

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

|                                 |  |
|---------------------------------|--|
| <b>Max Health FSA limit:</b>    | 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.   |
| <b>\$500 Carryover Benefit:</b> | 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

|   |       |
|---|-------|
| 2018 Parking:                           | \$260 |
| 2018 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                  |
|--|--|---------------------------------|
| <b>Annual deductible</b>   | \$25 individual<br>\$75 family                       | \$50 individual<br>\$150 family |
| <b>Is Deductible waived for Class I Services?</b>                  | Yes  | Yes                             |
| <b>Annual benefit maximum</b><br>Max provider will pay PCY         | \$2,000  | \$2,000                         |
| <b>Do Class I Services accumulate towards the benefit maximum?</b> | Not included   | Not included                    |
| <b>Coinsurance</b>   |  |                                 |
| Class I (Preventive)<br>Exams, X-Rays, Cleanings                   | 0%   | 0%                              |
| Class II (Basic)<br>Period, Endodontics, Fillings                  | 10%  | 20%                             |
| Class III (Major)<br>Crown, Dentures, Implants                     | 50%  | 50%                             |
| Class IV (Orthodontia) Services                                    | Not included   |                                 |
| <b>Class IV (Orthodontia) Services</b>                             |  |                                 |
| Lifetime maximum   | None   |                                 |
| <b>Additional benefits</b>   |  |                                 |
| Composite rider  | Not included   |                                 |
| TMJ  | No   |                                 |
| <b>Waiting periods</b>   |  |                                 |
| Class III (Major) Services   | None   |                                 |
| <b>Out-of-network coinsurance</b>                                  | Can be balanced billed by an out-of-network provider |                                 |
| <b>Out-of-network reimbursement</b>                                | 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) |
|--|-------------|-----------------------------|
| <b>Plan copays</b>                         |             |                             |
| Eye Exam                                   |             | \$10 copay                  |
| Hardware (lenses and frames)               |             | \$30 copay                  |
| Contacts (standard fitting and evaluation) |             | Up to \$60 copay            |
| <b>Benefit Frequency</b>                   |             |                             |
| 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        |
| <b>Benefit Allowances</b>                  |             |                             |
| 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                 |
| <b>Lens Enhancements</b>                   |             |                             |
| 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](http://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<br>\$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:<br>5x annual salary up to \$500,000 whichever is less       | \$150,000       |
| Spouse               | Cannot exceed 100% of employee's benefits:<br>\$5,000 spouse up to \$250,000  | \$50,000        |
| Child<br>(Life only) | Cannot exceed 50% of employee's benefits:<br>\$2,500 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<br>per \$1,000 | Spouse<br>per \$1,000 | Child<br>per \$1,000 |
|------------|------------------------------|-----------------------|----------------------|
| 0-24       | \$0.08                       | \$0.08                | Life Rate \$0.235    |
| 25-29      | \$0.08                       | \$0.08                | AD&D Rate            |
| 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                |                      |



# 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 separately) 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](mailto: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](http://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](http://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 prospectus 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](http://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 advanced 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 things 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.

### Submit Claims

Submit 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!



**LEARN MORE:**  
**1-877-343-5314**  
[aspcapetinsurance.com](http://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](http://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](http://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](http://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 –

|   |  |
|---|--|
| <p><b>ALABAMA – Medicaid</b></p> <p>Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a><br/>Phone: 1-855-692-5447</p>  | <p><b>FLORIDA – Medicaid</b></p> <p>Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a><br/>Phone: 1-877-357-3268</p>   |
| <p><b>ALASKA – Medicaid</b></p> <p>The AK Health Insurance Premium Payment Program<br/>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br/>Phone: 1-866-251-4861<br/>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br/>Medicaid Eligibility:<br/><a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></p>   | <p><b>GEORGIA – Medicaid</b></p> <p>Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a><br/>- Click on Health Insurance Premium Payment (HIPP)<br/>Phone: 404-656-4507</p>  |
| <p><b>ARKANSAS – Medicaid</b></p> <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br/>Phone: 1-855-MyARHIPP (855-692-7447)</p>  | <p><b>INDIANA – Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64<br/>Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a><br/>Phone: 1-877-438-4479<br/>All other Medicaid<br/>Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a><br/>Phone 1-800-403-0864</p>   |
| <p><b>COLORADO – Health First Colorado<br/>(Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b></p> <p>Health First Colorado Website:<br/><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br/>Health First Colorado Member Contact Center:<br/>1-800-221-3943/ State Relay 711<br/>CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a><br/>CHP+ Customer Service: 1-800-359-1991/<br/>State Relay 711</p> | <p><b>IOWA – Medicaid</b></p> <p>Website:<br/><a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a><br/>Phone: 1-888-346-9562</p>  |
| <p><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a><br/>Phone: 1-785-296-3512</p>   | <p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a><br/>Phone: 603-271-5218</p>   |
| <p><b>KENTUCKY – Medicaid</b></p> <p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a><br/>Phone: 1-800-635-2570</p>   | <p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Website:<br/><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a><br/>Medicaid Phone: 609-631-2392<br/>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br/>CHIP Phone: 1-800-701-0710</p> |
| <p><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a><br/>Phone: 1-888-695-2447</p>  | <p><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a><br/>Phone: 1-800-541-2831</p>  |

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

|   |   |
|---|---|
| <p><b>MAINE – Medicaid</b></p> <p>Website:<br/> <a href="http://www.maine.gov/dhhs/ofc/public-assistance/index.html">http://www.maine.gov/dhhs/ofc/public-assistance/index.html</a><br/>           Phone: 1-800-442-6003<br/>           TTY: Maine relay 711</p>  | <p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a><br/>           Phone: 919-855-4100</p>  |
| <p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a><br/>           Phone: 1-800-462-1120</p>  | <p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:<br/>           Phone: 1-844-854-4825</p>  |
| <p><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a><br/>           Phone: 1-800-657-3739</p> | <p><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br/>           Phone: 1-888-365-3742</p>   |
| <p><b>MISSOURI – Medicaid</b></p> <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/>           Phone: 573-751-2005</p>   | <p><b>OREGON – Medicaid</b></p> <p>Website:<br/> <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br/> <a href="http://www.oregonhealthcare.gov/indexes.html">http://www.oregonhealthcare.gov/indexes.html</a><br/>           Phone: 1-800-699-9075</p>      |
| <p><b>MONTANA – Medicaid</b></p> <p>Website:<br/> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/>           Phone: 1-800-694-3084</p>  | <p><b>PENNSYLVANIA – Medicaid</b></p> <p>Website:<br/> <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a><br/>           Phone: 1-800-692-7462</p> |
| <p><b>NEBRASKA – Medicaid</b></p> <p>Website:<br/> <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a><br/>           Phone: 1-855-632-7633</p>   | <p><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br/>           Phone: 401-462-5300</p>  |
| <p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a><br/>           Medicaid Phone: 1-800-992-0900</p>  | <p><b>SOUTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a><br/>           Phone: 1-888-549-0820</p>  |
| <p><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></p>   | <p><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program">http://www.hca.wa.gov/free-or-low-cost-health-care/program</a><br/>           Phone: 1-800-562-3022 ext. 15473</p>   |
| <p><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br/>           Phone: 1-800-440-0493</p>   | <p><b>WEST VIRGINIA – Medicaid</b></p> <p>Website:<br/> <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a><br/>           Phone: 1-877-598-5820, HMS Third Party Liability</p>                                       |
| <p><b>UTAH – Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br/>           CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br/>           Phone: 1-877-543-7669</p>   | <p><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website:<br/> <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a><br/>           Phone: 1-800-362-3002</p>   |
| <p><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br/>           Phone: 1-800-250-8427</p>  | <p><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a><br/>           Phone: 307-777-7531</p>   |
| <p><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Medicaid Website:<br/>           Medicaid Phone: 1-800-432-5924<br/>           CHIP Website:<br/>           CHIP Phone: 1-855-242-8282</p>  |   |

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



# SCRIBBLE PAD



# SCRIBBLE PAD







Washington, D.C. • Seattle • New York • Chicago • San Francisco

---

[www.ahtins.com](http://www.ahtins.com)