EMPLOYEE BENEFITS

January 1, 2018 - December 31, 2018

BSQUARE

WELCOME TO YOUR BENEFITS!

This benefits guide is intended to assist you and your family in understanding and accessing your benefits. We know that occasionally you may need additional information or further explanation about the contents of this booklet. You are welcome to contact any member of Human Resources at your convenience. This booklet will cover information regarding the following:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Account
- Short-Term Disability
- Long-Term Disability
- Life and AD&D
- Voluntary Life and AD&D
- Travel Assistance & ID Theft Protection Program
- Employee Assistance Program
- 401 (k)
- Paid Time Off and Holidays
- Pet Insurance

Please note, this document is presented as a matter of information and is not intended to constitute a promise or contractual commitment by the company. The company reserves the right to unilaterally change or terminate any or all of the programs discussed herein, as well as all of its benefit plans and programs, at any time and without prior notice. Also, modifications may be necessary to comply with applicable legal requirements. In the event of any inconsistency between a statement contained in this document and the relevant plan document or summary plan description, the plan document or summary plan description will control this document.

If you have questions about your benefits or if you need assistance with claims resolution, we have a dedicated Employee Benefit Support service provided by AHT Insurance. Your Employee Benefit Support is available to provide confidential assistance for you and your covered family members. Please see the contact page at the end of this guide.

ELIGIBILITY

Employee

All eligible employees scheduled to work 20 or more hours per week are eligible for benefits. Coverage will begin on date of hire.

Dependents

You may cover your eligible dependents, which include the following:

- Your legal spouse
- Your domestic partner*
- Your children up to the age of 26 (includes step children living at your address and/or for whom you have financial responsibility)
- Any dependent child who is incapable of self-support because of a physical or mental disability

*Benefits are extended to domestic partners; however, the value of these benefits must be included in your gross income and subject to federal income tax and FICA tax (unless the domestic partner is your tax dependent). This means a portion of your benefit contribution (the difference between the cost to cover you plus your domestic partner and the cost to cover just you) is deducted from your pay after taxes have been applied (referred to as "post tax"). It also means the premium your employer is paying on your behalf when you choose to cover your domestic partner is added to your taxable income. For more information, please contact Human Resources.

When can you enroll?

You can sign up for benefits at any of the following times:

- After completing initial eligibility period
- During the annual open enrollment period
- Within 30 days of a qualified life event

If you do not enroll at the above times, you must wait for the next annual open enrollment period.

Qualified Life Event Changes

You may make changes to your healthcare and insurance benefits choices once a year during the Open Enrollment period. All benefits you select will be effective until our next renewal, unless you have a "qualified change in status" or leave employment. Because many of your benefits are available on a pre-tax basis, the IRS requires you to have a qualified change in status in order to make changes to your benefit elections during the year.

- Marriage
- Divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receiving Qualified Medical Child Support Order (QMCSO)

If you have a qualified life event, you must timely notify Human Resources and complete the necessary forms. For more information, refer to your benefits booklets.

COST SHARING

Benefit Costs

Bsquare Corporation contributes 100% to your Medical, Dental, and Vision coverage. Bsquare Corporation contributes 65% to your dependents' Medical, Dental, and Vision coverage.

Costs below reflect your premiums per pay period.

Medical Dental and Vision	Your cost	Bsquare cost
Employee	$0.00	$377.15
Employee + SP/DP	$159.11	$673.11
Employee + SP/DP + Child	$296.03	$901.26
Employee + SP/DP + Children	$296.03	$901.26
Employee + Child	$126.80	$612.68
Employee + Children	$130.31	$613.72

Medical	Your cost	Bsquare cost
Employee	$0.00	$346.96
Employee + SP/DP	$146.45	$623.80
Employee + SP/DP + Child	$256.88	$832.56
Employee + SP/DP + Children	$256.88	$832.56
Employee + Child	$110.44	$555.72
Employee + Children	$110.44	$555.72

Dental	Your cost	Bsquare cost
Employee	$0.00	$26.24
Employee + SP/DP	$11.29	$44.95
Employee + SP/DP + Child	$34.27	$63.31
Employee + SP/DP + Children	$34.27	$63.31
Employee + Child	$14.99	$52.61
Employee + Children	$14.99	$52.61

Vision	Your cost	Bsquare cost
Employee	$0.00	$3.96
Employee + SP/DP	$1.38	$4.36
Employee + SP/DP + Child	$4.88	$5.40
Employee + SP/DP + Children	$4.88	$5.40
Employee + Child	$1.38	$4.36
Employee + Children	$4.88	$5.40

Employee Assistance Program

Covered at no cost to you

Short-Term Disability

Covered at no cost to you

Long-Term Disability

Covered at no cost to you

Life and AD&D

Covered at no cost to you

Voluntary Life and AD&D

Funded by employee

- **SP:** Spouse
- **DP:** Domestic Partner

STAYING HEALTHY

Medical Benefits Overview

Comprehensive and preventive care coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. The information below is a high-level overview of medical coverage only. Please see Human Resources for plan summaries detailing coverage information, limitations, and exclusions. Any deductibles, copays, and coinsurance amounts for percentages shown in the chart below are which you are responsible. **Medical benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.**

	United Healthcare	
Provider Network	**Choice Plus**	**Out-of-Network**
Annual Deductible Applies first unless copay only or otherwise noted	$500 individual $1,000 family	$1,000 individual $2,000 family
Out-of-Pocket Limit (OOP limit) Includes Deductible, Coinsurance, and Copays (including Rx)	$3,500 individual $7,000 family	$3,500 individual $7,000 family
Coinsurance Carrier / Member	80% / 20%	50% / 50%
Preventive Care		
Office Visit, Screenings, Immunizations	No charge	Not covered
Office Visits		
Office Visit	PCP: $25 copay SP: $50 copay	50%
Mental Health	$0 copay	50%
Virtual Visits	$10 Copay	Not available
Alternative Care Visits combined across all networks		
Chiropractic	$25 copay 20 visits PCY	50% 20 visits PCY
Outpatients Rehabilitation Visits combined across all networks		
Physical / Occupational / Massage	$25 copay 20 visits PCY per type	50% 20 visits PCY per type
Lab & X-ray		
Diagnostic Testing	0% Deductible waived	50%
Imaging, CT, PET Scans, MRIs	20%	50%
Prescription Drugs		
Generic / Brand / Specialty	$10 / $40 / $80	Retail Rx copay; can be balance bill
Mail Order	2.5x Rx Copay	Not covered
Urgent Care	$25 copay	50%
Emergency Room	20%	

- **PCY:** Per Calendar Year
- **Balance billing** may apply if a provider is not contracted. Members are responsible for amounts in excess of the allowable charge.

UNDERSTANDING HEALTH CARE FSA

Navia Benefits Solution

Bsquare annual contribution (will be prorated): $150 per employee

What are Health FSAs?

A Flexible Spending Account (FSA) is an employer-sponsored savings account for health care expenses. You are not taxed on the money put into the FSA, and you can then use the account to pay for qualified out-of-pocket health care costs, such as your deductible and copays, but not your premium.

How do FSAs work?

At the beginning of the plan year, you elect the total amount you want to have withdrawn from your paychecks to put into your FSA, and we will deposit the money into your account in equal allotments throughout the year.

Health FSA Advantages

Here are some of the advantages an FSA can provide:

- Tax reductions - The amount you contribute to a health FSA is not subject to federal income tax or social security (FICA) tax—effectively adjusting your annual taxable salary.
  - You can withdraw money from your FSA to pay for qualified medical expenses and your withdrawals are not taxed.
  - You do not have to report FSA amounts on your income tax return.
- Convenience - After the initial election at the beginning of the year, we will take care of transferring the allotted amount into your FSA through salary deferral.
- Flexibility - You can withdraw health FSA funds at any time (for qualified medical expenses), even if the amount has not yet been deposited into the account, as long as the amount is no more than your elected annual deferral amount less any amount already used.

Contributions

After your initial contribution election, you ordinarily cannot change your election for a plan year during the year. Your elected contribution amount can only be changed if you experience a permitted election change event, such as a change in family status and your FSA allows you to change your election.

The amount you choose to transfer into your FSA should be based on the amount of qualifying medical expenses you anticipate your family incurring during the plan year. Start by looking at your family's medical expenses for the past year and then determine whether your family will likely have those same expenses again and whether there will likely be any new expenses. Use this estimate to help you choose what amount you would like to contribute to your FSA, remembering that it is typically best to underestimate by a little than to overestimate and lose that money at the end of the year.

Maximum Health FSA Limit

Max Health FSA limit:	Your maximum contribution towards your FSA is $2,650 for the year 2018 calendar year. Bsquare contributes $150 per year on a pro-rata basis.
$500 Carryover Benefit:	Your FSA plan has a $500 Carryover benefit. The Carryover benefit allows participants to rollover up to $500 into the following plan year. The plan will continue to rollover up to $500 from year to year until the account is depleted or you terminate employment.

Qualified Expenses

You may use your health FSA to pay for or reimburse yourself for your own eligible medical expenses, as well as your spouses' and dependents' eligible medical expenses. Eligible medical expenses are unreimbursed medical care expenses, as defined under Section 213(d) of the Internal Revenue Code. Please see Human Resources for information on eligible expenses.

FSA Recordkeeping

In most cases, you will have to submit receipts and other proof that you purchased an eligible medical service or product in order to receive reimbursement. Make sure you retain all receipts, Explanation of Benefits (EOBs) and other documents to ensure that you have the necessary proof to obtain reimbursement from your FSA.

This is a brief explanation of FSAs. Please see Human Resources for more details.

UNDERSTANDING DEPENDENT CARE FSA

Navia Benefits Solution

Dependent Care FSA

Dependent Care FSAs are a separate election from Health FSAs. Below are rules governing a Dependent Care FSA:

- The dependent expense must be allowing you and your spouse to work, actively look for work or be a full-time student.
- Your dependent must live with you and must be 12 years old or younger. A dependent age 13 or older can be eligible if you can provide proof that the dependent cannot physically or mentally care for himself/herself.
- The care provider cannot be a dependent on your tax return or your child under the age of 19.
- A Day Care FSA works like a bank account. You cannot be reimbursed more than you have contributed to the account year to date.

- Some types of expenses are not eligible. These include tuition for school at the kindergarten level or above, overnight camp, nursing home expenses, meals, activity/supply fees and transportation costs. Montessori tuition is not allowable, however charges from a Montessori school for preschool and before and after school care are allowable.

Dependent Care Limit

The Dependent Care FSA limit is set by the IRS and is a calendar year limit per family. If your plan year is not on a calendar year, take extra care in calculating your annual election.

Dependent Care: **$5,000 ($2,500 if married, filing separately)**

This is a brief explanation of Dependent Care FSAs. Please see your Human Resources for more details.

UNDERSTANDING COMMUTER BENEFITS

Navia Benefits Solution

Bsquare monthly contribution : $150 per employee

What is a Commuter Benefit?

Internal Revenue Code Section 132 and the Transportation Equity Act for the 21st Century (TEA-21) allows employers to offer employees the opportunity to set aside a portion of their salary to pay for certain transportation expenses. The employee will not be taxed on amounts set aside and used for qualified expenses (that is, pre-tax dollars are used to pay the commuting expenses).

Monthly Limit Excluded from Income

2017 Parking:	$260
2017 Transit and vanpooling (combined):	$260

How it Works

The transportation fringe benefit is similar to the pre-tax flexible spending accounts available for medical expenses and dependent care. One important difference, however, is the transportation benefit does not include a "use it or lose it penalty," as is the case with medical/dependent care flexible spending accounts.

You elect to set aside a certain amount of pre-tax salary to cover qualified costs incurred in commuting to work. You will designate an amount (up to $260 per month) for mass transit expenses and a separate amount (up to $260 per month) for parking expenses — separate reimbursement accounts are maintained for each category, and funds cannot be commingled or transferred between accounts (for example, amounts cannot be transferred from the mass transit to the parking account).

Qualified Expenses

Parking expenses that can be paid with pre-tax dollars include the costs of **(1)** parking a vehicle in a facility that is near your work or, or **(2)** parking at a location from where the employee commutes to work (for example, the cost of parking in a lot at the train station so that the employee can continue his/her commute on the train).

Qualified Mass Transit Expenses

- Pass
- Token
- Fare card
- Voucher
- Any other item that entitles you to use mass transit

Tax Savings

Federal income tax and social security (FICA) tax are not imposed on amounts set aside for IRS Section 132 qualified transportation expenses.

STAYING HEALTHY

Dental Benefits Overview

Great oral health is an essential part of a healthy lifestyle. Your teeth and gums are important for almost everything you do in a day - from speaking and eating to living without pain. It can help you manage diabetes, dramatically reduce hospitalizations and medical costs, and stop dental conditions before they become major problems. The information below is a summary of dental coverage only. Please see Human Resources for plan summaries detailing coverage information, limitations, and exclusions. Coinsurance percentages shown in the chart below are amounts for which you are responsible.

	Guardian	
Provider Network	Dental Guard Preferred	Out-of-Network
Annual deductible	$25 individual $75 family	$50 individual $150 family
Is Deductible waived for Class I Services?	Yes	Yes
Annual benefit maximum Max provider will pay PCY	$2,000	$2,000
Do Class I Services accumulate towards the benefit maximum?	Not included	Not included
Coinsurance		
Class I (Preventive) Exams, X-Rays, Cleanings	0%	0%
Class II (Basic) Period, Endodontics, Fillings	10%	20%
Class III (Major) Crown, Dentures, Implants	50%	50%
Class IV (Orthodontia) Services	Not included	
Class IV (Orthodontia) Services		
Lifetime maximum	None	
Additional benefits		
Composite rider	Not included	
TMJ	No	
Waiting periods		
Class III (Major) Services	None	
Out-of-network coinsurance	Can be balanced billed by an out-of-network provider	
Out-of-network reimbursement	90th Percentile of UCR	

- **Balance billing** may apply if a provider is not contracted. Members are responsible for amounts in excess of the allowable charge.
- **Pre-Treatment Estimate:** If your dental work will be extensive, you should have your dentist submit the proposed treatment plan to the insurance company before you begin treatment. The insurance company will provide you with a summary of the plan's coverage and your estimated out-of-pocket costs.

STAYING HEALTHY

Vision Benefits Overview

Good visual health plays an extremely important role in contributing to overall health. Eye exams can detect symptoms of diseases such as diabetes, hypertension, multiple sclerosis, brain tumors, osteoporosis and rheumatoid arthritis. The information below is a summary of vision coverage only. Please see Human Resources for plan summaries detailing coverage information, limitations, and exclusions.

	Vision Service Plan	
Network	Signature	Out-of-network (reimbursed)
Plan copays		
Eye Exam	$10 copay	
Hardware (lenses and frames)	$30 copay	
Contacts (standard fitting and evaluation)	Up to $60 copay	
Benefit Frequency		
Eye Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
Contacts (in lieu of lenses and frames)	Once every 12 months	
Benefit Allowances		
Exam	100%	Up to $50
Frames	Up to $180	Up to $70
Lenses		
Single	100%	Up to $50
Lined Bifocals	100%	Up to $75
Lined Trifocals	100%	Up to $100
Elective Contacts (in lieu of lenses)	Up to $180	Up to $105
Lens Enhancements		
Anti-reflective Coating	Discounted	Not covered
Standard Progressive Lenses	$50 copay	Up to $75
Scratch Resistant Coating	Discounted	Not covered

- Costco is considered an out-of-network provider; however, unlike other out-of-network providers, Costco will submit your claim for eyewear purchases and exams directly to VSP.
- If you choose to go to an out-of-network provider, you will have to submit a reimbursement claim form which can be found on **www.vsp.com.**

PLANNING FOR THE UNEXPECTED

Short-Term Disability

Short-Term Disability (STD) insurance pays a percentage of your salary if you become temporarily disabled, meaning that you are not able to work for a short period of time due to sickness or injury (excluding on-the-job injuries, which are covered by workers compensation insurance). Please see Human Resources for plan summaries detailing coverage information, limitations and exclusions.

	Sun Life Financial
Weekly Benefit Amount	60%
Maximum Weekly Benefit	$2,500
Benefits Begin on	
Illness	14 days
Accident	14 days
Benefit Duration	11 weeks

Long-Term Disability

In the event that your illness or injury continues beyond your Short-Term Disability benefits, you may be eligible for Long-Term Disability benefits. The duration of benefits depends on your age when the disability occurs due to coordination of disability with Social Security retirement/disability benefits.

	Sun Life Financial
Monthly Benefit amount	60%
Maximum Monthly Benefit	$10,000
Benefits Begin on	90 days
Duration of Benefits	SSNRA

PLANNING FOR THE UNEXPECTED

Basic Life and AD&D

Life insurance can be used to help replace the lost income so the survivor can maintain the same standard of living. Basic Life insurance and Accidental Death and Dismemberment (AD&D) coverage is provided at no cost to you. Please see Human Resources for plan summaries detailing coverage information, limitations, and exclusions.

Sun Life Financial

Basic Life and AD&D

Employee	1x annual salary benefits up to $300,000 with $50,000 benefit minimum;
Spouse	$5,000 for spouse age 69 and under
Child	$2,500 for child(ren) age 6 months - 19 years or up to 25 years if full-time student $250 for child(ren) age 14 days - 6 months
Benefit Reductions	65% at age 70, 50% at age 75

Supplemental Life and AD&D

You can purchase Supplemental Life and AD&D coverage to provide you and your family additional financial security. Please see Human Resources for plan summaries detailing coverage information, limitations, and exclusions. You can elect additional life insurance for:

	Maximum Amount	Guarantee Issue
Employee	Benefits may be elected at $10,000 benefit increments: 5x annual salary up to $500,000 whichever is less	$150,000
Spouse	Cannot exceed 100% of employee's benefits: $5,000 spouse up to $250,000	$50,000
Child (Life only)	Cannot exceed 50% of employee's benefits: $2,5000 for child(ren) age 14 days up to 19 or 25 if full-time student	$2,500

Guarantee Issue: the maximum you can receive without completing an Evidence of Insurability form.

Evidence of Insurability

When applying for supplemental life insurance coverage, you may be asked to provide information about your general health to the insurance company. In some cases you will be required to submit to a basic physical exam. This is called evidence of insurability. If it is needed, you will receive the appropriate form after making your election. This form must be returned and approved by before your new election becomes effective. Instructions and rates are outlined in materials provided during orientation or Open Enrollment when you are able to enroll.

Age Band	Employee Rate per $1.000	Spouse per $1.000
0-24	$0.08	$0.08
25-29	$0.08	$0.08
30-34	$0.10	$0.10
35-39	$0.11	$0.11
40-44	$0.16	$0.16
45-49	$0.23	$0.23
50-54	$0.38	$0.38
55-59	$0.64	$0.64
60-64	$0.88	$0.88
65-69	$1.52	$1.52
70-74	$2.46	n/a
75+	$2.46	n/a
AD&D Rates	$0.04	$0.04

	Child per $1,000
Life Rate	$0.235
AD&D Rate	

Emergency Travel Assistance & Identity Theft Protection

Assist America

Emergency Travel Assistance

If you have a medical emergency while you are traveling for business or on a family vacation and you or your family members are more than 100 miles away from home, emergency travel assistance service is here for you. This service is provided through your Sun Life's Life insurance plan. You can call Assist America at any time, no matter where you or your family members (whether traveling together or seperately) are in the world. Customer Service is available 24 hours and 7 days a week.

These services are accessible to you free of cost:

- medical consultation, evaluation, referral
- hospital admission
- critical care monitoring
- prescription assistance
- legal and interpreter referrals
- emergency medical evacuation

SecureAssist Identity Protection

Identity Theft Protection

You are also eligible for the Identity Theft Protection program, also provided through your Sun Life's Life insurance plan. If you ever become a victim of identity theft, Assist America's SecureAssist Identity Protection Program will assist you with the following issues:

- Canceling stolen credit or debit cards and reissuing new cards
- Notifying financial institutions and government agencies

A case worker will be assigned to you to help you carry out the above services. In addition, below services are also available to you:

- 24 hours and 7 days a week telephone support
- Step-by-step guidance by anti-fraud experts
- Prevent identity theft before it happens: register up to 10 credit or debit cards for identity theft fraud protection surveillance
- Receive early warning of potential threats and you are notified if your identity has been misused

Emergency Travel Assistance

Membership#: 01-AA-SUL-100101

800.872.1414 (calls within US)

609.986.1234 (calls outside the US)

medservices@assistamerica.com

Identity Theft Protection

Membership#: 01-AA-SUL-100101

877.409.9597

To register your debit and credit cards for Identity Fraud Protections surveillance:

www.secureassist.com/sunlife

Access Code: 18327

LIFE CONSULTATION AND REFERRAL RESOURCES

Employee Assistance Program

Each person's life includes its own unique set of challenges. To help you cope with these challenges, we offer an Employee Assistance Program (EAP). This program is available to you and your household members. Enrollment is automatic and we pay the full cost for your coverage. All employees are eligible for confidential access to trained counselors 24/7 via telephone for assistance with issues.

ComPsych

Consultation Service

- Aging/Elder care and caregiving
- Alcohol and drug dependency
- Anxiety and depression
- Career path
- Divorce
- Gambling issues
- Grief and loss
- Terminal illness
- Work-related issues

Online Tools and Resources

- Parenting tools and resources
- Legal library
- Skill builders
- Eldercare tools and resources
- Daily living tools
- Identity theft victim resources

VALUING YOUR TIME

Paid Time Off (PTO)

The following holidays are recognized as paid holidays for regular, full-time and part-time employees (eligible on a pro-rata basis):

Holidays and Floating Holidays

The following holidays are recognized as paid holidays for regular, full-time and part-time employees (eligible on a pro-rata basis):

- New Year's Day - January 1 (Monday)
- Presidents Day - February 19 (Monday)
- Memorial Day - May 28 (Monday)
- Independence Day - July 4 (Wednesday)
- Labor Day - September 3 (Monday)
- Thanksgiving
  - November 22 (Thursday)
  - November 23 (Friday)
- Christmas
  - December 24 (Monday)
  - December 25 (Tuesday)

Employees also have available 2 Floating Holidays, which are awarded at the beginning of each year and can be used like PTO throughout the year, upon approval from your supervisor. Floating holidays are reset at the beginning of each calendar year and do not carry over into the following year.

*Employees hired during the year receive a prorated number of floating holidays. Ask Human Resources for details.

BUILDING A SECURE FUTURE

Fidelity

Retirement Savings Plan

We offer you a way to save for retirement through automatic enrollment in a 401(k) plan administered by **Fidelity**. This plan offers both the traditional pre-tax contribution election and the Roth 401(k) plan after-tax election option. You can self-direct your contributions into a number of Fidelity funds. Features of the plan include:

- Employee Pre-tax Contributions
- Roth Post-tax Contributions
- Employer Match Contributions
- Employer Discretionary Contributions

All eligible employees are auto-enrolled at a 6% contribution level to the pre-tax account. Contribution begins the first of the following month following your date of hire. Bsquare matches 50% of the first 6% you contribute. **Employer match contributions vest immediately!**

Employees may change their contribution amounts and fund options at anytime by accessing **www.401k.com**. Employees are also able to contribute after-tax dollars toward retirement savings through a Fidelity Roth Plan. These contributions are eligible for employer matching contributions.

Fidelity has a vast amount of resources available on their website to assist you in planning for retirement. There are variety of webinars in investing and saving, a Planning & Guidance Center to assist you in making plan changes and propectus on all available funds.

You may make changes to your salary deferral contributions, opt-out of participation, or review Fidelity fund options by going to **www.401k.com** and creating a user account and password. Also available upon request.

Pet Insurance Benefits

ASPCA Pet Health Insurance

Keep your Best Friend in the Best Hands

Since we do not limit you to a network, you can stick with the vet you trust. We even cover the most advance treatments, like chemotherapy and surgery, and some you may not expect, such as stem cell therapy and acupuncture. With ASPCA Pet Health Insurance, you can follow your vet's recommendations with less worry about cost.

Complete Coverage

With ASPCA Pet Health Insurance, you can choose the care you want when your pet is hurt or sick and have the comfort of knowing they have coverage.

Our coverage includes exam fees, diagnostics, treatments, and alternative therapies for:

- Accidents
- Illnesses
- Cancer
- Hereditary Issues
- Dental Disease

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Simple to Customize

Pick Your Annual Limit
You set your annual coverage limit, with choices from $5,000 to unlimited. *

Add Preventative Care

Get reimbursed a set amount for thing that protect your pet from getting sick, like vaccines, dental cleanings, and screenings for a little more per month.

Select Accident-Only Coverage

If you're just looking to have some cushion when your pet gets hurt, you can change your coverage to only include care for accidents.

*Pre-existing conditions are not covered. Waiting periods, annual deductible, co-insurance, benefit limits, and exclusions may apply.

Quote & Enroll

Get a customized quote and enroll online or by giving us a call.

Sumbit Claims

Sumbit claims the way that works for you - online, by mail, or by fax.

Get Reimbursed

Have your reimbursement directly deposited into your bank account or mailed. It's up to you!

ASPCA Pet Health Insurance

LEARN MORE:
1-877-343-5314
aspcapetinsurance.com

LEGAL NOTICES

Women's Health and Cancer Rights Act of 1998

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

If you would like more information on WHCRA benefits, please contact HR.

Newborns' and Mothers' Health Protection Act

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

Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

UNDERSTANDING COBRA

Common Questions

What is COBRA?

COBRA stands for the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA is a federal statute that requires employers to provide employees and their dependents who lose coverage under a group health plan maintained by the employer, as a result of a qualifying event, with an opportunity to continue group health insurance coverage.

What employers are subject to COBRA?

Employers who employed 20 or more employees on more than 50 percent of the business days in the prior calendar year are subject to COBRA. Small-employer plans, church plans, and governmental plans are not subject to COBRA. However, state and local governments are required to comply with parallel continuation coverage requirements under the Public Health Service Act. Individuals covered under the Federal Employees Health Benefit Program are provided with similar, but not identical, rights to continue coverage.

Pursuant to COBRA, who is a qualified beneficiary?

A qualified beneficiary is any individual who, on the day before the qualifying event, is covered under a health plan by virtue of being on that day either:

- An employee;
- A spouse of a covered employee;
- A dependent child of the covered employee*; or
- Any child who is born to or placed for adoption with a covered employee during a period of COBRA continuation coverage.

*A child covered under the plan pursuant to a qualified medical child support order (QMCSO) will also be a qualified beneficiary if he or she experiences a qualifying event.

Each qualified beneficiary has an independent right to elect COBRA. For example, if an employee and his spouse were covered under the health plan on the day before the qualifying event, the spouse may elect COBRA even if the employee declines coverage.

What is a COBRA qualifying event?

A qualifying event is any of a set of specified events that occur while a health plan is subject to COBRA and that results in a loss of coverage to a covered employee, covered spouse of a covered employee or a covered dependent child of a covered employee.

The specified events are:

- Termination of employment or reduction of hours of the covered employee (other than by reason of gross
- Death of a covered employee;
- Divorce or legal separation of a covered employee from the covered employee's spouse;
- A covered employee becoming entitled to Medicare benefits; and
- A dependent child ceasing to be a dependent child under the terms of the health plan

A qualifying event must: a) result in a loss of coverage; and b) be a result of one of the above specified events. Note that, although the employee's Medicare entitlement is a permissible qualifying event under COBRA, it will rarely cause a loss of coverage due to the Medicare secondary payer rules. Therefore, the employee's Medicare entitlement is usually not a true qualifying event.

What is an election period under COBRA?

Individuals that experience a qualifying event must be provided with an opportunity to elect COBRA continuation coverage at any time during the election period. An election period must be at least 60 days long.

The election period ends on the later of sixty days following: a) the date coverage under the plan terminates; or b) the date on which the qualified beneficiary receives notice from the Plan Administrator.

A qualified beneficiary's election is deemed to be made on the date it is sent to the employer or Plan Administrator.

This is a brief explanation of COBRA. Please see Human Resources for more details or visit http://www.dol.gov/dol/topic/health-plans/cobra.htm.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid

Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

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

Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991/
State Relay 711

KANSAS – Medicaid

Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

FLORIDA – Medicaid

Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: http://dch.georgia.gov/medicaid
- Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: http://www.hip.in.gov
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone 1-800-403-0864

IOWA – Medicaid

Website:
http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
Phone: 1-888-346-9562

NEW HAMPSHIRE – Medicaid

Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

MAINE – Medicaid

Website:
http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website:
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid

Website:
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website:
http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx
Phone: 1-855-632-7633

NEVADA – Medicaid

Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: http://www.dhhs.nh.gov/oii/documents/hipp.pdf
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 609-631-2392

NEW MEXICO – Medicaid and CHIP

Website: http://www.insurenewmexico.com
Phone: 1-888-367-2537

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/program/medicaid_buy_in.htm
Phone: 1-518-474-8517

NORTH CAROLINA – Medicaid

Website: http://www.ncdhhs.gov/dma
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website:
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid

Website:
http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/indexes.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website:
http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: http://www.eohhs.ri.gov/
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: http://dss.sd.gov

WASHINGTON – Medicaid

Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-
Phone: 1-800-562-3022 ext. 15473

TEXAS – Medicaid

Website: http://gethipptexas.com/
Phone: 1-800-440-0493

WEST VIRGINIA – Medicaid

Website:
http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx
Phone: 1-877-598-5820, HMS Third Party Liability

UTAH – Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

WISCONSIN – Medicaid and CHIP

Website:
https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

VERMONT– Medicaid

Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

WYOMING – Medicaid

Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

VIRGINIA – Medicaid and CHIP

Medicaid Website:
Medicaid Phone: 1-800-432-5924
CHIP Website:
CHIP Phone: 1-855-242-8282

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2019)

BENEFIT DEFINITIONS

In-Network

Consider your health care options highlighted in this guide. Some plans give you the freedom to use any health care provider of your choice. However, when you use an in-network provider, the percentage you pay out-of-pocket will be based on a negotiated fee, which is usually lower than the actual charges. If you use a provider who is outside of the network, you may be responsible for paying the difference between the Reasonable and Customary (R&C) charges and what the provider charges. R&C charges are set by the insurance carrier and are the amounts that are generally considered reasonable based on what most providers charge for a particular service in a geographic area.

Copayments and Coinsurance

A copayment (copay) is the fixed dollar amount you pay for certain in-network services. In some cases, you may be responsible for coinsurance after copay is made.

Coinsurance is the percentage of covered expenses shared by the employee and the plan. In some cases, coinsurance is paid after the insured meets a deductible. For example, if you pay 20% of an in-network covered charge, the plan pays 80%.

Annual Deductible

Your annual deductible is the amount of money you must first pay out-of-pocket before your plan begins paying for services covered by coinsurance. Some services, such as office visits, require copays and do not apply to the deductible.

After you meet your deductible, the plan pays for a percentage of eligible expenses (coinsurance) until you meet your out-of-pocket maximum. If you receive services from an out-of-network provider, the plan pays a lower percentage of coinsurance. Refer to your health care plan summaries for more information.

Out-of-Pocket Maximum

Some plans feature an out-of-pocket maximum, which limits the amount of coinsurance you will pay for eligible health care expenses. Once you reach that maximum, the plan begins to pay 100% of eligible expenses. There may be separate in- and out-of-network annual out-of-pocket maximums. Generally, copays, R&C charges, and deductibles do not apply to your out-of-pocket maximum.

Preventive Care Services

Preventive care is covered in-network at 100% for those services that are generally linked to designated routine wellness exams and screenings. Examples of preventive care include:

- Annual routine physicals, immunizations
- Bone-density tests, cholesterol screening
- Mammograms, pap smears, pelvic exams, PSA exams
- Sigmoidoscopies, colonoscopies

There may be limits on how often you can receive preventive care treatments and services. You should ask your health care provider whether your visit is considered preventive or non-preventive care.

STILL HAVE QUESTIONS?

We encourage all of our employees and their families to become familiar with your benefits. If you do not find what you need, please use the following contact information to speak directly with a benefits professional that can better serve you. Employee Benefit Support is available Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Standard Time.

All calls are confidential and monitored until resolution. Due to HIPAA Privacy, EBS may need to obtain your written authorization in order to assist with certain issues. If needed, an authorization form will be provided to you. You can always contact the providers directly as well.

Benefit	Carrier	Customer Service Information	
General Employee Benefit Support	AHT Insurance	Benefit Support: Phone: Email:	Kristina Fatur 206.770.7956 kfatur@ahtins.com
Claims Support	AHT Insurance	Benefit Support: Phone: Email:	Stephanie Stone 206.336.2993 sstone@ahtins.com
Medical	United Healthcare	Group Number: Customer Service: Network: Website:	743499 800.782.3158 Choice Plus PPO www.uhc.com
Dental	Guardian	Group Number: Customer Service: Network: Website:	443640 800.459.9401 PPO www.guardianlife.com
Vision	Vision Service Plan	Group Number: Customer Service: Network: Website:	30002252 800.877.7195 Signature www.vsp.com
Life and Disability	Sun Life Financial	Group Number: Customer Service: Website:	225220 800.247.6875 www.sunlife.com/us
Travel Assitance	Assist America	Membership#: Customer Service: Customer Service: E-mail:	01-AA-SUL-100101 800.872.1414 (calls within US) 609.986.1234 (calls outside US) medservices@assistamerica.com
Identitiy Theft Program	SecureAssist Identity Protection	Membership#: Registration Access Code: Customer Service: Registration Website:	01-AA-SUL-100101 18327 877.409.9597 www.secureassist.com/sunlife
Flexible Spending Account	Navia Benefits Solution	Company Code: Customer Service: Website:	BSQ 800.669.3539 www.naviabenefits.com
401(k)	Fidelity	Customer Service: Website:	800.835.5095 www.401k.com
Employee Assistance Program	ComPsych	User Name: Customer Service: Website:	EAP Business 877.595.5281 www.guidanceresources.com
Pet Insurance	ASPCA Pet Health Insurance	Customer Service: Website:	877.343.5314 www.aspcapetinsurance.com

SCRIBBLE PAD

SCRIBBLE PAD