



HEALTH

WELLNESS

FINANCIAL

2021

BENEFITS GUIDE

January 1, 2021 – December 31, 2021

valtech.



HELLO!

Welcome to your 2021 Benefits Guide.

At Valtech Solutions, we understand the importance of a well-rounded benefits program and are dedicated to providing you with unique benefits that meet the needs of you and your family. We are proud to offer a range of plans that help protect you in the case of illness or injury. This Benefits Information Guide is a comprehensive tool to help you become familiar with the plans and programs that you and your family can enroll in for the plan year.

Enclosed you will find:

- Step by step instructions for how to enroll
- Summary information about each medical, dental and vision benefit option
- Information on additional benefits such as life insurance, disability benefits and many more
- Directory and contact information, in case you have questions

And much more!

We're here to help!

If you have any questions at all, please contact:

Employee Benefits Service Center

844-993-3650

valtechsolutions@marshmma.com












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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 28-29 for more details.

BENEFITS OVERVIEW

At Valtech Solutions, we offer a range of options to fit your lifestyle.

| BENEFITS | EFFECTIVE JANUARY 1, 2021 |
|--|---|
|  Medical & Pharmacy | Medical EPO Copay \$0 Plan – NEW PLAN Medical EPO \$500 Plan Medical EPO \$2,000 Plan Medical PPO \$4,000 HDHP Plan – PLAN CHANGES Teladoc Telemedicine Optum Bank Health Savings Account |
|  Dental | United Healthcare Dental Low Plan United Healthcare Dental High Plan |
|  Vision | United Healthcare Vision Plan |
|  Life & Disability | United Healthcare Basic Life & AD&D – NEW CARRIER United Healthcare Voluntary Life & AD&D – NEW CARRIER United Healthcare Short Term Disability – NEW CARRIER United Healthcare Long Term Disability - NEW CARRIER |
|  Worksite Benefits | United Healthcare Worksite Accident – NEW CARRIER United Healthcare Worksite Hospital Indemnity – NEW PLAN United Healthcare Worksite Critical Illness – NEW PLAN |
|  Spending Accounts | Discovery Benefits General Purpose FSA Discovery Benefits Limited Purpose FSA Discovery Benefits Dependent Care Account Discovery Benefits Parking & Commuter Benefit |
|  Retirement Plan | Fidelity 401(k) – NEW CARRIER |
|  Enrollment Support | ADP - NEW CARRIER Jellyvision ALEX Virtual Benefits Counselor |
|  Employee Resources | Marsh & McLennan Agency Employee Benefits Service Center Marsh & McLennan Agency iBenefits Mobile App |

IMPORTANT CONTACTS

Employee Benefits Service Center – Marsh & McLennan Agency (MMA)

Phone Number: 844-993-3650
 Email: valtechsolutions@marshmma.com

Human Resources 469-930-4557

Medical – UMR

Group Number: 76-414360
 Network: United Healthcare Choice Plus Network
 Phone Number: 800-826-9781
 Website: www.umar.com

Pharmacy – Optum Rx

Formulary / Prescription Drug List (PDL) 76-414360
 Phone Number: 877-559-2955
 Website: www.optumrx.com

Telemedicine – Teladoc

Phone Number: 800-835-2362
 Website: www.teladoc.com

Dental – United Healthcare

Group Number: 907806
 Network: National Options PPO 20
 Phone Number: 877-816-3596
 Website: www.myuhcdental.com

Vision – United Healthcare

Group Number: 907806
 Network: Spectera Eyecare Network
 Phone Number: 800-638-3120
 Website: www.myuhcvision.com

Life and Accidental Death and Dismemberment (AD&D) – United Healthcare

Group Number: Pending
 Phone Number: 866-302-4480
 Website: www.myuhc.com

Short Term Disability – United Healthcare

Group Number: Pending
 Phone Number: 866-299-2070
 Website: www.myuhc.com

Long Term Disability – United Healthcare

Group Number: Pending
 Phone Number: 866-299-2070
 Website: www.myuhc.com

Worksite Benefits – United Healthcare

Group Number: Pending
 Phone Number: 800-433-3036
 Website: www.myuhc.com

Flexible Spending Accounts – Discovery Benefits

Group Number: 24228
 Phone Number: 866-451-3399 option 1
 Email: customerservice@discoverybenefits.com
 Website: www.discoverybenefits.com

401(k) – Fidelity (Effective 1/1/2021)

Phone Number: 800-835-5097
 Website: www.netbenefits.com

ENROLLMENT

You and your family have unique needs, which is why Valtech Solutions offers a variety of benefit plans from which you may choose.

Eligibility

You are eligible to participate if you are an active full-time employee working a minimum of 30 hours per week and have met the required waiting period. This includes eligibility to participate in the Medical, Dental, Vision, Life and AD&D, Short Term Disability, Long Term Disability, and Worksite Plans, as well as any additional benefits.

Eligible Dependents

Dependents eligible for coverage in the Valtech Solutions benefits plans include:

- Your legal spouse (or common-law spouse in states that recognize common-law marriages)
- Domestic Partner*
- Dependent children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse/ domestic partner)
- Dependent children, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return, and is approved by your Medical Plan to continue coverage past age 26

*Domestic Partner Coverage

Domestic Partners and Partner child(ren) are not tax dependents. Therefore, the full fair market value of any coverage for a Domestic Partner and/or Partner child(ren) will be imputed as taxable income to the employee. The same restrictions for adding or dropping coverage still apply to Domestic Partners and Partner child(ren) when a qualifying change in status occurs.

When Does Coverage Begin?

Open Enrollment

The elections you make during Open Enrollment will be effective on January 1, 2021 and cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

New Hire

New Hires will be effective the first of the month following date of hire. Due to IRS regulations, once you have made your choices, you won't be able change your benefits until the next enrollment period unless you experience a Qualifying Life Event.

You must be Actively at Work on the day your coverage takes effect.

Benefits End

Your Medical, Dental, and Vision benefits end the last day of the month in which your employment ends. Your Life and AD&D, Disability, and Worksite benefits end on the date of termination. If termination is in the middle of the month, final payroll will include the premium deductions.

QUALIFYING LIFE EVENTS

When one of the following events occurs, you have 30 days from the date of the event to notify Valtech Solutions Human Resources Department at 469-930-4557 and/or request changes to your coverage:

| Benefits Allowed to Change | | | | | | | | |
|--|---------|--------|--------|-------------------------|-----------------------|----------------------|---------------|---|
| Qualifying Life Event | Medical | Dental | Vision | Voluntary Employee Life | Voluntary Spouse Life | Voluntary Child Life | Beneficiaries | Documentation |
| Change in marital status: <ul style="list-style-type: none"> • Marriage • Divorce or Annulment • Legal Separation • Domestic Partner Dissolution • Death of Spouse | √ | √ | √ | | √ | | √ | <ul style="list-style-type: none"> • Marriage Certificate • Divorce Decree • Final Court Document • Notarized Statement of Disenrollment • Death Certificate |
| Change in the number of Dependents: <ul style="list-style-type: none"> • Birth • Adoption • Guardianship of a Child • Death of a Dependent | √ | √ | √ | | | √ | √ | <ul style="list-style-type: none"> • Birth Certificate • Hospital Announcement • Adoption Agreement • Court Decree for Guardianship • Death Certificate |
| Court Ordered Dependent, add or drop from coverage | √ | √ | √ | | | √ | √ | Contact your HR Department |
| Dependent Loses Other Coverage | √ | √ | √ | | | | √ | Proof of Loss of Coverage, such as termination letter; Certificate of Credible Coverage |
| Dependent Gains Other Coverage | √ | √ | √ | | | | √ | Proof of Coverage with start date of benefits and name(s) of covered dependents |
| A change in Employee's, spouse's, or dependent's work hours (including a switch between full and part-time status) | √ | √ | √ | | | | √ | Proof of loss of Coverage due to employment status change, such as a Certificate of Credible Coverage or letter from the company |



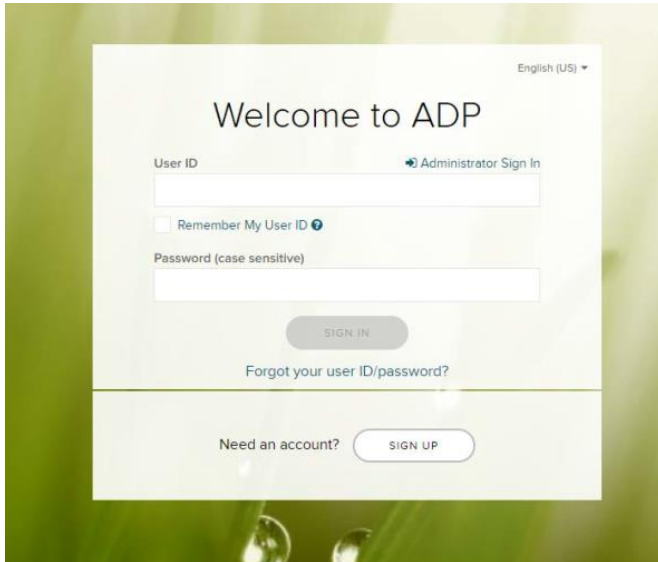
HOW TO ENROLL

You must make your benefit elections by using ADP, a secure on-line, enrollment system. You may contact the Employee Benefits Service Center at 844-993-3650 or valtechsolutions@marshmma.com if you have questions about any of your benefits or the online enrollment process.

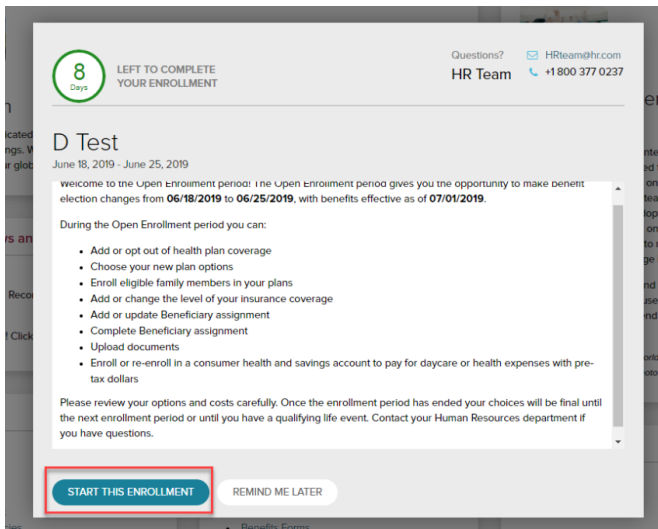
Log On:

Enter <https://workforcenow.adp.com> into the address bar of your internet browser

Sign in by entering your User ID and password

The image shows the ADP login interface. At the top right, there is a language selector set to "English (US)". The main heading is "Welcome to ADP". Below this, there is a "User ID" field with a "Remember My User ID" checkbox and a "Password (case sensitive)" field. To the right of the User ID field is a link for "Administrator Sign In". Below the password field is a "SIGN IN" button. Underneath the button is a link for "Forgot your user ID/password?". At the bottom, there is a "Need an account?" link and a "SIGN UP" button. The background of the login form is a light green with a subtle pattern of water droplets.

Upon logging in, you will be presented with a pop-up showing important information about this Open Enrollment period. You can click “Start This Enrollment” or “Remind Me Later”. This pop-up is displayed each time you log in during the Open Enrollment period until you complete your sections.

The image shows a pop-up window titled "D Test" with a sub-header "June 18, 2019 - June 25, 2019". It contains a welcome message to the open enrollment period and a list of actions users can take. At the bottom, there are two buttons: "START THIS ENROLLMENT" (highlighted with a red box) and "REMIND ME LATER". The pop-up is overlaid on a background that includes a "8 Days LEFT TO COMPLETE YOUR ENROLLMENT" timer and contact information for the HR Team.

To start, click “Enroll Now” in the Open Enrollment card. You will be brought back to the Welcome Note and Introduction page. Follow the prompts to complete your elections for the 2021 plan year.

You must log-in to ADP and make your benefit elections, even if you want to waive coverage.

VIRTUAL BENEFITS COUNSELOR – ALEX



Meet Alex, your Virtual Benefits Counselor

ALEX is an easy online tool Valtech Solutions has provided to help you make the best benefits decision for you and your family. ALEX will also explain how plans work without all the benefits jargon at the time and place that is convenient for you!

- Talk to ALEX to learn about your benefits and make the best choices for you and your family.
- ALEX helps you choose the right benefits for your personal situation.
- You could save money by choosing a new health plan. Talk to ALEX to see how much a HDHP could save you.
- Benefits are more than just health insurance. Talk to ALEX to see everything that's available to you and your family.
- Talk to ALEX anytime and anywhere from your smartphone, tablet, or computer.
- Talk to ALEX to find out if you're saving enough to cover your medical, dental and vision expenses—and see how much you could save on taxes!



Go to www.myalex.com/valtech/2021

EMPLOYEE BENEFITS SERVICE CENTER – MARSH & MCLENNAN AGENCY

You may contact a Service Representative at Marsh & McLennan Agency (MMA) via phone or email with any questions or concerns Monday through Friday from 8:00 am - 6:00 pm CST, regarding your benefits:

Service Email Address: valtechsolutions@marshmma.com

Service Phone Number: 844-993-3650

Whether you need assistance with a claim, or simply have a benefits question, you may use the email address above or call MMA directly. A Service Representative with MMA will respond promptly. The service representatives responding to the service email and taking your calls are insurance professionals who know your benefit plans. Their goal is to resolve your benefits related issues. In certain situations, it will be necessary for the representative to contact a provider or insurance carrier on your behalf. If your issue cannot be resolved in one email or phone call, you will always be informed of the status until resolution has been reached.

IBENEFITS MOBILE APP – MARSH & MCLENNAN AGENCY

Employee Benefits Information on the Go

With iBenefits, you'll have 24/7 access to all of your company's benefits information! Plus, you'll have the ability to:

- View plan summaries and details for everything you're enrolled in
- Make calls to your insurance carriers or other vendors directly from within iBenefits
- Visit relevant websites from within the app
- Keep up to date with important company events, information and reminders from your HR Department thanks to push notifications
- Store images of your insurance ID cards as well as personal notes such as your own Doctor's phone number

Company Code: [Valtech](#)

Downloading is easy!

- From your device, go to the App Store or Google Play and search for "iBenefits"
- Download the free app to your device, then login with our company code

MEDICAL BENEFITS – UMR

Valtech Solutions offers three Exclusive Provider Organization (EPO) medical plans and one High Deductible Health Plan (HDHP) that offers out-of-network coverage as well for you to choose from administered by UMR. Choose a plan that best suits your needs based on the amount you pay out of your pocket for doctor visits, prescriptions or toward the deductible if more serious health care is needed. All three EPO plans provide coverage In-Network only, unless it is a true emergency, and are designed so you will pay less when you see doctors and specialists who are Premium Care Physicians. Look for two blue hearts to identify if your doctor is a Premium Care Physician in the online provider finder.

To search for network providers, visit www.umar.com and choose Find a provider, then select or type United Healthcare **Choice Plus Network**, and then select View Providers. You may also call 800-826-9781.

UMR Member Portal

- Find an In-Network provider
- Look up claims for yourself or your authorized dependents
- View your medical benefits, as well as coverage levels and persons covered
- View your ID card, allow providers to scan the on-screen bar code for instant access to your benefit information and/or fax a copy to a provider



TELADOC

Visit: www.Teladoc.com

Call: 800-Teladoc (800-835-2362)

Available through UMR is access to Teladoc, a benefit that gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone, video or mobile app visits. Teladoc can assist with prescription medications and with many non-emergency illnesses including:

- | | |
|-----------------------------|---------------------------|
| • Allergies | • Rash |
| • Arthritic pain | • Respiratory infection |
| • Asthma | • Sinusitis |
| • Bronchitis | • Skin inflammation |
| • Colds and flu | • Sore throat |
| • Diarrhea | • Sprains & strains |
| • Insect bites | • Urinary tract infection |
| • Pharyngitis | • Sports injuries |
| • Conjunctivitis (pink eye) | • Vomit |

Consultations costs much less than a visit to the emergency room and are more convenient than scheduling appointments and taking the time away from work or school.

- **EPO Copay \$0 Plan: \$0 Copay**
- **EPO \$500 Plan: \$0 Copay**
- **EPO \$2,000 Plan: \$0 Copay**
- **PPO \$4,000 HDHP: \$49 Consultation Fee**

You can setup your account today by visiting www.teladoc.com and call 800-835-2362 when you need a consultation.

MEDICAL PLAN HIGHLIGHTS - UMR

| Plan Highlights | EPO Copay \$0 | EPO \$500 | EPO \$2,000 |
|---|--------------------------------|--------------------------------|--------------------------------|
| | In-Network Only | In-Network Only | In-Network Only |
| Network | Choice Plus | Choice Plus | Choice Plus |
| Calendar Year Deductible | | | |
| Individual | \$0 | \$500 | \$2,000 |
| Family | \$0 | \$1,000 | \$4,000 |
| Coinsurance | | | |
| You Pay/Plan Pays | 0%/100% | 20%/80% | 20%/80% |
| Calendar Year Out-of-Pocket Maximum (Includes deductible, copays, & coinsurance) | | | |
| Individual | \$2,500 | \$3,500 | \$6,000 |
| Family | \$5,000 | \$7,000 | \$12,000 |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited |
| Covered Services | | | |
| Primary Care Physician Visit | | | |
| Under age 19 | \$0 Copay | \$0 Copay | \$0 Copay |
| Over age 19 | \$20 Copay | \$25 Copay | \$30 Copay |
| Specialist Visit | | | |
| Premium Care Designation | \$40 Copay | \$25 Copay | \$30 Copay |
| Network Provider | \$80 Copay | \$50 Copay | \$60 Copay |
| Office X-Ray, Lab, Diagnostic | Included in Office Visit Copay | Included in Office Visit Copay | Included in Office Visit Copay |
| Preventative Care Services | Covered in full | Covered in full | Covered in full |
| Chiropractic (20 visit limit) | \$50 Copay | \$25 Copay | \$30 Copay |
| Teladoc | \$0 Copay | \$0 Copay | \$0 Copay |
| Urgent Care Visit | \$75 Copay | \$75 Copay | \$75 Copay |
| Hospital | | | |
| Inpatient Stay | \$500 Copay | Ded then 20% | Ded then 20% |
| Outpatient Surgery | \$250 Copay | Ded then 20% | Ded then 20% |
| Emergency Room | \$300 Copay | \$250 Copay then 20% | \$250 Copay then 20% |
| Retail Pharmacy Benefits (30 day supply) | | | |
| Tier 1 | \$10 Copay | \$10 Copay | \$10 Copay |
| Tier 2 | \$35 Copay | \$35 Copay | \$35 Copay |
| Tier 3 | \$60 Copay | \$60 Copay | \$60 Copay |
| Tier 4 | \$100 Copay | \$100 Copay | \$150 Copay |
| Mail Order (90-day supply) | | | |
| Tier 1 | \$25 Copay | \$25 Copay | \$25 Copay |
| Tier 2 | \$87.50 Copay | \$87.50 Copay | \$87.50 Copay |
| Tier 3 | \$150 Copay | \$150 Copay | \$150 Copay |
| Tier 4 | Not Applicable | Not Applicable | Not Applicable |

The above information is a summary only. Please refer to your Certificate of Coverage for complete details of Plan benefits, limitations and exclusions.

| Employee Cost | EPO Copay \$0 | EPO \$500 | EPO \$2,000 |
|-------------------------|---------------|--------------|--------------|
| | Semi-Monthly | Semi-Monthly | Semi-Monthly |
| Employee Only | \$110.00 | \$105.00 | \$50.00 |
| Employee and Spouse | \$240.00 | \$230.00 | \$108.00 |
| Employee and Child(ren) | \$215.00 | \$205.00 | \$100.00 |
| Employee and Family | \$340.00 | \$330.00 | \$162.00 |

MEDICAL PLAN HIGHLIGHTS - UMR

Plan Highlights

| Network |
|--|
| Calendar Year Deductible |
| In-Network Individual / Family |
| Out-of-Network Individual / Family |
| Coinsurance |
| In-Network You Pay/Plan Pays |
| Out-of-Network You Pay/Plan Pays |
| Calendar Year Out-of-Pocket Maximum (Includes deductible, copays, & coinsurance) |
| In-Network Individual / Family |
| Out-of-Network Individual / Family |
| Lifetime Maximum |
| Covered Services |
| Primary Care Physician Visit |
| Under age 19 |
| Over age 19 |
| Specialist Visit |
| Premium Care Designation |
| Network Provider |
| Office X-Ray, Lab, Diagnostic |
| Preventative Care Services |
| Chiropractic (20 visit limit) |
| Teladoc |
| Urgent Care Visit |
| Hospital |
| Inpatient Stay |
| Outpatient Surgery |
| Emergency Room |
| Retail Pharmacy Benefits (30 day supply) |
| Tier 1 |
| Tier 2 |
| Tier 3 |
| Tier 4 |
| Mail Order (90-day supply) |
| Tier 1 |
| Tier 2 |
| Tier 3 |
| Tier 4 |

PPO \$4,000 HDHP

| In and Out-of-Network |
|----------------------------------|
| Choice Plus |
| \$4,000 / \$8,000 |
| \$8,000 / \$16,000 |
| 20%/80% |
| 40%/60% |
| \$6,350 / \$12,700 |
| \$12,700 / \$25,400 |
| Unlimited |
| Out-of-Network pays Ded then 40% |
| Ded then 20% |
| Ded then 20% |
| Ded then 20% |
| Ded then 20% |
| Ded then 20% |
| Covered in full |
| Ded then 20% |
| \$49 Consult Fee |
| Ded then 20% |
| Ded then 20% |
| Ded then 20% |
| Ded then \$10 Copay |
| Ded then \$35 Copay |
| Ded then \$60 Copay |
| Ded then \$150 Copay |
| Ded then \$25 Copay |
| Ded then \$87.50 Copay |
| Ded then \$150 Copay |
| Not Applicable |

The above information is a summary only. Please refer to your Certificate of Coverage for complete details of Plan benefits, limitations and exclusions.

Employee Cost

PPO \$4,000 HDHP

| Employee Only |
|-------------------------|
| Employee and Spouse |
| Employee and Child(ren) |
| Employee and Family |

| Semi-Monthly |
|--------------|
| \$0.00 |
| \$23.00 |
| \$20.00 |
| \$33.00 |

MEDICAL PRESCRIPTION DRUG PLANS – UMR

Many FDA-approved prescription medications are covered through the medical plans. Important information regarding your prescription drug coverage is outlined below.

| Plan Highlights | EPO Copay \$0 | EPO \$500 | EPO \$2,000 | PPO \$4,000 HDHP |
|---|----------------|----------------|----------------|------------------------|
| Retail Pharmacy Benefits (30 day supply) | | | | |
| Tier 1 | \$10 Copay | \$10 Copay | \$10 Copay | Ded then \$10 Copay |
| Tier 2 | \$35 Copay | \$35 Copay | \$35 Copay | Ded then \$35 Copay |
| Tier 3 | \$60 Copay | \$60 Copay | \$60 Copay | Ded then \$60 Copay |
| Tier 4 | \$100 Copay | \$100 Copay | \$150 Copay | Ded then \$150 Copay |
| Mail Order (90-day supply) | | | | |
| Tier 1 | \$25 Copay | \$25 Copay | \$25 Copay | Ded then \$25 Copay |
| Tier 2 | \$87.50 Copay | \$87.50 Copay | \$87.50 Copay | Ded then \$87.50 Copay |
| Tier 3 | \$150 Copay | \$150 Copay | \$150 Copay | Ded then \$150 Copay |
| Tier 4 | Not Applicable | Not Applicable | Not Applicable | Not Applicable |

Tiered prescription drug plans require varying levels of payment depending on the drug's tier and your copayment or coinsurance will be higher with a higher tier number. The Medical plans include a four-tier prescription benefit.

- Tier 1 prescriptions offer the greatest value compared to other drugs that treat the same conditions and are often the lowest cost.
- Tier 2 drugs are generally brand name with a moderate copayment. Some drugs may also be Tier 2 because they are “preferred” among other drugs that treat the same conditions.
- Tier 3 drugs are a higher copayment compared to the lower tiers, as they are higher cost drugs. Some drugs on this list may have a generic counterpart in Tier 1 or Tier 2.
- Tier 4 drugs are then the most expensive high technology and self-administered injectable medications
- Some prescription drugs may require prior-authorization or step-therapy to ensure medical necessity and that they are prescribed and used correctly.
- Visit www.goodrx.com to compare Rx prices, print free coupons and save on your meds.
- For a current version of the prescription drug list (PDL), go to www.ump.com.

Why pay more?

There are a few ways you can save money when using the Prescription Drug Plan:



Mail Order

Save time and money by utilizing a mail order service for maintenance medications. A 90-day supply of your medication will be shipped to you, instead of purchasing a typical 30-day supply at a walk-in pharmacy.



Shop Around

Some pharmacies, such as those at warehouse clubs or discount stores may offer less expensive prescriptions than others. By calling ahead, you may determine which pharmacy provides the most competitive price.








Explore Over-the-Counter Options

For common ailments, over-the-counter drugs may provide a less expensive option that serve the same purpose as prescription medications.

WHERE SHOULD I GO FOR CARE?

With many options for getting care, how do you choose? This chart can help you understand where to go for what and how you can save money.

| Where to get care | What it is | Type of Care | | Cost |
|--|--|--|--|----------|
| Virtual Visit  | A Virtual Visit lets you see a doctor via your smartphone, tablet or computer. | <ul style="list-style-type: none"> • Allergies • Bladder infections • Bronchitis • Cough/colds • Diarrhea • Fever | <ul style="list-style-type: none"> • Pink eye • Rashes • Seasonal flu • Sinus problems • Sore throats • Stomach aches | \$ |
| Convenience Care Clinics  | Visit a convenience care clinic when you can't see your doctor and your health issues isn't urgent. These clinics are often in stores. | <ul style="list-style-type: none"> • Common infections (e.g. strep throat) • Minor skin conditions (e.g. poison ivy) • Vaccinations • Pregnancy tests • Minor injuries • Ear aches | | \$\$ |
| Primary Care Physician  | Go to a doctor's office when you need preventive or routine care. Your primary doctor can access your medical records, manage your medications and refer you to a specialist, if needed. | <ul style="list-style-type: none"> • Checkups • Preventive services • Minor skin conditions • Vaccinations • General health management | | \$\$ |
| Urgent Care  | Urgent care is ideal for when you need care quickly, but it is not an emergency and your doctor is not available. Urgent care centers treat issues that aren't life threatening. | <ul style="list-style-type: none"> • Sprains • Strains • Small cuts that may need stitches | <ul style="list-style-type: none"> • Minor burns • Minor infections • Minor broken bones | \$\$\$ |
| Emergency Room  | The emergency room is for life-threatening or very serious conditions that require immediate care. This is also when to call 911. | <ul style="list-style-type: none"> • Heavy bleeding • Large open wounds • Sudden change in vision • Chest pain • Sudden weakness or trouble talking | <ul style="list-style-type: none"> • Major burns • Spinal injuries • Severe head injury • Breathing difficulty • Major broken bones | \$\$\$\$ |

HEALTH SAVINGS ACCOUNT (HSA) – OPTUM BANK

By enrolling in the PPO \$4,000 HDHP plan, you will have access to a Health Savings Account (HSA) administered by Optum Bank. HSAs provide tax advantages and can be used to pay for qualified health care expenses, such as your deductible, copayments, and other out-of-pocket expenses.

2021 Valtech Solutions HSA Contributions

| | |
|------------|---------|
| Individual | \$750 |
| Family | \$1,500 |

2021 IRS Annual HSA Contribution Limits

(All contributions (employee + employer combined) cannot exceed the following amounts)

| | |
|-----------------|---------|
| Individual | \$3,600 |
| Family | \$7,200 |
| Age 55 Catch-Up | \$1,000 |

How the Health Savings Account works:

- You contribute to your HSA through pre-tax payroll deductions or by independently depositing money directly into your account
- Funds withdrawn from your HSA to pay for qualified Medical, Dental and Vision expenses are tax-free, but there is a 20% penalty for using HSA funds on non-qualified health care expenses if you are under age 65
- Your HSA balance grows with tax-free interest
- It's important to monitor your contributions to avoid going over the IRS limit, as contributions in excess of the IRS limit are subject to standard income tax rates, plus a 6% excise tax
- Any unused dollars in your Optum Bank account will roll over from year to year
- If you change jobs, your HSA money goes with you

What can be paid for with Health Savings Account Funds?

The complete list and details of the "Qualified Medical Expenses" can be found at <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

Are you eligible for a Health Savings Account?

To be eligible for an HSA, you must meet the following requirements:

- You have no other health coverage, including a general purpose Flexible Spending Account (FSA)
- You are not enrolled in Medicare or Tricare
- You have not enrolled in Veterans or Indian Health Services coverage three months prior to the effective date (except preventive care)
- You have not been claimed as a dependent on someone else's tax return (unless it's your spouse)

How do I get started?

1. During your enrollment, elect the PPO \$4,000 HDHP Plan as your medical benefit plan option
2. Enter the pre-tax, annual amount you would like deducted per pay check to contribute to your HSA account
3. Valtech Solutions will establish an account in your name with Optum Bank. After a verification process, your account with Optum Bank will be opened, contributions will be deposited, and a debit card will be mailed to your home address
4. You have the option to change your contribution amount anytime during the year

Need assistance? Call 800-791-9361 or visit www.optumbank.com



FLEXIBLE SPENDING ACCOUNT (FSA) – DISCOVERY BENEFITS

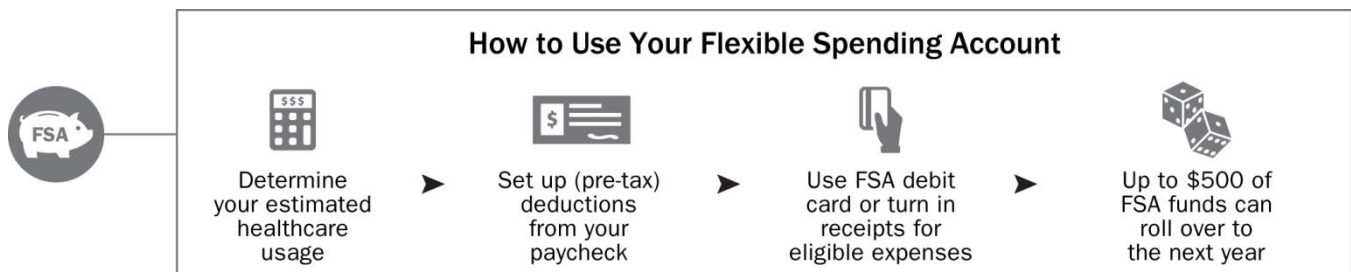
The Flexible Spending Accounts (FSAs) are administered by Discovery Benefits. This benefit can provide a tax advantage that allows you to pay certain health care and dependent care expenses on a pre-tax basis. You can lower your taxable income by anticipating costs for health care or dependent care for the next year.

General Purpose FSA

The Healthcare FSA allows employees to pay for certain IRS-approved medical care expenses not covered by their insurance plan with pre-tax dollars. The 2021 annual maximum amount you may contribute to the Healthcare FSA is \$2,750. **These funds are “use-it-or-lose-it.”**

Although the Healthcare FSA plan year runs from January 1, 2021 – December 31, 2021, the plan provides a \$550 Roll-Over benefit. Any funds remaining in your account at the end of the plan year over \$550 will be forfeited.

Examples of qualified medical expenses include copays, deductibles and a variety of medical products and services ranging from dental and vision care to eyeglasses and hearing aids. A list of eligible expenses can be found at: <http://www.irs.gov/pub/irs-pdf/p503.pdf>



Limited Purpose FSA

Limited Purpose FSA's allow you to set aside pre-tax dollars to cover vision and dental expenses not covered by your insurance plans. Limited Purpose FSAs follow the use-it-or-lose-it rules, and is also limited to \$2,750 per plan year per employee for the 2021 calendar year.

This FSA is available to employees on the High Deductible Health Plan, even if the employee is enrolled in a HSA. Stacking the Limited Purpose FSA with an HSA creates more tax-free dollars for current expenses and future.

Dependent Care FSA

The Dependent Care FSA allows you to set aside pre-tax dollars to pay for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. To be eligible, you and your spouse (if applicable) must work, be looking for work or be full-time students. **These funds are “use-it-or-lose-it.”** Any funds remaining in your account at the end of the plan year will be forfeited.

The 2021 annual IRS limit for this type of account is \$5,000. If you are married and file separate returns, you can each elect \$2,500 for the calendar year. Dependent care expenses cannot be reimbursed until they are actually incurred.

Examples of eligible expenses include preschool, summer day camp, before or after school programs, and child or elder daycare. A list of eligible expenses can be found at: <http://www.irs.gov/pub/irs-pdf/p503.pdf>

PARKING & COMMUTER BENEFITS – DISCOVERY BENEFITS

Who couldn't use a little more money? The Parking benefit is a great perk that saves you 40% or more! A Parking benefit plan is a great way to reduce your commuting expenses by allowing you to set aside pre-tax money for qualified parking expenses.

With the benefits debit card, participants can pay providers at the time of service directly from their Parking account. If the parking facility does not accept debit card payments, participants may also pay out-of-pocket and then submit a claim online through the consumer web portal.

Parking receipts may be required by Discovery Benefits to reimburse claims. We recommend that participants keep receipts for their own records, as well. Sign up for free direct deposit to receive your reimbursement as quickly as possible.

Parking Benefit

Pay for parking or near your regular place of employment tax free. Up to \$270 per month can be contributed on a pre-tax basis.

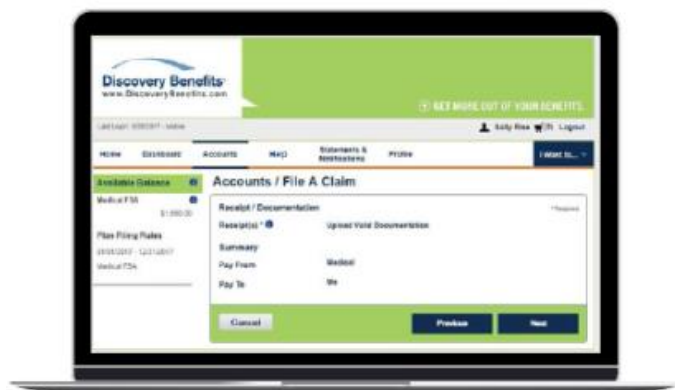
Commuter Benefit

A Commuter benefit plan has been established by Valtech Solutions that allows you to set aside pre-tax dollars for qualified commuter expenses you incur for travel to and from work for your employer. Up to \$270 per month can be contributed on a pre-tax basis.

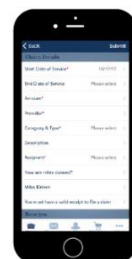
How to Submit Documentation

Occasionally, documentation will be needed to verify the eligibility of an expense paid for on your debit card. The IRS has identified the criteria for what needs to be included when submitting documentation for eligible expenses:

- Name of the provider/merchant
- Date(s) of service
- Type(s) of service
- Amount (after insurance, if applicable)
- Name of person who received the services (if the account covers dependents)



You can submit documentation in seconds using the Discovery Benefits mobile app. The app lets you use your phone's camera to take pictures of your documents and upload them on the spot. You can also submit documentation through your online portal, via fax, or mail. Your Commuter and Parking benefit contributions roll over from year to year, you do not lose them like with an FSA.



Visit www.discoverybenefits.com

Call 866-451-3399 option 1

Fax 866-451-3245

Email CustomerService@DiscoveryBenefits.com

DENTAL BENEFITS – UNITED HEALTHCARE

Valtech Solutions offers two Dental Plans through United Healthcare, a Low Plan and a High Plan. Both Dental Plans offer In-Network and Out-of-Network coverage. If you receive dental care from an **Out-of-Network dentist**, your **out-of-pocket expenses will be higher because your charges will be subject to reasonable and customary limits** (the usual charge of most dentists in the same geographic area for that service) and the dentist may balance bill you.

To find an In-Network dentist please go to www.myuhcdental.com and click Find a Dentist on the right side of the webpage and then select the **National Options PPO 20** Network.

| Plan Highlights | Low Plan | High Plan |
|---------------------------------------|---|---|
| | In-Network & Out-of-Network | In-Network & Out-of-Network |
| Network | National Options PPO 20 | National Options PPO 20 |
| Calendar Year Maximum Benefit | | |
| Per Individual | \$1,500 | \$3,000 |
| Calendar Year Deductible | | |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Preventive | | |
| Routine Examinations (2 per year) | Covered 100% Deductible Waived | Covered 100% Deductible Waived |
| Routine Cleanings (2 per year) | | |
| X-Rays | | |
| Fluoride Treatment up to age 16 | | |
| Sealants up to age 16 | | |
| Space Maintainers up to age 16 | | |
| Basic Services | | |
| Fillings | You Pay Deductible then 20% Plan Pays 80% | You Pay Deductible then 10% Plan Pays 90% |
| Root Canal Treatment | | |
| Simple Extractions | | |
| Endodontics and Periodontics | | |
| Palliative Treatment (relief of pain) | | |
| Major Services | | |
| Dentures, Bridges, and Crowns | You Pay Deductible then 50% Plan Pays 50% | You Pay Deductible then 30% Plan Pays 70% |
| Inlays and Onlays | | |
| Orthodontia Services | | |
| Dependent children to age 19 | Deductible Waived You Pay 50% Plan Pays 50% | Deductible Waived You Pay 50% Plan Pays 50% |
| Orthodontia Lifetime Max | \$1,500 | \$1,500 |
| Waiting Periods | | |
| Waiting Period for services | None | None |

The above information is a summary only. Please refer to your Certificate of Coverage for complete details of Plan benefits, limitations and exclusions.

| Employee Dental Cost | Low Plan | High Plan |
|-------------------------|--------------|--------------|
| | Semi-Monthly | Semi-Monthly |
| Employee Only | \$8.12 | \$13.70 |
| Employee and Spouse | \$15.89 | \$27.59 |
| Employee and Child(ren) | \$15.89 | \$29.20 |
| Employee and Family | \$29.72 | \$50.51 |

VOLUNTARY VISION BENEFITS – UNITED HEALTHCARE

Voluntary Vision Plan benefits are available to you through United Healthcare. The plan pays benefits for annual exams and corrective lenses. There are copays for exams and materials, and the plan pays for frames and lenses up to certain limits. Under this plan, members may use In-Network or Out-of-Network vision care providers, but you receive greater benefits when In-Network providers are utilized.

To locate network providers, visit www.myuhcvision.com or call 800-638-3120.

Retail Chain Affiliate Providers

Visit any one of the United Healthcare retail chain affiliate providers listed below and receive added convenience.



As a member, you can also receive 10% off contact lenses ordered through www.uhccontacts.com.

Plan Highlights

Voluntary Vision Plan

| | In-Network | Out-of-Network |
|---|---|---------------------------|
| Network | Spectera Eyecare Network | |
| Vision Exam – Every 12 months | | |
| Eye Exam | \$10 Copay | Up to \$40 Reimbursement |
| Spectacle Lenses – Every 12 months | | |
| Single Lenses | \$25 Copay | Up to \$40 Reimbursement |
| Bifocal | \$25 Copay | Up to \$60 Reimbursement |
| Trifocal | \$25 Copay | Up to \$80 Reimbursement |
| Frames – Every 12 months | | |
| Retail Frames | \$25 Copay; Up to \$150 Allowance, 30% off balance over \$150 | Up to \$45 Reimbursement |
| Contacts – Every 12 months (In lieu of eye glasses) | | |
| Medically Necessary Contacts | \$25 Copay; Covered 100% | Up to \$210 Reimbursement |
| Elective Contacts | \$25 Copay; Up to \$105 Allowance | Up to \$150 Reimbursement |

The above information is a summary only. Please refer to your Certificate of Coverage for complete details of Plan benefits, limitations and exclusions.

Employee Vision Cost

Voluntary Vision Plan

| | Semi-Monthly |
|-------------------------|--------------|
| Employee Only | \$4.25 |
| Employee and Spouse | \$6.99 |
| Employee and Child(ren) | \$12.57 |
| Employee and Family | \$13.74 |



BASIC LIFE AND AD&D – UNITED HEALTHCARE

Valtech Solutions provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance through United Healthcare. **This benefit is provided at no cost to you.**

In the event of a death, Life Insurance will provide your family members or other beneficiaries with financial protection and security. Additionally, if your death is a result of an accident or if you become dismembered, your Accidental Death & Dismemberment (AD&D) coverage may apply.

Discussing what might happen to your family if you were not around to provide for them is not always the easiest conversation, but it is necessary. Life and AD&D insurance benefits provide financial assistance in an absence, and can help you plan for the unexpected.

| Plan Highlights | Basic Life and AD&D |
|------------------------------|---|
| Life and AD&D Benefit Amount | 2x annual earnings, rounded to the next higher \$1,000, up to \$300,000 |
| Accelerated Death Benefit | 75% up to \$300,000 |
| Age Reduction | To 65% at age 70 To 50% at age 75 |
| Portability | If your employment is terminated, you may apply to continue your life insurance on a direct-bill basis. |
| Seat Belt Benefit | Up to 10% of Benefit Amount |
| Airbag Benefit | Up to 5% of Benefit Amount |
| Portability | If your employment is terminated, you may apply to continue your life insurance on a direct-bill basis. |
| Conversion | Allows you to convert their policy to an individual policy if group policy terminates |

The above information is a summary only. Please refer to your Certificate of Coverage for complete details of Plan benefits, limitations and exclusions.

Beneficiary Designation

You MUST designate a beneficiary for your Life and AD&D insurance when you become eligible for coverage or upon enrollment. Your beneficiary is the person (or people, estate, trust, etc.) who will receive your life insurance benefits if you die. You must elect a primary beneficiary (the first to receive benefits) and you may also elect a secondary beneficiary (if the first beneficiary could not receive the life insurance settlement because of death). If you do not name a beneficiary, or if the beneficiary dies before you, benefits will be paid to your estate. You can change your beneficiary designation at any time.



VOLUNTARY LIFE AND AD&D – UNITED HEALTHCARE

Eligible employees may purchase Voluntary Life and Accidental Death and Dismemberment (AD&D) insurance for themselves and their dependents. Dependents are only eligible for Voluntary Life and AD&D if the employee has elected coverage for themselves. Premiums are paid through post-tax payroll deductions. This year only, employees who previously waived coverage or who elected less than the guarantee issue are can elect up to the Guaranteed Issue amount without being required to submit an Evidence of Insurability (EOI) form. If you elect more than the Guaranteed Issue amount or waive coverage now and elect at a later date, you will be required to submit an EOI form.

Plan Highlights

Voluntary Life and AD&D

| Employee Coverage | |
|--|---|
| Benefit Amount | Increments of \$10,000 up to the lesser of \$500,000 or 5 X salary |
| Guarantee Issue | \$100,000 |
| Age Reduction (Based on Employee's Age) | To 65% at age 65 To 50% at age 70 |
| Spouse Coverage | |
| Benefit Amount | Increments of \$5,000 up to \$500,000, not to exceed 100% of Employee Benefit Amount |
| Guarantee Issue | \$25,000 |
| Age Reduction (Based on Spouse's Age) | To 65% at age 65 To 50% at age 70 |
| Child Coverage | |
| Benefit Amount | 14 days to 6 months: \$1,000 6 months to age 26: Increments of \$2,000 up to \$10,000 |
| Guarantee Issue | \$10,000 |
| Features | |
| Accelerated Death Benefit | 75% up to \$500,000 |
| Portability | If your employment is terminated, you may apply to continue your life insurance on a direct-bill basis. |

The above information is a summary only. Please refer to your Certificate of Coverage for complete details of Plan benefits, limitations and exclusions.

Voluntary Life and AD&D Cost

| Monthly Rates per \$1,000 | Employee | Spouse |
|---------------------------|--------------------------|---------|
| Under age 34 | \$0.113 | \$0.115 |
| 35–39 | \$0.143 | \$0.145 |
| 40–44 | \$0.173 | \$0.175 |
| 45–49 | \$0.273 | \$0.275 |
| 50–54 | \$0.403 | \$0.405 |
| 55–59 | \$0.623 | \$0.625 |
| 60–64 | \$0.883 | \$0.885 |
| 65–69 | \$1.283 | \$1.285 |
| 70–74 | \$3.533 | \$3.535 |
| 75–79 | \$4.143 | \$4.145 |
| Child(ren) | Monthly Rate per \$1,000 | |
| Ages 14 days – 26 years | \$0.183 | |

SHORT TERM DISABILITY (STD) – UNITED HEALTHCARE

Valtech Solutions provides employees with Short Term Disability (STD) insurance through United Healthcare. **This benefit is provided at no cost to you.**

Short Term Disability (STD) insurance is protection for the thing that matters most – your ability to earn an income. Sometimes referred to as paycheck protection, this insurance can replace a portion of your income if you are unable to work because of the birth of a new child, any covered injury or an illness that is non-occupational related.

Plan Highlights

Short Term Disability

| | |
|-------------------------------|---|
| Eligible Class | All Active Full-Time Employees working a minimum of 30 hours per week |
| Definition of Disability | Loss of Duties and Loss of Earnings |
| Elimination Period | 7 days |
| Percentage of Income Replaced | 60% of weekly earnings |
| Maximum Weekly Benefit | Up to \$1,500 |
| Benefit Duration | Up to 12 weeks |

The above information is a summary only. Please refer to your Certificate of Coverage for complete details of Plan benefits, limitations and exclusions.

LONG TERM DISABILITY (LTD) – UNITED HEALTHCARE

Long Term Disability (LTD) benefits are administered through United Healthcare and are **provided to you at no cost.**

If you become disabled from a non-work-related injury or sickness, this coverage may provide a source of income.

Plan Highlights

Long Term Disability

| | |
|-----------------------------------|--|
| Eligible Class | All Active Full-Time Employees working 30 hours per week |
| Definition of Disability | Loss of Duties and Loss of Earnings |
| Definition of Earnings | Base Annual Earnings not including commissions, overtime pay, or bonuses |
| Elimination Period | 90 days |
| Percentage of Income Replaced | 60% of monthly earnings |
| Maximum Monthly Benefit | Up to \$10,000 |
| Benefit Duration | Up to Social Security Normal Retirement Age (SSNRA) |
| Pre-Existing Condition Limitation | You may not be eligible for benefits if you have received treatment for a condition within 6 months prior to the effective date under this policy until you have been covered for that particular diagnosis under the policy for 12 months |
| Benefit Limitations | Mental/Nervous: 24 months Substance Abuse: 24 months |

The above information is a summary only. Please refer to your Certificate of Coverage for complete details of Plan benefits, limitations and exclusions.

BENEFICIARY COMPANION – UNITED HEALTHCARE

Beneficiary Companion provides confidential and professional support services to your beneficiary - at no extra cost. Along with your coverage from United Healthcare, your beneficiaries have guidance on closing your estate and protecting your identity just when they need it most.

Guidance Services

- Help is available anytime to obtain death certificate copies and to notify:
- Social Security Administration
- Credit reporting agencies
- Credit card companies/financial institutions
- Third-party vendors
- Government agencies

Call: 866-643-4241

MEMBER ASSISTANCE PROGRAM – UNITED HEALTHCARE

Unresolved medical issues can take a serious toll on your work and home life. To help you through difficult times; the United Healthcare Member Assistance Program provides members and their families personal and confidential support.

Receiving Assistance

- At no extra cost you have access to the following services:
- Unlimited phone access to master's level specialists
- Up to 3 referrals for face-to-face counseling sessions
- One legal consultation of 30 minutes
- A 30 – 60 minute financial consultation

For confidential, personal assistance, please call the toll-free number for counseling 24 hours a day, 7 days a week, and 365 days a year.

Call: 877-660-3806

TRAVEL ASSISTANCE SERVICES – UNITED HEALTHCARE

Through your group coverage with United Healthcare, you automatically receive travel assistance services provided by Global Assistance, pursuant to an agreement between United Healthcare and Global Assistance. Global Assistance is a 24-hour, toll-free service that provides a comprehensive range of information, referral, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may encounter when you travel.

Call: 800-527-0218

WORKSITE BENEFITS – UNITED HEALTHCARE

Worksite Accident Insurance – United Healthcare

Injury prone? Weekend warrior? Have children who play sports? When an unexpected injury happens, Accident Insurance can help offset costs that are not covered by your Medical plan. Some of the common reasons for claims under an Accident benefit include broken bones, burns, and sports related injuries. Accident insurance is a way to stay ahead of the Medical and Out-of-Pocket expenses that add up quickly after an accidental injury. You'll receive cash benefits for the items below and other expenses that may not be fully covered by major Medical insurance.

- Covered Injuries – Tendon, Ligament, Rotator Cuff,
- Knee Injury – Broken Tooth – Ruptured Disc – Brain Injury/Concussion
- Emergency and Hospitalization Benefits – Ground Ambulance, Emergency Room Treatment, Hospital Admission, Hospital Confinement, Hospital Intensive Care Unit
- Treatment and other services – CT/MRI

Plan Highlights

Worksite Accident

| Accidental Death Benefit | Employee: \$50,000 Spouse: \$50,000 Child: \$25,000 |
|---|---|
| Dismemberment Benefit | Employee: Up to \$50,000 Spouse: Up to \$50,000 Child: Up to \$25,000 |
| Emergency Room Treatment | \$200 |
| Hospital Admission (once per calendar year) | \$1,500 |
| ICU Confinement (up to 30 days) | \$1,000 per day |
| Surgery | Up to \$2,000 |
| Burns | Up to \$16,000 |
| Coma | \$20,000 |
| Dislocations | Up to \$4,000 |
| Fractures | Up to \$5,000 |

Employee Cost

Worksite Accident

| | Semi-Monthly |
|-------------------------|--------------|
| Employee Only | \$3.71 |
| Employee and Spouse | \$5.91 |
| Employee and Child(ren) | \$7.50 |
| Employee and Family | \$11.53 |

WORKSITE BENEFITS – UNITED HEALTHCARE

Worksite Hospital Indemnity Insurance – United Healthcare

When an unexpected hospitalization happens, Hospital Indemnity Insurance can help offset costs that are not covered by your Medical plan. You'll receive cash benefits for the items below and other expenses that may not be fully covered by major Medical insurance.

Plan Highlights

Worksite Hospital Indemnity

| | Base Plan | Buy Up Plan |
|---|---|---|
| Hospital Admission <i>1 day per plan year</i> | \$500 | \$1,000 |
| Hospital Confinement Benefit <i>Up to 364 days per plan year</i> | \$100 per day | \$150 per day |
| ICU Confinement Benefit <i>Up to 364 days per plan year</i> | \$100 per day | \$150 per day |
| ICU | \$500 | \$1,000 |
| Pre Existing Condition Limitation | Conditions for which you have received treatment within the 6 months prior to the effective date will not be covered until you have been covered by the policy for 6 months | Conditions for which you have received treatment within the 6 months prior to the effective date will not be covered until you have been covered by the policy for 6 months |
| Portability | Included | Included |

Employee Cost

Worksite Hospital Indemnity

| | Semi-Monthly | Semi-Monthly |
|-------------------------|--------------|--------------|
| Employee Only | \$1.99 | \$3.59 |
| Employee and Spouse | \$4.36 | \$7.89 |
| Employee and Child(ren) | \$4.43 | \$7.90 |
| Employee and Family | \$7.30 | \$13.09 |

WORKSITE BENEFITS – UNITED HEALTHCARE

Worksite Critical Illness Insurance – United Healthcare

This plan is designed to cover you if you are diagnosed with a covered critical illness so you can concentrate on what is most important – your treatment, care and recovery. If you receive a benefit for a specified critical illness, and later you are diagnosed with a different specified critical illness, the original percentage of the face amount is payable for that particular specified critical illness. If you receive a benefit for a specified critical illness, and later you are diagnosed with the same specified critical illness, 50% of the original face value is payable.

Plan Highlights

Worksite Critical Illness Indemnity

| | Base Plan |
|--|--|
| Benefit Amount | Employee: \$20,000 Spouse: \$10,000 Child: \$5,000 |
| Specified Critical Illnesses that pay 100% of the benefit | Benign Brain Tumor, Cancer – Invasive, Chronic Renal Failure, Coma, Heart Attack, Heart Failure, Major Organ Failure, Permanent Paralysis, Ruptured Aneurysm, Stroke, ALS, Complete Blindness, Complete Loss of Hearing, Advanced Alzheimer's, Advanced Multiple Sclerosis, Advanced Parkinson's |
| Specified Critical Illnesses that pay 25% of the benefit | Cancer – Non-Invasive, Coronary Artery Disease |
| Additional Conditions covered for children only <i>One benefit per child, pays 25% of child benefit</i> | Cerebral Palsy, Cleft Lip/Palate, Cystic Fibrosis, Down Syndrome, Muscular Dystrophy, Spina Bifida |
| Pre Existing Condition Limitation | Conditions for which you have received treatment within the 6 months prior to the effective date will not be covered until you have been covered by the policy for 6 months |
| Portability | Included |

Employee Cost

Worksite Critical Illness

| | Monthly Employee Only | Monthly Employee and Spouse | Monthly Employee and Child(ren) | Monthly Employee and Family |
|-------|-----------------------|-----------------------------|---------------------------------|-----------------------------|
| < 25 | \$4.00 | \$6.00 | \$4.60 | \$6.60 |
| 25–29 | \$5.60 | \$8.20 | \$6.20 | \$8.80 |
| 30–34 | \$6.80 | \$10.20 | \$7.40 | \$10.80 |
| 35–39 | \$9.00 | \$13.70 | \$9.60 | \$14.30 |
| 40–44 | \$14.00 | \$20.90 | \$14.60 | \$21.50 |
| 45–49 | \$22.60 | \$32.70 | \$23.20 | \$33.30 |
| 50–54 | \$32.20 | \$45.90 | \$32.80 | \$46.50 |
| 55–59 | \$44.20 | \$61.90 | \$44.80 | \$62.50 |
| 60–64 | \$56.80 | \$85.20 | \$57.40 | \$85.80 |
| 65–69 | \$80.20 | \$117.60 | \$80.80 | \$118.20 |
| 70–74 | \$40.20 | \$71.55 | \$40.80 | \$72.16 |
| 75–79 | \$69.00 | \$101.00 | \$69.60 | \$101.60 |

401(K) – FIDELITY

It's never too early – or too late – to start planning for your retirement. Making contributions to a 401(k) account is the first step toward achieving financial security later in life. Valtech Solutions provides you with an opportunity to participate in our 401(k) plan that includes a company matching contribution. As a participant in the Valtech Solutions 401(k) Plan, Valtech Solutions provides you with the tools and flexibility you need to retire comfortably and securely.

Eligibility

All employees that are eligible to participate in the Valtech Solutions 401(k) plan may enter the plan at any time throughout the year after working two consecutive months of service. Please refer to the Summary Plan Descriptions for eligibility requirements.

Contributing to the Plan

You may contribute up to 100% of your compensation to the 401(k) plan through on a pre-tax basis or Roth, not to exceed Plan limits set by the IRS. The limit for 2021 is \$19,500. You may increase or decrease your contribution elections at any time.

Employer Contributions

For the 2021 plan year, Valtech will begin contributing a Safe Harbor match of 100% of your contributions for the first 4% you contribute. This new Safe Harbor match will be 100% immediately vested.

Catch-up Contributions

If you are or will be age 50 or older during the 2021 calendar year and you already contribute the maximum allowed to your 401(k) account, you may also make a “catch-up contribution.” This additional deposit of funds accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$6,500 for 2021. See your Plan Administrator for more details.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. All changes will become effective as soon as administratively feasible and will remain in effect until modified by you. You may also discontinue your contributions any time. Once you stop making contributions, you may start again at any time. You should contact your See your Plan Administrator for more details.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan with a previous employer, you may transfer or roll over that account into the Plan any time.

Managing Your Plan

Prior to January, 1 2021 you can access your accounts online 24/7 at www.nationwide.com/login. The 401(k) plan will transition to Fidelity Investments effective January 2021. After the transition, you can manage your account online at www.netbenefits.com or by calling 1-800-835-5097.

MEDICARE PART D CREDITABLE COVERAGE NOTICE

Important Notice from Valtech Solutions About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Valtech Solutions and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Valtech Solutions has determined that the prescription drug coverage offered by the Valtech Solutions Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan while enrolled in Valtech Solutions coverage as an active employee, please note that your Valtech Solutions coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug

benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Valtech Solutions coverage as a former employee.

You may also choose to drop your Valtech Solutions coverage. If you do decide to join a Medicare drug plan and drop your current Valtech Solutions coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Valtech Solutions and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Valtech Solutions changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Name of Entity/Sender: Valtech Solutions
Contact--Position/Office: Maria Lee, Payroll/Benefits Manager
Address: 7200 Bishop Road, Suite 280 Plano, TX 75024
Phone Number: 469-930-4557

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

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

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

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Maria Lee, Payroll/Benefits Manager, 469-930-4557, maria.lee@valtech.com.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA) NOTICE

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

WOMEN'S HEALTH CANCER RIGHTS ACT (WHCRA) NOTICE

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 469-930-4557 for more information.

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

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| ALABAMA – Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447 | FLORIDA – Medicaid Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268 |
| ALASKA – Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | GEORGIA – Medicaid Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 1-678-564-1162 ext 2131 |
| ARKANSAS – Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447) | INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864 |
| COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 | IOWA – Medicaid Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563 |

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| KANSAS – Medicaid | NEW HAMPSHIRE – Medicaid |
| Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512 | Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 1-603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218 |
| KENTUCKY – Medicaid | NEW JERSEY – Medicaid and CHIP |
| Website: https://chfs.ky.gov Phone: 1-800-635-2570 | Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 |
| LOUISIANA – Medicaid | NEW YORK – Medicaid |
| Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447 | Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| MAINE – Medicaid | NORTH CAROLINA – Medicaid |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711 | Website: https://medicaid.ncdhhs.gov/ Phone: 1-919-855-4100 |
| MASSACHUSETTS – Medicaid and CHIP | NORTH DAKOTA – Medicaid |
| Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825 |
| MINNESOTA – Medicaid | OKLAHOMA – Medicaid and CHIP |
| Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 | Website: http://www.insureoklahoma.org Phone: 1-888-365-3742 |
| MISSOURI – Medicaid | OREGON – Medicaid |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 1-573-751-2005 | Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075 |
| MONTANA – Medicaid | PENNSYLVANIA – Medicaid |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 | Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462 |
| NEBRASKA – Medicaid | RHODE ISLAND – Medicaid and CHIP |
| Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178 | Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 1-401-462-0311 (Direct Rlthe Share Line) |
| NEVADA – Medicaid | SOUTH CAROLINA – Medicaid |
| Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov Phone: 1-888-549-0820 |
| SOUTH DAKOTA – Medicaid | WASHINGTON – Medicaid |
| Website: http://dss.sd.gov Phone: 1-888-828-0059 | Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473 |
| TEXAS – Medicaid | WEST VIRGINIA – Medicaid |
| Website: http://gethipptexas.com/ Phone: 1-800-440-0493 | Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| UTAH – Medicaid and CHIP | WISCONSIN – Medicaid and CHIP |

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| Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669 | Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002 |
| VERMONT– Medicaid | WYOMING – Medicaid |
| Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427 | Website: https://wyequalitycare.acs-inc.com/ Phone: 1-307-777-7531 |
| VIRGINIA – Medicaid and CHIP | |
| Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282 | |

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

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

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

FAMILY MEDICAL LEAVE ACT

The Family and Medical Leave Act (FMLA) provides certain employees with up to 12 weeks of unpaid, job-protected leave per year. It also requires that their group health benefits be maintained during the leave.

FMLA is designed to help employees balance their work and family responsibilities by allowing them to take reasonable unpaid leave for certain family and medical reasons. It also seeks to accommodate the legitimate interests of employers and promote equal employment opportunity for men and women.

Covered employers must provide an eligible employee with up to 12 weeks of unpaid leave each year for any of the following reasons:

- for the birth and care of the newborn child of an employee;
- for placement with the employee of a child for adoption or foster care;
- to care for an immediate family member (spouse, child, or parent) with a serious health condition; or
- to take medical leave when the employee is unable to work because of a serious health condition.

Employees are eligible for leave if they have worked for their employer at least 12 months, at least 1,250 hours over the past 12 months, and work at a location where the company employs 50 or more employees within 75 miles. Whether an employee has worked the minimum 1,250 hours of service is determined according to FLSA principles for determining compensable hours or work.

When an employee requests FMLA leave due to his or her own serious health condition or a covered family member's serious health condition, the employer may require certification in support of the leave from a health care provider. An employer may also require second or third medical opinions (at the employer's expense) and periodic recertification of a serious health condition.

Upon return from FMLA leave, an employee will be restored to his or her original job or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. Group health insurance coverage for an employee on FMLA leave is maintained under the same terms and conditions as if the employee had not taken leave.

For additional information regarding your benefits under FMLA, please contact Maria Lee, Payroll/Benefits Manager, 469-930-4557, maria.lee@valtech.com.



This Benefit Guide is not a legal document and does not replace or supersede the Certificate of Coverage or Summary Plan Description. Please refer to the Certificate of Coverage or Summary Plan Description for a complete description of the coverage, eligibility criteria, controlling terms, exclusions, limitations, and conditions of coverage.

Valtech Solutions reserves the right to terminate, suspend, withdraw, reduce, or modify the benefits described in the Certificate of Coverage or Summary Plan Description in whole or in part, at any time. No statement in this or any other document and no oral representation should be construed as a waiver of this right. This Benefit Guide is the confidential property of Valtech Solutions.