Spirion appreciates your commitment to our success. We’re equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully. It has a summary of your plan options and helpful tips for getting the most value from your benefits plans. We understand that you may have questions about annual enrollment, and we’ll do our best to help you understand your options and guide you through the process.

This guide is not your only resource, of course. Any time you have questions about benefits or the enrollment process, you can contact your human resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD).
A few notes about enrolling in benefits

At Spirion, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health — physical, emotional and financial — is the reason Spirion offers you this benefits program.

We conduct a thorough evaluation of our benefits program each year to ensure our coverage is competitively designed and priced. Throughout this entire process, our company is committed to these guiding principles:

- Access to health care and to top-rated doctors, providers, and networks.
- Choice of both proven and innovative plan designs.
- Affordability for all our employees.
- Fairness in cost-sharing between the company and our plan participants.
- Transparency of information so everyone can become better consumers of care.

As you look through this guide, you will see the benefit plan changes that we are excited to offer in 2020. We encourage you to carefully consider all of your options and make the right decisions for you and your family. We hope you are pleased with the options available to you, and we thank you for your continued efforts and support.
Open enrollment is your opportunity to elect covered on Spirion’s benefit plans. All elections made during open enrollment will be effective January 1, 2020 through December 31, 2020.

Outside of this open enrollment period, you will not have the chance to add, change, or remove benefits unless you have a qualifying life event.

Eligible employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week.

Dependent eligibility

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- Your spouse. This includes your legal spouse, common law spouse, domestic partner (same and opposite sex), and civil union (same and opposite sex).
- Your children up to the age of 26. This includes your natural children and those of your spouse, adopted children, stepchildren, foster children, or children obtained through court-appointed legal guardianship. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.

Qualifying events

At any time, other than open enrollment, a qualifying life event is required to change your benefit elections. A qualifying event is a change in your personal life that may impact your eligibility or a dependent's eligibility for benefits. Examples of qualifying events include:

- Change of legal marital status (e.g. marriage, divorce, death of spouse, or legal separation); or
- Change in number of dependents (e.g. birth, adoption, death of dependent, or ineligibility due to age); or
- Change in employment or job status for you or your spouse; or
- Spouse’s open enrollment

Qualifying life events: It is your responsibility to notify Human Resources within 30 days of the qualifying life event. Failure to do so may result in an inability to change your benefit election(s).
We are excited to announce that in 2020 we will be continuing coverage with Anthem of Ohio.

We will continue to offer our current PPO and HDHP medical plan options. Those who choose to enroll in the HDHP will continue to be eligible for a health savings account (HSA) and an employer HSA contribution. More information on HSAs can be found on page 10.

Here are some terms you’ll see in this guide:

**COINSURANCE:** Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you’ve paid your plan’s deductible. Your plan pays a certain percentage of the total bill, and you pay the remaining percentage.

**COPAY:** A fixed amount you pay for a specific medical service (typically an office visit) at the time you receive the service. The copay can vary depending on the type of service. Copays cannot be included as part of your annual deductible, but they do count toward your out-of-pocket maximum.

**DEDUCTIBLE:** The amount you pay for healthcare services before your health insurance begins to pay. For example, if your plan’s deductible is $3,000, you’ll pay 100 percent of eligible healthcare expenses until the bills total $3,000 for the year. After that, you share the cost with your plan by paying coinsurance.

**IN-NETWORK:** A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You’ll pay less when you use in-network providers.

**OUT-OF-NETWORK:** Care received from a doctor, hospital or other provider that is not part of the medical plan agreement. You’ll pay more when you use out-of-network providers.

**OUT-OF-POCKET MAXIMUM:** This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles, copayments and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

**REASONABLE AND CUSTOMARY:** The amount of money a health plan determines is the normal or acceptable range of charges for a specific health-related service or medical procedure. If your healthcare provider submits higher charges than what the health plan considers normal or acceptable, you may have to pay the difference.
# Medical and prescription drug plan summary

## Side by side

<table>
<thead>
<tr>
<th></th>
<th>$1,000 PPO</th>
<th></th>
<th>$3,000 HSA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td><strong>Calendar year deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,000</td>
<td>$3,000</td>
<td>$3,000</td>
<td>$9,000</td>
</tr>
<tr>
<td>Family</td>
<td>$2,000</td>
<td>$6,000</td>
<td>$6,000</td>
<td>$18,000</td>
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<tr>
<td><strong>Out-of-pocket maximum</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$3,200</td>
<td>$9,600</td>
<td>$4,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>Family</td>
<td>$6,400</td>
<td>$19,200</td>
<td>$8,000</td>
<td>$24,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>20%</td>
<td>50%</td>
<td>0%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Preventive services</strong></td>
<td>No charge</td>
<td>Deduct., then coins.</td>
<td>No charge</td>
<td>Deduct., then coins.</td>
</tr>
<tr>
<td><strong>Physician office visits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care</td>
<td>$30 copay</td>
<td>Deduct., then 50%</td>
<td>Deduct., then covered</td>
<td>Deduct., then coins.</td>
</tr>
<tr>
<td>Specialist</td>
<td>$60 copay</td>
<td>Deduct., then 50%</td>
<td>Deduct., then covered</td>
<td>Deduct., then coins.</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$75 copay</td>
<td>Deduct., then 50%</td>
<td>Deduct., then covered</td>
<td>Deduct., then coins.</td>
</tr>
<tr>
<td><strong>Hospital services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient/outpatient</td>
<td>Deduct., then coins.</td>
<td>Deduct., then coins.</td>
<td>Deduct., then coins.</td>
<td>Deduct., then coins.</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$350 Copay/20%</td>
<td>Deduct., then coins.</td>
<td>Deduct., then coins.</td>
<td>Deduct., then coins.</td>
</tr>
<tr>
<td><strong>Prescription drugs – 30 day supply</strong></td>
<td>$10</td>
<td>Deduct., then coins.</td>
<td>$10</td>
<td>Deduct., then coins.</td>
</tr>
<tr>
<td>Tier 1</td>
<td>$10</td>
<td>Deduct., then coins.</td>
<td>$10</td>
<td>Deduct., then coins.</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$40</td>
<td>Deduct., then coins.</td>
<td>$40</td>
<td>Deduct., then coins.</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$70</td>
<td>Deduct., then coins.</td>
<td>$70</td>
<td>Deduct., then coins.</td>
</tr>
<tr>
<td>Tier 4</td>
<td>25% Max $350</td>
<td>Deduct., then coins.</td>
<td>25% max $350</td>
<td>Deduct., then coins.</td>
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<tr>
<td><strong>Mail order – 90 day supply</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>$25</td>
<td>Not covered</td>
<td>$25</td>
<td>Not covered</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$120</td>
<td>Not covered</td>
<td>$120</td>
<td>Not covered</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$210</td>
<td>Not covered</td>
<td>$210</td>
<td>Not covered</td>
</tr>
<tr>
<td>Tier 4</td>
<td>25% max $350</td>
<td>Not covered</td>
<td>25% max $350</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

## Medical and prescription semimonthly employee payroll contributions

**Effective January 1, 2020**

<table>
<thead>
<tr>
<th></th>
<th>PPO</th>
<th>HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$155.91</td>
<td>$79.55</td>
</tr>
<tr>
<td>Employee + spouse</td>
<td>$456.67</td>
<td>$290.23</td>
</tr>
<tr>
<td>Employee + child(ren)</td>
<td>$254.09</td>
<td>$158.71</td>
</tr>
<tr>
<td>Family</td>
<td>$505.97</td>
<td>$326.07</td>
</tr>
</tbody>
</table>
COMMON QUESTIONS ABOUT ANTHEM

How do I find out if my provider is in Anthem’s network?

With Anthem we will not see any changes to our current network. To find out if a provider is in-network, please visit www.anthem.com/find-doctor. Search for providers or facilities in the BlueCard PPO (National PPO) network.

Can I go to any doctor I want?

You can visit any doctor of your choice, but it benefits you to visit an in-network provider. In-network providers offer deeper discounts for services, lowering the amount you owe for provider services. The out-of-network deductibles and coinsurance are often higher, which drives up the cost of your medical claims.

How do I receive a new Medical ID card?

Once you receive your ID card, you can log on to www.anthem.com to manage both your Medical and Prescription Drug benefits and order additional ID cards. Please share your new ID card with all your providers.

Digital ID cards can be accessed at any time through the Engage mobile application. More information on Engage is included on the next page.

How will this change affect my prescription drug utilization?

If you are a Home Delivery participant for prescription drugs, you will need to request new prescriptions from your doctor as your current mail-order prescriptions will not automatically transfer to Anthem. To determine which tier your prescription will fall into, please review Anthem’s formulary online at www.anthem.com.
GET CONNECTED

Engage program – register today!

Engage helps you make the most of your health plan and connect with resources to achieve your wellness goals. Simplify your health care experience with a personalized health assistant that connects you to the right benefits and programs at the right time. With Engage you can:

- Access a digital copy your member ID card anytime, anywhere.
- See medical and pharmacy benefits in once place.
- Sync fitness and wellness data with your wearable device.
- Find motivation to keep you active and healthy.
- Access LiveHealth Online and have face-to-face visits with a doctor or therapist (subject to cost-share).

1. Download
   To download the Engage Wellbeing mobile app, first go to the App Store or Google Play. Search for “Engage Wellbeing” and install.

2. Sign Up
   To use Engage, sign up and log in on your mobile device. You must register separately for www.anthem.com. You will be able to access anthem.com through the Engage app with one easy click.

3. Update
   Set preferences and update your personal information, password, email subscriptions, and notifications in the Account Settings tab.

Register on Anthem.com for the full member experience.

Anthem.com is a valuable resource for connecting with your health plan, viewing detailed information about your medical claims, and searching for care within your network. You can:

- Find a doctor
- Estimate your cost
- View your EOBs
- See detailed benefit information
- Review in-depth claims information, including amounts owed to your providers
TELEHEALTH

Anthem has partnered with LiveHealth Online to bring you care from the comfort and convenience of your home or wherever you are. Telehealth is a fast and simple way to see a doctor through your mobile device, computer, or tablet. It easy to use, private, and secure. Your physician can write a prescription too, if needed!

Doctors are available 24/7, and most visits only take about 10-15 minutes. Telehealth is free to enroll and more affordable than urgent care and emergency rooms at a $10 copay for the PPO plan and a $59 per visit charge on the HDHP.

Common services

Use this service for easy access to care for common medical issues.

- Cold.
- Flu.
- Stomach pain.
- Ear infections.
- Allergies.
- Sinus infection.
- Pink eye.
- Rashes.
- And more...

Additionally, LiveHealth Online offers online psychology visits from the comfort of your own home. If you or your family members are stressed or worried or are having a tough time, you can talk to a licensed therapist using LiveHealth Online. You can make an appointment through the mobile app or online.

Get started today

It’s quick and easy to sign up. Go to www.livehealthonline.com or register through the Engage portal. It is free to register and saves time when you first use this benefit.
HEALTH SAVINGS ACCOUNT (HSA)

Health savings account

A health savings account (HSA) is a personal healthcare bank account that you can use to pay out-of-pocket medical expenses with pre-tax dollars. If you enroll in our HDHP, you can open an HSA. Our HSA will continue to be managed by ACT WISE.

You own and administer your HSA. You determine how much you contribute to your account, when to use your money to pay for eligible medical expenses, and when to reimburse yourself. This is a bank account, so you must have money in the account before you can spend it.

You will receive a health savings account card, which works like a debit card, to pay out-of-pocket medical expenses. Just like a checking account, there may be times when funds are not yet available, so you may submit medical receipts to reimburse yourself when funds become available.

Eligibility

- You must elect the HDHP.
- You are not covered by your spouse’s health plan (unless it’s an HDHP), flexible spending account, or health reimbursement account (HRA).
- You are not enrolled in the Spirion healthcare FSA.
- You are not eligible to be claimed as a dependent on someone else’s tax return.
- You are not enrolled in Medicare, TRICARE, or TRICARE for life.

Funding and limits

Employees are responsible for tracking annual limits. Funding limits include both employer and employee contributions.

The 2020 IRS maximum contributions for these accounts are:

- $3,550 for employee-only coverage
- $7,100 for all other coverage levels

Individuals ages 55 or older may make an additional $1,000 annual contribution to their HSA.

Employer HSA contribution

In order to help our employees manage their healthcare expenses, Spirion will be providing an employer contribution into each individual’s HSA when you choose to enroll in the HDHP in 2020. Those enrolled in employee-only coverage will receive $516 annually in employer funds. Those who are enrolling themselves and at least one other on the plan will receive $1,020 annually in employer funds.
HSA eligible expenses

You can use HSA money to pay for eligible health expenses now or in the future. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered on your plan.

Eligible expenses examples:
- Medical expenses: copays, coinsurance, and deductibles
- Dental expenses: exams, cleanings, x-rays, and braces
- Vision expenses: exams, contact lenses, eyeglasses, and laser eye surgery
- Professional services: physical therapy, chiropractic, and acupuncture services
- Prescription drugs and insulin

Ineligible expenses examples:
- Babysitting
- Cosmetic surgery
- Funeral expenses
- Hair transplant
- Teeth whitening

Watch your account balance change and grow

By setting a goal of saving $1,000 per year in your HSA, see how you could accumulate $15,000 in savings over 15 years. These funds will be put in tax-free and grow tax-free, and they can be taken out tax-free for qualified expenses.

The funds in your HSA will earn interest annually. Additionally, after your account balance reaches $2,000, you will be able to invest your funds in select investment options. The earnings on your HSA funds will never be taxed.

Since this account is always yours and rolls over from year to year, you can choose to use it now or as another investment tool for retirement.
FLEXIBLE SPENDING ACCOUNTS

A great way to plan ahead and save money over the course of a year is to participate in a Flexible Spending Account (FSA) administered by ACT WISE. An FSA lets you redirect a portion of your salary on a pre-tax basis into a reimbursement account.

Healthcare flexible spending account

Money from this account can be used to pay qualified medical, dental, and vision expenses. Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute. Funds in the Healthcare FSA are available at the beginning of the plan year and can be used for your expenses and those of your spouse and dependents.

The maximum contribution in 2020 for the healthcare flexible spending account is $2,750 per household. This is a “use it or lose it” account. This means that any funds remaining in the account following the close of the plan year will be forfeited. You can elect to roll over up to $500 of unused funds, but any remaining dollar amount will be forfeited if unused. You will receive a debit card if enrolled in the Flexible Spending Account.

If you are contributing to an HSA through our plan or through your spouse’s, you are not eligible to participate in the healthcare FSA.

Grace period benefit

Our plan has a two-and-a-half-month grace period to allow you additional time to incur claims and use your contributed FSA funds to pay for eligible expenses. All services must be incurred between January 1, 2020, through March 15, 2021. Claims must be submitted by March 31, 2021.

Limited-purpose flexible spending account

If you are enrolled in the qualified high deductible health plan with the HSA, you are eligible to enroll in the limited-purpose flexible spending account. IRS rules state that you cannot have both an HSA and general health FSA since both apply funds toward your medical expenses.

A limited-purpose health FSA allows you to continue to contribute to an HSA. A limited-purpose health FSA is much like a general health FSA. The main difference is that the limited-purpose account is set up to reimburse only eligible FSA dental and vision expenses. The annual contribution limit for limited-purpose flexible spending accounts is $2,750.
401(K)

Our 401(k) Retirement Savings Plan through Voya helps you save for retirement and provides tax benefits now. You can access your retirement savings as early as age 59 ½ without penalty. You will just pay normal income taxes when you withdraw the money.

Annual contribution limits and employer contribution

<table>
<thead>
<tr>
<th>2020 maximum annual contribution</th>
<th>Up to $19,500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees 50 and older are eligible for an additional $6,500 catch-up contribution</td>
<td></td>
</tr>
</tbody>
</table>

| Employer match | Discretionary |

Eligibility

All regular employees age 21 and over are eligible to join the 401(k) plan on the first of the quarter following thirty days of employment.

401(k) Provider Information

You can access your account at www.voya.com to review investments and manage your account and contributions. You can also contact Voya customer services at (855) 663-8692.

Account Rollover

If you leave Voya, you will generally want to transfer (roll over) your money into another qualified retirement plan. Work with the plan administrator when making your rollover so that you don’t accidentally owe taxes and penalties.
DENTAL PLAN

This year, we are continuing our dental insurance with Guardian. Guardian has one of the largest national networks for dental providers. You may choose to see any provider you would like; however, those in the Guardian network will cost less than out-of-network providers.

Access to good oral healthcare can help keep your overall health costs down. Regular oral health exams can help detect significant medical conditions before they become serious. Dental professionals performing checkups can spot symptoms that could indicate serious health problems elsewhere in the body that need attention.

<table>
<thead>
<tr>
<th></th>
<th>PPO</th>
<th>DHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual deductible</strong></td>
<td>Individual –$50</td>
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<tr>
<td>Family – n/a</td>
<td>Family – $150</td>
<td></td>
</tr>
<tr>
<td><strong>Annual plan maximum</strong></td>
<td>$1,500 + Max rollover</td>
<td></td>
</tr>
<tr>
<td><strong>Lifetime orthodontia plan maximum</strong></td>
<td>$1,000</td>
<td></td>
</tr>
<tr>
<td><strong>Covered services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Class I — Preventive and diagnostic services</td>
<td>100%</td>
<td>70%</td>
</tr>
<tr>
<td>Class 2 — Basic restorative services</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>Class 3 — Major restorative services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Class 4 — Orthodontia</td>
<td>50%</td>
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Employee semimonthly dental payroll contributions

Effective Jan. 1, 2020

<table>
<thead>
<tr>
<th></th>
<th>PPO</th>
<th>DHMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$14.08</td>
<td>$11.65</td>
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<tr>
<td>Employee + spouse</td>
<td>$28.80</td>
<td>$23.83</td>
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<tr>
<td>Employee + child(ren)</td>
<td>$34.45</td>
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<tr>
<td>Family</td>
<td>$50.44</td>
<td>$38.66</td>
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</table>

How to Find an In-Network Provider

- Select Find a Provider in the upper part of the screen.
- Choose PPO under the Find a Dentist header as your plan type.
- Once you have completed the other requested information, click Search.
Guardian Dental — member benefits

Annual plan maximum rollover feature

Preventive care can help avoid costs of serious oral health issues. With the Guardian maximum rollover feature, you are rewarded for taking care of your oral health by going in for your preventive care with regular dental visits. This feature is available for each member enrolled in the dental plan.

For our plan, if all dental claims paid in any given year are less than $700, you will be eligible to roll over up to $350 to our next plan year. You can continue to roll funds over each year until you reach $1,500 in rollover credits to your annual plan maximum. This gives you an additional benefit on the dental plan of $1,500 over four years.

College tuition benefit

Dental plan participants are eligible for a college tuition benefit through Guardian. As the cost of college continues to rise, our goal is to help families keep up by providing this benefit that can be used at over 370 colleges and universities that participate with SAGE Scholars.

Each member enrolled in the dental plan will earn 2,000 credits per year, which are equivalent to $2,000 dollars toward tuition at any SAGE Scholar colleges or universities. In your fourth year with Guardian, you will receive a 2,500 bonus, making the total credits earned 4,500 in year four. See the chart below to see how you can accumulate 12,500 tuition credits or $12,500 in five years.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR 1</td>
<td>2,000</td>
</tr>
<tr>
<td>YEAR 2</td>
<td>4,000</td>
</tr>
<tr>
<td>YEAR 3</td>
<td>6,000</td>
</tr>
<tr>
<td>YEAR 4</td>
<td>10,500</td>
</tr>
<tr>
<td>YEAR 5</td>
<td>12,500</td>
</tr>
</tbody>
</table>
VISION PLAN

In 2020, we will be continuing our vision coverage with Guardian. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the VSP network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams are a great way to keep tabs on what is happening in your body. Your eyes are the only place in your body that provide a clear view of your blood vessels, arteries, and a cranial nerve, which can tell your doctor a lot about your overall health.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Contacts</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>12 months</td>
<td></td>
</tr>
<tr>
<td>Copay</td>
<td>$10</td>
<td>$46 allowance</td>
</tr>
<tr>
<td>Benefit</td>
<td>80% of amount over $120</td>
<td>$47 allowance</td>
</tr>
<tr>
<td>Contacts</td>
<td>$120 allowance + copay</td>
<td>$120 allowance</td>
</tr>
<tr>
<td></td>
<td>Covered 100%</td>
<td>$210 allowance</td>
</tr>
<tr>
<td>Single vision lens</td>
<td>$47 allowance</td>
<td>$120 allowance</td>
</tr>
<tr>
<td>Lined bifocals</td>
<td>$66 allowance</td>
<td>$85 allowance</td>
</tr>
<tr>
<td>Lined trifocals</td>
<td>$125 allowance</td>
<td>$125 allowance</td>
</tr>
<tr>
<td>Lenticular</td>
<td>$15 copay</td>
<td>$200 allowance</td>
</tr>
</tbody>
</table>

Semimonthly employee contributions

Effective Jan. 1, 2020

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$4.64</td>
</tr>
<tr>
<td>Employee + spouse</td>
<td>$7.25</td>
</tr>
<tr>
<td>Employee + child(ren)</td>
<td>$7.40</td>
</tr>
<tr>
<td>Family</td>
<td>$11.92</td>
</tr>
</tbody>
</table>

How to Find an In-Network Provider


- Select “Find a Provider” in the part of the screen.
- Choose “VSP” on the “Select Your Vision Plan” list.
- Once you have completed the other requested information, click “Continue.”
SALARY PROTECTION — LIFE INSURANCE

Basic life and accidental death and dismemberment (AD&D)

Spirion provides, at no cost to you, basic life and AD&D insurance. In the event of your death, our life insurance policy helps provide a general safety net for your beneficiaries. If you are a full-time employee, your coverage is $25,000. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. We will be partnering with Guardian for our life insurance coverage in 2020.

Voluntary life and AD&D

You have the opportunity to purchase voluntary life and AD&D insurance for yourself, your spouse, and/or your dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase voluntary life and AD&D insurance for yourself in order to purchase spouse and/or dependent child(ren) coverage. If you did not enroll in this coverage when you were first eligible, you will be subject to medical underwriting.

<table>
<thead>
<tr>
<th>Description</th>
<th>Employee</th>
<th>Spouse</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life benefit</td>
<td>Increments of $10,000 up to $500,000</td>
<td>Increments of $5,000 up to $250,000</td>
<td>Ages 14 days to 6 months: flat $10,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cannot exceed 50% of employee amount.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ages 6 months to 26 years: flat $10,000. Cannot exceed 50% of employee amount.</td>
</tr>
<tr>
<td>Guarantee issue amount</td>
<td>$150,000</td>
<td>$25,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>AD&amp;D benefit</td>
<td>Same as voluntary life</td>
<td>Same as voluntary life</td>
<td>Same as voluntary life</td>
</tr>
<tr>
<td>Age reduction schedule</td>
<td>50% at age 70</td>
<td>50% at age 70</td>
<td>N/A</td>
</tr>
</tbody>
</table>
ADDITIONAL VOLUNTARY BENEFITS

Accident

If you and your family are active, chances are you have encountered accidents and emergency rooms. A fall while biking or your child’s sprained ankle at soccer practice can cost you, even if you have medical insurance.

In the case of an accident, Guardian pays you cash benefits based on covered injuries, treatments, and services. Payments go directly to you, and you can pay for other expenses, like hospital traveling, childcare, and lost income from missed work.

Critical illness

Healthcare costs are on the rise. Even with medical insurance, you’re still responsible for co-payments, deductibles and other out-of-pocket costs, so a serious illness could really set you back financially. Guardian critical illness insurance supplements your medical plan — no matter what type of other coverage you have. Guardian pays you cash benefits based on each eligible diagnosis. The cash benefits are paid directly to you — you decide how to use them.

Hospital indemnity

If you become seriously ill or injured, it’s likely you will have a hospital stay. It may be a little scary, as well as expensive. While medical insurance may cover the hospital bills, there will also be non-medical expenses such as transportation to medical treatment or additional childcare, which could be considerable. Guardian Hospital Indemnity Insurance supplements your medical plan — no matter what type of other coverage you have. You receive cash benefits based on your covered sickness or injury, treatments, and services. The cash benefits are paid directly to you and can be used for any purpose — from covering medical copays and deductibles to paying for everyday expenses such as the mortgage, groceries, and utilities.

Voluntary coverage costs

When enrolling in a QHDHP, which typically leads to higher out-of-pocket costs voluntary benefits can be a great way to offset costs of accidents, chronic illnesses, and hospitalizations.

The additional benefits listed on this page are voluntary — meaning you must elect to enroll and pay an additional out-of-pocket premium for coverage.

Costs for each benefit are based on the benefit amounts elected and your age.

For more information on the coverage provided by these plans and associated costs, please refer to the Guardian benefit summaries.
DISABILITY COVERAGE

Voluntary short-term disability

Spirion ensures you have financial protection in the event of a short-term disability. Short-term disability coverage pays you a benefit if you are unable to work temporarily due to an injury, illness, or maternity leave. Full-time eligible employees are eligible for 60 percent of your current weekly earnings for up to 24 weeks. A 15-day waiting period for benefits applies.

Your doctor and the insurance company will work together to determine how long benefits are payable based on your condition.

Long-term disability

Sometimes circumstances are considered long term, often meaning greater financial stress and hardship for your family. Spirion offers a company-paid long-term disability policy to ensure financial protection for a longer period of time in the event that you are disabled and cannot work due to a covered injury or illness. Full-time employees are eligible for up to 50 percent of your basic annual earnings up to $5,000 per month after 180 days of disability.

The short-term and long-term disability coverages are provided through Guardian. Benefits may be reduced by income from other sources.
GYM MEMBERSHIP

Our building in St. Petersburg is now equipped with a fitness center for employee use. FIT @ 200 features:

- 2, 4K TVs with Spectrum cable service
- Wi-Fi service
- State-of-the-art recumbent bikes, treadmills and elliptical trainers with large interactive touch screens
- All-in-one resistance training machine
- Lower body resistance machine
- State-of-the-art stair climber
- Free weights ranging from 5 to 50 pounds
- Adjustable benches
- Separate room for yoga and floor exercises
- 2 unisex bathrooms with showers
- Lockers

If you are interested in obtaining the application and release, please see HR.

Additional information

- Conveniently located off of the lobby in Suite 135.
- The fitness center will be available Monday through Friday from 7:00 a.m. to 7:00 p.m. starting immediately.
- Memberships are annual only.
- The Fitness Center Consent & Release form must be signed and accompany the membership payment.
- Once your membership is accepted, your building access card will serve as your member key to the facility during its hours of operation. The Fitness Center Access Key form must also be completed.
- Fit @ 200 will not offer towel service.
OTHER COMPANY-PAID BENEFITS

EAP

WorkLifeMatters is your confidential employee assistance program, helping find balance between work and home life. WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055.
- Referrals to local counselors — up to 3 sessions free of charge.
- State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center.

WorkLifeMatters can offer help with:

- **Education.**
  - Admissions testing and procedures.
  - Adult re-entry programs.
  - College planning.
  - Financial aid resources.
  - Finding a preschool.

- **Dependent care and caregiving.**
  - Adoption assistance.
  - Before/after school programs.
  - Day care/elder care.
  - In-home services.

- **Legal and financial.**
  - Basic tax planning.
  - Credit and collections.
  - Debt counseling.
  - Home buying.
  - Immigration.

- **Lifestyle and fitness management.**
  - Anxiety and depression.
  - Divorce and separation.
  - Drugs and alcohol.

- **Working smarter.**
  - Career development.
  - Effective managing.
  - Relocation.

EAP resources online

For more information about WorkLifeMatters, go to www.ibhworklife.com.

User Name: Matters
Password: wlm70101
Medical and Prescription Drug
Anthem
Customer Service: See back of ID Card
Website: www.anthem.com
Group # - OH2295

Life and AD&D Insurance
Guardian
Customer Service: (800) 441-6455
Website: www.guardiananytime.com
Group # - 555855

Telehealth
LiveHealth Online
Customer Service: (888) 548-3432
Website: www.livehealth.com

Short- and Long-Term Disability
Guardian
Customer Service: (800) 538-4583
Website: www.guardiananytime.com
Group # - 555855

Health Savings Account
ACT WISE
Customer Service: (866) 755-2680
Website: www.actwise.anthem.com

Accident and Critical Illness
Guardian
Customer Service: (800) 541-7846
Website: www.guardiananytime.com
Group # - 555855

Flexible Spending Accounts
ACT WISE
Customer Service: (866) 755-2680
Website: www.actwise.anthem.com

Hospital Indemnity
Customer Service: (800) 541-7846
Website: www.guardiananytime.com
Group # - 555855

Dental
Guardian
Customer Service: (800) 541-7846
Website: www.guardiananytime.com
Group # - 555855

EAP
WorkLifeMatters
Customer Service: (800) 386-7055
Website: www.ibhworklife.com

Vision
Guardian (VSP Network)
Customer Service: (877) 814-8970
Website: www.guardiananytime.com
Group # - 555855

Retirement Savings
Voya Plan ID: 81C372
Customer Service Center: (800) 584-6001
Website: www.voyaretirementplans.com/enrollmentcenter
All changes must be made by November 27!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.