

**BEST BUY**  
**PART-TIME EMPLOYEES HEALTH BENEFIT PROGRAM**  
**BENEFIT DESCRIPTION**

**Effective January 1, 2024**

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# **BEST BUY**

## **PART-TIME EMPLOYEES HEALTH BENEFIT PROGRAM**

### **BENEFIT DESCRIPTION**

#### **INTRODUCTION**

The Best Buy, Co., Inc. Part-Time Employees Health Benefit Program (“Program”) is a health program intended to contribute to the health and well-being of eligible part-time employees. The Program does not provide significant medical benefits and is not intended to be a substitute for health insurance. It does, however, offer benefits that can help promote your wellness, help you offer you discounted prices for prescription drugs and vision services.

The Program is a component of the Best Buy Health and Welfare Wrap Plan (“Wrap Plan”).

This Benefit Description summarizes the benefits available under this Program but does not describe other important information about the Program. The Best Buy Health and Welfare Wrap Plan Document and Summary Plan Description (the “Booklet”) also contains important information about this Program. The Booklet can be found at [www.mybyrewards.com](http://www.mybyrewards.com) > Health & Insurance > Coverage Details > Plan Information. This Benefit Description, along with the Booklet is the summary plan description for this Program and is a component of the plan document for the Wrap Plan.

#### **IMPORTANT NOTICE**

Neither the receipt of this Benefit Description nor the use of the term “you” indicates that you are eligible for a benefit under the Program. Only those employees who satisfy the eligibility requirements and other criteria contained in the Program are eligible for a benefit. Neither the receipt of this Benefit Description nor the terms of the Program create a right for you to be retained in employment. The Program is not an employment contract. Your participation in this Program does not guarantee your continued employment with Best Buy, a subsidiary or any affiliated company or otherwise affect your status as an at-will employee.

Best Buy retains the right to modify or terminate the Wrap Plan or the Program at any time and for any reason.

**THIS BENEFIT DESCRIPTION IS NOT A CONTRACT, EXPRESS OR IMPLIED.**

## **ELIGIBILITY**

This Part-Time Employee Health Benefit Program (“Benefits Description”) summarizes the benefits available under this program but does not describe other important information about the program. The Best Buy Health and Welfare Wrap Plan Document and Summary Plan Description, the “Booklet”, also contains important information about this program, including eligibility, COBRA continuation coverage, and legal rights under ERISA. The Booklet can be found at [www.mybbyrewards.com](http://www.mybbyrewards.com) > Health & Insurance > Coverage Details > Plan Information. This Benefits Description, along with the Booklet is the summary plan description for this program and is a component of the plan document for the Best Buy Health and Welfare Wrap Plan.

## **HOW TO ENROLL**

If you are eligible for the Program, you are automatically enrolled. You may need to register to use particular benefits – for more information see the “How to Access Program Benefits” section below and the attachments at the end of the Benefit Description.

## **PART-TIME EMPLOYEES HEALTH BENEFIT PROGRAM BENEFITS**

The Program offers eligible employees the following services:

- **HEALTHLINK Advisor Line.** The **HEALTHLINK** advisor line is available to you 24 hours a day, 7 days a week, by calling 1-866-229-2810. You will be able to discuss your general health and wellness questions with a nurse and/or health coach. **HEALTHLINK** is provided at no cost to you.
- **Optum Rx Prescription Drug Discount Program (“Rx Discount”).** Discounts on brand name and prescription drugs are available to you through use of Optum Rx Prescription Savings Cards. The Optum Rx Prescription Savings Card allows you to purchase prescription drugs from participating pharmacies at discounted prices. The amount of the discount varies depending on the type of provider and services rendered. The Rx Discount does not make any payments directly to pharmacies. You are required to pay for the prescription drugs, but you can take advantage of the discounted price. See the next section, and the materials attached to the end of this Benefit Description, for information on how to enroll.
- **VSP Vision Discount Program (“VSP Discount”).** You can obtain discounts from VSP network providers’ posted prices of 20% for eye examinations, 20% for complete sets of prescriptions glasses and lens options and 15% for fitting and evaluation services associated with prescription contact lenses. (The discount does not apply to purchase of contact lenses.) The VSP Discount does not make any payments directly to providers. You are required to pay for the vision services and materials, but you can take advantage of the discounted prices. See

the “How to Access Program Benefits” section for information on how to use these VSP discounts.

Additional information about these services and how to use them is included in the attachments at the end of this Benefit Description.

## **HOW TO ACCESS PROGRAM BENEFITS**

- **HEALTHLINK Advisor Line.** The **HEALTHLINK** service is available to you 24 hours a day, 7 days a week, by calling 1-866-229-2810. This is a toll free call.
- **Optum Rx Prescription Discount Program.** To register and print your discount card, visit [www.myprescriptiondrugsavings.com](http://www.myprescriptiondrugsavings.com).
- **VSP Discount Program.** Register online at [VSP.com](http://VSP.com) and/or contact VSP Customer Service at 800-877-7195 for assistance locating participating providers in your area. Schedule an appointment and let them know you have VSP coverage, and they’ll verify your eligibility for the program discounts.

## **WHEN COVERAGE ENDS**

This Part-Time Employee Health Benefit Program (“Benefits Description”) summarizes the benefits available under this program but does not describe other important information about the program. The Best Buy Health and Welfare Wrap Plan Document and Summary Plan Description, the “Booklet”, also contains important information about this program, including eligibility, COBRA continuation coverage, and legal rights under ERISA. The Booklet can be found at [www.mybbyrewards.com](http://www.mybbyrewards.com) > Health & Insurance > Coverage Details > Plan Information. This Benefits Description, along with the Booklet is the summary plan description for this program and is a component of the plan document for the Best Buy Health and Welfare Wrap Plan.

## **AUTOMATIC CONTINUATION OF COVERAGE**

This Part-Time Employee Health Benefit Program (“Benefits Description”) summarizes the benefits available under this program but does not describe other important information about the program. The Best Buy Health and Welfare Wrap Plan Document and Summary Plan Description, the “Booklet”, also contains important information about this program, including eligibility, COBRA continuation coverage, and legal rights under ERISA. The Booklet can be found at [www.mybbyrewards.com](http://www.mybbyrewards.com) > Health & Insurance > Coverage Details > Plan Information. This Benefits Description, along with the Booklet is the summary plan description for this program and is a component of the plan document for the Best Buy Health and Welfare Wrap Plan.

## **CLAIM PROCEDURES**

Please see the Booklet for information on how to bring a claim related to eligibility for benefits or a claim for benefits under the Program. The Claims Administrator for HealthLink and the Rx Discount is UnitedHealthcare Insurance Company/Medica Self-Insured. The Claims Administrator for the VSP Discount is VSP.

### **Claims Administrator**

All decisions on claims and reviews of denied claims will be made by the Claims Administrator or its delegate. This means the Claims Administrator, or its delegate has sole authority, discretion and responsibility to interpret and apply the terms of the Program and to determine all factual and legal questions under the Program. The Claims Administrator or its delegate has discretionary authority to grant or deny benefits under the Program. Benefits will only be paid if the Claims Administrator or its delegate decides in its discretion that the applicant is entitled to benefits. All determinations, interpretations, rules and decisions by the Claims Administrator or its delegate shall be conclusive and binding upon all persons having or claiming to have any interest or right under the Program.

## **ADDITIONAL INFORMATION**

### **Plan Name**

The Best Buy Part-Time Employees Health Benefit Program is a component of the Best Buy Health and Welfare Wrap Plan (“Plan”).