

2021 BENEFITS GUIDE



A MESSAGE FROM YOUR CEO GUY ABRAMO

Team,

Our HR team is constantly evaluating benefits programs to find you the highest quality benefits at the lowest cost to you. We understand that healthcare is important to you and your family, so I encourage you to take charge of your health and safety by reviewing the information in this benefits guide and selecting the plan that is best for you.

HireRight uses a tiered salary contribution model, so how much you will pay for your medical benefits plan will depend on your annual salary.

Please take the time to carefully review the information in this guide. You can also visit YourBenefitsCenter.com any time for comprehensive information on HireRight's benefits offerings, including videos, links, and FAQs.

If you have questions, please submit a request through HR4U > Myself > AskHR > Benefits. If you need immediate assistance, you can also call **888-921-0563** to talk to a Benefits representative. This number is active from 8 a.m. through 5 p.m. PST, Monday through Friday, but you can leave a voicemail any time and the team will get back to you as soon as possible.

Regards,

Guy

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MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Notices section for more details.

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WELCOME TO YOUR BENEFITS GUIDE



This guide is about your benefits, but it is also about you and how to protect your health, your lifestyle, your future, and the people who are important to you.

You will find details about your healthcare, life, disability, and retirement benefits and tips on how to use your benefits.

You will also discover the programs that HireRight provides to help you save time and money, as well as balance your work and home life.

This guide is an overview

The benefits in this summary are effective

January 1, 2021

through

December 31, 2021.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or Summary Plan Descriptions (SPDs) located on yourbenefitscenter.com. The plan benefit booklets determine how all benefits are paid.

WHO'S ELIGIBLE FOR BENEFITS?



WHEN YOU CAN ENROLL

You can enroll in benefits as a new hire or during the annual Open Enrollment period. Coverage begins on the first of the month following your hire date. If you are hired on the first of the month, your coverage begins on your hire date.

If you miss the enrollment deadline, you will need to wait until the next Open Enrollment unless you experience a qualifying life event (birth or adoption of a baby or child, loss of healthcare coverage, eligibility of new healthcare coverage, marriage or divorce).

Team Members

You are eligible if you are a regular Team Member (not a contractor) scheduled to work at least 30 hours per week.

Eligible dependents

- Legally married spouse
- Domestic partner
 - Opposite-sex domestic partners of Team Members who are registered as domestic partners in a local jurisdiction that maintains such a registry
 - A same-sex domestic partner. Same-sex domestic partners must meet all of the following requirements to be eligible:
 - At least 18 years of age
 - Not be legally married, under federal law, to anyone or be part of another domestic partnership during the previous 12 months
 - Currently be in an exclusive, committed relationship with each other that has existed for at least 12 months and is intended to be permanent
 - Currently reside together, have resided together for at least the previous 12 months, and intend to do so permanently
 - Have agreed to share responsibility for each other's common welfare and basic financial obligations
 - Not be related by blood to a degree of closeness that would prohibit marriage under applicable state law
- Natural, adopted or stepchildren up to age 26
- Children over age 26 who are disabled and depend on you for support
- Children named in a Qualified Medical Child Support Order (QMCSO)

For additional information, please refer to the benefit booklets for each benefit located on yourbenefitscenter.com.

CHANGING YOUR BENEFITS



Outside of Open Enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in residence that affects access to network providers
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

You must submit a request through Your Benefits Center within 30 days of the Qualifying Life Event along with supporting documentation through benefits.plansource.com.

ENROLLING FOR BENEFITS

Your Benefits Center is an online system that enables you to make all your benefit decisions in one place.

Before you enroll

- Know the date of birth, Social Security Number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.



Getting started

- **LOG IN** to www.YourBenefitsCenter.com and follow the instructions to begin enrolling in your benefits.

Username: The first initial of your first name, up to the first six letters of your last name, and the last four digits of your Social Security Number.

Example: If your name is Jane Williams and the last four digits of your Social Security Number are 1234, your username will look like this: jwillia1234

Password: You will receive a separate email containing your temporary password. Please log in to the application using your username and temporary password. After you log in, you will be asked to change your password.

- **ADD** your personal and dependent information.
- **SELECT** your benefit plans for the coming year.
- **REVIEW** your choices and costs before finalizing.





MEDICAL & PHARMACY

OUR PLANS

Anthem Blue Cross – Core PPO Plan

Anthem Blue Cross – High Deductible Health Plan 1400

Anthem Blue Cross – High Deductible Health Plan 2000

WHICH PLAN IS RIGHT FOR YOU?

That depends on your healthcare needs, favorite doctors, and budget. Here are some considerations:

Do you prefer specific doctors or hospitals?

If you want to stay with your favorite doctors and facilities, check whether they are in the plan's network. If they are not, but you are comfortable paying a bit more to see them, consider a plan with both in-network and out-of-network benefits.

What are your usual healthcare needs?

Do you have frequent doctor or urgent care visits? Do you have a condition that requires a specialist? Do you take prescription medications? Compare how each plan covers the services you need most often.

Consider the bottom line

How much is the monthly payroll deduction? Do you have to meet a deductible? What is the out-of-pocket maximum? How much of the cost is covered by the plan? How much are any copayments for office visits, prescriptions, etc.? All of these factors together affect your total cost for healthcare.

2021 Anthem Blue Cross – Core PPO Plan

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

| | In-Network | Out-of-Network |
|--|--|---|
| Annual Deductible | \$5,350 per individual \$10,700 family limit | \$6,000 per individual \$12,000 family limit |
| Annual Out-of-Pocket Maximum | \$6,500 per individual \$13,000 family limit | \$16,000 per individual \$32,000 family limit |
| Office Visit | \$25 copay | 50% after deductible |
| Specialist Visit | \$60 copay | 50% after deductible |
| Chiropractic | \$25 copay (up to 30 visits per year) | 50% after deductible (in-network limitations apply) |
| Lab and X-ray | 100% after deductible | 50% after deductible (complex imaging: up to \$800 per service, all other in hospital: up to \$350 per service) |
| Urgent Care | \$25 copay then 100% | 50% after deductible |
| Emergency Room | \$250 copay then 100% after deductible (copay waived if admitted) | \$250 copay then 100% after deductible (copay waived if admitted) |
| Inpatient Hospital Services | 100% after deductible | 50% after deductible (up to \$1,000 per day for non-emergency admission) |
| Outpatient Surgery | 100% after deductible | 50% after deductible (up to \$350 per service) |
| PRESCRIPTION DRUGS | | |
| Deductible | Deductible does not apply | Deductible does not apply |
| Out-of-Pocket Maximum | Prescriptions subject to medical out-of-pocket maximums | Prescriptions subject to medical out-of-pocket maximums |
| 30 Day Supply (Retail Pharmacy) | | |
| Lower Cost Generic | \$5 copay | 50% (up to \$250 per prescription) |
| Generic | \$20 copay | 50% (up to \$250 per prescription) |
| Brand (formulary/preferred) | \$40 copay | 50% (up to \$250 per prescription) |
| Brand (non-formulary/non-preferred) | \$55 copay | 50% (up to \$250 per prescription) |
| 90 Day Supply (Home Delivery) | | |
| Lower Cost Generic | \$12.50 copay | Not covered |
| Generic | \$50 copay | Not covered |
| Brand (formulary/preferred) | \$120 copay | Not covered |
| Brand (non-formulary/non-preferred) | \$165 copay | Not covered |

2021 Anthem Blue Cross – High Deductible Health Plan 1400

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

| | In-Network | Out-of-Network |
|--|--|---|
| Annual Deductible | \$1,400 per individual individual in family: \$2,800 per individual \$2,800 family limit | \$2,800 per individual individual in family: \$2,800 per individual \$5,600 family limit |
| Annual Out-of-Pocket Maximum | \$3,050 per individual individual in family: \$3,050 per individual \$6,100 family limit | \$6,100 per individual individual in family: \$6,100 per individual \$12,200 family limit |
| Office Visit | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Specialist Visit | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Chiropractic | Plan pays 80% after deductible (up to 30 visits per year) | Plan pays 60% after deductible (in-network limitations apply) |
| Lab and X-ray | Plan pays 80% after deductible | Plan pays 60% after deductible (complex imaging: up to \$800 per service, all other in hospital: up to \$350 per service) |
| Urgent Care | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Emergency Room | Plan pays 80% after deductible | Plan pays 80% after deductible |
| Inpatient Hospital Services | Plan pays 80% after deductible | Plan pays 60% after deductible (up to \$1,000 per day for non-emergency admission) |
| Outpatient Surgery | Plan pays 80% after deductible | Plan pays 60% after deductible (up to \$350 per service) |
| PRESCRIPTION DRUGS | | |
| Deductible | Prescriptions subject to medical deductible | Prescriptions subject to medical deductible |
| Out-of-Pocket Maximum | Prescriptions subject to medical out-of-pocket maximums | Prescriptions subject to medical out-of-pocket maximums |
| 30 Day Supply (Retail Pharmacy) | | |
| Lower Cost Generic | \$5 copay | 40% after deductible (up to \$250 per Rx) |
| Generic | \$15 copay | 40% after deductible (up to \$250 per Rx) |
| Brand (formulary/preferred) | \$40 copay | 40% after deductible (up to \$250 per Rx) |
| Brand (non-formulary/non-preferred) | \$60 copay | 40% after deductible (up to \$250 per Rx) |
| 90 Day Supply (Home Delivery) | | |
| Lower Cost Generic | \$12.50 copay | Not Covered |
| Generic | \$37.50 copay | Not Covered |
| Brand (formulary/preferred) | \$120 copay | Not Covered |
| Brand (non-formulary/non-preferred) | \$180 copay | Not Covered |

2021 Anthem Blue Cross – High Deductible Health Plan 2000

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

| | In-Network | Out-of-Network |
|--|---|---|
| Annual Deductible | \$2,000 per individual individual in family: \$2,800 per individual \$4,000 family limit | \$4,000 per individual individual in family: \$4,000 per individual \$8,000 family limit |
| Annual Out-of-Pocket Maximum | \$6,500 per individual individual in family: \$6,500 per individual \$13,000 family limit | \$13,000 per individual individual in family: \$13,000 per individual \$26,000 family limit |
| Office Visit | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Specialist Visit | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Chiropractic | Plan pays 80% after deductible (up to 30 visits per year) | Plan pays 60% after deductible (in-network limitations apply) |
| Lab and X-ray | Plan pays 80% after deductible | Plan pays 60% after deductible (complex imaging: up to \$800 per service, all other in hospital: up to \$350 per service) |
| Urgent Care | Plan pays 80% after deductible | Plan pays 60% after deductible |
| Emergency Room | Plan pays 80% after deductible | Plan pays 80% after deductible |
| Inpatient Hospital Services | Plan pays 80% after deductible | Plan pays 60% after deductible (up to \$1,000 per day for non-emergency admission) |
| Outpatient Surgery | Plan pays 80% after deductible | Plan pays 60% after deductible (up to \$350 per service) |
| PRESCRIPTION DRUGS | | |
| Deductible | Prescriptions subject to medical deductible | Prescriptions subject to medical deductible |
| Out-of-Pocket Maximum | Prescriptions subject to medical out-of-pocket maximums | Prescriptions subject to medical out-of-pocket maximums |
| 30 Day Supply (Retail Pharmacy) | | |
| Lower Cost Generic | \$5 copay | 40% after deductible (up to \$250 per Rx) |
| Generic | \$15 copay | 40% after deductible (up to \$250 per Rx) |
| Brand (formulary/preferred) | \$40 copay | 40% after deductible (up to \$250 per Rx) |
| Brand (non-formulary/non-preferred) | \$60 copay | 40% after deductible (up to \$250 per Rx) |
| 90 Day Supply (Home Delivery) | | |
| Lower Cost Generic | \$12.50 copay | Not Covered |
| Generic | \$37.50 copay | Not Covered |
| Brand (formulary/preferred) | \$120 copay | Not Covered |
| Brand (non-formulary/non-preferred) | \$180 copay | Not Covered |

PREVENTIVE CARE SCREENING BENEFITS



TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer
- Depression
- STIs



Preventive care for women should include breast and gynecological exams



For men, preventive care should include a prostate cancer screening and a testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

What is preventive care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you have not met your yearly deductible. The preventive care services you will need to stay healthy vary by age, gender, and medical history. Visit [cdc.gov/prevention](https://www.cdc.gov/prevention) for recommended guidelines. **Preventive care is covered in full only when obtained from an IN-NETWORK provider.**

Not all exams and tests are considered preventive

Exams performed by specialists are not generally considered preventive and may not be covered at 100 percent. Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services. If you have a question about whether a service will be covered as preventive care, contact your medical plan.



Should I skip my checkup due to COVID-19?

Staying safe from the coronavirus doesn't necessarily mean skipping preventive healthcare. Talk to your

doctor about whether you need a checkup right away or if you can delay until there is a lower risk of being exposed to COVID-19. Depending on your medical needs, you may be treated with a combination of telehealth and in-person care.

Consider scheduling a flu shot at your local pharmacy to avoid a potential combined infection of COVID-19 and the flu. And, of course, seek medical care right away if you have symptoms that need immediate attention. Nearly every doctor's office has added new practices to ensure the safety of patients, providers, and other team members.

ARE PRESCRIPTION DRUGS BREAKING YOUR BUDGET?



FORMULARY DRUG TIERS DETERMINE YOUR COST

| | |
|----|----------------------------------|
| \$ | Lower Cost Generic |
| \$ | Generic |
| \$ | Preferred Brand Name Drug |
| \$ | Non-Preferred Brand Name Drug |

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, do not forget to check your health plan's drug formulary. It is a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers". These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

- Click [here](#) to view Anthem's searchable formulary list
- Click [here](#) to view Anthem's PDF formulary list

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug counterparts.

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.



SPENDING ACCOUNTS

OUR PLAN

Anthem Health Savings Account (HSA)

Anthem Flexible Spending Account (FSA)

Anthem Dependent Care Flexible Spending
Account (DCFSA)

Why sign up for a Spending Account?

Spending accounts are an easy way to pay for healthcare and childcare expenses that you have today, and save for expenses you may have in the future.

HEALTH SAVINGS ACCOUNT (HSA)

Click to play video



ARE YOU ELIGIBLE?

The HSA is not for everyone. You are eligible only if you are:

1. Enrolled in the HDHP 1400 or HDHP 2000 Plan.
2. Not enrolled in other non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

Find out more

- To access your account, log in at anthem.com/ca or use the Anthem Sydney App available in all app stores
- **Eligible Expenses** – now include more over-the-counter items!
- **Ineligible Expenses**

A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today, and save for expenses you may have in the future.

Four reasons to love an HSA

1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they are for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses which are taxable but with no penalties.

How the Anthem 2021 HSA works

- If you enroll in the 2000 or 1400 Plan, you will receive an HSA debit card from Anthem.
- The money is taken directly from your HSA, so you should only use the card for eligible expenses. If your provider sends you a bill, you can write your Anthem debit card number on the bill and submit it for payment. To obtain additional cards, contact Anthem at the phone number on the back of your card.

Employee contributions:

- You can contribute up to the limit set by the IRS (includes company amount).

Individual: \$3,600 per year

Family: \$7,200 per year

- Are you age 55+? You can contribute an additional \$1,000 per year.
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Employer contributions:

- HireRight will **match** your HSA contributions up to the maximums listed below if you complete an online Health Survey through the Anthem Sydney App and an Annual Preventive Wellness exam.
- 2021 match maximum contribution amount(s):
Team Member Only: \$400
Team Member + dependent(s): \$800

EARNING AN EMPLOYER INCENTIVE

Earning an employer incentive

Your whole health is important to us and we want to help you maintain it or get on track! HireRight understands the definition of wellness is wide-ranging, therefore we've decided to revamp our employer incentives. For information on how to complete each activity, visit www.YourBenefitsCenter.com and scroll down the page to see the information for the HSA and Core Plans.

| PLAN | INCENTIVE FOR COMPLETING TWO ACTIONS | WHEN YOU WILL RECEIVE YOUR INCENTIVE | DEADLINE TO EARN YOUR 2021 INCENTIVE |
|---|--|---|--|
| Anthem Blue Cross: 2000 or 1400 HDHP Plan with a Health Savings Account | <p>HireRight will match your HSA contribution up to \$400 for employee only coverage and \$800 for other coverage levels (employee + spouse, employee + child(ren) or family coverage*) if a Health Survey is completed through Anthem's Sydney portal along with an annual Preventative Wellness Exam</p> <p><small>* HDHP Plan Incentive: Eligible dependents must be 18 or older to participate and complete their own Health Survey and Exam</small></p> | To receive the incentive you must complete <u>both</u> the health survey and wellness exam. You will receive your HSA match by the end of the month after you and your dependents* complete both healthy activities. (Ex. You complete activities on February 12. The deposit to your HSA will be made by March 31). Exam completion is based on provider claim submission this may take 20-90 days for HireRight to receive reporting. | Actions must be completed by November 30, 2021. |
| Anthem Blue Cross: Core PPO Plan through Anthem's Get Control Wellness Program | <p>Earn up to \$650 for employee only coverage and \$1,300 for employee + spouse in cash rewards via a MasterCard by completing various wellness activities including:</p> <ul style="list-style-type: none"> • Flu shot and wellness visit • Telephonic Well-being Coach • ConditionCare for those with a chronic conditions • Healthy habit tracking with Sydney Health Activities | Your MasterCard cash reward is processed within 12-40 days after you complete the wellness activity. As you complete multiple activities your MasterCard is reloaded thereafter which takes 5-7 days. All transactions can be tracked within the Anthem Sydney portal or mobile app. | All wellness activities must be completed before the end of the plan year, December 31, 2021. All transactions can be tracked within the Anthem Sydney portal https://www.anthem.com/ca/ or download the free Sydney Health mobile app. |

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Click to play video



ARE YOU ELIGIBLE?

Note for Health Savings Account (HSA) medical plan participants: **If you participate in a HSA medical plan, you cannot contribute to a healthcare FSA. You can contribute to the Dependent Care FSA.**

MINIMUM CONTRIBUTION AMOUNT

The **minimum contribution** amount for our Healthcare Flexible Spending Account is **\$100**

Find out more

- To access your account, log in at anthem.com/ca or use the Anthem Sydney App available in all app stores
- Eligible Expenses** – now include more over-the-counter items!
- Ineligible Expenses**

Set aside healthcare dollars for the coming year

A healthcare FSA allows you to set aside tax-free money to pay for healthcare expenses you expect to have over the coming year.

How the Anthem 2021 FSA works

- You estimate what you and your family's out-of-pocket costs will be for the coming year. Think about what out-of-pocket costs you expect to have for eligible expenses such as office visits, surgery, dental and vision expenses, prescriptions, and even eligible drugstore items.
- Your election amount is deducted from your paychecks equally throughout the year. The amount will remain in effect through December 31 unless you have a qualified life event.
- You will receive a debit card from Anthem, the FSA administrator. You can contribute a minimum of \$100 up to \$2,750, the annual limit set by the IRS. Contributions are deducted from your pay pretax, meaning there is no federal or state tax on that amount. During the year, you can use your FSA debit card to pay for services and products. Withdrawals are tax-free as long as they are for eligible healthcare expenses.

Estimate carefully!

If you do not spend all the money in your account, you forfeit the leftover balance at the end of the year.

FSA SAVINGS EXAMPLE

| | <u>Without FSA</u> | <u>With FSA</u> |
|--|--------------------|-----------------|
| Annual Pay | \$60,000 | \$60,000 |
| Pre-Tax FSA Contributions for Healthcare Expenses | \$0 | (\$2,000) |
| Taxable Income | \$60,000 | \$58,000 |
| Federal Taxes | (\$10,852) | (\$10,259) |
| After-Tax Healthcare Expenses | <u>(\$2,000)</u> | <u>\$0</u> |
| NET INCOME | \$47,148 | \$47,741 |

Your savings will depend on your income, tax bracket, and FSA contribution amount

PAYING FOR DAYCARE? MAKE IT TAX-FREE!



EVERY OPPORTUNITY TO SAVE

The biggest deduction from your paycheck is likely federal income tax. Why not take a bite out of taxes while paying for necessary expenses with tax-free dollars?

MINIMUM CONTRIBUTION AMOUNT

The **minimum contribution** amount for our Dependent Care Flexible Spending Account is **\$100**

Dependent Care FSA—up to \$5,000 per year tax-free

A dependent care Flexible Spending Account (FSA) can help families save potentially hundreds of dollars per year on daycare. This program is administered by Anthem.

Here is how the Anthem 2021 Dependent Care FSA works

You set aside money from your paycheck, before taxes, to pay for work-related day care expenses. Eligible expenses include not only child care, but also before and after school care programs, preschool, and summer day camp for children under age 13. The account can also be used for day care for a spouse or other adult dependent who lives with you and is physically or mentally incapable of self-care.

You can set aside a minimum of \$100 up to \$5,000 per household per year. You can pay your dependent care provider directly from your FSA account, or you can submit claims to get reimbursed for eligible dependent care expenses you pay out of pocket.



Estimate carefully! You cannot change your FSA election amount mid-year unless you experience a qualifying event. Money contributed to a dependent care FSA must be used for expenses incurred during the same plan year. Unspent funds will be forfeited.



DENTAL

OUR PLANS THROUGH DELTA DENTAL

Basic Dental Plan

Premium Dental Plan

CHOOSING A DENTIST

You may select the dentist of your choice. However, to get the full advantage of your Delta Dental coverage, you should choose a dentist who participates in the Delta Dental network(s) covered by your plan.

Why sign up for dental coverage?

It is important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That is where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers three types of treatments:

- **Preventive** care includes exams, cleanings, and x-rays.
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment.
- **Major** care goes further than basic and includes bridges, crowns, and dentures.

In addition, the Premium Plan provides orthodontia benefits.

2021 Delta Dental Basic Plan

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

| | In-Network | | Out-of-Network |
|-------------------------|---|---|---|
| | PPO | Premier | |
| Annual Deductible | \$50 per individual \$150 per family | \$50 per individual \$150 per family | \$50 per individual \$150 per family |
| Annual Plan Maximum | \$1,000 per individual | \$750 per individual | \$750 per individual |
| Diagnostic & Preventive | Plan pays 100% | Plan pays 50% | Plan pays 50% |
| Basic Services | Plan pays 80% after deductible | Plan pays 50% after deductible | Plan pays 50% after deductible |
| Major Services | Plan pays 50% after deductible | Plan pays 50% after deductible | Plan pays 50% after deductible |
| Orthodontia | Not covered | Not covered | Not covered |
| Ortho Lifetime Max | N/A | N/A | N/A |

2021 Delta Dental Premier Plan

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

| | In-Network | | Out-of-Network |
|---|---|---|---|
| | PPO | Premier | |
| Annual Deductible | \$50 per individual \$150 per family | \$50 per individual \$150 per family | \$50 per individual \$150 per family |
| Annual Plan Maximum | \$2,000 per individual | \$2,000 per individual | \$750 per person |
| Diagnostic & Preventive | Plan pays 100% | Plan pays 100% | Plan pays 80% |
| Basic Services | Plan pays 90% after deductible | Plan pays 80% after deductible | Plan pays 80% after deductible |
| Major Services | Plan pays 60% after deductible | Plan pays 50% after deductible | Plan pays 50% after deductible |
| Orthodontia (only for dependent children under age 19) | Plan pays 50% | Plan pays 50% | Plan pays 50% |
| Ortho Lifetime Max | \$2,000 per person | \$2,000 per person | \$1,000 per person |



VISION

OUR PLAN

VSP Basic Plan

VSP Premium Plan

Why sign up for vision coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

2021 VSP Basic Plan

Your vision checkup is fully covered after your exam copay. After any materials copay, the plan covers frames, lenses, and contacts as described below.

| | In-Network | Out-of-Network |
|---------------------|---|---|
| Copay | Exam: \$10 copay then 100% Materials: \$20 copay then 100% | Exam: \$10 copay then 100% (reimbursed up to \$45) Materials: \$20 copay then 100% (see schedule below) |
| Frames | Up to \$150 allowance, plus a 20% discount from the remaining balance | Reimbursed up to \$70 |
| Lenses | Single Vision: 100% of basic lens (materials copay applies) Bifocal: 100% of basic lens (materials copay applies) Trifocal: 100% of basic lens (materials copay applies) | Single Vision: Reimbursed up to \$30 Bifocal: Reimbursed up to \$50 Trifocal: Reimbursed up to \$65 |
| Contacts (Elective) | Up to \$120 allowance (copay waived; instead of eyeglasses) | Reimbursed up to \$105 (in-network limitations apply) |
| Frequency | Exam: One visit every calendar year Frames: One visit every other calendar year Lenses: One visit every calendar year Contacts (Elective): One visit every calendar year | Exam: In-network limitations apply Frames: In-network limitations apply Lenses: In-network limitations apply Contacts (Elective): In-network limitations apply |

Extra savings

Glasses and sunglasses

- Extra \$20 to spend on featured frame brands. Go to [vsp.com/offers](https://www.vsp.com/offers) for details.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

Routine retinal screening

- No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.

Laser vision correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

2021 VSP Premium Plan

Your vision checkup is fully covered after your exam copay. After any materials copay, the plan covers frames, lenses, and contacts as described below.

| | In-Network | Out-of-Network |
|---------------------|---|---|
| Copay | Exam: \$10 copay then 100% Materials: \$10 copay then 100% | Exam: \$10 copay then 100% (reimbursed up to \$45) Materials: \$10 copay then 100% (see schedule below) |
| Frames | Up to \$225 allowance, plus a 20% discount from the remaining balance | Reimbursed up to \$70 |
| Lenses | Single Vision: 100% of basic lens (materials copay applies) Bifocal: 100% of basic lens (materials copay applies) Trifocal: 100% of basic lens (materials copay applies) | Single Vision: Reimbursed up to \$30 Bifocal: Reimbursed up to \$50 Trifocal: Reimbursed up to \$65 |
| Contacts (Elective) | Up to \$200 allowance (copay waived; instead of eyeglasses) | Reimbursed up to \$105 (in-network limitations apply) |
| Frequency | Exam: One visit every calendar year Frames: One visit every other calendar year Lenses: One visit every calendar year Contacts (Elective): One visit every calendar year | Exam: In-network limitations apply Frames: In-network limitations apply Lenses: In-network limitations apply Contacts (Elective): In-network limitations apply |

Extra savings

Glasses and sunglasses

- Extra \$20 to spend on featured frame brands. Go to [vsp.com/offers](https://www.vsp.com/offers) for details.
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Laser vision correction

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.



LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receive(s) the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary, as needed, if your situation changes.

Is your family protected?

Life, AD&D, and disability insurance can fill a number of financial gaps for a family recovering from an illness, injury, or worse. After a loss of income, many families have to reduce their standard of living. Consider what your family would need to cover:

- Medical bills and funeral expenses
- Living expenses (housing, food, clothing, utilities)
- Large expenses (rent or mortgage, education)
- Taxes and debts that need to be settled

We provide a base amount of life and AD&D insurance.

If you need additional coverage

We offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the voluntary benefits section for details.

COMPANY- PROVIDED LIFE AND AD&D INSURANCE



WHAT'S GUARANTEED ISSUE?

If you select coverage above a certain limit (the "guaranteed issue") or after your initial eligibility, you will need to provide additional information about your health status in order to qualify for the requested amount of coverage.

Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by the company.

The Hartford Financial Services Group, Inc. – 2021 Basic Life and AD&D

1 x covered annual earnings up to \$1,000,000.
Guaranteed issue is \$50,000.

The benefit amounts above will be reduced if you are age 70 or older. Refer to the plan document for details.

SHORT-TERM DISABILITY INSURANCE (STD)



EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

STD benefits

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues, such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. The Company pays the cost of this coverage.

2021 Sedgwick STD Plan

| | |
|-------------------------------|--|
| Weekly benefit amount | 60% of covered weekly earnings up to a maximum of \$1,350 |
| Benefits begin | After 7 days of disability due to accident or 7 days due to sickness |
| Maximum payment period | 26th week of disability (based on first day you are disabled, not when benefits begin) |

LONG-TERM DISABILITY INSURANCE (LTD)



3 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.

LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer-term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. You pay the cost of this coverage through after-tax payroll deductions. If you have LTD coverage through another source and/or do not want LTD coverage through the Company, please submit a request through HR4U > Myself > AskHR > Benefits or call the Benefits department at **1-888-921-0563** to request a waiver.

The Hartford - 2021 Disability - Long Term Disability (LTD)

| | |
|-------------------------------|---|
| Monthly benefit amount | 60% of covered monthly earnings up to a maximum of \$25,000. |
| Benefits begin | After 180 days of disability |
| Maximum payment period | Later of Reducing Benefit Duration (RBD) or Social Security Normal Retirement Age (SSNRA) |



FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

- 401(k) Retirement Savings Plan
- Transportation & Parking Benefits

Is it time for a “financial wellness” checkup?

Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? And can you even think about preparing for retirement?

Ignoring your financial health can take a toll on your quality of life today and block opportunities for the future. And worrying about money matters can make you stressed, even to the point of physical illness.

We offer benefits and resources to help you make the most of your money now and in the future.

SAVE NOW, ENJOY LATER

WHAT ARE YOUR PLANS?

Whether your retirement dreams include traveling the world, enjoying a hobby, or relaxing with family, you need a plan to get there.

Our 401(k) Plans provides a convenient and tax-advantaged way to save so you can achieve your retirement goals.

The earlier you start, the more you will save!

How is the Roth 401(k) similar to the Traditional 401(k) ?

- Contributions are based on eligible compensation just like your traditional pre-tax contributions
- Your Roth 401(k) contribution limits are part of the same IRS limits set for your Traditional pre-tax 401(k) contribution
- 2021 contribution limit: \$19,500 or \$26,000 if the Age 50 Catch-Up applies

How is the Roth 401(k) different from the Traditional 401(k)?

- The Roth 401(k) contributions are after tax
- Roth earnings are tax-free as long as the withdrawal is qualified

Traditional Pre-Taxed 401(k) & 401(k) Roth Retirement Savings Plans

A 401(k) is a retirement savings plan. Through this plan, you may elect to have a percentage of your paycheck deposited to a retirement savings account with Fidelity Investments. For the Traditional 401(k), the money is deducted from your paycheck before federal and, in most states, state and local income taxes and is not subject to taxes until you withdraw the funds from your account. For the 401(k) Roth, contributions will be deducted after taxes.

Visit the Fidelity website at www.401k.com to manage your account, investments, and contributions. Or contact Fidelity by phone at **1-800-835-5097**. Your 401(k) paycheck deductions, and the employer match, will begin generally one to two paychecks following your enrollment. You may change, stop, or re-enroll in the 401(k) Plans at any time.

Maximum annual contribution limit

You may elect to have from 1% to 60% of your eligible gross compensation withheld from each paycheck on a pretax basis up to the annual IRS limit of \$19,500 for 2021. Employees age 50 or older may elect to contribute up to 100% of their pay each pay date. If you are or will be 50 years old or older in 2020, you are eligible to make additional "catch-up contributions" up to the IRS annual limit of \$6,500 for 2021.

HireRight matching contributions

The Company will match 100% of your first 4% in eligible earnings that you contribute each pay period. All Team Members will be immediately 100% vested in employer matching contributions.

Rollovers

You may roll over your pre-tax assets from another qualified retirement plan, such as a former employer's 401(k) Plan, at any time. The 401(k) Plan rollover form and instructions can be found in the 401(k) Plan Enrollment Guide which is available on www.YourBenefitsCenter.com or by contacting Fidelity Investments at **1-800-835-5097**.

Investments

The Plan offers a variety of investments including Fidelity and non-Fidelity mutual funds.

SAVE ON COMMUTE EXPENSES

MINIMUM CONTRIBUTION AMOUNT

The **minimum contribution** amount for our Transportation Spending Account is **\$125**

Transportation Savings Account

Transit benefits, administered by Anthem, lets you set aside before-tax dollars to pay for employment-related out-of-pocket transportation expenses. You can contribute a minimum of \$125 up to the contribution limit set by the IRS is \$270/month. There are two options available: mass transit or parking.

You may enroll in one or both options through the Anthem website:

- Visit [anthem.com/ca](https://www.anthem.com/ca) and log in or register.





VOLUNTARY PLANS

OUR VOLUNTARY PLANS

- Voluntary Life
- Critical Illness
- Hospital Indemnity
- Legal Services
- Pet Insurance

You are unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

HireRight offers plans to help:

- provide income for survivors
- replace income if you are injured or ill
- bridge the gap for special healthcare needs
- secure your identity and help you manage legal issues
- save money on protection for your pets, home, and auto

You pay the entire cost for these plans, but rates may be more affordable than individual coverage, and you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you do not have to sign up for voluntary benefits at all. The choice is yours.

VOLUNTARY LIFE INSURANCE

Protecting those you leave behind

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

The Hartford - 2021 Life / AD&D - Voluntary Life

| | |
|--------------------|--|
| Team Member | Options of 1, 2, 3, 4, 5, or 6 x earnings, to a maximum \$1,000,000 (not to exceed 6 x covered annual earnings). |
| Spouse | Increments of \$10,000 up to the lesser of 100% of Team Member amount or \$300,000. |
| Child(ren) | Birth to 6 months: \$1,000; 6 months to age 26: increments of \$5,000 up to \$20,000. |

Guaranteed Issue Amount

| | |
|--------------------|---|
| Team Member | Guaranteed issue is the lesser of 3 x covered annual earnings or \$350,000 |
| Spouse | Guaranteed issue is up to \$50,000 |
| Child(ren) | Birth to 6 months: \$1,000; 6 months to age 26: increments of \$5,000 up to \$20,000. |



GUARANTEED ISSUE

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit Evidence of Insurability with additional information about your health in order for the insurance company to approve the amount of coverage.

VOLUNTARY LIFE INSURANCE COSTS

If you elect Voluntary Life Insurance, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

EMPLOYEE AND SPOUSE RATES

| AGE | EMPLOYEE RATE per \$1,000 of coverage | |
|-------|---------------------------------------|--------|
| | Non-Smoker | Smoker |
| <25 | \$0.05 | \$0.05 |
| 25-29 | \$0.05 | \$0.05 |
| 30-34 | \$0.05 | \$0.05 |
| 35-39 | \$0.06 | \$0.06 |
| 40-44 | \$0.08 | \$0.08 |
| 45-49 | \$0.13 | \$0.13 |
| 50-54 | \$0.21 | \$0.21 |
| 55-59 | \$0.36 | \$0.36 |
| 60-64 | \$0.57 | \$0.57 |
| 65-69 | \$0.67 | \$0.67 |
| 70-74 | \$2.06 | \$2.06 |
| 75> | \$2.06 | \$2.06 |

TO CALCULATE YOUR PREMIUM

EMPLOYEE & SPOUSE

1. Desired Coverage (\$1,000 increments)

| | |
|------|---------|
| You: | Spouse: |
|------|---------|

2. Step 1: Divided by 1,000 =

| | |
|------|---------|
| You: | Spouse: |
|------|---------|

3. Step 2: Multiplied by Rate for Age/Smoker Status =

| | |
|------|---------|
| You: | Spouse: |
|------|---------|

TOTAL COST PER PAYCHECK:

| |
|----------------------------|
| You + Spouse from Step 3 = |
|----------------------------|

DEPENDENT CHILDREN

| COVERAGE AMOUNT | RATE per \$5,000 of coverage per child | TOTAL COST |
|-----------------|--|------------|
| \$5,000 | \$0.50 | \$0.50 |
| \$10,000 | \$0.50 | \$1.00 |

Eligible children include dependent children under age 26 as long as you apply for and are approved for coverage for yourself. Premium includes all eligible children.

VOLUNTARY HEALTH- RELATED PLANS



THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

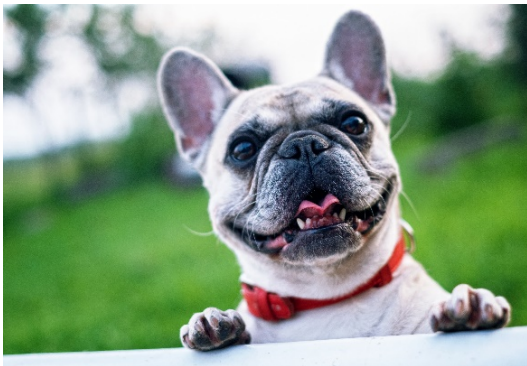
Critical Illness Insurance

Critical Illness Insurance from MetLife can help fill a financial gap if you experience a serious illness such as cancer, heart attack, or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, child care, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members, if needed. You may even be eligible for a benefit if you receive a covered wellness screening such as blood tests, stress tests, or a chest x-ray.

Hospital Indemnity Insurance

Hospital Indemnity Insurance from Aetna can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, child care, or for regular living expenses like groceries—you decide. You can enroll in this program during Open Enrollment or as a result of a Qualifying Life Event.

PLANS TO KEEP YOU AND YOUR FAMILY SECURE



CONTACT INFORMATION

See the Plan Contacts section of this guide.

Identity Theft Protection

Identity theft is serious. Victims can spend hundreds, even thousands of dollars and weeks of their own time to repair the damage done to their good names and credit records. The longer identity fraud goes undetected, the more expensive and difficult it becomes to resolve. Included within a Team Member's Life and Disability coverage, Identity Theft Protection from Sedgwick helps protect your personal information through proactive monitoring, identity restoration, and resolution.

Legal program

Do you have an attorney on retainer? Most people do not, so our legal program offers you access to legal advice and even representation for an affordable monthly premium. Whether you need assistance reviewing a rental agreement, fighting a traffic ticket, creating a will, buying a house, or navigating an IRS audit, legal coverage from Legal Shield offers reputable attorney assistance for you and your family. You can enroll in this program during Open Enrollment or as a result of a Qualifying Life Event.

Home and auto insurance

Your home, its contents, and your car would be expensive, perhaps even unaffordable, to replace. HireRight has partnered with MetLife to provide you with access to special group rates on home and auto insurance. Applications and quotes are available directly from MetLife. You can enroll in this program at any time.

Pet insurance

Pets are members of the family, too. When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account. Most plans offer coverage for costs associated with both accidents and illnesses—even medications. MetLife provides coverage for this program. You can enroll in this program at any time.

Adoption assistance

To help Team Members who choose to adopt, the Company offers an adoption assistance benefit. Reimbursement of allowable expenses associated with an adoption will be made up to a maximum reimbursement of \$2,500 per child once the adoption is final. If both parents are employed by the company, they may only receive a combined reimbursement of \$2,500 per child.



ADDITIONAL RESOURCES

SYDNEY APP

Meet Sydney Health — your digital connection to your health and your health plan. Sydney Health is simple and personalized, with convenient reminders and instant access to information about your Anthem or Empire medical, dental and vision plans anytime, anywhere. Visit the App Store or Google Play Store to download Sydney Health.

LIVEHEALTH ONLINE

LiveHealth Online lets you have a video visit with a board certified doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy.






Use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, rashes, infections, allergies or another common health condition. It's faster, easier and more convenient than a visit to an urgent care center. To learn more or schedule a visit, go to livehealthonline.com.

HEAL™

Heal™ is a service that lets you see a doctor at a time and place that is best for you. Heal doctors provide urgent care, preventive care, and more. On-demand visits are available to PPO members throughout California, Georgia, Virginia, New Jersey, New York, and Washington. Heal tells you how much a doctor's visit will cost before you book your appointment. For preventive care covered under your PPO plan, you pay nothing. For more detailed cost information, please check your plan documents. Home visits with Heal doctors are available 8 a.m. to 8 p.m. PST daily. To learn more or schedule a visit, go to heal.com or, call (844) 644-4325.

KNOW WHERE TO GO

Where you get medical care can have a significant impact on the cost. Here is a quick guide to help you know where to go, based on your condition, budget and time.

| Type | Appropriate for | Examples | Access | Average Cost* |
|---|---|--|------------------|----------------------|
| Nurseline  | Quick answers from a trained nurse 1-866-787-6371 | <ul style="list-style-type: none"> Identifying symptoms Deciding if immediate care is needed Home treatment options and advice | 24/7 | No Cost |
| Online visit  | Minor illnesses and conditions Livehealthonline.com | <ul style="list-style-type: none"> Common cold, flu, fever Headache, migraine Skin conditions Allergies | 24/7 | \$ Varies by Plan |
| At-home visit  | Minor illnesses and conditions http://www.heal.com/ 1-844-644-4325 | <ul style="list-style-type: none"> Common cold, flu, fever Headache, migraine Skin conditions Allergies | Business Hours | \$ Varies by Plan |
| Office visit  | Routine medical care and overall health management | <ul style="list-style-type: none"> Preventive care Illnesses, injuries Managing existing conditions | Office Hours | \$\$ |
| Urgent care, Walk-in clinic  | Non-life-threatening conditions requiring prompt attention | <ul style="list-style-type: none"> Stitches Sprains Animal bites Ear-nose-throat infections | Vary, up to 24/7 | \$\$\$ |
| Emergency room | Life-threatening conditions requiring immediate medical expertise | <ul style="list-style-type: none"> Suspected heart attack or stroke Major bone breaks Excessive bleeding Severe pain Difficulty breathing | 24/7 | \$\$\$\$ |

EMPLOYEE ASSISTANCE PROGRAM (EAP)



CONTACT THE EAP

Phone: 1-855-649-3017
(TDD: 1-800-697-0353)

Hours: 24 hours / 7 days week

Website:
www.GuidanceResources.com
To register, use company Web
ID: **HIRERIGHT**

Help for you and your household members

There are times when everyone needs a little help, advice, or assistance with a serious concern. The EAP through ComPsych Corporation can help you handle a wide variety of personal issues such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free, and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited phone access 24/7
- In-person or video counseling for short-term issues; up to 3 sessions within a six month period.
- Unlimited web access to helpful articles, resources, and self-assessment tools.

COUNSELING BENEFITS

- Difficulty with a relationship
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

PARENTING & CHILDCARE

- Referrals to quality providers
- Family daycare homes
- Infant centers and preschools
- Before/after school care
- 24-hour care

FINANCIAL COACHING

- Money management
- Debt management
- Identity theft resolution
- Tax issues

LEGAL CONSULTATION

- Referral to a local attorney
- Family issues (marital, child custody, adoption)
- Estate planning
- Landlord/tenant
- Immigration
- Personal Injury
- Consumer protection
- Real estate
- Bankruptcy

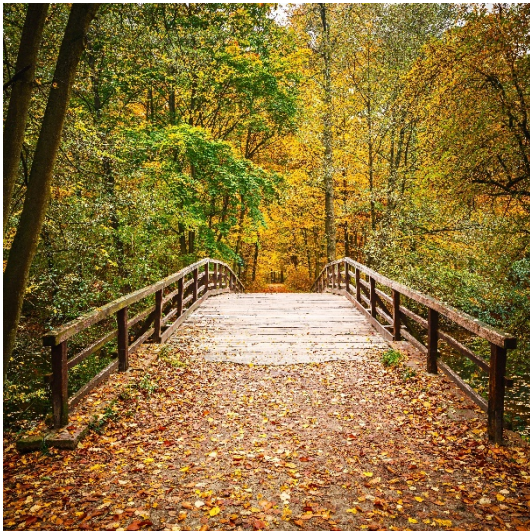
ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics

TIME AWAY FROM WORK



2021 Paid holidays

HireRight provides 9 paid holidays per year for regular full-time and regular part-time Team Members scheduled to work 20 or more hours per week.

Holiday hours for Team Members scheduled to work less than 40 hours per week will be prorated based on the number of scheduled work hours per week.

Team Members scheduled to work less than 20 hours per week, as well as intermittent, contingent, and temporary Team Members, are not eligible for paid holidays, unless required by law.

| | |
|------------------------|---------|
| New Year's Day | Jan. 1 |
| MLK Day | Jan. 18 |
| Presidents' Day | Feb. 15 |
| Memorial Day | May 31 |
| Independence Day | Jul. 5 |
| Labor Day | Sep. 6 |
| Thanksgiving Day | Nov. 25 |
| Day after Thanksgiving | Nov. 26 |
| Christmas | Dec. 24 |

2 Floating Holidays

Use the 2 floating holidays on or between Jan. 1 – Dec. 31, 2021

Must be hired 90 days prior to using floating holidays, except California/Montana; California/Montana Team Members must be hired 30 days prior to using floating holidays



IMPORTANT PLAN INFORMATION

In this section, you will find important plan information, including:

- Your medical, dental and vision benefit contributions for 2021
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them
- A Benefits Glossary to help you understand important insurance terms

YOUR BI-WEEKLY BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and, for medical coverage, how much you earn. **Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and Social Security taxes are calculated — so you pay less in taxes.**

MEDICAL Earnings Less Than \$30,000

| | Core PPO Plan | HDHP 1400 | HDHP 2000 |
|--|---------------|-----------|-----------|
| TEAM MEMBER ONLY | \$31.62 | \$63.09 | \$36.05 |
| TEAM MEMBER + SPOUSE OR DOMESTIC PARTNER | \$82.20 | \$163.98 | \$93.69 |
| TEAM MEMBER + CHILD(REN) | \$67.25 | \$134.17 | \$76.66 |
| TEAM MEMBER + FAMILY | \$133.62 | \$266.54 | \$152.31 |

MEDICAL Earnings Between \$30,000 - \$59,999

| | Core PPO Plan | HDHP 1400 | HDHP 2000 |
|--|---------------|-----------|-----------|
| TEAM MEMBER ONLY | \$40.25 | \$80.31 | \$45.88 |
| TEAM MEMBER + SPOUSE OR DOMESTIC PARTNER | \$101.17 | \$201.83 | \$115.34 |
| TEAM MEMBER + CHILD(REN) | \$82.75 | \$165.09 | \$94.34 |
| TEAM MEMBER + FAMILY | \$160.34 | \$319.85 | \$182.77 |

YOUR BI-WEEKLY BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and, for medical coverage, how much you earn. **Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and Social Security taxes are calculated — so you pay less in taxes.**

MEDICAL Earnings Between \$60,000 - \$99,999

| | Core PPO Plan | HDHP 1400 | HDHP 2000 |
|--|---------------|-----------|-----------|
| TEAM MEMBER ONLY | \$43.11 | \$86.03 | \$49.15 |
| TEAM MEMBER + SPOUSE OR DOMESTIC PARTNER | \$107.49 | \$214.43 | \$122.54 |
| TEAM MEMBER + CHILD(REN) | \$87.92 | \$175.43 | \$100.25 |
| TEAM MEMBER + FAMILY | \$169.25 | \$337.62 | \$192.92 |

MEDICAL Earnings Greater Than \$100,000

| | Core PPO Plan | HDHP 1400 | HDHP 2000 |
|--|---------------|-----------|-----------|
| TEAM MEMBER ONLY | \$45.97 | \$91.66 | \$52.38 |
| TEAM MEMBER + SPOUSE OR DOMESTIC PARTNER | \$113.77 | \$226.98 | \$129.69 |
| TEAM MEMBER + CHILD(REN) | \$93.09 | \$185.68 | \$106.11 |
| TEAM MEMBER + FAMILY | \$178.15 | \$355.38 | \$203.08 |

YOUR BI-WEEKLY BENEFIT COSTS

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and, for medical coverage, how much you earn. **Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and Social Security taxes are calculated — so you pay less in taxes.**

DENTAL

| | Basic Plan | Premium Plan |
|--|------------|--------------|
| TEAM MEMBER ONLY | \$8.14 | \$13.03 |
| TEAM MEMBER + SPOUSE OR DOMESTIC PARTNER | \$14.54 | \$22.47 |
| TEAM MEMBER + CHILD(REN) | \$14.98 | \$23.78 |
| TEAM MEMBER + FAMILY | \$22.96 | \$37.28 |

VISION

| | Basic Plan | Premium Plan |
|--|------------|--------------|
| TEAM MEMBER ONLY | \$2.88 | \$6.70 |
| TEAM MEMBER + SPOUSE OR DOMESTIC PARTNER | \$5.76 | \$13.39 |
| TEAM MEMBER + CHILD(REN) | \$6.15 | \$14.34 |
| TEAM MEMBER + FAMILY | \$9.84 | \$22.90 |

PLAN CONTACTS

HELPFUL RESOURCES

Your Benefits Center
www.yourbenefitscenter.com

HireRight Benefits Department
1-888-921-0563
M – F 8:00 a.m. – 5:00 p.m. PT

MEDICAL, DENTAL & VISION

Anthem Blue Cross of California
www.anthem.com
1-800-888-8288
M – F 8:00 a.m. – 6:00 p.m. ET

LiveHealth Online
www.livehealthonline.com
No Phone Number
24/7

Delta Dental of Virginia
www.deltadentalva.com/members/hireright
1-800-237-6060
M–Th 8:15 a.m. – 6:00 p.m. ET
F 8:15 a.m. – 4:45 p.m. ET

Vision Service Plan
www.VSP.com
1-800-877-7195
M–F 8:00 a.m. – 8:00 p.m. PT
Sat. 7:00 a.m. – 8:00 p.m. PT
Sun. 7:00 a.m. – 7:00 p.m. PT

ComPsych EAP
www.GuidanceResources.com
Web ID: HIRERIGHT
1-855-649-3017
24/7

SPENDING ACCOUNTS

Health Care and
Dependent Care FSA
www.anthem.com/ca
1-844-860-3535

Health Savings Account
www.anthem.com/ca
1-844-860-3535

Transportation/ Commuter
Accounts
www.anthem.com/ca
1-844-860-3535

LIFE INSURANCE AND VOLUNTARY BENEFITS

Life, AD&D and LTD Insurance
The Hartford
www.Hartford.com
1-800-523-2233
M – F 8 a.m. – 8 p.m (EST)

LegalShield
www.LegalShield.com
1-800-654-7757
M–F 7:00 a.m. – 7:00 p.m. CT

MetLife Auto, Home and Pet
Insurance
www.mybenefits.metlife.com
1-800-438-6388
M–F 9:00 a.m. – 6:00 p.m. ET

MetLife Critical Illness
www.MetLife.com
1-844-217-8215
M – F 8:00 a.m. – 11:00 p.m. ET

Aetna Hospital Indemnity
www.Aetna.com
1-800-571-4015

LEAVE OF ABSENCE

Leave of Absence and STD
www.MySedgwick.com
1-877-576-8149
Intake Call Center: 24/7
Customer Service Call Center:
M–F 7:00 a.m. – 8:30 p.m. CT

401(K)

Fidelity Investments
www.401k.com
1-800-835-5097
M–F 8:30 a.m. – 8:00 p.m. ET

GLOSSARY

-A-

AD&D Insurance

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount

The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated healthcare costs for the rest of the plan year.

-B-

Balance Billing

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference.

Beneficiary

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim

A request for payment that you or your healthcare provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Dental Basic Services

Services such as fillings, routine extractions, and some oral surgery procedures.

Dental Diagnostic & Preventive Services

Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays, and onlays.

Dependent Care Flexible Spending Account (FSA)

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include daycare, before and after-school programs, preschool, and summer day camp for children under age 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense

A service or product that is covered by your plan. Your plan will not cover any of

the cost if the expense is not eligible.

Excluded Service

A service that your health plan doesn't pay for or cover.

-F-

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug

A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA)

An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP)

A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more healthcare costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a Health Savings Account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

-I-

In-Network

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Out-of-network services will cost more, or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

GLOSSARY

-L-

Life Insurance

An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open Enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child into the family.

Out-of-Network

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA, or HRA.

Out-of-Pocket Maximum

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Outpatient Care

Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP, and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine / Teledoc

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury, or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

REQUIRED PLAN NOTICES

HEALTH PLAN NOTICES

These notices must be provided to plan participants on an annual basis and are available on yourbenefitscenter.com under the “Regulatory Notices” tab.

- **Medicare Part D Notice:** Describes options to access prescription drug coverage for Medicare eligible individuals
- **Women's Health and Cancer Rights Act:** Describes benefits available to those that will or have undergone a mastectomy
- **Newborns' and Mothers' Health Protection Act:** Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery
- **HIPAA Notice of Special Enrollment Rights:** Describes when you can enroll yourself and/or dependents in health coverage outside of Open Enrollment
- **HIPAA Notice of Privacy Practices:** Describes how health information about you may be used and disclosed
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP):** Describes availability of premium assistance for Medicaid eligible dependents

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this notice carefully to make sure you understand your rights and obligations.

