



2023 BENEFITS GUIDE

Spirion

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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. Anytime 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 healthcare 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 2023. 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.



ELIGIBILITY

Open enrollment or new hire waiting period is your opportunity to elect coverage on Spirion's benefit offering. All elections made during this period will be effective January 1, 2023, through December 31, 2023, or new hire waiting period, first of the month following the date of hire.

Outside of the open enrollment or new hire waiting periods, 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, domestic partner (same and opposite sex).
- Your children up to the age of 26. This includes your natural children and those of your spouse, your 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).

MEDICAL AND PRESCRIPTION DRUG PLAN

We are excited to announce that in 2023 we will be continuing coverage with Aetna.

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 12

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. Here are some terms you'll see in this guide:

Medical and prescription drug plan summary

Side by side

	\$1,500 PPO		\$3,500 HSA	
	In-network	Out-of-network	In-network	Out-of-network
Calendar year deductible				
Individual	\$1,500	\$3,000	\$3,500	\$9,000
Family	\$3,000	\$6,000	\$7,000	\$18,000
Out-of-pocket maximum				
Individual	\$4,000	\$9,600	\$4,000	\$12,000
Family	\$8,000	\$19,200	\$8,000	\$24,000
Coinsurance	20%	50%	0%	20%
Preventive services	No charge	Deduct., then coins.	No charge	Deduct., then coins.
Physician office visits				
Primary care	\$30 copay	Deduct., then 50%	Deduct., then covered	Deduct., then coins.
Specialist	\$60 copay	Deduct., then 50%	Deduct., then covered	Deduct., then coins.
Urgent care	\$75 copay	Deduct., then 50%	Deduct., then covered	Deduct., then coins.
Hospital services				
Inpatient/outpatient	Deduct., then coins.	Deduct., then coins.	Deduct., then coins.	Deduct., then coins.
Emergency room	\$350 copay/20%		Deduct., then coins.	Deduct., then coins.
Prescription drugs — 30-day supply			Medical deductible applies	
Tier 1	\$10	Deduct., then coins.	\$10	Deduct., then coins.
Tier 2	\$40	Deduct., then coins.	\$40	Deduct., then coins.
Tier 3	\$70	Deduct., then coins.	\$70	Deduct., then coins.
Tier 4	25% max \$350	Deduct., then coins.	25% max \$350	Deduct., then coins.
Mail order — 90-day supply				
Tier 1	\$25	Not covered	\$25	Not covered
Tier 2	\$120	Not covered	\$120	Not covered
Tier 3	\$210	Not covered	\$210	Not covered
Tier 4	-	Not covered	-	Not covered

Medical and prescription semimonthly employee payroll contributions

Effective January 1, 2023

	PPO — No wellness	PPO — Wellness rates	HSA — No wellness	HSA — Wellness rates
Employee	\$121.61	\$101.61	\$62.05	\$42.05
Employee + spouse	\$385.63	\$365.63	\$245.08	\$225.08
Employee + child(ren)	\$214.56	\$194.56	\$134.02	\$114.02
Family	\$427.26	\$407.26	\$275.34	\$255.34

COMMON QUESTIONS

How do I find out if my provider is in Aetna's network?

With Aetna, we will be seeing minimal to no changes to our current network. To find out if a provider is in-network, please visit [aetna.com](https://www.aetna.com). Search for providers or facilities in the Open Choice 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 oftentimes 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 [aetna.com](https://www.aetna.com) to manage both your medical and prescription drug benefits and order additional ID cards. Please share your ID card with all your providers.

Digital ID cards can be accessed at any time through the Aetna Health app. More information on the Aetna Health app is included on the next page.



AETNA RESOURCES

Aetna Health app

Manage your benefits at home or on the go.

Understand and manage your benefits

- Review your plan's benefits and coverage details
- See healthcare costs, how much is covered by your plan, and where you are with your deductible and out-of-pocket maximum
- View and pay claims, with an even easier option to now submit claims digitally through your member website
- Access your ID card whenever you need it

Connect to care and stay healthy

- Find in-network providers, including those offering telemedicine services, as well as walk-in clinics and urgent care centers near you
- Get cost estimates before you get care**
- View ratings and reviews of providers
- Receive personalized reminders to help you improve your health

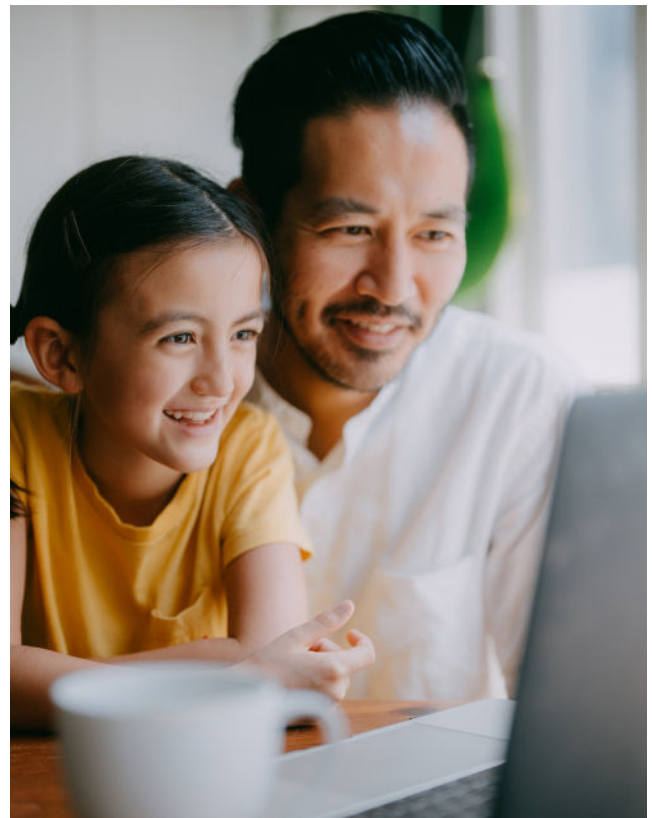
*Terms and Conditions: Aetna.com/Terms. Privacy Policy: Aetna.com/legal-notice/privacy.html. By texting 90156, you consent to receive a one-time marketing automated text message from Aetna® with a link to download the Aetna HealthSM app. Consent is not required to download the app. You can also download by going to the Apple® App Store® or Google Play.

**Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Get started today

- Visit myaetnawebsite.com to register for your member website
- Get the Aetna HealthSM app by texting "AETNA" to 90156 to receive a download link. Message and data rates may apply.*





Aetna Smart Compare

Our goal is to make it simple for your employees find quality healthcare. That's the idea behind Aetna Smart Compare. Aetna Smart Compare is a member-centered experience focused on clinical quality that helps our members find the best doctors to address their clinical needs. And that helps keep their healthcare journey affordable from the beginning all the way through the management of their health conditions.

Aetna Smart Compare has two core components

1. We identify high-performing providers for specific procedures and conditions.
2. We coordinate interventions across channels to help consumers identify high-performing providers.

Aetna Smart Compare uses a unique methodology to direct employees to appropriate high-performing in-network doctors. Leveraging our deep expertise in digital member platform tools and our robust data set of quality provider results, we find the best provider for each member based on their personal needs. The result is quality outcomes and greater cost savings.

We give our members the ability to choose high-quality and cost-effective providers who can deliver quality outcomes and lower overall health care costs at a time when that's extra important. With Aetna Smart Compare, we take away the guesswork and research required to find the best provider for their condition and give them access to the best care for their needs at the right time.

WELLNESS PROGRAM

Asset Health

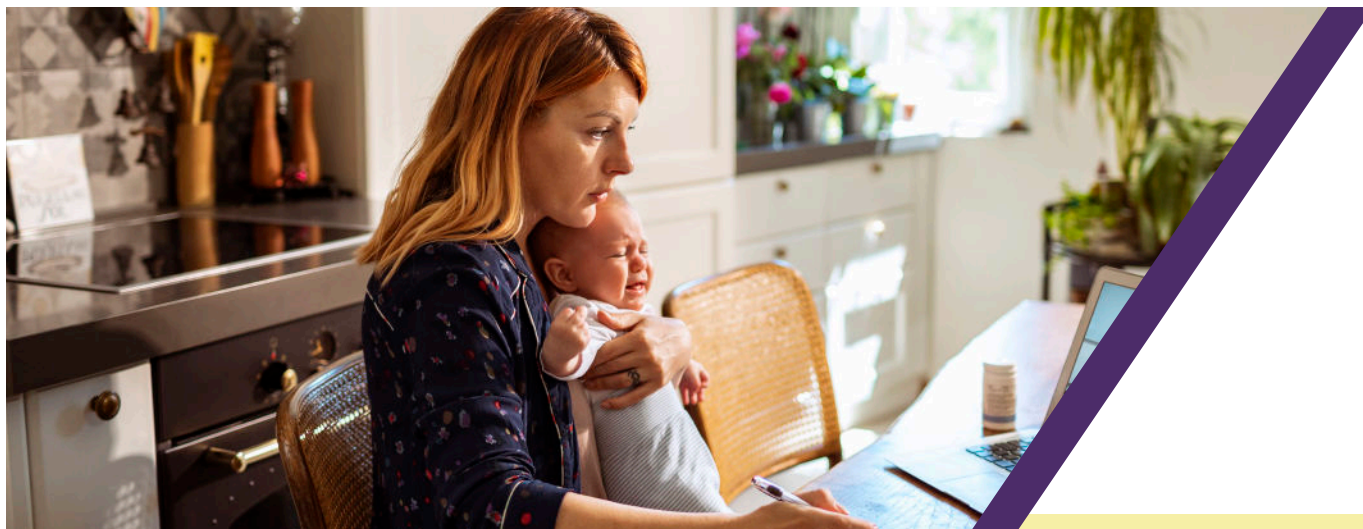
Your health plays a central role in your overall well-being. That's why we've partnered with Asset Health to offer comprehensive wellness offerings and streamline the process to engage in the program.

Through various activities and online programming, you will have many opportunities to earn an incentive and better understand your most important asset — your health!

The following programs and features will be available to you through Asset Health:

- Online wellness portal
- Health risk assessment (HRA)
- Biometric screening opportunities
- Courses on various health topics
- Wellness challenges
- Healthy activity goals
- Personalized incentive tracking
- And more!





TELEHEALTH

Teladoc, Inc. | teladoc.com/aetna | (855) 835-2362

Get started today

To arrange a consultation, members call the toll-free number below or visit the Teladoc website at teladoc.com/aetna or use the Teladoc mobile app.

We offer phone and online video consultations with physicians to members through Teladoc, Inc. Teladoc serves over 20 million members as the nation's largest telehealth provider. Teladoc provides access to a national network of board-certified physicians. These physicians can diagnose, recommend treatment, and write short-term prescriptions for members by phone. The network includes family practitioners, internal medicine physicians, emergency medicine physicians, and pediatricians. For PPO plan participants, any appointment virtually with a provider will have the same copays as in-person visits of the same visit type. For HDHP participants, see next page for copay information. See your plan documents for copay amounts.

For an illness or injury that is not an emergency, this service is a convenient, cost-effective alternative to hospital emergency rooms and urgent care clinics. Teladoc isn't intended to replace a member's physician but provides access to healthcare when reaching the physician is not possible.

Common services

Teladoc's experience and quality make a difference for our members with a robust set of benefits. This includes:

- Convenience of 24-hour, 7-day access by phone
- Online video consultations available 7 a.m. to 9 p.m. in each time zone
- Shorter wait times (physician callbacks average 15 minutes)
- Less out-of-pocket expense
- No appointment or referral required
- Talk directly with a U.S. board-certified physician

We also include our mental health and dermatology programs to complement the general medical care under Teladoc.

made available through



You've got Teladoc

Access to quality care at your fingertips

For HDHP participants, above fees are the maximum that you will pay for each teladoc visit. Those fees will be paid until the deductible is met.

General medical

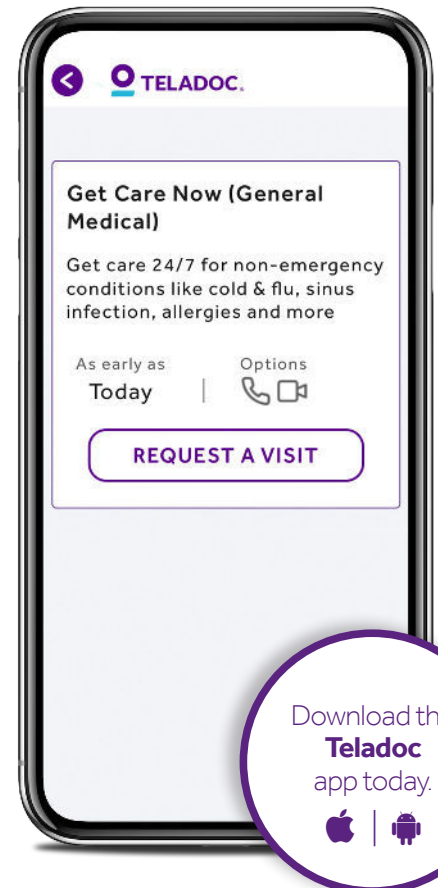
- \$49 or less/visit
- Talk to a licensed doctor for non-emergency conditions 24/7
- Flu • sinus infections • sore throats • and more

Mental health

- \$85 or less/therapist visit
- \$190 or less/psychiatrist first visit
- \$95/psychiatrist ongoing visit
- Talk to a therapist 7 days a week (7 a.m. to 9 p.m. local time)

Dermatology

- \$75 or less/consult
- Upload images of a skin issue online and get a custom treatment plan within 2 days
- Eczema
- Acne
- Rashes
- And more



Set up your account or log in today.

www.teladoc.com/aetna | 1-855-Teladoc (835-2362)

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 be managed by Payflex in 2023.

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 2023 IRS maximum contributions for these accounts are:

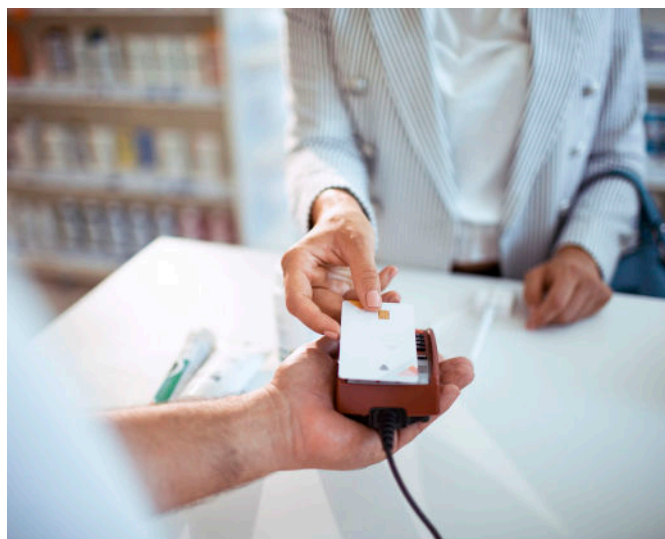
- \$3,850 for employee-only coverage.
- \$7,750 for all other coverage levels.

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 2023.

Those enrolled in employee-only coverage will receive \$750 annually in employer funds. Those who are enrolling themselves and at least one other on the plan will receive \$1,500 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:

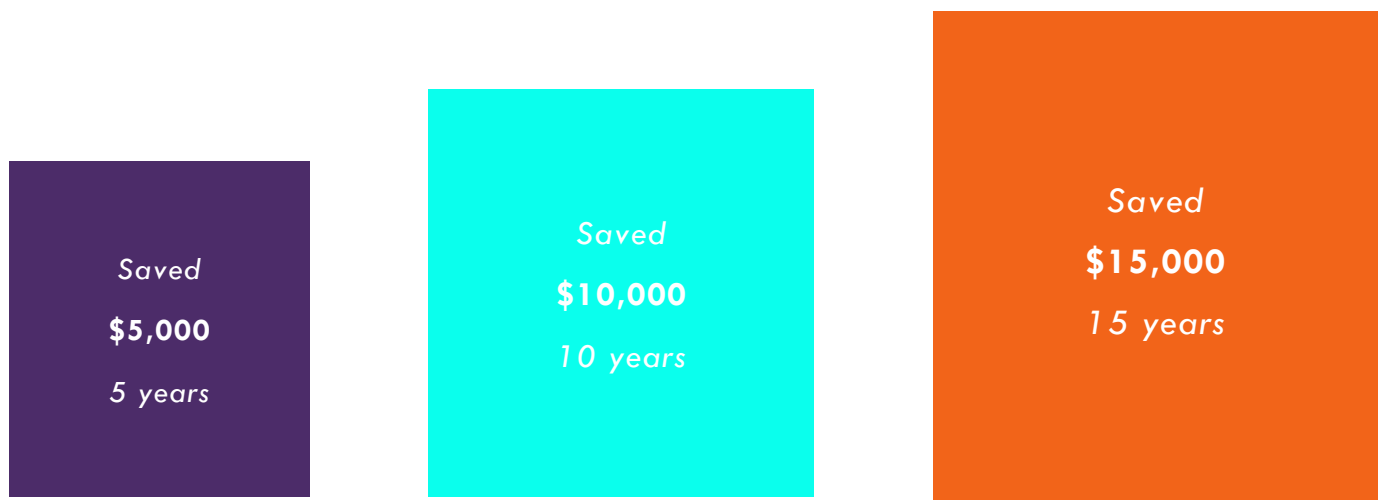
- Babysitting.
- Cosmetic surgery.
- Funeral expenses.
- Hair transplant.
- Teeth whitening.

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 Payflex. 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 2023 for the healthcare flexible spending account is \$3,050 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 \$610 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.

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 \$3,050.



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

2023 maximum annual contribution	Up to \$22,500. Employees 50 and older are eligible for an additional \$7,500 catch-up contribution.
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 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 Aetna, who has one of the largest national networks for dental providers. You may choose to see any provider you would like; however, those in the Aetna 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.

PPO		
	In-network	Out-of-network
Annual deductible	Individual — \$50	
Family — N/A	Family — \$150	
Annual plan maximum	\$1,500 + Max rollover	
Lifetime orthodontia plan maximum	\$1,000	
Covered services	In-network	Out-of-network
Class 1 — Preventive and diagnostic services	100%	70%
Class 2 — Basic restorative services	60%	50%
Class 3 — Major restorative services	50%	50%
Class 4 — Orthodontia	50%	

Employee semimonthly dental payroll contributions

Effective January 1, 2023

PPO	
Employee	\$14.50
Employee + spouse	\$29.66
Employee + child(ren)	\$35.48
Family	\$51.95

How to find an in-network provider

You may locate participating dental providers by accessing the Aetna website at [aetna.com](https://www.aetna.com).

- Select **Find a Doctor** in the upper left hand side of the screen.
- On the left hand side of the screen, log in to find doctors, and other providers that accept your plan.
- If before 01/01/23, select **“Plan from an employer”** in the guests section, then continue as guest and select **“Dental PPO/PDN with PPO II and Extend”** to see in-network dentists.

VISION PLAN

In 2023, we will be continuing our vision coverage with Aetna. 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 Aetna 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.

Frequency	In-network	Out-of-network
Exam	12 months	
Lenses	12 months	
Contacts	12 months	
Frames	12 months	
Copoly		
Exam	\$10	\$46 allowance
Benefit		
Frames	80% of amount over \$120	\$47 allowance
Contacts Elective Medically necessary	\$120 allowance + copay Covered 100%	\$120 allowance \$210 allowance
Single vision lens	\$15 copay	\$47 allowance
Lined bifocals		\$66 allowance
Lined trifocals		\$85 allowance
Lenticular		\$125 allowance

Semimonthly employee contributions

Effective January 1, 2023

Employee	\$4.64
Employee + spouse	\$7.25
Employee + child(ren)	\$7.40
Family	\$11.92

How to find an in-network provider

You may locate participating vision providers by accessing the Aetna website at [aetna.com](https://www.aetna.com).

- Select Find a Doctor in the upper left hand side of the screen.
- On the left hand side of the screen, log in to find doctors and other providers that accept your plan.
- If before 01/01/23, select "Plan from an employer" in the guests section, then continue as guest and select "Aetna Vision Preferred" to see in-network vision providers.

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 for you and your dependents. In the event of your death, or the death of your dependents, our life insurance policy helps provide a general safety net for you and your beneficiaries. If you are a full-time employee, your coverage is \$25,000. The spouse benefit is \$5,000, child benefit is \$5,000, and infant (birth to 14 days) benefit is \$1,000. 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.

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. Learn more about [Guardian life](#) insurance.

Description	Employee	Spouse	Child
Life benefit	Increments of \$10,000 up to \$500,000	Increments of \$5,000 up to \$250,000. Cannot exceed 50% of employee amount.	Ages 14 days to 6 months: flat \$10,000 Ages 6 months to 26 years: flat \$10,000. Cannot exceed 50% of employee amount.
Guaranteed issue amount	\$150,000	\$25,000	\$10,000
AD&D benefit	Same as voluntary life	Same as voluntary life	Same as voluntary life
Age reduction schedule	50% at age 70	50% at age 70	N/A

Example

If the rate is \$0.066 per \$1,000 and an enrollee elects \$20,000 in coverage, the monthly premium will be \$1.32.

\$0.066	x	20	=	\$1.32	x	1/2	=	\$0.66
Plan rate (determined by age)		Coverage per \$1,000		Monthly premium				Per pay period

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.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

We all know that life can be challenging at times. Issues like illness, debt, and family problems can leave us feeling worried or anxious and not able to be at our best. The EAP, UpriseHealth, provides confidential support and resources for you and your dependents at no charge. You can seek expert guidance for any kind of issue, from everyday matters to more serious problems affecting your well-being.

Here's what the program offers:

- EAP: Three face-to-face visits with experienced clinicians (per occurrence), without any per-session cost to you.
- Legal resources: Unlimited phone access to UpriseHealth legal professionals, an initial consultation at no charge with a local attorney and discounts on additional services.
- Financial resources: Unlimited phone access to financial professionals for information regarding personal finance and related issues.
- Work/life resources: Information and referrals on child care, elder care, adoption, relocation, and other personal convenience matters.

The EAP provides counseling on all aspects of life, including:

- Difficulties in relationships.
- Emotional/psychological issues.
- Stress and anxiety issues with work or family.
- Alcohol and drug abuse.
- Personal and life improvement.
- Legal or financial issues.
- Depression.
- Child care and elder care issues.
- Grief issues.

Assistance around the clock

Whenever you need assistance with a work/life issue, the EAP is there for you, 24 hours a day. Specialists are available for confidential 24/7 assistance and support.

UpriseHealth

EAP resources online

For more information about UpriseHealth, go to worklife.uprisehealth.com

Access Code: worklife

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, Aetna 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 travel, child care, and lost income from missed work.

Rates per pay period	
Employee	\$5.14
Employee & spouse	\$8.43
Employee & child	\$8.75
Family	\$12.04

Critical illness

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

Employee						
Benefit amounts	<30	30-39	40-49	50-59	60-69	70+
\$10,000	\$4.35	\$6.30	\$12.45	\$23.45	\$36.60	\$71.50
\$20,000	\$8.70	\$12.60	\$24.90	\$46.90	\$73.20	\$143.00
Spouse						
Benefit amounts	<30	30-39	40-49	50-59	60-69	70+
\$10,000	\$4.35	\$6.30	\$12.45	\$23.45	\$36.60	\$71.50
\$20,000	\$8.70	\$12.60	\$24.90	\$46.90	\$73.20	\$143.00

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 Aetna benefit summaries.

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 child care, which could be considerable. Aetna 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.

Rates per pay period	
Employee	\$11.90
Employee & spouse	\$29.60
Employee & child	\$21.44
Family	\$39.15





ADDITIONAL BENEFITS

Identity theft protection

Identity theft protection — LifeLock with Norton Anti-virus

Each year millions of Americans will fall victim to identity fraud. Spirion LLC provides, at no cost to you, identity theft protection through LifeLock to ensure your personal security. Coverage for your entire household is available for an additional \$3.50 per pay period.

Through the easy-to-use welcome email and online tools, you will be given access to identity and credit monitoring, credit scores, VPN for personal devices, cloud storage, and more. Should you have identity theft occur, support agents are available 24/7 to help restore your compromised identity.

You must enroll in this service to receive notifications.

Legal protection — LegalShield

LegalShield is offering a group discount to all Spirion LLC employees for legal assistance and consultation for you and your families.

The LegalShield membership is \$10.48 per pay period and includes:

- Legal advice/consultation.
- Letters/calls on your behalf.
- Contracts/documents.
- Residential loan document assistance.
- Wills, living wills, and healthcare power of attorney prep.
- Traffic ticket defense.
- IRS audit assistance.
- Trial defense.
- Uncontested divorce, separation, adoption, and/or name change representation.
- 24/7 emergency access for covered situations.
- And more.

PET BENEFITS



Pet Assure veterinary discount plan will save you hundreds on your pets' healthcare every year by giving you access to quality veterinary care at a discounted rate. Pet Assure members receive an instant 25 percent discount on all in-house medical services at participating veterinarians, including savings on wellness, sick, and emergency care. Members save on:

- Vaccinations.
- Spay and neuter.
- Dental procedures.
- Emergency visits.
- Surgeries.
- And more!

There are no exclusions based on type, breed, age, or health of your pets. All pets are eligible for Pet Assure, and even pre-existing and hereditary conditions are covered. Pet Assure can be used as an alternative or complement to pet insurance. Pet Assure also includes a 24/7 lost pet recovery service.

Pet assure veterinary discount plan	
Single plan	\$4.00
Unlimited plan	\$5.50

Rate are per pay period. Go to petassure.com for additional information.



PetPlus prescription savings plan will save you money on the products your pets are already using. You will receive wholesale prices on brand-name prescriptions, preventives and more. Enroll any dog or cat. There are no exclusions. Shipping is always free, and most prescriptions are available at over 60,000 Caremark pharmacies nationwide like CVS, Walgreen, Walmart, or Target. With PetPlus you will save on:

- Prescriptions.
- Preventives.
- Dietary foods.
- Supplements.
- And more!

There are no exclusions. You can enroll any dog or cat. PetPlus guarantees savings on the products that your pets are already using. Members should download the PetPlus app, which makes reordering at the pharmacy even faster and easier. PetPlus also includes a 24/7 pet help line powered by WhiskerDocs, which gives members access to US-based veterinarians at any time, day or night.

PetPlus prescription savings plan	
Single Plan	\$1.88
Unlimited Plan	\$3.75

Rate are per pay period. Go to petplus.com for additional information.

Meet Spring Health, your new mental wellness benefits provider.

Guardian has partnered with Spring Health to bring you personalized mental health services — confidential and at no cost to you through your employer.



With Spring Health, you have access to:



Confidential therapy

Meet with a trusted therapist
in as soon as two days



Medication management

In-network providers
when appropriate



Wellness exercises

Mental fitness on-the-go
with Moments



Care Navigators

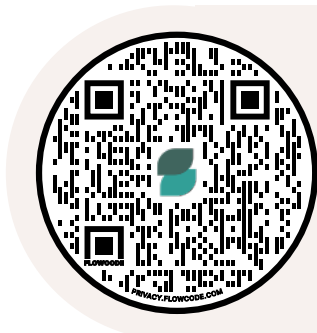
Dedicated support from
licensed professionals



Personalized care

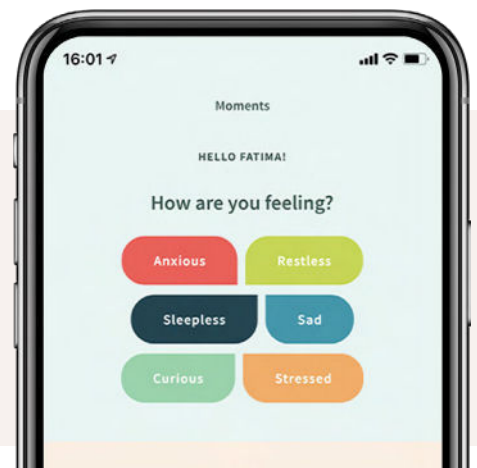
Mental wellness plan
specific to you

Your care with Spring Health is private and confidential.



Scan now to get started or visit:
guardianbenefits.springhealth.com

Search for your "Spring Health
Mobile" in your app store:



EMPLOYER CHARITABLE MATCHING

Spirion will match employee gifts to an eligible institution on a dollar-for-dollar basis, up to \$200 in a calendar year, in an effort to support the community and our employees.

Responsibility

To encourage employees to financially support colleges and universities.

Action

Eligibility

Donors.

- All regular, full-time employees.
- Board members.

It is not a requirement for the donor to have attended the recipient institution.

Recipient institution.

- Accredited private and state colleges, universities, graduate and professional schools:
 - Located and operating in the United States.
 - Registered with the Internal Revenue Services as nonprofit and having a tax-exempt status.

Administration

- An eligible donor will participate in Spirion's matching gifts program by submitting an application along with the applicable gift (of at least \$25 in value) to the human resources department. The HR department shall forward the application to the recipient institution, and when the form is returned, the gift will be an amount equal to donor's gift, except that the total matching gifts will not exceed \$200 per donor, per calendar year.
- Spirion shall match only gifts of cash and/or securities having a quoted market value.
- Spirion's matching gifts will be unrestricted.

All decisions regarding the eligibility of donors, institutions, and gifts will be the responsibility of Spirion, and such decisions will be final.

CONTACTS

Medical and prescription drug

Aetna

Customer service: See back of ID card

Website: [aetna.com](https://www.aetna.com)

Telehealth

LiveHealth Online

Customer service: (888) 548-3432

Website: [livehealth.com](https://www.livehealth.com)

Health savings account

Payflex

Customer service: (888) 678-8242

Website: [payflex.com](https://www.payflex.com)

Flexible spending accounts

Payflex

Customer service: (888) 678-8242

Website: [payflex.com](https://www.payflex.com)

Dental

Aetna

Customer service: (888) 522-3862

Website: [aetna.com](https://www.aetna.com)

Vision

Aetna

Customer service: (888) 522-3862

Website: [aetna.com](https://www.aetna.com)

Pet insurance

Pet Benefits

Gilbert Gehler: (732) 994-6956

Email: gilbertg@petbenefits.com

Website: [petbenefits.com](https://www.petbenefits.com)

Life and AD&D insurance

Guardian

Customer service: (800) 441-6455

Website: guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/life

Group #: 555855

Short- and long-term disability

Guardian

Customer service: (800) 538-4583

Website: guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/disability

Group #: 555855

Accident, critical illness & hospital indemnity

Aetna

Customer service: (888) 522-3862

Website: www.aetna.com

EAP

UpriseHealth

Customer Service: (800) 386-7055

Website: worklife.uprisehealth.com

Retirement savings

Voya

Voya plan ID: 81F113

Customer service center: (800) 584-6001

Website: www.voyaretirementplans.com/enrollmentcenter

Legal

LegalShield

Customer service number: (888) 807-0407

Email: memberservice@legalshield.com

Identity theft protection

LifeLock with Norton Anti-virus

Customer service number: (800) 607-9174

Website: www.my.norton.com

Final notes

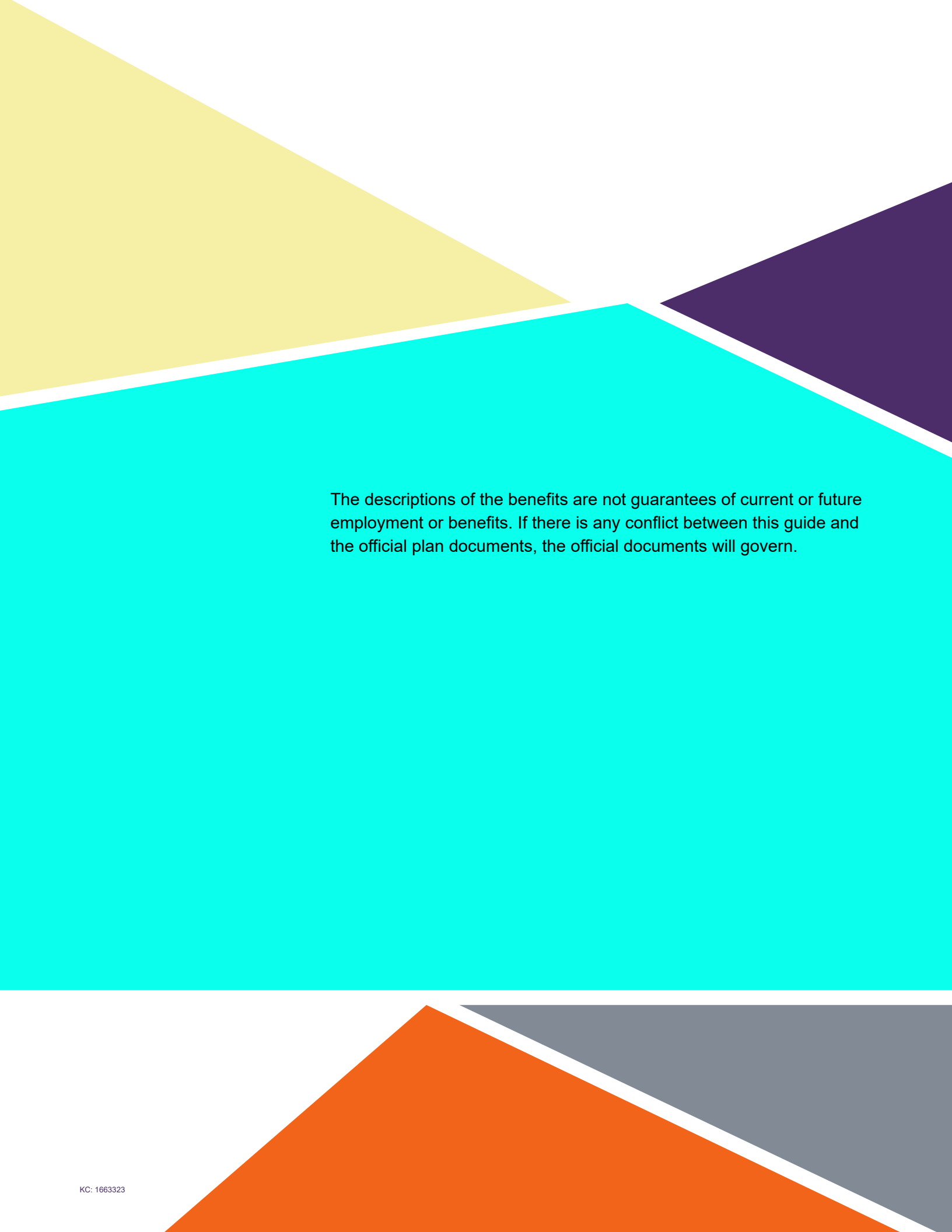
This summary of benefits is not intended to be a complete description of Spirion's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Spirion maintains its benefit plans on an ongoing basis, Spirion reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact your Spirion human resources representative with questions regarding the information provided in this overview.

NOTES

[illegible]



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.