

Employee Benefits Guide

2019 Plan Year



Aerospace



IT



Engineering



Nuclear



Public Sector



Cyber Security



Manufacturing



Globalpundits

ENROLLMENT - WHO HOW AND WHEN

Welcome to your benefits package for Globalpundits!

Globalpundits offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your choices and choose the best options for you and your family.

Who is Eligible?

If you are a Globalpundits full time W2 employee, working 30 or more hours per week, you and your qualified dependents are eligible to enroll in the benefits described in this guide.

Your benefits will be effective **first of the month following your full-time hire date.**



When may I make changes?

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth, adoption of a child, change in child's dependent status, death of spouse or child and loss of coverage.

Medical: You must complete enrollment online, electing or declining coverage.

Dental: You must complete your enrollment online, electing or declining coverage.

Vision: You must complete your enrollment online, electing or declining coverage.

Basic Life & AD&D, Core LTD Insurance: These are employer paid benefits. You will automatically be enrolled; however, you must designate a beneficiary.

Voluntary Life & Buy-Up LTD: You must complete your enrollment online, electing or declining coverage.

401(k)

Globalpundits provides access to a 401k plan through Paychex and pays the administrative expenses for employees. Begin planning for your retirement with a 401(k) savings plan. Participating in the plan can also help you save taxes today. Qualifying contributions are tax-deferred until you withdraw them from your account. In addition, tax-deferral allows the full amount of your investment to work for you. Employees can self-enroll at any time through <https://benefits.paychex.com>, 1-877-244-1771

This is intended as a brief overview of the benefits. It contains a partial, general description of plan features & benefits and does not constitute a contract or any part of one. In the event of any difference between this overview and the official Plan documents, the Plan documents will take precedence.

MEDICAL INSURANCE

Globalpundits offers two medical plans for you and your dependents

Option #1 - High Deductible Health Plan / Health Savings Account (HSA)

Option #2 - Traditional Copay Plan - Office Visit and Rx Copays included

Doctor & Hospital Finder - Follow these simple steps:

Visit www.BlueChoiceSC.com, Click Doctor & Hospital Finder, Select the ADVANTAGE network, Enter ZIP code and select a provider specialty, Click Search. Then you can view or print a director of providers, select a provider and get their location, print or email the provider information or customize your provider directory.

Employee Assistance Program

Employee Assistance Program (EAP) Services: First Sun EAP provides a broad array of services designed to help people and encourage success at all levels in an organization. Because First Sun is a separate company from BlueChoice Health Plan, First Sun will be responsible for all services related to the EAP. These services are free to members and those in their households. EAP services include, but are not limited to: three free face-to-face sessions per person for individual, couple and family counseling, three free life management services per person about topics like financial services, adoption assistance or elder care resources, Employer assistance with training, workplace services and on-site support. **Please call First Sun to access benefits. (1-800-968-8143)**

Health and Disease Management Programs

Get more information at www.BlueChoiceSC.com.



MEDICAL	OPTION 1	OPTION 2
COVERAGE LEVEL	High Deductible Health Plan	Traditional Copay Plan
	Bi-Weekly (26) Deduction	Bi-Weekly (26) Deduction
EMPLOYEE ONLY	\$112.04	\$192.69
EMPLOYEE + SPOUSE	\$346.38	\$511.38
EMPLOYEE + CHILD(REN)	\$274.38	\$413.54
EMPLOYEE + FAMILY	\$508.96	\$732.46

MEDICAL PLAN OPTIONS

OPTIONS 1 & 2

The Benefits Shown are In-Network Benefits Out-of-Network Benefits are paid at a lower rate and members can be balance-billed	Blue Choice Health Plan HDHP Option 1 Covered Insured Pays:	Blue Choice Health Plan Copay Option 2 Covered Insured Pays:
Individual Deductible:	\$5,000	\$1,000
Family Deductible:	\$10,000	\$3,000
Deductible Runs:	January 1 - December 31	January 1 - December 31
Coinsurance Amount:	0%	30%
Individual Coinsurance Limit:	\$0	\$3,000
Family Coinsurance Limit:	\$0	\$6,000
Individual Total Out-of-Pocket Maximum:	\$5,000	\$4,000
Family Total Out-of-Pocket Maximum:	\$10,000	\$9,000
In & Out Patient Hospital Services:	Deductible, then 0%	Deductible, then 30%
In & Out Patient Testing:	Deductible, then 0%	Deductible, then 30%
Primary Care Office Visit Copay:	Deductible, then 0%	\$35
Specialist Office Visit Copay:	Deductible, then 0%	\$50
Preventive Care*** Office Visit (In-Network Only):	Covered at 100%	Covered at 100%
Urgent Care:	Deductible, then 0%	\$35
Emergency Care:	Deductible, then 0%	\$200 per visit, then 30%
Retail Prescription Benefits:	Deductible, then 0%	\$8/\$25/\$45/\$70/\$125/\$175
Mail Order Prescription Benefits:	Deductible, then 0%	\$20/\$62.50/\$112.50/\$175/ \$312.50/\$437.50
Specialty Drugs:	Covered at one of the above tiers - no mail order available	
Employee Assistance Program:	Included through First Sun EAP	
Maximum Lifetime Benefit:	Unlimited	Unlimited

BlueChoice HealthPlan – www.BlueChoiceSC.com (log in to My Health Toolkit), or Member Services at 1-800-868-2528

***Preventive care benefits are determined by the US Preventive Services Task Force or state or federally mandated benefits.

**IF YOU ENROLL IN THE COPAY PLAN, YOU ARE NOT ELIGIBLE TO CONTRIBUTE TO A
HEALTH SAVINGS ACCOUNT.**

Employee Assistance Program

Be at Your Best

Your employer wants to support you in being your best at work and in your personal life by providing the Employee Assistance Program (EAP). To protect your privacy, this program is run by an outside company, First Sun EAP. First Sun is a separate company that does not offer BlueChoice HealthPlan products. These services are offered by First Sun. BlueChoice HealthPlan has no responsibility for these services. First Sun services are free or provided at a very low cost to you and your household members. They include:

Counseling Sessions

Three free face-to-face sessions for you and your family members per person per contract year for individual, couple and family counseling.

Counseling Services

- Personal Concerns
- Marital/Relationship Issues
- Alcohol/Substance Abuse
- Grief and Loss
- Family Conflict
- Workplace Concerns
- Trauma Issues
- Stress Management
- Depression
- Anger Management
- Spiritual Concerns
- Anxiety

Life Management Services

Three free life management services are available for you and your family members per person per contract year.

Financial Counseling

- Budgeting
- Debt Counseling
- Refinancing
- Purchasing a Home/Car
- College Funds
- Retirement Planning/401(k)

Legal Services

- Domestic/Family
- Civil/Consumer
- Criminal
- Estate Planning
- Real Estate

Legal Documents

- Adult Care Resources
- Caregiver Support
- Community Resources
- Financial/Legal Education

Child Care Resources

- Child Development
- Special Needs Concerns
- School Selection
- Tutoring Information
- Parent/Child Concerns
- Day Care Information
- Summer Camp Information

College Consultation Resources

- "College Coaches" help with:
- Selecting the Appropriate School
- Understanding the Application and Admissions Process
- Admissions Testing Questions
- Financial Aid Websites

Parenting/Adoption Resources

- Parenting Skills/Support
- Adoption Information
- List of Fertility Resources

Dedicated professionals are available to serve you 24 hours a day, seven days a week.

Call

800-968-8143



An independent licensee of the
Blue Cross and Blue Shield Association

Focusing on What Matters

When it comes to vision care, we concentrate on what's important to your employees—eye exams, eyewear and contact lenses. Because clear vision is vital, our routine vision care is much more than routine. It's excellent vision coverage through the Physicians Eyecare Network (PEN). Physicians Eyecare Network is an independent company that offers a vision provider network on behalf of BlueChoice HealthPlan.

Our vision plan provides a free eye exam every year and new eyewear every two years. Contact lenses are available instead of frames and lenses as an option every two years. For a list of PEN providers near you, use the Doctor & Hospital Finder at BlueChoiceSC.com. Good vision is important. That's why we stay focused on eye care.

Physicians Eyecare Network Benefits at a Glance

Eyeglasses	Benefit	Member pays
Standard Frames	Choose from designated frame selection	\$0
Non-Standard Frames	\$60 credit or 30% discount	Frames \$61-\$300: Cost of frames minus \$60. Frames more than \$300: 70% of frames cost.
Standard Lenses*	Single vision or lined bifocal/trifocal	\$0
Non-Standard Lenses*	\$60 credit or 30% discount	Lenses \$61-\$300: Cost of non-standard lenses minus \$60. Lenses more than \$300: 70% of frames cost.
Contact Lenses	Benefit	Member pays
Standard Contacts	Fitting and 90-day supply of disposable contacts	\$45
Non-Standard Contacts	30% discount on fitting fee and 90-day supply of contacts	70% of usual and customary fitting fee and normal retail price of contacts

*Lens add-ons such as tint, scratch-resistant coating, UV protection or edge polish not covered. PEN providers may collect established prices for these options.



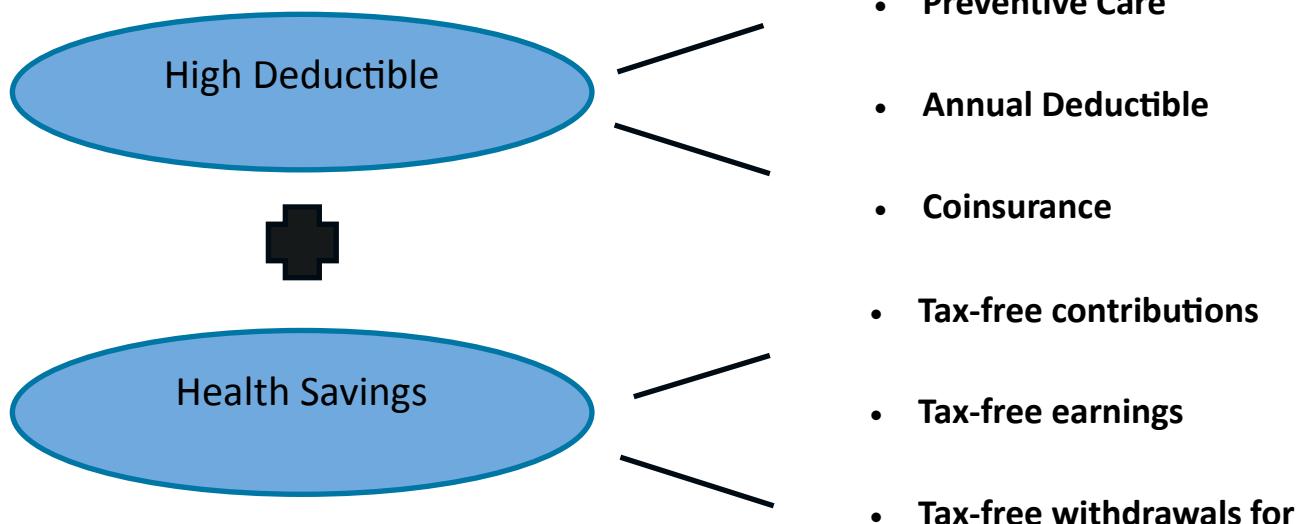
Visit BlueChoiceSC.com
for more information

MEDICAL PLAN (HDHP) WITH A HEALTH SAVINGS ACCOUNT

****You will complete your enrollment for the Health Savings Account online at www.HSABank.com - 800-357-6246 (Monday - Friday)****

After you set up your account, please email Rachael Pressley with the bi-weekly contribution amount you wish to have deducted from your

HOW DOES A HEALTH SAVINGS ACCOUNT WORK WITH MY HIGH DEDUCTIBLE HEALTH PLAN?



What you need to know about owning a Health Savings Account (HSA):

- Must have Qualified High Deductible Health Plan
- Must not be covered by a "non-qualified" plan (i.e. a copay plan) and not be eligible for Medicare
- All contributions are pre-tax or tax-deductible
- Account is owned by the individual and follows the individual
- Family Aggregate Deductible: Family Annual Deductible must be met by one or more family members enrolled before benefits are paid (exception: preventive care)
- HSA dollars may be used on any tax dependent (regardless of whether enrolled in High Deductible Health Plan)
- Annual contributions cannot exceed \$3,500 individual / \$7,000 family (2019 limits)
- Employees 55 & older may contribute additional dollars (\$1,000 in 2019)
- Accounts earn interest that is either tax-free or tax-deferred
- At the end of the year all unused funds roll to the next year
- HSA funds are accessed by Debit Card
- Must keep copies of receipts in case of IRS audit
- HSA funds may be used for all IRS Section 213(d) expenses. See complete list at www.irs.gov. You must retain all of your receipts for documentation purposes!

Eligible Expenses for Reimbursement from your Health Savings Account

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses as described in Section 213(d) of the Internal Revenue Service Tax Code. The expenses must be primarily to alleviate or prevent a physically or mental illness or defect, including dental and vision. Any funds you withdraw for non-qualified medical expenses will be taxed at your income tax rate as well as a 20% tax penalty if you are under age 65.

The following list provides examples of eligible and ineligible medical expenses. This list is not all inclusive. Please check the IRS website, www.irs.gov for more details.

- Acupuncture
 - Alcoholism
 - Ambulance
 - Annual Physical Examination
 - Artificial Limb
 - Artificial Teeth
 - Autoette
 - Bandages
 - Birth Control Pills
 - Body Scan
 - Braille Books and Magazines
 - Breast Pumps and Supplies
 - Breast Reconstruction Surgery
 - Capital Expenses
 - Chiropractor
 - Christian Science Practitioner
 - Contact Lenses
 - Crutches
 - Dental Treatment
 - Diagnostic Devices
 - Disabled Dependent Care
 - Drug Addiction
 - Drugs (prescription and over the counter drugs when prescribed by a physician)
 - Eye Exam
 - Eyeglasses
 - Eye Surgery
 - Fertility Enhancement
 - Guide Dog
 - Hearing Aids
 - Home Care
 - Laboratory Fees
 - Lead Based Paint Removal
 - Lodging
 - Long Term Care
 - Medical Information Plan
 - Medicines
 - Nursing Home
 - Nursing Services
 - Operations
 - Optometrist
 - Organ Donors
 - Osteopath
 - Prosthesis
 - Psychiatric Care
 - Psychological Care
 - Smoking Cessation
 - Vasectomy
 - Weight Loss Program
 - Wheelchair
 - X-Rays
- Some INELIGIBLE expenses include:
- Babysitting, Childcare
 - Controlled Substances
 - Cosmetic Surgery
 - Dancing Lessons
 - Diaper Service
 - Electrolysis
 - Funeral Expenses
 - Hair Transplant
 - Health Club Dues
 - Household Help
 - Teeth Whitening
 - Nutritional Supplements



VOLUNTARY DENTAL INSURANCE: Mutual of Omaha

PREVENTIVE SERVICES	BASIC SERVICES	MAJOR SERVICES
100% Coverage	80% Coverage	50% Coverage
Deductible Waived for Preventive Services	\$50 Annual Deductible Per Covered Individual	\$50 Annual Deductible Per Covered Individual
Oral Examination (2 every 12 months)	Amalgam & Composite Fillings on all Teeth	Bridges
Dental Prophylaxis (2 every 12 months)	Periodontal Maintenance (2 every 12 months following periodontal treatment)	Dentures
Bitewings (1x every 12 months)	Simple and Surgical Extractions	Crowns, Inlays, Onlays
Full Mouth X-Rays (1 every 36 months)	Emergency Palliative Treatment: Minor Procedure	Periodontal and Endodontic Services
Topical Fluoride and Spacers for dependent children under age 19	Oral Surgery	Implants

Orthodontia for all eligible participants - 50% up to \$1,000 lifetime maximum

\$1,000 Calendar Year Annual Maximum Benefit Per Person

NOTE: There is a 12 month waiting period on Basic, Major and Orthodontic Services if you do not sign up when you are initially eligible.

Members will automatically receive a dental ID card following enrollment

You are free to choose any dentist, but you will incur less out-of-pocket costs if you use a network dentist.

To locate a provider visit www.mutualofomahadental.com and click on "Subscriber Section".

Dependent Children are covered to Age 26

Customer Service: 1-877-999-2330

Coverage Level	Deduction (26)
EMPLOYEE	\$6.51
EMPLOYEE + 1	\$22.68
FAMILY	\$41.69



Members are free to choose any dentist but can avoid balance billing if a Mutual of Omaha participating provider is used. Search for providers at www.mutualofomahadental.com.

Customer Service: 1-877-999-2330



Additional discounts

40%
OFF

Complete pair
of prescription
eyeglasses

20%
OFF

Non-prescription
sunglasses

20%
OFF

Remaining balance
beyond plan coverage

These discounts are not
insured benefits and are for
in-network providers only

Take a sneak peek before enrolling

- You're on the INSIGHT Network
- For a complete list of in-network providers near you, use our Enhanced Provider Locator on eyemed.com or call 1.866.804.0982.

- For LASIK providers, call 1.877.5LASER6.

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SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam With Dilation as Necessary	\$10 Co-pay	Up to \$40
Retinal Imaging	Up to \$39	N/A
Frames	\$0 Co-pay, \$130 Allowance, 20% off balance over \$130	Up to \$91
Standard Plastic Lenses		
Single Vision	\$25 Co-pay	Up to \$30
Bifocal	\$25 Co-pay	Up to \$50
Trifocal	\$25 Co-pay	Up to \$70
Lenticular	\$25 Co-pay	Up to \$70
Standard Progressive Lens	\$80 Co-pay	Up to \$50
Premium Progressive Lens ^A	\$110 Co-pay - \$200 Co-pay	Up to \$50
Tier 1	\$110 Co-pay	Up to \$50
Tier 2	\$120 Co-pay	Up to \$50
Tier 3	\$135 Co-pay	Up to \$50
Tier 4	\$200 Co-pay	Up to \$50
Lens Options		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate—Adults	\$40	N/A
Standard Polycarbonate—Kids under 19	\$40	N/A
Standard Anti-Reflective Coating	\$45	Up to \$5
Premium Anti-Reflective Coating ^A	\$57 - \$85	Up to \$5
Tier 1	\$57	Up to \$5
Tier 2	\$68	Up to \$5
Tier 3	\$85	Up to \$5
Photochromic/Transitions	\$75	N/A
Polarized	20% off retail	N/A
Other Add-Ons and Services	20% off retail	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	\$40	N/A
Premium Contact Lens Fit & Follow-Up	10% off Retail Price	N/A
Contact Lenses (Contact lens allowance includes materials only.)		
Conventional	\$0 Co-pay, \$130 Allowance, 15% off balance over \$130	Up to \$130
Disposable	\$0 Co-pay, \$130 Allowance; plus balance over \$130	Up to \$130
Medically Necessary	\$0 Co-pay, paid-in-full	Up to \$210
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	15% off the retail price or 5% off the promotional price	N/A
Hearing Care		
Hearing Health Care from Amplifon Hearing Network	40% off hearing exams and a low price guarantee on discounted hearing aids	N/A
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	
Premiums—Bi Weekly		
Subscriber	\$3.19	
Subscriber + Spouse	\$6.07	
Subscriber + Child(ren)	\$6.39	
Subscriber + Family	\$9.40	

Benefits are not provided from services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Anisikonic lenses, medical and/or surgical treatment of the eye, eyes or supporting structures; Any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear; Services provided as a result of any workers' compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Services rendered after the date an insured person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive lens not covered – fund as a Bifocal lens. Standard Progressive lens covered – fund Premium Progressive as a Standard. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Policy number VC-19/VC-20, form number M-9083. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer. ^APremium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from thousands of independent and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and help you access the care you need. Welcome to EyeMed.



Benefits Snapshot	With EyeMed	Out-of-Network Reimbursement
Exam, with dilation as necessary (once every 12 months)	\$10 Co-pay	Up to \$40
Frames (once every 24 months)	\$0 Co-pay, \$130 Allowance; 20% off balance over \$130	Up to \$91
Single Vision Lenses (once every 12 months) or Contacts (once every 12 months)	\$25 Co-pay \$0 Co-pay, \$130 Allowance; plus balance over \$130	Up to \$30 Up to \$130

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs \$163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

77%
SAVINGS
with us*



With EyeMed		Without Insurance**	
Exam	\$10 Co-pay	Exam	\$106
Frame	\$163 -\$130 Allowance \$33 -\$6.60 (20% discount off balance) \$26.40	Frame	\$163
Lens	\$25 Co-pay \$15 UV treatment add-on +\$15 scratch coating add-on \$55	Lens	\$78 \$23 UV treatment add-on +\$25 scratch coating add-on \$126
Total	\$91.40	Total	\$395



Download the EyeMed Members App
It's the easy way to view your ID card, see benefit details and find a provider near you.



Welcome to Mutual of Omaha!

EMPLOYER PAID LIFE INSURANCE

**Your employer provides you with a
\$10,000 paid Life and AD&D
insurance benefit.**



LONG TERM DISABILITY

- ▶ The company-paid benefit is 40% of income replacement should you become disabled
- ▶ You may purchase an additional 20% on payroll deduction
- ▶ LTD pays a maximum of 60% of your pre-disability income, up to \$10,000 monthly
- ▶ Benefits begin after a 180 day period of disability

Long Term Disability 20% Buy-up Rate Calculation

The cost for you to increase your long-term disability benefits from 40% to 60% is \$0.20 per \$100 of covered monthly payroll. When you enroll online, the system will calculate this premium for you.

Note: Any condition that is diagnosed or treated in the 3 months prior to your coverage start date will not be covered for the first 12 months. After 12 months, there is no longer a pre-existing condition exclusion.

VOLUNTARY LIFE and AD&D INSURANCE

- Employee Max Benefit is 5x annual earnings up to \$500,000 in increments of \$10,000. Guarantee Issue Amount is 5x annual earnings up to \$100,000.**
- Spouse Max Benefit - 100% of employee amount up to \$250,000 in increments of \$5,000. Guarantee Issue for Spouse is 100% of Employee's benefit up to \$25,000.**
- Child Max Benefit - \$10,000, in increments of \$1,000, minimum of \$2000
Guarantee Issue for Children is \$10,000**

		Sample Employee		Sample Employee
		Employee	Spouse	Per-Pay-Period
Age Bracket	Monthly Cost Per \$10,000	Monthly Cost Per \$10,000	Cost for \$20,000	Cost for \$100,000
0-24	\$0.90	\$0.90	\$0.83	\$4.15
25-29	\$0.90	\$0.90	\$0.83	\$4.15
30-34	\$1.00	\$1.00	\$0.92	\$4.60
35-39	\$1.10	\$1.10	\$1.02	\$5.10
40-44	\$1.40	\$1.40	\$1.29	\$6.45
45-49	\$2.20	\$2.20	\$2.03	\$10.15
50-54	\$3.30	\$3.30	\$3.05	\$15.25
55-59	\$5.00	\$5.00	\$4.62	\$23.10
60-64	\$7.50	\$7.50	\$6.92	\$34.60
65-69	\$13.10	\$13.10	\$12.09	\$60.45
70-74	\$23.20	\$23.20	\$21.42	\$107.10
75-79	\$38.00	\$38.00	\$35.08	\$175.40
80-100	\$76.50	\$76.50	\$70.62	\$353.10

Child Voluntary Life & AD&D Rate is \$0.16 per \$1,000 per month

This plan is rated using the same rates for the employee and spouse. Employee and spouse rates are calculated based on the employee's current age as of the effective date⁴ of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band. Spouse coverage terminates when the employee attains age 70 (regardless of the spouse's actual age).



Tammie J. King, RHU, REBC

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This guide is only intended to offer an outline of benefits. All details and contract obligations of plans are stated in the group contract/insurance documents. In the event of conflict between this guide and the group contract/insurance documents, the group contract/insurance documents will prevail.