental** mobile app or visit www.lincolnfinancial.com/public/individuals and select **Find a Dentist**.

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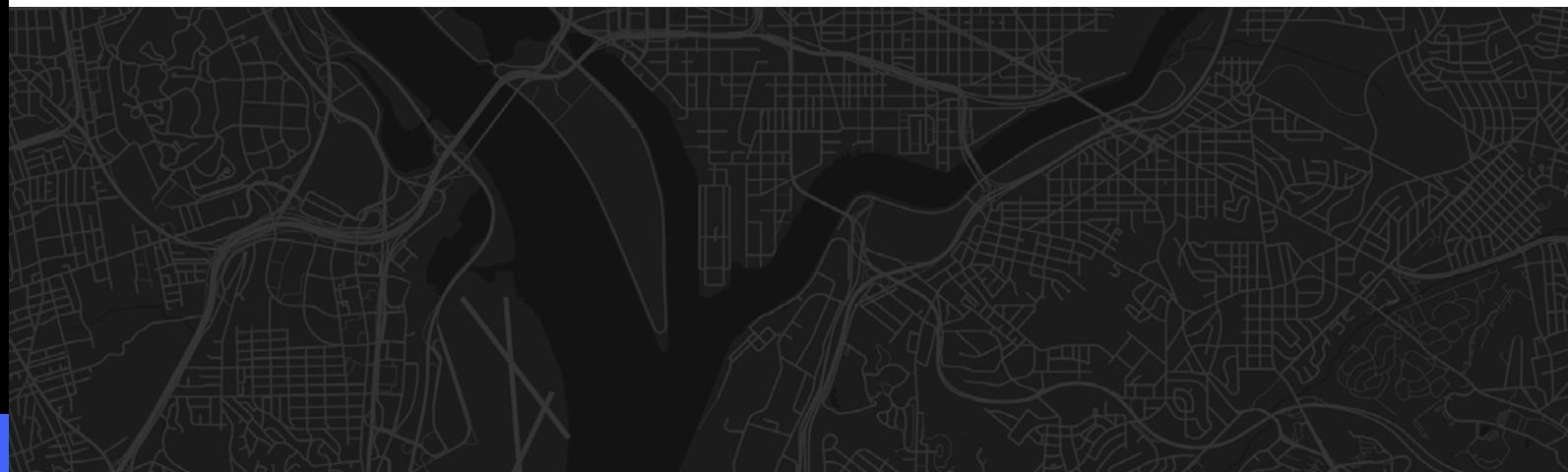
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With one of our two vision plans through **Vision Service Plan (VSP)** you can access quality care and an extensive national network to help you save money on eye exams, eyeglasses and contact lenses. With both plans you have the freedom to use whatever provider you choose but will save by using a VSP provider or facility.

| | VSP Base Plan | VSP Buy Up Plan |
|-------------------------------|--|--|
| | Network | Network |
| Service Frequency | 12 exam / 12 lenses / 24 frames | 12 exam / 12 lenses / 12 frames |
| Examination and Lenses | \$20 copay | \$20 copay |
| Frames | \$130 allowance; \$150 allowance on featured frames | \$200 allowance (includes ready-made non-prescription sunglasses or blue light-filtering glasses); \$220 allowance on featured frames |
| Elective Contacts | \$130 allowance | \$200 allowance |

► Finding an Eye Doctor

To find a doctor near you, download the **VSP Vision Care on the Go** mobile app or visit www.vsp.com and select **Find a Doctor**.





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Comparing the Tax-Advantaged Accounts

Don't miss out on any extra bucks. You have options to set aside pre-tax money for health care and dependent care costs. With these accounts, pre-tax funds are pulled from your paycheck to save for future expenses and lower your taxable income.

| Features | Cigna HSA with HSA Bank | Navia Health Care FSA | Navia Limited Purpose FSA | Navia Dependent Care FSA | Navia Commuter Accounts |
|--------------------------------------|--|---|---|--|--|
| Used to pay for | Eligible medical, dental and vision expenses | Eligible medical, dental and vision expenses | Eligible dental and vision expenses | Daycare for children under 13 or in-home care for adult dependents | Eligible transit and parking expenses for commuting to work |
| At the end of the plan year | Funds roll over and are yours to keep regardless of employment status | Leftover funds beyond \$640 are forfeited | Leftover funds beyond \$640 are forfeited | Leftover funds are forfeited | Leftover funds roll over as long as you stay enrolled |
| Types of medical plans | Cigna HDHP | Cigna PPO Kaiser HMO Another Employer's Medical Plan (Non-HDHP) | Cigna HDHP | All plans | All plans |
| Annual contribution maximum | \$4,150 (single) \$8,300 (spouse/family) \$1,000 catch-up contribution for 55+ years old | \$3,200 | \$3,200 | \$5,000 (\$2,500 each if married and filing taxes separately) | Parking: \$315/month Transit: \$315/month |
| Annual Mapbox contributions** | \$1,000 (individual) \$2,000 (family) | N/A | | | |
| Changes to elections | At any time for any reason | Only at open enrollment or in the case of a qualifying life event | | | By the 20 th of each month for the next month in the GoNavia portal . |

*IRS Annual Maximum limits include employer and employee contributions, make sure to plan accordingly when electing your contributions.

** Mapbox contributions are funded quarterly. You must be enrolled in the Cigna HDHP on the first day of the quarter to receive the quarterly contribution.

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Health Savings Account (HSA)

When you enroll in the Cigna HDHP an HSA with **HSA Bank** is automatically established for you. An HSA is a bank account that you own and may take with you regardless of where you work. You may use your HSA to pay for qualified medical, prescription drug, dental and vision expenses—while you are working and even after you retire.

The HSA also offers the following advantages:

- Yours and Mapboxes' contributions roll over year after year tax-free
- Tax-free account growth
- Tax-free use of your HSA dollars for eligible expenses
- Portability—your account goes with you if you retire from or leave Mapbox
- Contributions can be adjusted throughout the plan year

HSA Eligibility

There are certain HSA eligibility requirements. You may not participate if you are:

- Covered as a dependent on another health plan
- Age 65 or older and enrolled in Medicare or Social Security
- Enrolled in or covered by a flexible spending account (FSA) for health expenses (dependent care and limited purpose FSA are excluded)
- Covered by any other health coverage that is not an HDHP (e.g., under a military or college health plan)

HSAs involve very complex rules, including limitations on eligibility, contribution limits and expense reimbursement. Federal and state tax penalties may be assessed upon you if these requirements are not met. You should talk to a tax advisor about your personal circumstances. Or, for the complete list of IRS allowable expenses, you can request a copy of IRS Publication 502 by calling **800.829.3676** or visiting www.irs.gov/pub/irs-pdf/p502.pdf.

► Using Your HSA

Your Cigna HSA with **HSA Bank** is automatically integrated with your HDHP plan to pay for your qualified medical expenses. To manage your account, log in to www.mycigna.com.

To access an up-to-date list of eligible and non-eligible expenses visit www.irs.gov/pub/irs-pdf/p502.pdf.

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Flexible Spending Accounts (FSAs)

Another way to maximize your paycheck is to save pre-tax money for qualified expenses with a **Navia** FSA. FSAs help you save money on health care, dependent care and commuter expenses by paying for eligible expenses with tax-free dollars.

► Using Your Navia Benefits FSA

Easily manage your FSA funds, file a claim and more from the MyNavia App, or you can log in on any device at www.app.naviabenefits.com with company code: **MPX**.

Here's how you save:

- Elect to open or re-enroll in a Healthcare, Dependent Care, Limited Purpose or Commuter FSA.
- Your pre-tax payroll deduction is deposited into your FSA starting January 1st (the start of each plan year).
- You make tax-free contributions, lowering your taxable income.
- Reimbursements for qualified expenses are not taxed.
- All expenses must be incurred or submitted by March 31, 2025 each year (within 90 days of the end of the plan year).
- To maximize your savings, take a look at the eligible expenses for FSAs at www.irs.gov/uac/about-publication-503.



Determine
your estimated
FSA contributions



Establish your (pre-tax) deductions that will be taken from your paycheck



Use your FSA debit card or submit receipts for qualifying expenses



You can roll over up to \$640 in FSA funds to the next year

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Healthcare FSA

The Healthcare FSA lets you set aside up to **\$3,200** (2024 IRS limit) from your paycheck for eligible medical, dental and vision expenses.

Limited Purpose FSA

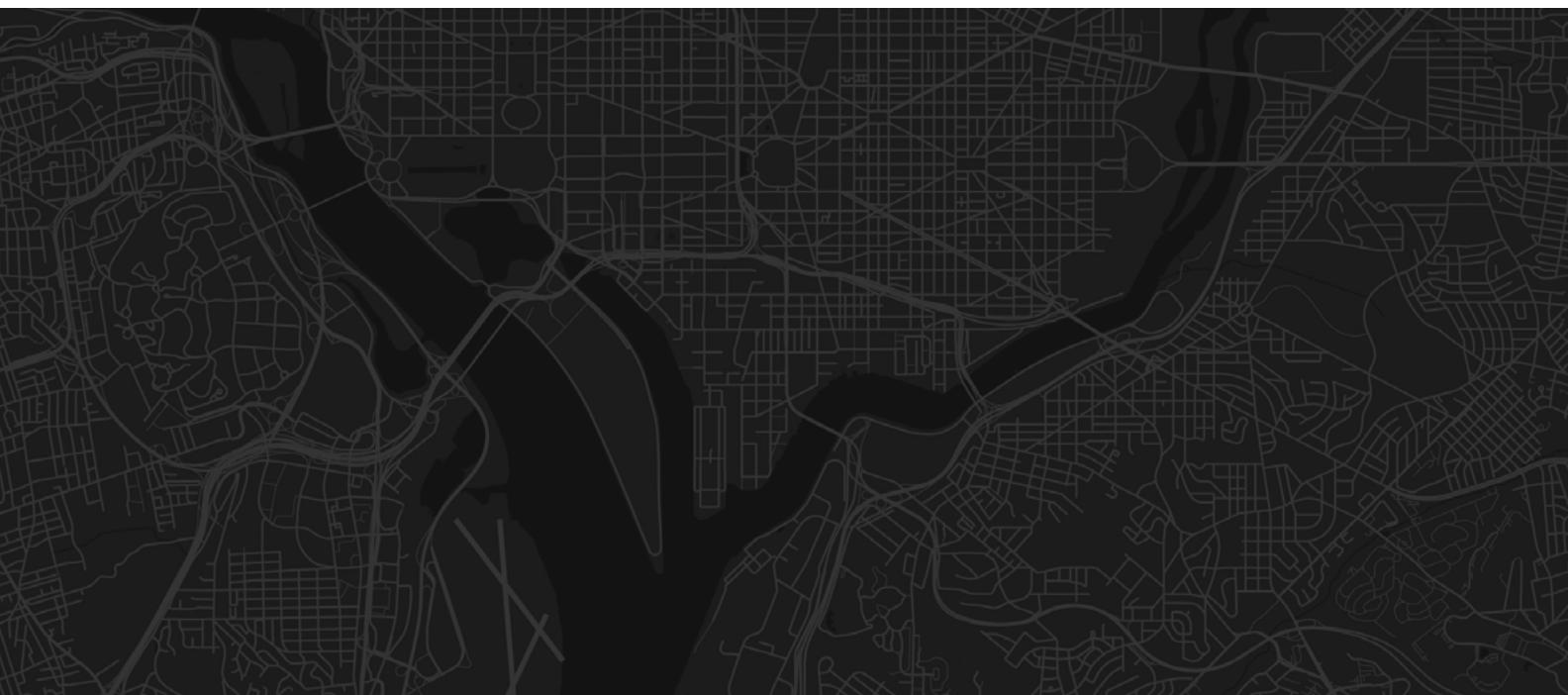
Federal law prohibits HDHP participants from participating in a regular Health Care FSA, so we offer a Limited Purpose FSA. The Limited Purpose FSA lets you set aside up to **\$3,200** from your paycheck for eligible dental and vision expenses only.

Dependent Care FSA

With this FSA, you can set aside up to **\$5,000** per couple or **\$2,500** single (2024 IRS limit) per year to pay for child or dependent care expenses, while you work.

Commuter Benefits

Commuter benefits are convenient, flexible and another way to lower taxable income. Each month, you can contribute pre-tax funds to cover transit (up to **\$315**) and/or parking expenses (up to **\$315**) used to get to and from work. You can change the amount of your contribution at any time during the year.



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Retirement Savings Accounts

Saving for the future is more important than ever. Whether you are just starting your career or retirement is on the horizon, if you are at least 18 years old you can start investing in your future with our **Fidelity** 401(k) plan.

| Comparing 401(k) Account Options* | | |
|--------------------------------------|-----------------------|-----------------|
| Questions | Traditional (Pre-Tax) | Roth (Post-Tax) |
| Are Contributions Taxed? | No | Yes |
| Are Distributions Taxed? | Yes | No |
| Are Earnings Taxed When Distributed? | Yes | No |
| Are Contributions Matched? | Yes | Yes |

| Features | Plan Limits and Employer Match |
|---------------------------------|--|
| 2024 Annual Contribution Limits | \$23,000* or \$30,500* (\$7,500 catch up) if age 50+ Mapboxers can participate in both accounts up to IRS maximum |
| Mapbox Match | Up to 4% of eligible pay as long as you contribute at least 5% to each paycheck (immediately vested) |
| Withdraw Age Limit | Eligible to withdraw at age 59 ½ without penalty |

401(k) Matching Per Paycheck Contribution Examples

| Your Paycheck Contribution | Mapbox Matching Contribution |
|----------------------------|------------------------------|
| 3% | 3% |
| 4% | 3.5% |
| 5% | 4% |

* If you want to and can afford to save more than the annual contribution limits, Mapbox also allows you to make after-tax contributions to your 401(k) plan after speaking with a financial professional.

► MAI Retirement Plan Advisors

The MAI advisors are there to help you make informed decisions about your Fidelity retirement plan. They can provide account assistance, retirement plan education, financial planning and financial literacy workshops.



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Basic Life and AD&D

With the **Lincoln Financial Group** Life and Accidental Death & Dismemberment plan, you and your family are protected from a sudden loss of income in the event of your death, or if you suffer from a severe injury. We provide this to all benefits-eligible Mapboxers, at no cost to you.

| Lincoln Financial Group Basic Life and AD&D | |
|---|--|
| Your Benefits | Mapboxer Only |
| Life Benefit | Two times your annual salary plus commissions, up to \$500,000 |
| AD&D Benefit | Two times your annual salary plus commissions, up to \$500,000 |
| Age Reduction Schedule | Reduces to 65% at age 65 and 50% at age 70 |
| Conversion | If you go on leave or leave Mapbox, you may be able to continue your coverage as an individual plan. |

Voluntary Life and AD&D

You can elect to buy additional coverage for yourself, your spouse and your children.

| Lincoln Financial Group Voluntary Life and AD&D | | | |
|---|-----------|-----------|-------------------------------|
| Your Benefits | Mapboxer | Spouse | Children (birth to age 26) |
| Increments | \$10,000 | \$5,000 | \$1,000 |
| Maximum | \$600,000 | \$250,000 | \$10,000 |
| New Hire Guarantee Issue* | \$100,000 | \$25,000 | n/a |

*Anything above the Guarantee Issue requires an Evidence of Insurability (EOI) and coverage is not effective until approved.

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Long-Term Disability

All benefit eligible Mapboxers are automatically enrolled in our **Lincoln Financial Group** Long-Term Disability plan at no cost to you, and also have the option to purchase more coverage. These plans provide income protection if you are unable to work due to an illness or injury.

| Lincoln Financial Core Long-Term Disability | |
|---|--|
| Your Benefits | Mapboxer Only |
| Core Benefits | 60% of your salary up to \$12,500 per month |
| Elimination Period | 90 days |
| Benefit Duration | Until Social Security Normal Retirement Age |
| Customize | Option to select pre-tax or post-tax Basic LTD |

| Lincoln Financial Voluntary Long-Term Disability | |
|--|---|
| Your Benefits | Mapboxer Only |
| Voluntary Benefits | 60% of your salary, above \$250,000 up to a total of \$17,000 per month |
| Elimination Period | 90 days |
| Benefit Duration | Until Social Security Normal Retirement Age |

LegalShield and IDShield

Avoid expensive legal battles or trying to recover your identity by protecting you and your loved ones with one or both of our group discounted programs, **LegalShield** or **IDShield**. Cost is based on who you choose to cover on the plan(s), just yourself or your family.

Legal Assistance Plan

- Personal legal advice
- Contracts and document review
- Will and Power of Attorney preparation
- IRS audit assistance
- Trial defense
- Moving traffic violations
- And more

Identity Theft Plan

- Social media monitoring
- Privacy and security monitoring
- Full identity restoration

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Supplemental Benefits

We are excited to provide you the option to purchase the following **Lincoln Financial Group** plans to supplement your current medical benefits. For each of these valuable plans, you use the benefit to cover living expenses, deductibles, out-of-pocket medical costs—whatever you need and, rates don't go up when you file a claim. Other reasons to consider a voluntary plan:

- **Benefits paid directly to you:** They are typically paid regardless of what other coverage you have.
- **Household coverage:** Most plans offer coverage for your spouse and dependent children.
- **Portable:** You can typically take your plan with you when you retire or change jobs.

Accident Plan

Accidents can happen to anyone, anywhere, at any time. Be prepared for an accidental injury with a plan that provides benefits for a variety of covered events, such as:

- Broken bones or torn ligaments
- Burns
- Concussions
- Emergency room treatment and hospitalization
- Outpatient surgery
- And more!

Critical Illness Plan

With this plan, you will have one less thing to worry about. Receive a lump sum benefit when you or a covered family member experience a critical illness, such as a heart attack, cancer, stroke and other covered events.

Hospital Indemnity Plan

Hospitalization can be very expensive and affect your family beyond the finances. Be prepared with this Hospital Indemnity plan, it will pay a lump sum to help cover any out-of-pocket expenses associated with a hospital stay for a covered illness or accident. You are free to use the money on whatever you choose including your deductible, transportation expenses or any other unexpected costs.

► Important Highlights

These plans require you to enroll each year during open enrollment. Visit the Bswift portal to review costs for each plan.

To better understand these individual plans, visit www.lincolnfincial.com/public/individuals/products/employeefbenefits/whatweoffer.

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Carrot Fertility Healthcare & Family Forming Support

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You can access Carrot's educational resources and unlimited chats with reproduction, adoption, menopause and low testosterone experts for compassionate, data-driven care.

Family Forming Health Reimbursement Account (HRA)

We provide up to **\$10,000** in an Health Reimbursement Account (HRA) to Mapbox employees and spouses (even if not enrolled in our medical plan).

HRA eligible expenses include:

- Basic fertility check-ups
- Fertility preservation, including egg, sperm, or embryo freezing
- Intrauterine insemination (IUI) and in-vitro fertilization (IVF)
- Genetic testing of embryos
- Surrogacy and adoption related expenses

Important Note: Cigna HDHP participants must satisfy 2024 IRS individual deductible of \$1,500 to gain access to the Carrot HRA benefit.

▶ Learn More About the Carrot HRA

Visit mapbox.epiceb.com to access more detailed information.



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Employee Assistance Program

Mental health is an important part of your overall wellbeing. Which is why it's important to take the time needed to support your emotional wellbeing, especially during difficult times.

To support you and your loved ones when you need it, we provide **Guidance Resources**, an Employee Assistance Program (EAP) at no cost to you. The EAP provides a variety of services to assist with managing stress, anxiety, depression, grief and many other concerns, you don't need to do it alone.

Time off

We recognize our Mapboxers are diverse, which is why we offer a variety of time off options to meet your needs:

- Flexible Paid Time Off
- 9 Observed U.S. Holidays plus Winter Break between Christmas and New Year's
- Mapbox Well-being Days (MWD)
- Paid Volunteer Time Off
- Paid and Unpaid Leave of Absences

Lifestyle Spending Account and Personal Cell Phone Reimbursement

Our LifeStyle Spending Account (LSA) through **Espresa** allows you to pay for a variety of personalized expenses to take care of you.

Examples of expenses the LSA can cover:

- Work from home
- Nutrition programs
- Student debt
- Financial services
- Physical activity
- Meditation and mindfulness
- Sports and fitness equipment
- Body therapy
- Career and personal growth
- Dependent support

Mapbox provides **\$1,000** annually to your LSA (prorated based on your hire date). We also provide you reimbursement up to **\$50** per month for costs related to your personal cell phone plan.

Your LSA and Personal Cell Phone Reimbursement is managed through **Espresa**, available through Okta SSO.

► To Learn more about accessing these programs, review the **Carrier Contacts & Tools**.



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Lyra

The Lyra program specializes in emotional and mental health solutions. In as little as five minutes, get matched with compassionate and confidential care options to meet your needs and lifestyle. This benefit is free to you and your dependents.

Through our partnership with Lyra, you have access to:

- **12 Sessions Per Year:** the plan provides 12 sessions per person, at no cost to you, for guided self-care, coaching and therapy.
- **In-Person or Video Therapy:** Meet with a therapist to diagnose and treat a mental health condition.
- **Mental Health Coaching:** Get to the root of your personal challenges with care from a coach via video or live messaging.
- **Guided Self-Care with a Coach:** Meet with a Lyra Coach for a consultation, get a personalized care plan to address your goals and work through it at your pace.
- **Essentials:** a rich library of research-based self-care resources such as guided meditations, how-to videos and mindfulness tactics.
- **Additional Work-Life Services:** You can access expert advice for common issues such as legal, financial, identity theft, and dependent care services.

Calm App

All Mapboxers have access to our corporate membership with **Calm** at no cost.

The Calm app offers:

- Guided meditations
- Sleep stories
- Mindful movement videos
- Relaxing music

You can share your membership with up to five of your dependents.

► Get Started with Lyra

No matter what you are dealing with, rest assured you and your loved ones have access to Lyra's confidential care and high-quality providers when you need it.

 mapbox.lyrahealth.com

 care@lyrahealth.com

 **877-823-2251**



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Pet Insurance

We care about your four-legged family members too. Join the **Nationwide** Pet Insurance plan to help cover vaccinations, medications, and accidents! Nationwide also covers exotic pets like birds and lizards.

Using a Pet Insurance Plan is Easy!

- Take your pet to the vet
- Pay for your visit
- Submit receipts for reimbursement
- Get reimbursed up to your plan's coverage!

SoFi Loan Assistance

Take advantage of our partnership with **SoFi**. They refinance student loan debt and offer personal loans at lower rates than federal and/or private options.

Business Travel Accident

If you have to travel for work, our **Chubb Travel Assistance** plan has got you covered 24/7.

Assistance available for:

- Medical emergencies
- Emergency travel assistance
- Flight, hotel or car rebooking
- Emergency return
- Lost or stolen luggage
- Lost passport or travel documents
- Personal safety or security
- Illness or injury

Personal Travel Accident

If you and your family are 100 or more miles away from home, you have access to our **Lincoln Financial Group** travel assistance services through **Travel Connect** at no cost to you. If you need medical, security or travel assistance, regardless the situation, you can contact Travel Connect's 24/7 on-call support.

Charitable Donation Matching

We match employee donations to support charitable organizations up to a maximum of **\$1,000** per person, per year (subject to the maximum annual budget for donation-matching).

Employee Resource Groups (ERGs)

ERGs are employee-led groups formed around social identities or an ally-ship to help support a diverse and inclusive internal work environment and contribute to personal and professional development.

▶ Learn More

To learn more about these additional benefits and perks that we offer Mapboxers, visit mapbox.epiceb.com.

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Mapboxer Monthly Plan Costs

| | Employee Only | Employee + Spouse/ Domestic Partner | Employee + Child(ren) | Employee + Family |
|--------------------|---------------|--|--------------------------|----------------------|
| Cigna HDHP | \$0 | \$126 | \$90 | \$238 |
| Cigna PPO | \$92 | \$282 | \$212 | \$406 |
| Kaiser HMO (CA) | \$92 | \$282 | \$212 | \$406 |
| Dental Base Plan | \$0 | \$8 | \$14 | \$22 |
| Dental Buy-Up Plan | \$8 | \$24 | \$36 | \$54 |
| Vision Base Plan | \$0 | \$2 | \$2 | \$4 |
| Vision Buy Up Plan | \$4 | \$8 | \$8 | \$15 |

► Covered elsewhere?

Waive your Mapbox Medical benefit coverage and receive a \$200 monthly, taxable paycheck credit (with certification).

► Required Annual Health Plan Notices

Each year, we are required to distribute health plan notices. They provide additional information about our plans and can be found at mapbox.epiceb.com.



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|---|----------------------------|---------------------|--|
| Medical | | | |
| Cigna PPO and HDHP | 623807 | 866-494-2111 | www.mycigna.com |
| Cigna Easy Choice Tool | Access Code: FoKUWV1X | 866-494-2111 | decisionsupport.cigna.com/login |
| Kaiser HMO CA | 606147 | 800-464-4000 | www.kp.org |
| HealthJoy | | 877.500.3212 | Download the HealthJoy mobile app Email: support@healthjoy.com |
| One Medical | MAPXOM | 415-523-6317 | www.onemedical.com |
| Dental & Vision | | | |
| Lincoln Financial Group Dental | 1D042785 | 800-423-2765 | lfg.go2dental.com/member/dental_search/searchprov.cgi?P=LFGDentalConnect&Network |
| VSP Vision | 30079230 | 800-877-7195 | www.vsp.com |
| Financial Wellbeing | | | |
| Cigna HSA with HSA Bank | Mapbox | 800-244-6224 | www.mycigna.com |
| Navia FSA and Commuter | Group #MPX | 800-669-3539 | app.naviacommuterbenefits.com/#/login |
| Fidelity 401(K) | 5125R | 800-835-5097 | www.NetBenefits.com |
| Lincoln Financial Group Life/AD&D | 06-067091 | 888-787-2129 | www.myLincolnportal.com |
| Lincoln Financial Group LTD | 06-067091 | 800-210-0268 | www.myLincolnportal.com |
| Lincoln Financial Group Accident, Critical Illness and Hospital | 719054 719056 719055 | 800-423-2765 | www.lincolnfinancial.com/employeebenefits |

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| Financial Wellbeing | | | |
| LFG EAP | 06-067091 | 888-628-4824 | www.GuidanceResources.com Username: LFGSupport Password: LFGSupport1 |
| Lyra Mental Wellbeing Support | Mapbox | 877-823-2251 | mapbox.lyrahealth.com Email: care@lyrahealth.com |
| Legal Shield Legal Assistance and Identity Theft Protection | 203004 | 800-654-7757 | login.legalshield.com Email: memberservices@legalshield.com |
| Additional Benefits & Perks | | | |
| Carrot Family Forming HRA | Mapbox | N/A | app.get-carrot.com/signupand Enter you work email address Email: support@get-carrot.com |
| Nationwide Pet Insurance | Mapbox | 877-738-7874 | www.petinsurance.com/mapbox |
| SoFi Student Loan Refinancing | Mapbox | 855-456-7634 | www.Sofi.com/mapbox Email: ask@sofi.com |
| Travel Connect Personal Travel Assistance | LFGTravel123 | 866-525-1955 (US) +1.603.328.1955 (Global) | www.mysearchlightportal.com Email: mail@oncallinternational.com |
| Business Travel Accident | ADD N16746046 | 855-327-1414 630-694-9764 | www.acetravelassistance.net Username: medassist-usa@axa-assistance.us Password: acea&h Email: medassist-usa@axa-assistance.us |
| U.S. Mapbox Benefits Portal | | | mapbox.epiceb.com |



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MEDICARE NOTICE OF CREDITABLE COVERAGE

Important Notice About Your Prescription Drug Coverage and Medicare

Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your

This Notice applies only if you and/or your dependent(s) are enrolled in a Mapbox, Inc. medical plan and you are eligible for Medicare. If this does not apply to you, you may ignore this notice.

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Mapbox, Inc. has determined that the prescription drug coverage offered under the Mapbox, Inc. plan(s), on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your employer coverage may be affected. Contact your employer to find out whether you can get your employer coverage back later if you or your dependents drop the coverage and join a Medicare drug plan.

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

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

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

For More Information About This Notice Or Your Employer Prescription Drug Coverage...

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

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

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

For More Information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (**1-800-633-4227**). TTY users should call **1-877-486-2048**.

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

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

January 1, 2024

Kristin Martz

Human Resources Operations and
Total Rewards Leader

hr@mapbox.com

202-250-3633

Mapbox, Inc.

1133 15th Street NW, Suite 825
Washington, DC 20005



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Patient Protection Notice

Your health plan may require or allow for the designation of a primary care provider. If so, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members, including a pediatrician, as the primary care provider. Until you make this designation, the health plan may designate one for you.

You do not need prior authorization from the health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan or procedures for making referrals.

For information on how to select a primary care provider, a list of participating primary care providers, or a list of health care professionals who specialize in obstetrics or gynecology, contact your health plan.

Notice of Special Enrollment Rights

If an eligible employee declines enrollment in a group health plan for the employee or the employee's spouse or dependents because of other health insurance or group health plan coverage, the eligible employee may be able to enroll him/herself and eligible dependents in this plan if eligibility is lost for the other coverage (or because the employer stops contributing toward this other coverage). However, the eligible employee must request enrollment within 30 days after the other coverage ends (or after the employer ceases contributions for the coverage).

In addition, if an eligible employee acquires a new dependent as a result of marriage, birth, adoption or placement for adoption, the eligible employee may be able to enroll him/herself and any eligible dependents, provided that the eligible employee requests enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Furthermore, eligible employees and their eligible dependents who are eligible for coverage but not enrolled, shall be eligible to enroll for coverage within 60 days after becoming ineligible for coverage under a Medicaid or Children's Health Insurance Plan (CHIP) plan or being determined to be eligible for financial assistance under a Medicaid, CHIP, or state plan with respect to coverage under the plan.

To request special enrollment or obtain more information, contact your health plan.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact your health plan.



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Women's Health and Cancer Rights Act Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your health plan.

Notice of HIPAA Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("Notice") is effective January 1, 2024.

Mapbox, Inc. ("Mapbox") offers its employees a number of health-related benefits, including medical, dental, vision, and others. This Notice applies to employees and eligible retirees and their dependents who

participate in the following plans. Any reference to "Group Health Plan(s)," "Covered Entity," or "Plan(s)" in this Notice refers to the following:

- Cigna PPO Plan
- Cigna HDHP Plan
- Navia Benefit Solutions Health Flexible Spending Account (FSA)
- Lyra Mental Health Benefits
- Carrot Fertility and Family Forming Health Reimbursement Arrangement (HRA)

Note that participants enrolled in an insured plan (including an HMO) will receive a Notice of Privacy Practices related to those benefits directly from the insurance carrier.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Mapbox, Inc. Health Plan (the "Plan") sponsored by Mapbox, Inc. ("Plan Sponsor") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health

Act (HITECH Act) and subsequent amending regulations ("HIPAA Privacy Rule"). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this HIPAA Privacy Notice to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health



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care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- Your past, present, or future physical or mental health or condition;
- The provision of health care to you; or
- The past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact the individual listed at the end of this notice.

Our Responsibilities

Mapbox, Inc. is required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your Protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised HIPAA Privacy Notice electronically or by first class mail to the last known address on file.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without

your permission. The following categories describe the different ways that we may use and disclose your protected health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. We may share or discuss your PHI with your family members or others involved in your care or payment for your care, unless you object in writing and provide the objection to the Plan's HIPAA contact listed at the end of this Notice. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments. In any of these cases, we will disclose only the information necessary to resolve the issue at hand.



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For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal,

state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or



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to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight

agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official:

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors.

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release



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medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when:

- the individual identifiers have been removed; or
- when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are

also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney).

Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- treating such person as your personal representative could endanger you; and
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed



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to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to the individual listed at the end of this Notice. If you request a copy of

the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the individual listed at the end of this Notice.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the individual listed at the end of this Notice. You must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures



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of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit it in writing to the individual listed at the end of this Notice. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment

or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person. To request restrictions, you must send your request in writing to the individual listed at the end of this notice.

In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the individual listed at the end of this notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper copy of this notice, contact the individual listed at the end of this notice.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or

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with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact to the individual listed below. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

HIPAA Contact

Kristin Martz

Human Resources Operations
and Total Rewards Leader

hr@mapbox.com

[202-250-3633](tel:202-250-3633)

Mapbox, Inc.

1133 15th Street NW, Suite 825
Washington, DC 20005



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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your state for more information on eligibility –

ALABAMA – Medicaid

<http://myalhipp.com> | 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program:

<http://myakhipp.com> | 1-866-251-4861

CustomerService@MyAKHIPP.com

Medicaid Eligibility:

<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

<http://myarhipp.com> | 1-855-MyARHIPP (855-692-7447)

California – Medicaid

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp> | 1-916-445-8322

hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:

<https://www.healthfirstcolorado.com>

Health First Colorado Member Contact Center:

1-800-221-3943 / State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991 / State Relay 711

Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

<https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/>
hipp/index.html

1-877-357-3268

GEORGIA – Medicaid

GA HIPP: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp> | 1-678-564-1162, Press 1

GA CHIPRA: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra> | 1-678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64:

<http://www.in.gov/fssa/hip> | 1-877-438-4479

All other Medicaid:

<https://www.in.gov/medicaid> | 1-800-457-4584



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IOWA – Medicaid and CHIP (Hawki)

Medicaid: <https://dhs.iowa.gov/ime/members> | 1-800-338-8366

Hawki: <http://dhs.iowa.gov/Hawki> | 1-800-257-8563

HIPP: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp> | 1-888-346-9562

KANSAS – Medicaid

<https://www.kancare.ks.gov> | 1-800-792-4884

HIPP: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP):

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

1-855-459-6328

KIHIPP.PROGRAM@ky.gov

KCHIP: <https://kidshealth.ky.gov/Pages/index.aspx>

1-877-524-4718

Medicaid: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

www.medicaid.la.gov or www.ldh.la.gov/lahpp

1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

https://www.mymaineconnection.gov/benefits/s/?language=en_US

1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium:

1-800-977-6740 TTY: Maine relay 711

<https://www.maine.gov/dhhs/ofi/applications-forms>

MASSACHUSETTS – Medicaid and CHIP

<https://www.mass.gov/masshealth/pa>

1-800-862-4840 TTY: 711

Email: masspremessaging@accenture.com

MINNESOTA – Medicaid

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
1-800-657-3739

MISSOURI – Medicaid

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

1-573-751-2005

MONTANA – Medicaid

<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

1-800-694-3084 | HHSHIPProgram@mt.gov

NEBRASKA – Medicaid

<http://www.ACCESSNebraska.ne.gov>

1-855-632-7633 | Lincoln: 1-402-473-7000 | Omaha: 1-402-595-1178

NEVADA – Medicaid

<http://dhcfp.nv.gov> | 1-800-992-0900

NEW HAMPSHIRE – Medicaid

<https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program> | 1-603-271-5218

HIPP program toll free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid: <http://www.state.nj.us/humanservices/dmhs/clients/medicaid> | 1-609-631-2392

CHIP: <http://www.njfamilycare.org/Default.aspx> | 1-800-701-0710

NEW YORK – Medicaid

https://www.health.ny.gov/health_care/medicaid
1-800-541-2831

NORTH CAROLINA – Medicaid

<https://medicaid.ncdhhs.gov> | 1-919-855-4100

NORTH DAKOTA – Medicaid

<https://www.hhs.nd.gov/healthcare>
1-844-854-4825

OKLAHOMA – Medicaid and CHIP

<http://www.insureoklahoma.org> | 1-888-365-3742

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Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.²

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

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When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.



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PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|---|----------------------|
| 3. Employer name Mapbox, Inc. | 4. Employer Identification Number (EIN) 46-1792659 | |
| 5. Employer address 1133 15th Street NW Suite 825 | 6. Employer phone number 202-250-3633 | |
| 7. City Washington | 8. State District of Columbia | 9. ZIP code 20005 |
| 10. Who can we contact about employee health coverage at this job? Human Resources | | |
| 11. Phone number (if different from above) | 12. Email address HR@mapbox.com | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 All employees. Eligible employees are:

All active, regular, full-time employee scheduled to work a minimum of 30 hours per week

-
- Some employees. Eligible employees are:

- With respect to dependents:

-
- We do offer coverage. Eligible dependents are:

Your legal spouse or domestic partner, your dependent child up to age 26 (including natural children, stepchildren, a child placed with you for adoption, legally adopted children, domestic partner's children, or a child for whom you or your spouse or domestic partner are the legal guardian of), and any dependent child who reaches the age limit and is incapable of self-support because of a mental or physical disability

-
- We do not offer coverage.

-
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](#) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](#) to find out if you can get a tax credit to lower your monthly premiums.



Mapbox has made every attempt to ensure the accuracy of the information described in this enrollment guide. This guide is not an official plan document and does not provide a complete description of your benefit plans. Any discrepancy between this guide and the insurance contracts, summary plan descriptions (SPDs) or any other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to those documents. Mapbox reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Mapbox share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Mapbox.