

AON ACTIVE
HEALTH EXCHANGE™

Plenty to Pick From

2021 Reference Guide



Get Started



Medical &
Prescription Drug



Dental



Vision



More Options



Enroll



Genworth
Retirement,
Insurance &
Other Benefits

Genworth 

Choice Benefits

powered by Aon Active Health Exchange™

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Ready to Get Started?

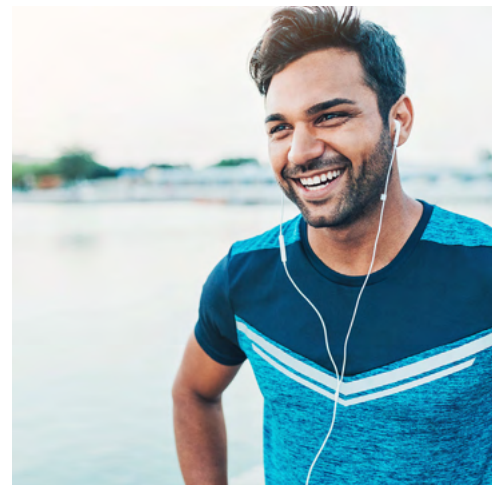
You'll enroll in medical, dental, vision, and other benefits through the Aon Active Health Exchange.™ Just choose your coverage level, the price you want to pay, and the insurance carrier you want to work with. That's how you can make it yours.

What You Need to Do

You should enroll to make sure you get the coverage you want next year! Not only could your needs have changed, but other things could have changed too—including your options and prices, the network of doctors, and how your drugs are covered. It's worth a look even if you choose exactly what you have today.

If you don't enroll:

- Your current medical, dental, and vision coverage will continue at 2021 prices unless it is no longer available to you. To contribute to a Health Savings Account (HSA) for 2021 (if eligible) or a flexible spending account, you must make an active election.
- Your current coverage for critical illness insurance, hospital indemnity insurance, legal services, and identity theft protection will continue through Genworth next year. You must make an active election to add or drop coverage.



Access, Answers, and More

You have access to a number of tools and resources before, during, and after enrollment.

Start with the Make It Yours website by logging on to www.ybr.com/genworth and clicking the **Make It Yours** tile to see short videos, FAQs, and more.

Check This Out!

You have plenty of support available to help you navigate Annual Enrollment. For questions during Annual Enrollment, contact the Genworth Choice Benefits Center at **1.866.436.9784**.

Eligibility

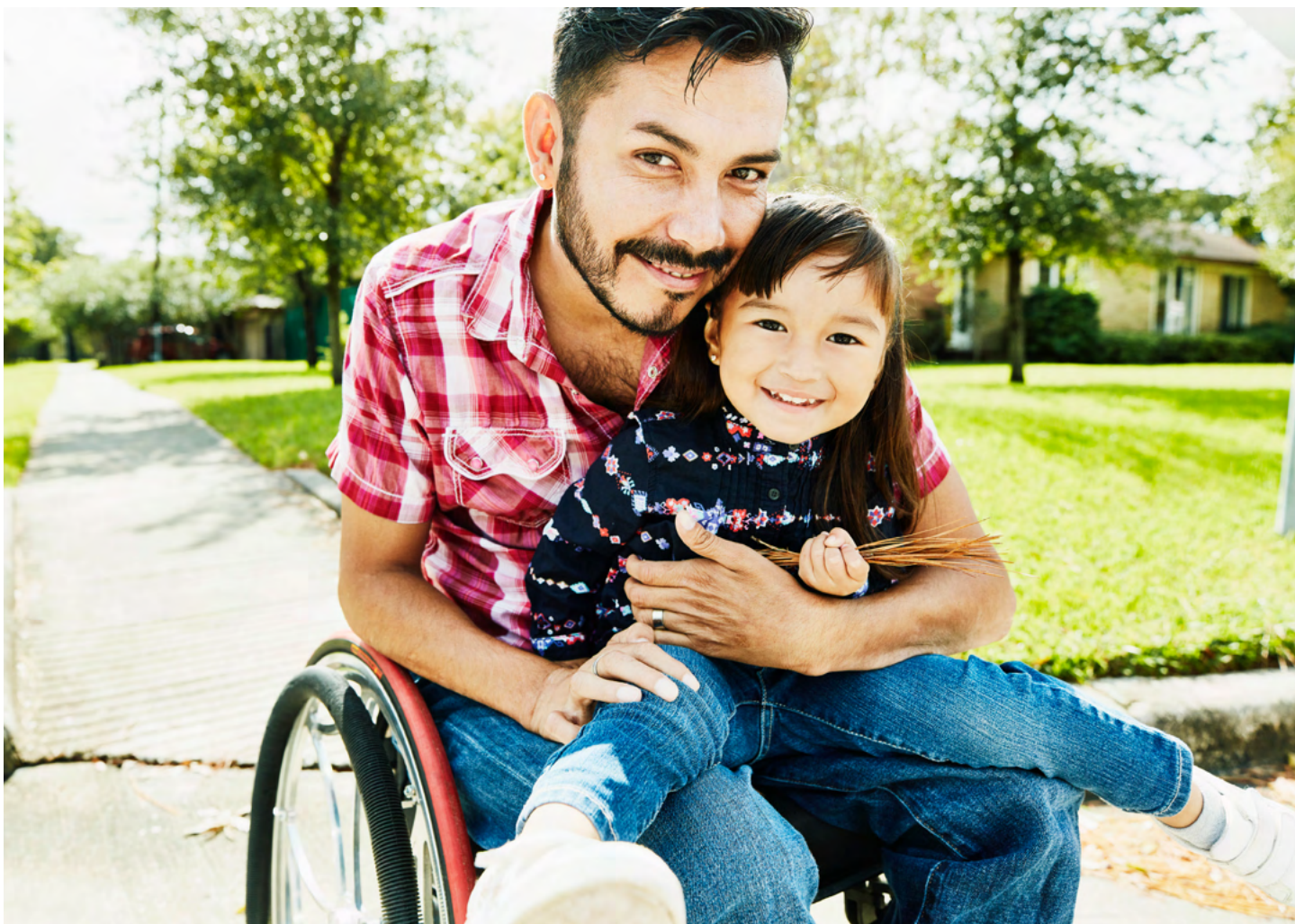
It's up to you to understand who you can cover under your medical and prescription drug, dental, vision, and other benefits. Be sure to review the information below **before** you enroll in coverage.

If you are a full-time or part-time employee of Genworth and you are scheduled to work and are actively working at least 20 hours per week, you are eligible to enroll in Genworth's health care plans. You can also enroll your eligible dependents. Eligible dependents include your spouse, your same-sex or opposite-sex domestic partner, and eligible children.

Working Spouse Surcharge

If your spouse or domestic partner has group medical insurance available elsewhere and chooses to be covered only by Genworth, you will be charged a Spousal Surcharge of \$85 per pay period. If your spouse or domestic partner chooses Genworth as secondary coverage, the Spousal Surcharge is not applicable. You must declare spousal eligibility status during enrollment.





Medical & Prescription Drug

You have control when you enroll through the exchange—you get to choose the medical coverage level, cost, and insurance carrier that are right for your situation. Make sure to take action so you don't miss out!

Medical Coverage

Don't let the names of the coverage levels fool you.

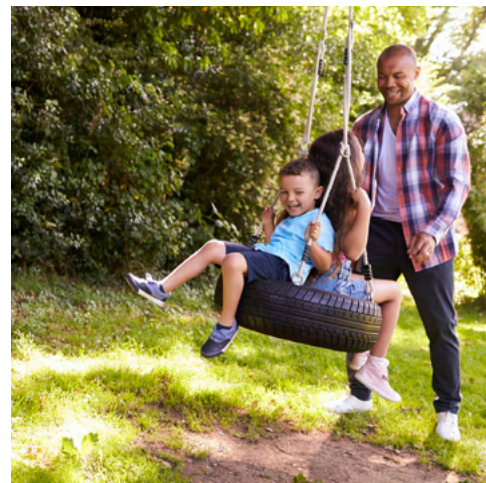
One option isn't better than another. The best coverage level for you depends on your tastes and your needs.

Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **Bronze Plus:** A high-deductible option with an HSA and prescription drug coinsurance
- **Silver:** A preferred provider organization (PPO) option with prescription drug copays
- **Gold:** A PPO option with prescription drug copays
- **Platinum:** A PPO option with prescription drug copays that covers in-network care and offers limited benefits for out-of-network care (or, for some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA, an HMO option with prescription drug copays that covers in-network care only)

Each coverage level is available from different insurance carriers at different costs.



Check This Out!

Your prescription coverage will depend on the medical insurance carrier you choose. Be sure to review page 13 for more details on things to consider when reviewing prescription drug coverage options.



Do You Live in California?

Your options will be different, depending on the insurance carrier you choose. See page 9 for details.

Do You Live Outside the Service Area?

Your specific options are based on your home zip code. If you live outside the service areas of all the insurance carriers, you can choose an out-of-area option at the Silver coverage level. Aetna will be the insurance carrier.

Important: The Silver option available to out-of-area individuals is different from the Silver option described in this guide. Refer to the enrollment website for details.

Is a Primary Care Physician Required?

You must designate a primary care physician to coordinate your care if you:

- Choose Kaiser Permanente as your insurance carrier;
- Live in Northern California and choose Health Net as your insurance carrier; or
- Live in Southern California and choose Health Net as your insurance carrier and Gold II as your coverage level.

Annual Deductible

The deductible is what you pay out of pocket before your insurance begins to pay a share of your costs. It doesn't include amounts taken out of your paycheck for health coverage. Here's how the deductible works if you have family coverage:

If you cover family members, how the deductible works depends on the coverage level you choose:

True family deductible: This means that the entire family deductible must be met before your insurance will pay benefits for any covered family member. There is no "individual deductible" when you have family coverage.

Traditional deductible: Once a covered family member meets the individual deductible, your insurance will begin paying benefits for that family member. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.

	BRONZE PLUS	SILVER	GOLD	PLATINUM
Annual Deductible (individual/family)	In-network: \$2,450/\$4,900	In-network: \$1,000/\$2,000	In-network: \$800/\$1,600	In-network: \$250/\$500
	Out-of-network: \$2,450/\$4,900	Out-of-network: \$2,000/\$4,000	Out-of-network: \$1,600/\$3,200	Out-of-network: \$5,000/\$10,000
Traditional or True Family?	True Family	Traditional	Traditional	Traditional

The charts within this guide may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information.

Going Out of Network?

Keep in mind:

- Out-of-network charges will **not** count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network annual deductible or out-of-pocket maximum.
- Some insurance carriers in CA, CO, DC, GA, MD, OR, VA, and WA do **not** cover out-of-network benefits at all.

Annual Out-of-Pocket Maximum

The out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs.

If you cover family members, how the annual out-of-pocket maximum works depends on the coverage level you choose:

True family out-of-pocket maximum: This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no “individual out-of-pocket maximum” when you have family coverage.

Traditional out-of-pocket maximum: Once a covered family member meets the **individual** out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

	BRONZE PLUS	SILVER	GOLD	PLATINUM
Annual Out-of-Pocket Maximum (individual/family)	In-network: \$3,900/\$7,800	In-network: \$5,300/\$10,600	In-network: \$3,600/\$7,200	In-network: \$2,300/\$4,600
	Out-of-network: \$11,500/\$23,000	Out-of-network: \$10,600/\$21,200	Out-of-network: \$7,200/\$14,400	Out-of-network: \$11,500/\$23,000
Traditional or True Family?	True Family	Traditional	Traditional	Traditional

The charts within this guide may not take into account how each coverage level covers any state-mandated benefits, its plan administration capabilities, or the approval from the state Department of Insurance of the benefits offered by the plan. If you have questions about a specific benefit, contact the insurance carrier for additional information.

What's Included?

The annual out-of-pocket maximum **includes** amounts paid toward your deductible under the Bronze Plus, Silver, Gold, and Platinum options.

It **doesn't include** amounts taken out of your paycheck for health coverage. Also, if you choose coverage under Kaiser Permanente, copays for certain medical benefits may not apply toward the annual out-of-pocket maximum under the Silver, Gold, and Platinum coverage levels.

In-Network Benefits

	BRONZE PLUS	SILVER	GOLD	PLATINUM
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible
Doctor's Office Visit	You pay 25% after deductible	You pay 30% after deductible	<ul style="list-style-type: none"> You pay \$25 for PCP visit with no deductible You pay \$40 for specialist visit with no deductible 	<ul style="list-style-type: none"> You pay \$25 for PCP visit with no deductible You pay \$40 for specialist visit with no deductible
Emergency Room	You pay 25% after deductible	You pay \$150, then 30% after deductible	You pay 25% after deductible	You pay 15% after deductible
Urgent Care	You pay 25% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 15% after deductible
Inpatient Care	You pay 25% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 15% after deductible
Outpatient Care	You pay 25% after deductible	You pay 30% after deductible	If not an office visit, you pay 25% after deductible	You pay 15% after deductible

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The enrollment website gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the enrollment website.

Just for Californians!

Your options will be different, depending on the medical insurance carrier you choose.

For starters, each insurance carrier in California can choose to offer each coverage level either as an option that offers in- and out-of-network benefits (e.g., a PPO) **or** an option that offers in-network benefits only (e.g., an HMO).

Review the table below to see which insurance carriers offer out-of-network benefits for the coverage levels you're considering:



	BRONZE PLUS, SILVER	GOLD	GOLD II	PLATINUM
Aetna	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network
Anthem	In-network only	In-network only	N/A	In-network only
Cigna	In- and out-of-network	N/A	In-network only	In-network only
Health Net	Northern California: In-network only Southern California: In- and out-of-network	N/A	In-network only	Northern California: In-network only Southern California: In- and out-of-network
Kaiser Permanente	In-network only	N/A	In-network only	In-network only
UnitedHealthcare	In- and out-of-network	In- and out-of-network	N/A	In- and out-of-network

Gold or Gold II?

Insurance carriers can choose to offer **either the standard Gold option or a Gold II option—not both**. The Gold II option **only** offers in-network benefits.

The Gold option is offered by Aetna, Anthem, and UnitedHealthcare. The Gold II option is offered by Cigna, Health Net, and Kaiser Permanente.

Annual Deductible and Out-of-Pocket Maximum (California Residents)

	BRONZE PLUS	SILVER	GOLD	GOLD II	PLATINUM
Annual Deductible (individual/family)	In-network: \$2,450/\$4,900 ¹	In-network: \$1,000/\$2,000	In-network: \$800/\$1,600	In-network: N/A	In-network: \$250/\$500
	Out-of-network: \$2,450/\$4,900 ¹	Out-of-network: \$2,000/\$4,000	Out-of-network: \$1,600/\$3,200	Out-of-network: N/A	Out-of-network: \$5,000/\$10,000
Annual Out-of-Pocket Maximum (individual/family)	In-network: \$3,900/\$7,800 ²	In-network: \$5,300/\$10,600	In-network: \$3,600/\$7,200	In-network: \$5,400/\$10,800	In-network: \$2,300/\$4,600
	Out-of-network: \$11,500/\$23,000 ²	Out-of-network: \$10,600/\$21,200	Out-of-network: \$7,200/\$14,400	Out-of-network: N/A	Out-of-network: \$11,500/\$23,000
Traditional or True Family?	True Family	Traditional	Traditional	Traditional	Traditional

¹Under Health Net and Kaiser Permanente, if you cover dependents under the Bronze Plus coverage level, no covered member pays more than \$2,800 toward the family deductible. Also, these options feature a **traditional** annual deductible. See page 6 for more details.

²Under Health Net and Kaiser Permanente, these options feature a **traditional** annual out-of-pocket maximum. See page 7 for more details.

Going Out of Network?

Out-of-network charges will **not** count toward your in-network annual deductible or out-of-pocket maximum. The same goes for in-network charges—they will **not** count toward your out-of-network annual deductible or out-of-pocket maximum.

In-Network Benefits (California Residents)

	BRONZE PLUS	SILVER	GOLD	GOLD II	PLATINUM
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%	Covered 100%, no deductible
Doctor's Office Visit	You pay 25% after deductible	You pay 30% after deductible	<ul style="list-style-type: none"> You pay \$25 for PCP visit with no deductible You pay \$40 for specialist visit with no deductible 	<ul style="list-style-type: none"> You pay \$25 for PCP visit You pay \$40 for specialist visit 	<ul style="list-style-type: none"> You pay \$25 for PCP visit with no deductible You pay \$40 for specialist visit with no deductible
Emergency Room	You pay 25% after deductible	You pay \$150, then 30% after deductible	You pay 25% after deductible	You pay 30%	You pay 15% after deductible
Urgent Care	You pay 25% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 30%	You pay 15% after deductible
Inpatient Care	You pay 25% after deductible	You pay 30% after deductible	You pay 25% after deductible	You pay 30%	You pay 15% after deductible
Outpatient Care	You pay 25% after deductible	You pay 30% after deductible	If not an office visit, you pay 25% after deductible	If not an office visit, you pay 30%	You pay 15% after deductible

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The enrollment website gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the plans you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Summaries of Benefits and Coverage on the enrollment website.

Prescription Drug Coverage

Do you or a family member take medications?

Listen up! This could be a big deal for you. Your prescription drug coverage will be provided through your insurance carrier's pharmacy benefit manager.

Your prescription drug coverage depends on the medical coverage level you choose **and** your medical insurance carrier. Below is an overview of the in-network coverage for each coverage level. See page 13 to find out why your carrier matters too.



	BRONZE PLUS	SILVER	GOLD	PLATINUM
Preventive drugs (determined by the insurance carrier, as required by the Affordable Care Act)	You pay \$0 You must have a doctor’s prescription for the medication—even for products sold over the counter (OTC)—and you must use an in-network retail pharmacy or mail-order service.			
30-day retail supply				
Tier 1: Generally lowest cost options	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$12	You pay \$10	You pay \$8
Tier 2: Generally medium cost options	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$50	You pay \$40	You pay \$30
Tier 3: Generally highest cost options	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$70	You pay \$60	You pay \$50
90-day mail-order supply				
Tier 1: Generally lowest cost options	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$30	You pay \$25	You pay \$20
Tier 2: Generally medium cost options	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$125	You pay \$100	You pay \$75
Tier 3: Generally highest cost options	You pay 100% until you’ve met the deductible, then you pay 25%	You pay \$175	You pay \$150	You pay \$125



If you live in California and you're eligible for coverage under Gold II, note that prescription drug coverage is the same as for the Gold coverage level shown above.

Prescription Drug Coverage: Your Medical Insurance Carrier Matters

Each pharmacy benefit manager has its own rules about how prescription drugs are covered. That's why **you need to do your homework** to determine how your medications will be covered before choosing a medical insurance carrier.

Things to Consider

If you or a covered family member regularly takes medication, it is strongly recommended that you call the medical insurance carrier before you enroll.

Just tell the carrier you're considering medical coverage offered through the Aon Active Health Exchange and ask the following questions.

✓ Is my drug on the formulary?

A formulary is a list of generic and brand name drugs that are approved by the Food and Drug Administration (FDA) and are covered under your prescription drug plan. If your drug isn't on a carrier's formulary, you'll pay more for it.

✓ How much will my drug cost?

The cost of your prescription depends on how your medication is classified by your insurance carrier—either Tier 1, Tier 2, or Tier 3. The higher the tier, the more you'll pay.

While generics typically cost less than brand name drugs, insurance carriers can classify higher-cost generics as Tier 2 or Tier 3 drugs, which means you'll pay the Tier 2 or Tier 3 price for certain generic drugs. You can also find this information on the carrier preview sites, or use the prescription drug search tool when you enroll.

✓ Will I have to pay a penalty if I choose a brand name drug?

Because many brand name drugs are so expensive, some medical insurance carriers will require you to pay the copay or coinsurance of a higher tier—plus the cost difference between brand and generic drugs—if you choose a brand when a generic is available.

✓ Is my drug considered “preventive” (covered 100%)?

The Affordable Care Act requires that certain preventive care drugs are covered at 100% when you fill them in network—but, each insurance carrier determines which drugs it considers “preventive.” If a drug isn't on the preventive drug list, you'll have to pay your portion of the cost.

Check This Out!

When you enroll, you'll be able to enter your specific prescription drug information to learn how your prescription drug would be covered.

What's a Pharmacy Benefit Manager?

In the exchange, each medical carrier uses a pharmacy benefit manager to handle its prescription drug coverage. It's like how car manufacturers rely on other companies to build certain parts of the car, like the radio or tires.

Heads up: Your prescription drug coverage **could** change if:

- You stay with the same medical carrier as you have today and the carrier changes its pharmacy benefit manager or how it covers your drugs.
- You change your medical carrier.

So you still need to do your homework and make sure you're comfortable with how your prescription drugs will be covered before choosing your medical carrier.

✓ **Will my doctor have to provide more information before my prescription can be approved?**

Many carriers require approval, or prior authorization, of certain medications before covering them. This may apply for costly medications that have lower-cost alternatives or aren't considered medically necessary.

✓ **Will I have a step therapy program?**

If this applies to one of your medications, you'll need to try using the most cost-effective version first—usually the generic. A more expensive version will only be covered if the first drug isn't effective in treating your condition.

✓ **Are there any quantity limits for my medication?**

Certain drugs have quantity limits—for example, a 30-day supply—to reduce costs and encourage proper use.

✓ **How do I take advantage of mail-order service?**

You'll likely need a new 90-day prescription from your doctor. And, because mail order can take a few weeks to establish, it's a good idea to ask your doctor for a 30-day prescription to fill at a retail pharmacy in the meantime.

If You Change Medical Carriers

A Prescription Drug Transition Worksheet is posted on the Make It Yours website, which you can access by logging on to www.ybr.com/genworth and clicking the **Make It Yours** tile. It includes information on what you need to do to make it through the transition, along with other helpful tips.

How Much Will It Cost?

It's up to you.

You can choose the coverage level and insurance carrier that offer the right balance.

You get to decide how much you want to pay for coverage through the exchange. You can choose the coverage level you want from the insurance carrier offering it at the best price.

There are other factors that impact how much you pay, too, including your contribution amount from Genworth and how many family members you cover. The end result is that you could end up paying more—or less—for coverage than you do today.

Keep in mind, you'll pay the cost of medical (and dental and vision) coverage with before-tax dollars.

Price Shopping

You'll be able to see the contribution amount from Genworth and your price options for coverage when you enroll on www.ybr.com/genworth.

Pay Now or Pay Later?

How much you pay out of your paycheck is one thing. You also have to consider what you'll pay throughout the year when you need care. You determine which coverage level gives you the best deal on your total health care costs.



See How They Stack Up

Before you enroll, take advantage of an interactive pricing tool that helps you compare the costs of your health care options. To access the pricing tool beginning October 13, visit www.ybr.com/genworth and click the **Interactive Pricing Tool** tile.

Pay LESS now and MORE when you need care

The Bronze Plus coverage level costs less per paycheck, but the deductible is higher. Make sure you know how the deductible works, and that the deductible amount is something you can afford in the event you need a lot of health care.

Keep in mind, you can enroll in an HSA when you enroll in a Bronze Plus coverage level. See how an HSA could save you money on page 16.



Pay MORE now and LESS when you need care

The Silver, Gold, and Platinum coverage levels generally cost more per paycheck but the deductibles are lower. If you don't expect to have a lot of health care needs next year, you could be spending money for benefits you don't use.

Health Savings Account

Save the smart way.

A Health Savings Account (HSA) is a great way to save for the future. Just set aside a few dollars from each paycheck now, and then you'll have funds to help cover health care expenses that come up. Plus, it's tax-free, so you're actually getting a better deal.

Use an HSA and Save

The Bronze Plus coverage level gives you access to an HSA administered by Alight Smart-Choice Accounts. This is a personal bank account that works with your medical plan if you're eligible.

The HSA allows you to set aside tax-free money to pay for qualified health care expenses, like your medical, dental, and vision copays, deductibles, and coinsurance.

You can decide whether to enroll in an HSA and how much (if any) money you want to save when you enroll. You can change the amount you save at any time throughout the year.

What's Great About the HSA?

While no one likes taking money out of their paycheck, there are a number of advantages to setting aside a little money in an HSA.

✓ **It's tax-free when it goes in.** You can put money into your HSA on a before-tax basis through convenient paycheck contributions. Not only do you save money on qualified health care expenses, but your taxable income is also lowered. For 2021, you can save up to \$3,600* if you're covering just yourself, or \$7,200* if you're covering yourself and dependents.

If you're age 55 or older (or will turn age 55 during the plan year), you can also make additional "catch-up" contributions to your HSA up to \$1,000*.

✓ **It's tax-free as it grows.** You earn tax-free interest on your money. The interest you earn even earns interest!

✓ **It's tax-free when you spend it.** When you spend your HSA on qualified health care expenses, you don't pay any taxes. That means you're saving money on things like your medical, dental, and vision coinsurance and deductibles. See more about how to use your HSA on the next page.

✓ **It's always your money.** Just like a bank account, you own your HSA, so it's yours to keep and use even if you change medical plans, leave the Company, or retire.

*Limits subject to mid-year changes per IRS regulations. For more information, go to www.irs.gov.



After-Tax Is an Option Too

If you want to, you can elect to contribute after-tax dollars to your HSA through the bank. The annual limit is the sum of both your before-tax and after-tax contributions.

Back Up Your HSA

Consider how critical illness and hospital indemnity coverage can provide additional medical protection and lower your out-of-pocket medical costs. That way, you can save your HSA for when you really need it. See pages 20–21.

Use Your HSA Easily

It's your money, so it **should** be easy to access—and it is! In addition to being able to manage your account online, there are three ways to use your HSA to pay for expenses. You can use your HSA debit card, pay for your expenses up front and pay yourself back from your HSA, or pay your provider directly through Alight Smart-Choice Accounts.

Find a complete list of qualified expenses at www.irs.gov/publications/p502.

Your HSA User's Guide includes details about how to grow your HSA, access your funds online, and more. Access it by logging on to www.ybr.com/genworth and clicking the **Make It Yours** tile.

Rules About Eligibility

- ✓ To be eligible to contribute to an HSA, you must enroll in a Bronze Plus medical coverage level. If you're covered by a second medical plan, it must also be a high-deductible option for you to be eligible for an HSA. For example, if you're also enrolled in your spouse or domestic partner's coverage, that plan must be a high-deductible option too.
- ✓ You can't contribute to an HSA if:
 - You're enrolled in Medicare or a veteran's medical plan (TRICARE).
 - You're claimed as a dependent on someone else's federal tax return.
 - You or your spouse or domestic partner currently participate (or previously participated within the current plan year) in a general purpose Health Care Flexible Spending Account (Health Care FSA).
- ✓ Although you can enroll your children up to age 26 in your medical coverage, you **can't** use money from your HSA to pay their health care expenses unless you claim them as dependents on your federal income taxes (generally children up to age 19 or under age 24 if they are full-time students).
- ✓ In general, you can't contribute to an HSA if you use a Health Care FSA for **medical** expenses. If you have an HSA and a Health Care FSA:
 - In order to contribute to an HSA, your Health Care FSA must be "limited purpose" and can only be used to pay for qualified dental and vision expenses.
 - Your HSA can be used for qualified medical, dental, and vision expenses.

Already Have an HSA?

If you currently have money in another HSA, you can continue to use it to pay for qualified medical expenses.

Also Have an FSA?

If you're wondering ...

- How is an HSA different from a Health Care FSA?
- Would I want to use both an HSA and a Health Care FSA?

You can get answers to these questions in the FAQs posted on the Make It Yours website. Access the FAQs by logging on to www.ybr.com/genworth and clicking the **Make It Yours** tile.

For more details about the Health Care FSA, see page 42.

If you currently have money in a Health Care FSA and you want to contribute to an HSA in the next plan year, use the Health Care FSA money by December 31, or any remaining amounts will be limited to paying for qualified dental and vision expenses.

Choose Your Insurance Carrier

This is how the exchange saves you money—by making insurance companies compete for your business. Instead of Genworth choosing one carrier to do business with, you have several carriers to choose from.

No matter which coverage level you select, you may be able to choose from the following carriers:*

- **Aetna**

Before you're a member (preview site):

<https://www.aetna.com/aon/oc/2021>

Once you're a member (website): <https://www.aetna.com>

Phone number: **1.855.496.6289**

- **Anthem**

Before you're a member (preview site):

<https://www.anthem.com/learnmore>

Once you're a member (website): <https://www.anthem.com/>

Phone number: **1.844.404.2165**

- **Cigna**

Before you're a member (preview site):

<https://connections.cigna.com/aonactivehealth-2021/>

Once you're a member (website): <https://my.cigna.com>

Phone number: **1.855.694.9638**

- **Dean / Prevea360 (generally available in WI)**

Before you're a member (preview site): <http://aon.deanhealthplan.com>

Once you're a member (website): <http://aon.deanhealthplan.com>

Phone number: **1.877.232.9375**

- **Geisinger (generally available in PA)**

Before you're a member (preview site): <https://geisinger.org/aon>

Once you're a member (website):

<https://www.geisinger.org/member-portal>

Phone number: **1.844.390.8332**

- **Health Net (generally available in CA and OR)**

Before you're a member (preview site):

<https://www.healthnet.com/myaon>

Once you're a member (website): <https://www.healthnet.com/myaon>

Phone number: **1.888.926.1692**

- **Kaiser Permanente (formerly Group Health in WA)**

Before you're a member (preview site): <https://kp.org/wa/aonactivehealth>

Once you're a member (website):

<https://wa-member.kaiserpermanente.org>

Phone number: **1.855.407.0900**

*If you live outside the service areas of all the insurance carriers, an out-of-area option through Aetna at the Silver coverage level will be your only choice. See page 5 for details.



Which Carriers Are Available to Me?

Your specific options are based on where you live (so it's important to make sure your address on record is correct before you enroll). You'll be able to see the options available to you when you enroll.

- **Kaiser Permanente (generally available in CA, CO, DC, GA, MD, VA, OR, and southwest WA)**

Before you're a member (preview site): <http://www.kp.org/aon>

Once you're a member (website): <http://www.kp.org>

Pre-enrollment phone number: **1.877.580.6125**

CA Post-enrollment phone number: **1.800.464.4000**

CO Post-enrollment phone number: **1.303.338.3800**

DC, MD, VA Post-enrollment phone number: **1.800.777.7902**

GA Post-enrollment phone number: **1.404.261.2590**

OR and southwest WA Post-enrollment phone number: **1.800.813.2000**

- **Medical Mutual (generally available in OH)**

Before you're a member (preview site): <http://www.medmutual.com/aon>

Once you're a member (website): <https://member.medmutual.com>

Pre-enrollment phone number: **1.800.677.8028**

Post-enrollment phone number: **1.800.541.2770**

- **Priority Health (generally available in the lower peninsula of MI)**

Before you're a member (preview site): <https://www.priorityhealth.com/aon>

Once you're a member (website): <https://member.priorityhealth.com/login>

Phone number: **1.833.207.3211**

- **UnitedHealthcare**

Before you're a member (preview site): <https://welcometouhc.com/aon5>

Once you're a member (website): <http://myuhc.com>

Phone number: **1.888.297.0878**

- **UPMC Health Plan (generally available in PA)**

Before you're a member (preview site): <https://www.upmchealthplan.com/aon>

Once you're a member (website):

<https://www.upmchealthplan.com/members>

Phone number: **1.844.252.0690**

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.



Do You Live in California?

Remember, the insurance carrier you choose may also affect your coverage level choices. See page 9 for details.

Why Stay With the "In" Crowd?

Seeing out-of-network providers may cost you substantially more than seeing in-network providers. For example, you will pay more through a higher out-of-network deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount, even after you've reached your annual out-of-network out-of-pocket maximum.

Each medical insurance carrier can determine its maximum allowed amounts for out-of-network providers. For example, among other ways, carriers may use what's considered "reasonable and customary" and/or a Medicare-based calculation to determine the maximum allowed amount.

If you use out-of-network providers, call the insurance carriers beforehand to confirm the maximum allowed amounts for the type of services you need. It could make a big difference. For example, let's say you will have an out-of-network surgery that costs \$5,000 and you will pay 45% coinsurance. The maximum allowed amounts could be different across carriers:

- If one carrier has a maximum allowed amount of \$2,000, you would owe 45% of \$2,000 **and** 100% of the remaining \$3,000, for a total of \$3,900.
- If a second carrier has a maximum allowed amount of \$3,000, you would owe 45% of \$3,000 **and** 100% of the remaining \$2,000, for a total of \$3,350.

What Are People Saying About Their Experiences With Health Carriers?

Sometimes it really helps to see what other people think about consumer products and services. See how others have rated their health carriers on a variety of measures, such as customer service, network of providers, and online experience. These consumer ratings and specific comments are available at www.ybr.com/genworth during enrollment and throughout the year. Taking a look may help you with your choices.

Other people want to hear about your experiences too. Once you're a member, join in the dialogue and share your own ratings and opinions with others—both your "Wow, this was great" and your "This really needs to be improved" experiences. Read more online about how to write an effective review.

Critical Illness Insurance

When illness strikes, you can strike back.

If you have a serious health condition, critical illness coverage can help lighten the load.

Critical illness insurance pays you a benefit if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease). It is not a replacement for medical coverage.

Why Do You Need It?

Critical illness insurance can provide you with extra cash when a health emergency strikes. Even **with** medical insurance, you could have to pay a deductible, coinsurance, and costs for any other services that may not be covered (e.g., long-term rehabilitation, home modification).

Log on to www.ybr.com/genworth for additional information and to enroll.

Choose Your Coverage Level

If you decide you want critical illness coverage, you may choose from among these benefit amounts:

- \$7,500
- \$15,000
- \$30,000

Things to Consider

When deciding whether to enroll in critical illness insurance, be sure to consider the following:

✓ Cost per paycheck

The cost of coverage is based on who you cover, age, tobacco status, and the level of coverage you elect. You'll be able to see the cost per paycheck for all your options when you enroll through the enrollment website.

✓ Your and your family's needs

Does a serious health condition run in your family? Would you need financial help to offset the cost of a serious health situation? If you answered "yes" to either question, having critical illness insurance could give you peace of mind.

✓ Other coverage

Consider how critical illness insurance could fit in with other coverage for which you might enroll.



How Does It Work?

If you were to enroll in a \$15,000 critical illness plan and suffer a heart attack, for example, the plan would pay you the full \$15,000* to be used for anything you need, including a deductible, coinsurance, or long-term rehabilitation.

*Critical Illness has state variations, exclusions, and limitations. Review information at www.ybr.com/genworth for details.

Hospital Indemnity Insurance

Put the focus on recovery.

How prepared would you be to pay for an unexpected hospital bill?

Hospital indemnity insurance pays you a benefit in the event you or a covered family member is hospitalized. It is not a replacement for medical coverage.

Why Would I Enroll in It?

Even with medical insurance, hospital stays can be costly. You may have copays, deductibles, and other incidental hospital charges that add up.

Log on to www.ybr.com/genworth for additional information and to enroll.

Things to Consider

When deciding whether to enroll in hospital indemnity insurance, be sure to consider the following:

✓ Cost per paycheck

The cost of coverage is based on who you cover. You'll be able to see the cost per paycheck when you enroll through the enrollment website.

✓ Your and your family's needs

Does a serious health condition run in your family? Are you or an eligible family member frequently hospitalized? If you answered "yes" to either question, having hospital indemnity insurance could give you peace of mind.

✓ Other coverage

Consider how hospital indemnity insurance could fit in with other coverage for which you might enroll.



How Does It Work?

If you were to enroll in the family plan and be hospitalized two days following gall bladder surgery, for example, the plan would pay you \$1,200* to be used for anything you need, including a deductible, coinsurance, or rehabilitation.

*Hospital Indemnity has state variations, exclusions, and limitations. Review information at www.ybr.com/genworth for details.

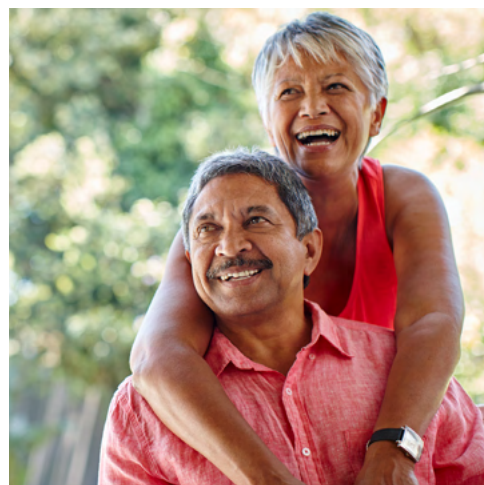
Expert Second Opinion with 2nd.MD

When dealing with illness, injury, or chronic pain, 2nd.MD makes it easy to get a virtual second opinion from nationally recognized doctors. Genworth is offering employees and family members covered under an exchange medical option the opportunity to connect with board-certified doctors via phone or video.

By calling 2nd.MD, you can get an expert second opinion—within days—when you or a covered family member has questions like:

- Do I have the correct diagnosis?
- Am I on the best treatment plan?
- Am I taking the right medications?
- Is this surgery or procedure the best option for me?

You don't need a referral for an expert second opinion! To get started, simply visit <https://www.2nd.MD/Genworth> or call **1.866.887.0712**. Let 2nd.MD do the hard work for you, so you can focus on getting the best care possible.



Paying for Coverage

Expert second opinion with 2nd.MD is a confidential and free service to employees and family members covered under an exchange medical option.

Things to Consider

✓ Peace of Mind

2nd.MD doctors are highly sought-after doctors—at the top of their fields—and come from leading medical institutions. You'll receive clarity, information, and peace of mind.

✓ It's Risk-Free

If you have medical questions or uncertainty, you can get an expert opinion from the comfort of your home. Plus, it's free to use.

✓ Specialized Expertise

2nd.MD experts are industry leaders across hundreds of specialties and thousands of conditions, including heart disease and stroke; cancer; knee, hip, and ankle surgery; digestive issues; immunological disorders; mental health issues; and more.



Dental

Just like your medical coverage, you get to choose the dental coverage level, cost, and insurance carrier that are right for you. Make sure to take action so you don't miss out!

Dental Coverage

Dental benefits for your dental needs.

You should choose the option that's right for you. For example, if you don't need orthodontic care (braces) or major restorative care, the Bronze coverage level may be all you need.

Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **Bronze:** A basic PPO option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), but does not cover major services or orthodontic expenses
- **Silver:** A buy-up to the Bronze option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), including coverage for major services and, for children up to age 19, orthodontic expenses
- **Gold:** An enhanced PPO option that covers in- and out-of-network care (remember, you'll receive a discounted rate with in-network providers), including coverage for major services and orthodontic expenses for children and adults
- **Platinum:** A DHMO option that covers in-network care only, including orthodontic expenses for children and adults (not available in some limited areas)

Paying for Coverage

You'll pay the cost of dental coverage with before-tax dollars. Just like your medical coverage, you get to decide how much you want to pay for coverage through the exchange. You can choose the coverage level you want from the insurance carrier offering it at the best price. How much you pay is based on the amount of your contribution from Genworth and the dependents you cover.



Is a Primary Care Dentist Required?

You must designate a primary care dentist to coordinate your care if you choose the Platinum coverage level (where available by carrier). If you don't designate a primary care dentist when you enroll, one may be assigned to you. To change your primary care dentist, you will need to contact the insurance carrier directly.

Considering Platinum?

It may cost less than some of the other options, but you **must** get care from a dentist who participates in the insurance carrier's Platinum network. The network could be considerably smaller, so be sure to check the availability of local in-network dentists before you enroll. If you don't use a network dentist, you'll pay for the full cost of services.

Check This Out!

Take advantage of the interactive pricing tool to compare costs among dental options that are available to you. To access the pricing tool, log on to www.ybr.com/genworth and click the **Interactive Pricing Tool** tile.

Annual Deductible and Plan Limits

The deductible is what **you** pay out of pocket before your insurance starts paying its share of your costs. The annual maximum is the most the insurance carrier will pay in a year for dental costs. The orthodontia lifetime maximum is the total amount the insurance carrier will pay per person.

	BRONZE	SILVER	GOLD	PLATINUM ¹
Annual Deductible (individual/family)	\$100/\$300	\$100/\$300	\$50/\$150	None
Annual Maximum (excludes orthodontia)	\$1,000 per person	\$1,500 per person	\$2,500 per person	None
Orthodontia Lifetime Maximum²	Not covered	\$1,500 per child	\$2,000 per person	Varies by insurance carrier

¹Not available in some limited areas. Only the coverage levels for which you are eligible will show as options when you enroll online.

²If you switch insurance carriers, any orthodontic expenses you've already incurred under your current carrier will count toward your new carrier's orthodontia lifetime maximum.

In-Network Benefits

	BRONZE	SILVER	GOLD	PLATINUM ¹
Preventive Care	Covered 100%, no deductible	Covered 100%, no deductible	Covered 100%, no deductible	Varies by insurance carrier; generally covered 100%
Minor Restorative Care (e.g., root canal, gum disease treatment, and oral surgery)	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	Varies by insurance carrier
Major Restorative Care (e.g., implants, dentures)	Not covered	You pay 40% after deductible	You pay 20% after deductible	Varies by insurance carrier
Orthodontia	Not covered	You pay 50%, no deductible; children up to age 19 only	You pay 50%, no deductible; for children and adults	Varies by insurance carrier

¹Not available in some limited areas. Only the coverage levels for which you are eligible will show as options when you enroll online.

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The enrollment website gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Benefit Summaries on the enrollment website.

Choose Your Insurance Carrier

Your specific options are based on where you live. You'll be able to see the options available to you when you enroll. No matter which coverage level you select, you may be able to choose from the following insurance carriers:

- **Aetna**
Before you're a member (preview site): <https://www.aetna.com/aon/oc/2021>
Once you're a member (website): <https://www.aetna.com>
Phone number: **1.855.496.6289**
- **Cigna**
Before you're a member (preview site): <https://connections.cigna.com/aonactivehealth-2021>
Once you're a member (website): <https://my.cigna.com>
Phone number: **1.855.694.9638**
- **Delta Dental of Virginia (Bronze, Silver, and Gold)**
Before you're a member (preview site): <http://ddva.deltadentalexchange.com>
Once you're a member (website): <https://www.deltadentalva.com/members.html>
Phone number: **1.877.447.5827**
- **DeltaCare USA (Platinum)**
Before you're a member (preview site): <http://ddca.deltadentalexchange.com>
Once you're a member (website): <http://www.deltadentalins.com>
Pre-enrollment phone number: **1.800.546.9751**
Post-enrollment phone number: **1.800.471.8073**
- **MetLife**
Before you're a member (preview site): <https://www.metlife.com/aon-exchange>
Once you're a member (website): <https://www.metlife.com/mybenefits>
Phone number: **1.888.309.5526**
- **UnitedHealthcare**
Before you're a member (preview site): <https://welcometouhc.com/aon5>
Once you're a member (website): <https://www.myuhc.com>
Phone number: **1.888.571.5218**

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

Do Your Homework

With most carriers, knowing that your dentist is in the network is a simple way to get the best deal when you need care. If you're considering Delta Dental, you need to take it one step further to get the same deal.

- If you choose a **Bronze, Silver, or Gold** option, there are actually two Delta Dental networks—**PPO** and **Premier**. Although the benefits are the same for both, you may have to pay more if your dentist is only a part of the **Premier network**. You can save more by seeing a Delta Dental dentist who participates in both the **PPO** and **Premier** networks, or by using any in-network dentist if you choose another insurance carrier on the exchange.
- If you choose a **Platinum** option, the **Delta Dental network** goes by the name of "DeltaCare." So you need to make sure your dentist is in the **DeltaCare network**—not just the **Delta Dental network**. Or get the same deal by using any in-network dentist if you choose another insurance carrier on the exchange.

What Are People Saying About Their Experiences With Health Carriers?

Sometimes it helps to see what other people think. See how others have rated their health carriers at www.ybr.com/genworth. Once you're a member, share your own ratings and opinions with others too!



Vision

Just like your medical and dental coverage, you get to choose the vision coverage level, cost, and insurance carrier that are right for your situation. Make sure to take action so you don't miss out!

Vision Coverage

See how you can benefit from vision coverage.

You have several vision options available that offer a range of coverage—from exams only to coverage for lenses, frames, and contacts.

Choose Your Coverage Level

You have several coverage levels to choose from, including:

- **Bronze:** Exam-only option that provides in-network discounts for certain materials
- **Silver:** A PPO option that covers in- and out-of-network care
- **Gold:** An enhanced PPO option that covers in- and out-of-network care

Paying for Coverage

You'll pay the cost of vision coverage with before-tax dollars. Just like your medical and dental coverage, you get to decide how much you want to pay for coverage through the exchange. You can choose the coverage level you want from the insurance carrier offering it at the best price. How much you pay is based on the dependents you cover.



Check This Out!

The Bronze coverage level offers an option that only covers the exam and provides in-network discounts for certain materials.

In-Network Benefits

	BRONZE	SILVER	GOLD
Routine Vision Exam (once per plan year)	Covered 100%	You pay \$20	You pay \$10
Frames (once per plan year)	Discount may apply	\$130 allowance ¹	\$200 allowance ¹
Lenses (once per plan year; premium lenses may cost more)			
Single Vision	Discount may apply	You pay \$20	You pay \$10
Bifocal			
Trifocal			
Standard Progressive ²			
Lenticular			
Lens Enhancements			
UV Treatment	Discount may apply	You pay \$15	You pay \$15
Tint (solid and gradient)		You pay \$15	You pay \$15
Standard Plastic Scratch-Resistant Coating		You pay \$15	You pay \$15
Standard Anti-Reflective Coating		You pay \$45	You pay \$45
Standard Polycarbonate—Adults		You pay \$40	You pay \$15
Standard Polycarbonate—Children		You pay nothing	You pay nothing
Other Add-Ons		Discount only	Discount only
Contact Lenses			
Medically Necessary	Not covered	You pay \$20	You pay \$10
Elective	Not covered	\$130 allowance ¹	\$200 allowance ¹
Fit and Evaluation	Discount may apply	You pay \$20	You pay \$10
Laser Surgery			
	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price	15% off regular price or 5% off promotional price

¹Allowance can be used for frames or elective contact lenses, but not both.

²Vision benefits are for standard progressives. Enhanced progressives may cost more and will vary by insurance carrier.

The chart(s) above is a high-level listing of commonly covered benefits across carriers and coverage levels for the Aon Active Health Exchange. This chart is intended to provide you with a snapshot of benefits provided across coverage levels. In general, carriers have agreed to the majority of standardized plan benefits recommended by the exchange. Individual carriers may offer coverage that differs slightly from the standard coverage reflected here.

The enrollment website gives a more detailed look at these and additional coverages—and does account for some carrier adjustments to standardized plan benefits. To see summaries when you enroll online, check the boxes next to the options you want to review and click **Compare**. In order to get the most comprehensive information about any specific coverage, you will need to call the carrier directly.

Note: For additional comparison, you may find Benefit Summaries on the enrollment website.

Choose Your Insurance Carrier

Your specific options are based on where you live. You'll be able to see the options available to you when you enroll. No matter which coverage level you select, you'll be able to choose from the following insurance carriers:

- **EyeMed**

Before you're a member (preview site):

<https://www.eyemedexchange.com/aon>

Once you're a member (website):

<https://www.eyemedvisioncare.com/member/public/login.emvc>

Phone number: **1.844.739.9837**

- **MetLife**

Before you're a member (preview site):

<https://www.metlife.com/aon-exchange>

Once you're a member (website): <https://www.metlife.com/mybenefits>

Phone number: **1.888.309.5526**

- **UnitedHealthcare**

Before you're a member (preview site): <https://welcometouhc.com/aon5>

Once you're a member (website): <https://www.myuhcvision.com>

Phone number: **1.888.571.5218**

- **VSP**

Before you're a member (preview site): <http://aon.vspexchange.com>

Once you're a member (website): <https://www.vsp.com/signon.html>

Phone number: **1.877.478.7559**

Before you're a member, you can visit specially designed carrier sites to get a "preview" of their services, networks, and more. You should check out the carrier preview sites to get a closer look at the carriers you're considering. Once you're a member, you'll be able to register and log on to the carrier's main website for personalized information.

What Are People Saying About Their Experiences With Health Carriers?

Sometimes it really helps to see what other people think. See how others have rated their health carriers at www.ybr.com/genworth. Once you're a member, share your own ratings and opinions with others too!



More Options

You get to choose other benefits that are right for your situation.

Legal Services

Legal advice doesn't have to break the bank.

You have an affordable way to get help with your personal legal needs.

You don't want to spend a fortune to get legal advice when you need it. Legal services offers a network of attorneys who can help with creating or updating a will, real estate matters, tax audits, document preparation, and more.

If you use a network attorney, you don't pay any fees, deductibles, or copays. For a complete list of network attorneys and covered services, go to <https://info.legalplans.com> (access code "aonexch") or call MetLife Legal Plans at **1.800.821.6400**.

Legal services is a voluntary benefit administered by MetLife Legal Plans. The plan covers employees and eligible family members.



Things to Consider

When deciding whether to enroll in Legal Services, be sure to consider the following:

✓ Cost per paycheck

If you expect to need legal services, the cost of legal services coverage could be less than if you paid an in-network attorney directly. You'll be able to see the cost per paycheck when you enroll.

✓ Network

MetLife's national attorney network has more than 13,000 attorneys across all 50 states and U.S. territories.

✓ Your personal situation

Think about your expected legal needs. For example, do you plan to purchase, sell, or refinance a home? Or do you need help preparing a will or trust? If you answered "yes" to either question, having legal services coverage could give you peace of mind.

Identity Theft Protection

Your personal information under lock and key.

Let the professionals help you keep your private information private.

Victims of identity theft spend countless hours trying to sort out the damage. Identity theft protection could help you catch fraud in its early stages through 24/7 monitoring of your personal and financial information. It can also help you act quickly to limit damage if your personal or financial information is stolen. For a complete list of identity theft protection services available, go to www.myaip.com/exchange or call **1.800.789.2720**.

Identity theft protection is a voluntary benefit administered by Allstate Identity Protection. The plan covers all eligible family members. And you can drop coverage at any time during the year.



Things to Consider

When deciding whether to enroll in identity theft protection, be sure to consider the following:

✓ Cost per paycheck

You'll be able to see the cost per paycheck when you enroll.

✓ Your risk factors

While everyone has risk, some people are at greater risk than others. For example, have you used credit cards on unsecure websites? Or do you make online purchases regularly? If you answered "yes" to either question, having identity theft protection could give you peace of mind.

Pet Insurance

Take care of your family's "best friend."

Pet insurance allows you to focus on your pet's health—not how to pay for it.

Pet insurance can help pay veterinary expenses for a sick or injured dog or cat. It covers a wide range of services with no annual or lifetime limits. There is not a network of providers—you can use any licensed veterinarian.

You can add or drop coverage at any time during the year. Log on to www.ybr.com/genworth for additional information and to enroll.

Paying for Coverage

You'll pay your premiums by credit or debit card.

Things to Consider

When deciding whether to enroll in pet insurance, be sure to consider the following:

✓ Cost

Your cost of coverage is based on the type of pet, breed, and age. Before you enroll, you can get a personalized quote from Healthy Paws.

✓ Your pet's needs

Does your pet need regular veterinary care? Are you paying a lot of money out of your pocket for veterinary care? If you answered "yes" to either question, having pet insurance could give you peace of mind.

✓ Flexibility

Because you can add or drop coverage at any time, it's easy to make a change if the need arises.



Have More Than One?

Coverage is provided by pet. In other words, if you have more than one, you can get a personalized quote for each.



Enroll

Now that you understand the basics, it's time to put it all together.

Get Answers, Get the Right Medical Option

Get confident in your choices.

Find answers to some really important questions—**before** you enroll.

Ask yourself the following questions so when it's time to enroll, you'll be ready.



? Which providers are in the carrier's network?

Why it matters: Seeing out-of-network providers will cost you more—sometimes a lot more. For example, you will have to pay more through a higher deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount. And certain Platinum options **won't** cover out-of-network services at all.

What to do: Choose an insurance carrier whose network includes providers (e.g., doctors, specialists, hospitals) critical to your care. Do **not** rely on your provider's office to know the carriers' network(s). To see which doctors participate in a carrier's network:

- Check out the insurance carrier preview sites on pages 18–19.
- When you enroll, check the networks of each insurance carrier you're considering on the enrollment website at www.ybr.com/genworth. For the best results, search for your provider by name—not medical practice—and only the office location where you will visit the provider.

Important! If you have any uncertainty or, for instance, if you will cover out-of-area dependents, you need to call the insurance carrier to confirm whether a provider participates in a carrier's network.

Even if you can keep your current insurance carrier, the provider network could be different and can change, so **always** check the provider networks before making a decision.

? How will my prescriptions be covered?

Why it matters: Each medical insurance carrier's pharmacy benefit manager has its own rules about how prescriptions are covered. To avoid potentially costly surprises, you need to do your homework.

What to do: If you or a covered family member regularly takes medication, make sure you're comfortable with the carrier's coverage for drugs you and your covered family members need:

- Call the medical insurance carrier **before** you enroll. Tell them you're considering medical coverage under the Aon Active Health Exchange and ask each carrier you're considering the questions on pages 13–14.
- If you're currently taking a more expensive brand name prescription drug, ask your doctor (or pharmacist) if a generic is available to you.
- When it's time to enroll, you can look up your medication to see how it will be classified and more.

? Which medical coverage level is best for me?

Why it matters: You want to get the right amount of coverage for your needs at the best price. The enrollment website can help you choose the right coverage level and get the best deal.

What to do: Help is just a few clicks away on the enrollment site:

- See which option could work best for you. By answering a few questions about your preferences, you can see which option could be a good fit for you and your family.
- Compare your options side by side when you enroll. Just check the boxes next to medical options you want to review and click **Compare**. You can quickly see which options cost more out of your paycheck and which options cost more when you get care. (You may also find Summaries of Benefits and Coverage for comparison on the enrollment website.)

? Which medical insurance carrier is best for me?

Why it matters: All insurance carriers are different. Each carrier will offer its own price for each coverage level. With the enrollment website, you'll be able to see all of the prices in one place. (**Note:** The benefits provided under a coverage level will be very similar across carriers, but there could be some differences.)

What to do: If you need help deciding:

- See how other people rate their health carriers at www.ybr.com/genworth. Once you're a member, share your own ratings and opinions with others too!
- Compare the details when you enroll online by checking the boxes next to medical options you want to review and clicking **Compare**. That makes it easy to see which carrier is offering you the best deal. (You may also find Summaries of Benefits and Coverage for comparison on the enrollment website.)
- Browse the carrier preview sites (see pages 18–19) to learn about programs, tools, and other considerations that could influence your decision.

Questions?

Start with the FAQs on the Make It Yours website, which you can access by logging on to www.ybr.com/genworth and clicking the **Make It Yours** tile. When you enroll, customer service representatives will be available to answer questions at the Genworth Choice Benefits Center from 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and on Saturday from 10:00 a.m. to 5:00 p.m. ET during extended Annual Enrollment hours. Just call **1.866.436.9784**.

Make It Yours

- ✓ You got answers and you're feeling good. Now it's time to log on to the enrollment website at www.ybr.com/genworth to enroll in your benefits for 2021.

Logging on for the first time? From the enrollment website, register as a new user and follow the prompts to provide requested information and set up your username and password.

If you need additional help during enrollment, contact the Genworth Choice Benefits Center at **1.866.436.9784**, available Monday through Friday from 8:00 a.m. to 8:00 p.m. ET, and Saturday from 10:00 a.m. to 5:00 p.m. ET during extended Annual Enrollment hours.

- ✓ Following your enrollment, you may still need to take action. If you do, the required follow-ups will appear on a confirmation page.



Enrollment Survey

In the weeks following enrollment, you could be asked to complete a short, confidential survey about your enrollment experience. The survey will be sent from an Aon email address. Please take a few minutes to share your thoughts and help us improve your experience.



Retirement, Insurance & Other Benefits

Your Health & Well-Being

Virgin Pulse

Under our three well-being pillars—Physical, Financial, and Personal—Genworth offers a wealth of well-being programs as benefits to you and your family. Now, through the Virgin Pulse total well-being platform, we're bringing together our current programs, benefits, and tools in one place, making it easier for you to access all these valuable resources!

Through our Virgin Pulse portal, you decide what areas of well-being are important to you—and how you'd like to engage. Then, begin to build healthy habits to achieve your long-term total well-being goals.

Interested in joining Virgin Pulse? See the Benefits and Wellness section of the Genworth intranet for more information.

Physical Well-Being

Health Advocacy Services

Health Advocacy Services provides you access to a team of advocates whose goal is to help you understand and improve your well-being. They can be reached at **1.866.300.6530**. Their responsibilities include:

- Introducing you to available health and well-being programs
- Working with physicians, collection agencies, and insurance carriers to resolve issues
- Educating you on complex medical treatment options or conditions
- Coordinating arrangements for diagnostic tests, if needed
- Arranging for at-home care services

Flu Shots

Genworth provides an opportunity for no-cost flu shots to employees and their covered spouses or domestic partners, and dependents in the fall of each year. Details regarding the flu shot program are communicated in early fall.

Fitness Reimbursement Program

Partial reimbursement is available for fitness membership dues for all employees outside the Richmond area. Richmond and Lynchburg employees may enroll at their respective onsite fitness centers. For more information on the Fitness Reimbursement Program, go to the Benefits & Wellness section on the Genworth intranet.



Financial Well-Being

Genworth offers a financial planning benefit at no cost to you. It is designed to provide you with education and access to experienced professionals who can help you take ownership of your financial future and maximize the value of your Genworth benefits.

Personal Financial Counseling

Whether you need help keeping up with bills, managing your debt, saving for college, or planning for retirement, financial issues are unique to each person. We provide a personalized approach to assist you in making sound financial decisions. Financial counseling services offered through the Ernst & Young Financial Planner Line include confidential, personalized phone counseling with experts trained in all of Genworth's benefits. Your financial planner will assist you with a wide variety of topics, including annual enrollment, retirement planning, income tax planning, stock option strategies, and education funding. Call **1.866.280.8560** to get started with a financial planner.

Financial Education: Seminars and Workshops

You have a wide variety of educational seminars and workshops available to you—either in person or on-demand through the Ernst & Young website. Topics include saving and investing, cash flow and debt, and retirement.

Online Resources

You also have access to a dedicated secure website featuring investment information, financial planning checklists, webinars, and tools to model your specific financial situation and plan for the future. Visit genworth.eynavigate.com to register and access these valuable tools.

Personal Well-Being

Employee Assistance Program

Genworth's Employee Assistance Program (EAP) is a Company-paid, confidential assessment, counseling, and referral service available to you, your spouse or domestic partner, and dependents. The program is administered by Humana. You may seek guidance concerning child care, parenting support, education and career counseling, adoption information, and referrals to other providers for more in-depth assistance. The program also provides access to legal experts and to a dedicated Genworth EAP website where you can find a wealth of work-life resources and tools. To access the site, go to humana.com/eap (username: **genworth**; password: **employee**), or call **1.800.455.8812** to speak to someone confidentially.

For more information on any of the above benefits, please visit the Benefits & Wellness > Your Wellness Resources section on the Genworth intranet.

Your Flexible Spending Accounts

With a Flexible Spending Account (FSA), you can set aside pre-tax money from your paycheck into a Health Care FSA, from which you reimburse yourself to cover eligible out-of-pocket health care expenses, and/or a Dependent Care FSA, to cover the costs of eligible dependent care expenses. Because an FSA uses pre-tax dollars, participating in FSAs saves you money by decreasing your taxable income and increasing your spendable income.

Health Care FSA

Your 2021 Health Care Flexible Spending Account (FSA) lets you predict how much money you will spend on out-of-pocket medical expenses from January 1, 2021, through December 31, 2021, and set those funds aside on a pre-tax basis (up to \$2,750). As you have medical expenses throughout the year, such as deductibles, coinsurance, and prescription medications, you can be reimbursed from your Health Care FSA. Genworth's Health Care FSA even offers an FSA card, which acts like a debit card from your FSA account (although receipts may still be required, per IRS rules).

If you have unused funds from your 2021 Health Care FSA, you may carry over up to \$500 to the next plan year. All reimbursement requests must be submitted and approved by March 31, 2022, for expenses incurred by December 31, 2021.



Dependent Care FSA

Genworth's Dependent Care FSA enables you to pay for qualified out-of-pocket, work-related dependent childcare expenses with pre-tax dollars. Using an FSA allows you to set aside up to \$5,000 in 2021 to be used for qualified expenses from January 1, 2021, through March 15, 2022. If you are married, you can use the FSA if you and your spouse or domestic partner both work or, in some situations, if your spouse or domestic partner attends school full time. Single employees also can use the FSA for eligible dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on Federal Income Tax Form "Credit for Child and Dependent Care Expenses." To qualify, children must be under age 13; children 13 and older and other dependents must be physically or mentally unable to care for themselves.

As a reminder, if you have unused funds from your 2021 Dependent Care FSA, you may still use them through March 15, 2022. All reimbursement requests must be submitted and approved by April 30, 2022.

FSA Use It or Lose It Rule

It's important to remember that any money left unspent in your Health or Dependent Care FSA at the end of the plan year will be forfeited due to the IRS "use it or lose it" rule. Use the planning tools at www.ybr.com/genworth to help estimate the right amount of money to set aside in your FSAs.

Commuter Benefit Program

The Commuter Benefit Program is an FSA for certain work-related transportation expenses. Genworth allows you to purchase transit passes on a pre-tax basis and reimburses you for qualified parking expenses incurred while commuting. For more information, go to www.ybr.com/genworth or **1.866.436.9784**.

Your Disability, Life Insurance & Long-Term Care Benefits

We help people and their families financially when they need it most, and we want to provide you and your loved ones with financial resources when you need it most—in the unfortunate case of disability, severe injury, or death.

Disability

Short-Term Disability

The Genworth short-term disability benefit administered through Lincoln Financial (formerly known as Liberty Mutual) provides you up to 26 weeks of disability leave, and is paid 100% by Genworth. Your first five days of an eligible absence for short-term disability are paid as Choice Time Off days. If you have used all of your Choice Time Off days, it will go unpaid. After the first five days, you become eligible to receive up to an additional 25 weeks of full pay for an approved disability leave. Employees are required to have 180 calendar days of service before becoming eligible for short-term disability pay; they are eligible for unpaid disability leave when their employment begins.

Long-Term Disability

To help protect you from the financial effects of a longer illness or disability (longer than 26 weeks), Genworth offers long-term disability insurance through Lincoln Financial (formerly known as Liberty Mutual). The cost of this coverage is paid 100% by you, and is based on your benefits pay.*

Long-Term Disability Option	Amount of Benefit
Option 1	50% Benefits Pay*
Option 2	66 2/3 Benefits Pay*

Life Insurance

Basic Life Insurance

Genworth provides a basic life insurance benefit of two times your benefits pay* at no cost to you (up to a combined Basic and Optional maximum of \$2.5 million).

Optional Life Insurance

You may purchase additional Genworth life insurance coverage of up to five times your benefits pay.* This coverage has a maximum coverage of \$2.5 million when combined with Basic Genworth-paid life insurance. The cost of this benefit is based on your benefits pay* and age.

You may also choose to purchase coverage for just your spouse/domestic partner or your spouse/domestic partner and your dependent children. Spouse/domestic partner coverage is available in three benefit levels—\$10,000, \$25,000, or \$50,000. Child coverage benefits are available at either the \$5,000 or \$10,000 levels.

Evidence of Insurability (EOI) is needed for any employee Basic and Optional life coverage exceeding \$500,000.

*Benefits Pay for 2021 includes your base salary, target commissions, and applicable target bonuses as of August 1, 2020.



Do YOU Need LONG-Term Disability?

If your ability to work is hampered by a disability, you want to make sure you'll be able to pay for your health care and living expenses, as well as maintain your lifestyle and savings goals.

During Annual Enrollment, an employee can increase coverage by one level for both Optional employee and spouse/domestic partner life insurance coverage as long as it does not exceed the guarantee issue maximum amount of \$500,000. Coverage greater than \$500,000 will require EOI.

Note: Your life insurance coverage includes a “living benefit” of up to 50% of your basic and optional life insurance coverage, up to \$250,000. A living benefit is intended to help with expenses if you are diagnosed as terminally ill and not expected to live longer than twelve months.

Accidental Death and Dismemberment (AD&D) Insurance

Basic AD&D Insurance

Genworth provides you with a basic accidental death and dismemberment (AD&D) benefit of up to one times your benefits pay,* at no cost to you.

Optional AD&D Insurance

You may purchase additional AD&D insurance coverage of up to five times your benefits pay.* The maximum coverage is \$2.5 million when combined with Basic AD&D insurance. This coverage will be effective upon approval of your Optional Life coverage.

You may also choose to purchase AD&D coverage for just your spouse/domestic partner or spouse/domestic partner and your dependent children. Spouse/domestic partner coverage is available at 50% of your Optional AD&D coverage. Child coverage is available at 20% of your Optional AD&D coverage, up to a maximum of \$10,000.

*Benefits Pay for 2021 includes your base salary, target commissions, and applicable target bonuses as of August 1, 2020.

Long-Term Care

Long-Term Care Insurance

Genworth is a leader in the long-term care insurance industry—and we are passionate about getting people to talk about and plan for their future long-term care needs. To get you started, we provide you with core long-term care insurance coverage through our group long-term care insurance product. This core benefit is provided at no cost to you.

We also provide you with the opportunity to apply for additional coverage at attractive group rates. Your spouse or domestic partner and other family members are eligible to apply too. Find out more at www.genworth.com/genworthltc or **1.800.416.3624** Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

Have A Plan

You should consider what steps are necessary for you and your family should a long-term care event occur. To start the process, talk to your family, talk to your financial professional, and develop a long-term plan for you and your loved ones. Important tips on how to get the conversation started can be found at www.genworth.com/lets-talk.

Caregiver Support Services Program

Genworth offers a benefit to assist employees in identifying long-term care resources that may be needed for aging parents or other family members.

The services are provided by CareScout, a Genworth company, and are 100% paid for by Genworth. The program is available to U.S. employees and their immediate family members and provides the following services:

- Online resources that provide caregiving tips, ratings and reports on nursing homes, and a care provider directory to locate providers geographically;
- Telephonic Assistance from a Care Advocate to help assess needs, provide education, and help find care and negotiate discounts with care providers, such as home care agencies or assisted living facilities; and
- In-Home Assessment with a registered nurse who can conduct an evaluation and provide recommendations.

Visit www.genworth.com/employeeecaresupport for more information.

Genworth Retirement & Savings Plan

Genworth is committed to providing you with tools and resources designed to help you build a sound financial future. Our retirement plan has two components: an **employee-directed** 401(k) Savings Feature and an **employer-directed** Retirement Account Feature.

The employee-directed 401(k) Savings Feature is what we traditionally think of as a 401(k) plan. It permits employees to (1) make pre-tax or Roth contributions to their 401(k) retirement savings account, (2) receive employer matching contributions based on the employees' pre-tax or Roth contributions, and (3) decide how to invest those contributions among different fund options within the Plan. If an employee does not designate a fund option, a default fund will be determined by Genworth's Investment Committee.

The employer-directed Retirement Account Feature enables the Company to make annual supplemental contributions to a separate account and have those amounts invested in funds selected by Genworth's Investment Committee and professional investment managers.

Genworth also offers you access to resources and tools through our financial planning and education benefit with Ernst & Young at **1.866.280.8560**, or online at genworth.eynavigate.com. This benefit—which can help in more than just managing your retirement savings—can be an important part of planning and preparing for your financial future.

401(k) Savings Feature

Genworth's 401(k) Savings Feature offers three strong incentives to save part of your pay toward your financial retirement goals—pre-tax, Roth, and Company match (which is always contributed on a pre-tax basis). You can decide how much to contribute and how to split your contributions between pre-tax and Roth, subject to IRS limits (\$19,500 for 2020).

Eligible participants age 50 and older are also permitted to make additional contributions, referred to as “catch-up contributions” to either a Roth 401(k) or a traditional pre-tax 401(k) account. Catch-up contributions can be split between Roth 401(k) and traditional pre-tax accounts, but on a combined basis must stay within the required IRS catch-up limit (\$6,500 for 2020).

Pre-Tax and Roth Matching—How You Can Boost Retirement Savings

You Contribute	Company Match*	Total	Current Genworth Match Formula
1%	1%	2%	If you contribute 6% each payroll period, you will receive the maximum match of 5% for that payroll period. Many experts recommend saving 15% to 20% of your pay; however, your situation may be different. Genworth provides you with access to the Financial Planners at Ernst & Young (see above) who can assist you in retirement planning.
2%	2%	4%	
3%	3%	6%	
4%	4%	8%	
5%	4.5%	9.5%	
6–50%	5% (Maximum)	11% Plus	

*Match formula applies to pre-tax and Roth contributions but not catch-up contributions (other than special circumstances described in your summary plan description). IRS limits apply. Your Company match will not be impacted by your decision on pre-tax versus Roth contributions. Also, for tax purposes, Company match is treated similarly to pre-tax regardless of whether your own contributions are pre-tax or Roth.



How to Maximize Your Company Match Within IRS Pay Limits

To receive the full 401(k) Company match, you should contribute 6% of your pay to the Plan each pay period. Because the Company match is made on a payroll period basis (not an annual basis), if you do not space your contributions evenly through the year, you may not receive the maximum match for the year to which you would otherwise be entitled.

Eligible pay includes your base pay, plus annual variable compensation, overtime, and eligible commissions. The IRS limits the amount of pay that may be considered in determining Company matching contributions to the Plan (\$285,000 for 2020). The IRS also limits the maximum amount you can contribute to the Plan each year. The new IRS limits for 2021 are expected to be released later in 2020, normally in late October or early November.

Ernst & Young can assist you in developing a strategy that maximizes your savings to help you reach your retirement goals. Their services are available to Genworth employees at no charge, and you can reach them at **1.866.280.8560**, or online at genworth.eynavigate.com. You should revisit your savings targets during 2021 to evaluate the impact of changes in your compensation on your savings strategy.

401(k) Savings Distributions

2021 Plan Year

Your pre-tax 401(k) contributions and Company match are taxed only when you take a withdrawal

- Pre-tax 401(k) contributions reduce the amount of your taxable income.
- Company match is not taxed when contributed to the plan.
- Both pre-tax 401(k) contributions and Company match, as well as any related earnings, will be taxed when you take a distribution from the plan.

Your Roth 401(k) contributions are after tax, and qualified distributions are tax free

- Your Roth 401(k) contributions are taxed when you contribute to the plan.
- Distributions of Roth 401(k) contributions and related earnings are not taxed if you meet two conditions:
 - You are at least 59½ when you take the withdrawal.
 - You made your first Roth 401(k) contribution at least five years before you take the withdrawal.

401(k) Savings Vesting

Employees will vest in Genworth's matching contributions after two years and are always fully vested in their own contributions. If you leave before you are vested, you will lose the Company match and related earnings. Vesting means you will not forfeit contributions even if you leave the Company. Please be aware that even if you are vested, your account may still decrease in value due to investment losses.

Other 401(k) Savings Feature Details

You can increase, decrease, change, stop, or resume your pre-tax 401(k) contributions and Roth 401(k) contributions at any time by going online at www.ybr.com/genworth or calling **1.866.436.9784**. When deciding how to invest your money, you can choose from two investment "tracks"—a Target Date Funds option where you match up your anticipated retirement date and risk preferences with a single diversified fund; or individual investment options if you have the knowledge and interest to manage your own portfolio.

For information regarding loans, in-service withdrawals, and plan distributions, please see the Distribution of Retirement and Savings Plan Funds section on a following page.

Retirement Account Feature

The other component of Genworth's retirement plan is the Retirement Account Feature. Our Retirement Account Feature is a nonelective contribution, which means the Company contributes a specified amount to the Retirement Account Feature each year. You receive this contribution even if you do not make any contributions to the 401(k) Savings Feature. Eligible employees are automatically enrolled, and Genworth provides 100% of the contributions to your Retirement Account Feature. Genworth makes the contribution to your account after the end of the plan year (usually within the first quarter of the following year).

The Company contribution that makes up the Retirement Account Feature (and any related earnings) is not taxed until you take a distribution from the Plan. Unlike your 401(k) Savings contributions, there is no way to elect Roth treatment for the Retirement Account Feature.

Company Contributions

To be eligible for the contribution, you must be employed by Genworth on the last day of the plan year. Some exceptions exist, such as if you retire after age 60 or die during the plan year. See your summary plan description for a list of specific eligibility requirements.

For plan year 2021, Genworth will contribute a flat 3% of eligible pay for all eligible employees, unless the Plan is amended. Contributions are anticipated during the first quarter of 2022.

Note: Your eligible pay includes your base pay, plus annual variable incentive compensation, overtime, and eligible commissions. The IRS limits the amount of pay that may be considered in determining Company contributions to the Plan each year.

Retirement Account Feature Vesting

You become vested in the Retirement Account Feature contributions after three years of service with Genworth. Vesting means you will not forfeit the contributions even if you leave the Company. Once you are vested in the plan, any past and future Company Retirement Account Feature contributions are also vested. If you leave before you are vested, you will lose the Company contributions and related earnings. Please be aware that, even if you are vested, your account may still decrease in value due to investment losses.

Distribution of Retirement and Savings Plan Funds

You can take a distribution after your employment with Genworth ends. While employed with Genworth, loans and hardship withdrawals are available under the Plan. Per IRS regulations, you can only make hardship withdrawals on the employee contribution portion of your 401(k) Savings Feature account. Employees over age 59½ may take an in-service distribution of their contributions while still employed with Genworth, subject to Plan limitations. Please note that the IRS imposes an additional 10% tax on most distributions (including hardship withdrawals) if you have not yet reached age 59½, and early distributions can also negatively impact Roth benefits.

If you are vested in your Genworth Plan contributions, your assets are portable upon termination. You can (but are not required to) take any accumulated vested Plan assets with you as a lump sum distribution and roll them into a new employer's plan or a rollover IRA if you leave Genworth for any reason. If you take a distribution from the Plan, you should consult your financial advisor to discuss the tax consequences. Genworth also provides financial planning and education through Ernst & Young at **1.866.280.8560**, or online at genworth.eynavigate.com.

For more information on the Genworth Financial, Inc. Retirement and Savings Plan, go to www.ybr.com/genworth or call **1.866.436.9784**. No tax, investment, financial or legal advice is offered in this document. Your circumstances are unique, and you need to assess your own situation, and you may want to consult your tax or financial advisor for guidance.

The discussion on this page and the previous page is intended to describe several key terms of the Genworth Financial, Inc. Retirement and Savings Plan as currently in effect. However, please be aware that Genworth has the right to amend the Plan at any time (including changing the amount of future contributions). Also, this is only a short summary, and it is not intended to cover every feature of the Plan. You can find a more complete summary in your summary plan description (also called an "SPD"), a copy of which can be found at www.ybr.com/genworth or by calling **1.866.436.9784**. If any of the information in this summary or your SPD conflicts with the terms of the formal Plan document, the terms of the Plan document will control.

Other Genworth Benefits

Paid Time Off

Genworth understands the need for employees to take time off to relax and renew, as well as to conduct personal business or respond to the call of civic duty. For more information, please refer to the Choice Time Off and Holidays Policy, and the Leaves of Absence Policies.

Holidays

Genworth offers 12 paid holidays to eligible employees. As a financial services company, we follow the same annual holiday schedule as the New York Stock Exchange, with three additional holidays. Holidays recognized are:

- New Year's Day
- Martin Luther King, Jr. Day
- Presidents Day
- Good Friday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving
- The Day After Thanksgiving
- Christmas Eve
- Christmas Day

A list containing the dates each holiday will be observed for the year can be found on the Genworth intranet under Employee Resources.

Choice Time Off

Genworth provides employees with Choice Time Off days each year to use for your time off for vacation, illness, and personal business. You will accrue Choice Time Off on a daily basis. The total amount of time off you can earn each year is based on your total Genworth years of recognized service. Except where required by law, employees may carry over one week, up to 40 hours, of unused Choice Time Off (CTO). Carryover time is based on your default work schedule. Any accrued unused time exceeding one week, up to 40 hours, will be lost at the end of the year. This chart provides a guide:

Years of Recognized Genworth Service	Maximum Choice Time Off Days Per Year
0–4	20
5–9	25
10–19	30
20 or more	35
30 or more*†	40

*Employees in California will remain on their existing carryover policy.

†This applies to employees who had 15+ years of service as of 12/31/2002.



Volunteer Time Off

Volunteer time off is a paid leave employees may use to participate in community service activities, which may or may not be sponsored by Genworth. Community service organizations may be public, private, nonprofit, or religious organizations that provide charitable or community-based services, and may include schools. Full-time employees will receive annual allocation of up to 40 hours (5 days) of paid volunteer time off. Part-time employees will receive an allocation of up to 20 hours (2½ days). Employees who join Genworth after January 1 will receive a pro-rated allocation based on their start date.

Other Paid Time Off

Genworth provides paid time off for employees to attend funerals and attend to other urgent matters related to the death of an immediate family member. Depending on circumstances, employees may take up to five days of **bereavement leave**, subject to your manager's approval. Employees also receive full pay and benefits while required to serve on **jury duty** or if **subpoenaed** to testify as a witness. Differential pay also is available for qualified **military leave**. See the Corporate Policies and Procedures section on the Genworth Intranet for more information.

Paid Family Leave

Genworth will offer active employees with 12 months of service the option to take paid leave over the course of a calendar year for the following approved leaves: Parental Family Leave, which includes Maternity, Paternity, Adoption, and Foster Care and Eldercare or Caregiver. The amount of paid family leave is eight weeks. The approved paid family leave may be taken in one-week increments. To initiate the process and apply for approval, please call **1.888.778.9206**.

Adoption Assistance

To help you pay expenses associated with adopting a child, Genworth will assist eligible employees with qualifying expenses for each legal adoption of a child under age 18. Employees can receive up to \$10,000 reimbursement for eligible expenses. See the Benefits and Wellness U.S. Employee Benefit Plans section of the Genworth intranet for more information.

Tuition Reimbursement

In addition to training and development opportunities delivered through our Genworth Development Center, we have a Tuition Reimbursement Program. Through the program, full-time employees can receive up to \$7,500 per year in tuition reimbursement toward approved degree programs; part-time employees (20-29 hours per week) can receive up to \$2,500. If you voluntarily terminate employment with Genworth, you will be responsible for repaying the Company for any program reimbursements made to you during the previous 18 months. For more information on the program or to start the approval process, go to www.myedassist.com/genworth.

Student Loan Repayment Program

Through the Student Loan Repayment Program, active employees who have completed approved degrees from a regional accredited organization within the last five years are eligible to receive \$200 per month, paid directly to the loan originator; for part-time employees, Genworth will pay \$100 per month directly to the loan originator. The Genworth payment to the employees' loan originator is in addition to the employee monthly payment. Employees are expected to make regular monthly payments as required by the terms of the loan and remain in good standing with the loan originator.

If the Tuition Assistance and Student Loan Repayment Program are used concurrently, there is a shared cap of \$7,500 per year (for full-time employees) and \$2,500 per year (for part-time employees). If you voluntarily terminate employment with Genworth, you will be responsible for repaying the Company for any loan payments made to your loan originator during the previous 18 months.

For more information on the Student Loan Repayment Program or to start the approval process, go to www.myedassist.com/genworth.

For information on tax implications for the Student Loan Payment Program, employees can contact an Ernst & Young (EY) financial planner at **1.866.280.8560**.

Child Care Subsidy

Finding and paying for quality child care is a critical issue for employees who are working parents. Because child care can account for a significant percentage of a family's expenses, Genworth provides a subsidy for each child under the age of 13 participating in a child care program, subject to program restrictions.

The amount of the subsidy varies based on your pay and phases out entirely for employees earning higher pay. See the Benefits and Wellness U.S. Employee Benefit Plans section of the Genworth intranet for more information.

Rethink Benefits

Genworth employees have access to Rethink Benefits, a global solution that provides training and support for employees caring for a loved one with a developmental disability or undiagnosed challenges with learning, behavior, or socialization. Rethink Benefits offers 24/7 access to Board Certified Behavior Analysts as well as the latest videos, tools, and resources to help working caregivers understand, teach, and communicate better with their child who has special needs.

Survivor Support Financial Counseling

To help you or your spouse or domestic partner through an extremely difficult situation, Genworth pays for the cost of a confidential, in-person, financial counseling for the surviving spouse or domestic partner of an employee who passes away, an employee whose spouse or domestic partner passes away, or an employee who has been diagnosed with a terminal illness. For more information please contact your Business Partner.

Travel Accident Insurance Coverage

Genworth provides 24-hour worldwide travel accident insurance when you are traveling for business. The insurance will cover emergency medical and security costs in addition to providing enhanced AD&D coverage.

Retiree Benefits

Genworth also offers eligible employees retiree medical coverage, as well as life insurance and long-term care insurance. For more information, see the Benefits & Wellness section of the Genworth intranet.

Additional Contact Information

Lincoln Financial	Leave Administration	1.888.778.9206 www.mylibertyconnection.com
Long-Term Care Insurance	Long-Term Care Coverage	1.800.416.3624 www.genworth.com/genworthltc
Ernst & Young	Financial Planning	1.866.280.8560 genworth.eynavigate.com
Humana	Employee Assistance Program (EAP) (Assessment/Counseling)	1.800.455.8812 www.humana.com/eap
Genworth CareScout	Caregiver Support Services (Elder Care)	www.genworth.com/employeeecaresupport

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