



EMPLOYEE BENEFITS

October 1, 2016 - September 30, 2017

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ABOUT THIS GUIDE

We understand that choosing your benefits is an important decision for you and your family. Everyone's needs are unique. We offer a variety of benefits and options so you can choose what works best for you and your family. A number of these benefits are provided at no cost to you. We created this guide to help you make informed decisions. It is not a complete detailed description, nor is it a contract of employment or a guarantee of benefits. More detailed information for each benefit is contained in the relevant insurance policy's Summary Plan Description (SPD).

Great care has been taken to ensure that this guide is accurate. However, oversights can occur or condensed summaries can be misinterpreted. If there is a difference between this overview and the SPD or official plan documents governing the plan, the plan documents will be followed. The company reserves the right to amend or terminate the program in whole or in part at any time.

ELIGIBILITY *For Benefits*

Full-time employees become eligible for benefits on the first day of employment. The following family members may be enrolled in the medical, dental and vision programs:

- Your legal spouse or qualified domestic partner
- For medical, dental and vision benefits, children to age 26
- For voluntary child life, children 14 days to age 23
- Your dependent child who is incapable of self support because of a mental or physical disability

For the purpose of our benefits plans, your children include:

- Natural and adopted children
- Children of your qualified domestic partner
- Stepchildren who you support and who live with you in a parent-child relationship
- Any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order

MAKING CHANGES *To Your Benefits*

Open Enrollment occurs once each year. You may change your benefit elections during the open enrollment period. Once you have made your selection, you may not change benefit elections until the next open enrollment unless you have a qualifying event in employment or family status. Qualifying Events include:

- Marriage, divorce or legal separation (state specific)
- Dependent child through birth, adoption or court-ordered custody
- Death of a spouse or child
- Your work schedule changes (i.e. reduction or increase in hours which affects eligibility)
- Your dependent loses eligibility for coverage
- You or your dependent become eligible for Medicare
- Your spouse involuntarily loses health coverage through his/her employer
- You and/or your spouse and dependents become eligible for COBRA
- You and/or your spouse and dependents gain or lose Medicaid coverage
- You received a Qualified Medical Child Support Order (QMCSO)

If you experience one of these qualifying events, you have 30 days from the date of the event to notify the Director of Operations Department and make any desired benefit changes. Otherwise, elections you make during open enrollment will remain in effect for the entire plan year. Also, if you or your eligible dependents are covered under Medicaid or a State Children's Health Insurance Program (CHIP) and that coverage ends, you may be able to enroll yourself and any affected dependent in this Plan's medical coverage. You must request enrollment within 60 days after the Medicaid or CHIP coverage ends. If you or your eligible dependent becomes eligible, under Medicaid or a State CHIP plan for financial assistance to pay for health coverage under this Plan, you may be able to enroll yourself and any affected dependent in this Plan. You must request enrollment within 60 days after the date a government agency determines that you are eligible for that financial assistance.

If you experience a family status change and want to change your benefits, you MUST contact Director of Operations within 30 days of the change.

EMPLOYEE BENEFITS

EMPLOYEE BENEFITS

WaveStrike is dedicated to providing the most flexible, first-class benefits package to its employees. The following is a general description of the benefits offered to eligible employees.

401(K) RETIREMENT PLAN

WaveStrike's 401(k) retirement plan consists of an employer contribution of 10% of the employee's base salary that is immediately vested (contribution is not dependent upon the employee contributing). Employees can also voluntarily contribute a portion of their salary post tax, pre-tax, or a combination thereof, to the retirement plan pursuant to IRS regulations. The 401(k) plan is managed by Lowe fs (www.lowe fs.com), a financial firm which provides personalized investment advice to WaveStrike and its employees. Employees are eligible to begin participation in the plan on the first day of the month after 60 days of employment

MEDICAL, PRESCRIPTION AND VISION INSURANCE

WaveStrike offers employees exceptional health care plans provided by CareFirst BlueCross BlueShield. WaveStrike pays 80% of the premium for this coverage.

DENTAL INSURANCE

WaveStrike offers employees dental insurance plans via CareFirst BlueCross BlueShield. WaveStrike pays 80% of the premium for this coverage.

PAID TIME OFF (PTO)

WaveStrike offers a generous leave program, where employees earn up to five weeks (25 days) of PTO per year. PTO combines all leave (vacation, personal time, and sick leave) into one category that can be used at the employee's discretion. WaveStrike also allows two emergency days a year in the case of extreme circumstances such as hazardous weather. At the end of each year an employee can roll over two weeks of accrued leave into the following year. Any leave in excess of two weeks will be paid out as a bonus to the employee.

HOLIDAYS

WaveStrike employees receive 10 paid holidays annually (6 scheduled holidays and 4 floating holidays).

BIRTHDAYS

WaveStrike gives employees their birthday off with pay.

LONG AND SHORT-TERM DISABILITY INSURANCE

WaveStrike provides long-term and short-term disability insurance from Guardian at no expense to the employee.

LIFE INSURANCE

WaveStrike provides up to 1x the employee's salary with a maximum of \$50,000. WaveStrike also offers the option for employee's to purchase additional voluntary life insurance coverage through Guardian.

FLEXIBLE SPENDING ACCOUNT

WaveStrike offers a flexible spending account program for health care. This program automatically pre-taxes health premiums paid by the employee. IRS rules apply.

DEPENDENT CARE SPENDING ACCOUNT

WaveStrike offers a Dependent Care spending account program for eligible dependent care expenses. The amount contributed into this account is pre-tax. IRS rules apply.

TRAINING

WaveStrike encourages employees to continue their education by offering a \$5,000 budget for approved training, conferences or educational assistance.

CERTIFICATION AWARD

WaveStrike has chosen to reward any employee who becomes certified in an approved technology while employed for WaveStrike. Upon passing, WaveStrike will reimburse the employee for the exam fee(s) and reward the passing grade with a \$250 bonus.

PAY CYCLES

WaveStrike pay cycles are semi-monthly beginning on the 1st and 16th of each month. Pay dates are the 7th and 22nd of every month.

ANNUAL REVIEWS

WaveStrike conducts annual reviews with each employee. The review typically takes place on the anniversary of the employee's start date with the company.

EMPLOYEE REFERRAL BONUS PROGRAM

WaveStrike's Employee Referral Bonus Program is designed to reward employees for referring highly qualified candidates who are subsequently hired. Employees who refer a candidate that is hired as a full-time employee will receive \$10,000. The employee will receive half of the bonus (\$5000) after the candidate has worked six months and the other half after the candidate has worked for one year.

PERFORMANCE SHARING BONUS

WaveStrike will pay annual bonuses based on company goals and employee performance at the end of each fiscal year.

EMPLOYEE BENEFITS *Continued*

EMPLOYEE EVENTS

WaveStrike provides a strong family culture through various Company sponsored events. As an employee of WaveStrike, you can expect to be invited to participate in Company hosted Happy Hours every other month, an annual Winter Holiday Party and WaveStrike Summer Picnic, and Quarterly teambuilding events such as Curling, Laser Tag, and other exciting team focused activities.

PARENTAL LEAVE

WaveStrike recognizes the need for parents to have time away from work following the arrival of a newborn, adopted, or surrogate child. Any employee who is the parent of a newborn, adopted, or surrogate child will be granted 5 days of paid leave that can be taken within the first month following the arrival of the child. This leave may be taken continuously or incrementally (in 8 hour increments). Please notify Director of Operations or CEO when the event occurs and when your planned leave will take place.

CHARITABLE CONTRIBUTIONS

WaveStrike recognized the importance of charitable nonprofit organizations. To support the work of these organizations, WaveStrike matches employees' contributions to qualified organizations. To be qualified for a matching employer contribution, the organization must be a social service, charitable environmental organization that is non-profit and carries a 501(c)(3) tax status or equivalent. Examples are the American Red Cross, the American Cancer Society, the Nature Conservancy and the United Way. WaveStrike will match employee contributions of \$25 or more to a maximum of \$500 per employee per calendar year. To generate employer match, the employee needs to submit the matching gift form, available on Google Drive to matchinggifts@wavestrike.com along with proper documentation of the contribution. Please contact the program administrator, Mike Fleming with any questions.

EMPLOYEE ASSISTANCE PROGRAM

Wavestrike is pleased to offer you WorkLifeMatters. WorkLifeMatters is an Employee Assistance Program that provides you and your family members unlimited telephonic consultation with an EAP Counselor, referrals to local counselors, and a state of the art web site featuring over 3,400 helpful articles on topics like wellness, training courses, a legal and financial center and more!

WorkLifeMatters is available to you at no cost any time, any day with confidential resources and referrals for issues regarding:

- Child Care and Parenting
- Elder Care
- Adoption
- Education Planning
- Anxiety/Depression
- Alcohol/Drug Abuse
- Interpersonal Conflicts
- Legal/Financial Issues
- And More!

WILL PREP SERVICES

WillPrep Services, a will preparation service offered through Guardian, offers a range of services to help you communicate how you want to provide for your loved ones. For eligible members with Voluntary Life plans, the service includes online planning documents, a resource library and access to professionals to help with issues related to:

- Advanced Health Care Directives
- Estate Taxes
- Executors & Probate
- Financial Power of Attorney
- Guardianship and Conservatorship
- Healthcare Power of Attorney
- Living Wills
- Resource Library
- Trusts
- Wills

Call 877-433-6789 or visit www.ibhwillprep.com to get started.

MEDICAL *Overview*

We offer 3 medical plans through CareFirst. As you evaluate your options, it's important to understand:

- How each plan works
- What services are covered
- If your doctors are covered by the plan
- Your total cost (the amount deducted from your paycheck each month + the amount you pay when you receive care)



Group Number: 1LP5

Customer Service: 888-567-9155

Website: www.carefirst.com

Mobile App: CareFirst Mobile

INSTRUCTIONS FOR FINDING A PARTICIPATING MEDICAL PROVIDER

1. Go to www.carefirst.com
2. Click Find a Provider
3. Enter search criteria and select plan then search
4. For additional assistance, please call 888-567-9155



MEDICAL *Through CareFirst*

Wavestrike offers 3 medical options through CareFirst. The following chart provides an overview of these benefits and the different options available for the plan year. Please note the preferred lab vendor is LabCorp.

	BLUECHOICE HMO HSA \$1,500	BLUECHOICE PLUS OPT OUT		BLUECHOICE ADVANTAGE 90/70	
GENERAL PLAN PROVISIONS	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Maximum Lifetime Benefit	Unlimited	Unlimited		Unlimited	
Calendar Year Deductible (Individual / Family)	\$1,500 / \$3,000	None / None	\$1,500 / \$3,000	None / None	\$2,000 / \$4,000
Calendar Year Out-of-Pocket Maximum (Individual / Family)	\$6,550 / \$13,100	\$1,500 / \$3,000	\$3,000 / \$6,000	\$2,500 / \$5,000	\$3,500 / \$7,000
Coinsurance Limit	100%	100%	Ded., then Copays	90%/10%	70%/30%
Referral Required	No	No	No	No	No
PCP Required	Yes	Yes	Yes	Yes	Yes
PREVENTATIVE SERVICES					
Well Child Care (ages 0-17)	100%	100%	100%	100%	30% of AB ¹
Adult Physical (ages 17+) Including GYN and Cancer Screenings	100%	100%	Ded., then 100%	100%	Ded., then Co-Ins.
OFFICE VISITS, LABS & TESTING					
Primary Care Visit	Ded., then \$25 Copay	\$10 Copay	Ded., then \$40 Copay	10% of AB ¹	Ded., then Co-Ins.
Specialist Visit	Ded., then \$50 Copay	\$20 Copay	Ded., then \$40 Copay	10% of AB ¹	Ded., then Co-Ins.
Complex Imaging	Ded., then \$250 Copay	\$50 Copay	Ded., then \$100 Copay	10% of AB ¹	Ded., then Co-Ins.
X-ray Lab Test	Ded., then \$50 Copay Ded., then \$25 Copay*	\$20 Copay \$10 Copay*	Ded., then \$70 Copay Ded., then \$60 Copay	10% of AB ¹	Ded., then Co-Ins.
URGENT CARE & EMERGENCY ROOM					
Urgent Care Center	Ded., then \$100 Copay	\$50 Copay	Paid as In-Network	10% of AB ¹	Ded., then Co-Ins.
Emergency Room (waived if admitted)	Ded., then \$250 Copay	\$100 Copay	Paid as In-Network	10% of AB ¹	10% of AB ¹
HOSPITALIZATION (5 day maximum)					
Inpatient Facility	Ded., then \$500 Copay per day	\$200 Copay	Ded., then \$300 Copay	10% of AB ¹	Ded., then Co-Ins.
Outpatient Facility	Ded., then \$300 Copay	\$50 Copay	Ded., then \$150 Copay	10% of AB ¹	Ded., then Co-Ins.
MENTAL ILLNESS / SUBSTANCE ABUSE					
Inpatient Facility	Ded., then \$500 Copay per day	\$200 Copay	Ded., then \$300 Copay	10% of AB ¹	Ded., then Co-Ins.
Office Visit	Ded., then \$25 Copay	\$10 Copay	Ded., then \$40 Copay	10% of AB ¹	Ded., then Co-Ins.
PRESCRIPTION DRUGS Generic/Preferred/Non-Preferred					
Retail Pharmacy (30-day supply)	Ded., then \$10/\$45/\$65+	\$10/\$45/\$65+		\$10/20%/40%+	
Retail & Mail Order (90-day supply)	Ded., then \$20/\$90/\$130+	\$20/\$90/\$130+		\$20/20%/40%+	

Please note the carrier specific formulary list could potentially change during the plan year.

¹ AB = Allowed Benefit is the amount established for payment of covered In-Network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance and all charges that exceed the Allowed Benefit for services received Out-of-Network. This is called balance billing.

* LabCorp Only

VALUE ADDED SERVICES *Through CareFirst*

MY ACCOUNT

My Account provides you with information regarding your health insurance online at www.carefirst.com. This website gives you access to who is covered on your policy, what is covered, claims history and current amount paid towards your deductible and out-of-pocket maximums. My Account also allows you access to health coaching, wellness information as well as an “ask a nurse” feature. You can also review pharmacy and hospital cost comparisons.

PATIENT CENTERED MEDICAL HOME (PCMH)

PCMH from CareFirst encourages primary care physicians (PCP) to serve as the true coordinator of patient care. Physicians are given additional resources to create greater efficiencies in prescription management, patient care, hospitalizations, emergency room visits, and interaction between PCPs and specialty doctors.

If your doctor participates in the PCMH program and you are in need of more comprehensive care, your PCP will ask that you agree to participate in the program. Participation is voluntary and consent can be revoked at any time.

FIRSTHELP

If you have a health concern, illness or urgent medical condition and are unable to reach your doctor, a registered FirstHelp nurse is available to answer your questions and assist you in determining your options. FirstHelp is available to you 24 hours a day, 7 days a week by calling 800-535-9700.

CareFirst 

www.carefirst.com

Write your user information here:

Username: _____

Password: _____

DISCOUNTS ON HEALTH & WELLNESS

CareFirst offers and discounts are available to all employees enrolled in the medical plan. For additional details on any of the programs listed, visit www.carefirst.com/options and click on a service from the list provided. For more options, click on the Blue365 link.

TWO WAYS TO SAVE

Savings are just a few clicks away. Some deals will give you a coupon code instantly on the Blue365 site. This coupon code can be applied directly to a purchase on a vendor's website or will provide a discounted option on a product or service.

Other deals may take you to a vendor's website directly to make a discounted purchase or enroll in a special discounted program instantly.



BLUE REWARDS

ABOUT BLUE REWARDS

CareFirst would like to reward members for taking an active role in your health.

At no additional cost to you, CareFirst presents Blue Rewards, an incentive program that offers you up to \$300 per adult and \$750 per family. If the program is completed, the rewards will be put on a debit card that can be used for medical expenses such as office visits, prescription co-pays, coinsurance and deductible expenses, dental and vision.

Blue Rewards offers you a financial reward for completing four steps and gives you the opportunity to earn an additional reward for meeting certain health measures.

**To earn your reward, you must complete within 120 days of your effective date of October 1, 2016.*

If there is a required service that you may not be eligible for due to timing, please note that this will be taken into consideration for the eligible rewards. For example, if you just received your annual physical and are not eligible for another eight months, your previous physical can be used in order to receive the participation based reward.

GET REWARDED

Choose a CareFirst medical plan and reap the benefits of Blue Rewards, the incentive program that helps improve your health and rewards you for doing so. For more information, visit carefirst.com/bluerewards.

HERE'S HOW IT WORKS:

Earn a participation reward when you:

- Select a patient centered medical home (PCMH) PCP (or, if out of area, a participating BlueCross BlueShield PCP)
- Provide e-consent for wellness communications
- Complete a health assessment
- Go to selected PCMH PCP and complete a health evaluation



RESULTS-BASED REWARD

After completing all the incentive process steps, members can earn an additional incentive if they meet the target profile on the health factors listed below during the Health and Wellness Evaluation.

Members who do not initially meet the target profile can work with the PCMH PCP to create a customized improvement plan and timing for completion. Must include an alternative standard and Waiver process. Goals must be reached before the end of the benefit period.

Please note:

- If you are enrolled in the HSA plan, (option 1), please note: You will not receive your reward card until you have met the IRS minimum deductible requirement of \$1,300 for an individual and \$2,600 for a family.
- If you reside outside of the BlueChoice network area (MD, DC or N. VA), you may still participate in the program by seeking care from a BlueCross BlueShield provider.

	PARTICIPATION-BASED REWARD	RESULTS-BASED REWARD	TOTAL REWARD
Adult (18+)	\$100	\$200	\$300
Children (2-17)	\$25	\$50	\$75
Family Maximum	\$250	\$500	\$750

HEALTH FACTOR	TARGET PROFILE
Body Mass Index	19-29
Blood Pressure	140/90 (until age 60) and 150/90 (age 60+)
Blood Glucose	Less than 100 (fasting)
Tobacco	Non User
Influenza Immunization	Annual

VIDEO VISIT *Included In Your CareFirst Coverage*

NEW FOR 2016

Video Visit is integrated in your medical plan. When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

A Video Visit lets you see and talk to a doctor from your smartphone, tablet or computer wherever or whenever you want without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

GET TREATMENT FOR COMMON HEALTH ISSUES:

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bronchitis
- Cough/sore throat
- Sinus infection
- Urinary tract infection
- Vomiting
- Diarrhea
- Fever
- Pink eye
- Sprains and strains
- Cold/flu
- Respiratory infection
- Headache

REGISTER TODAY SO YOU'LL BE READY WHEN YOU WANT TO VISIT. THERE ARE TWO EASY WAYS:

1. Visit www.carefirst.com/needcare and click on any of the Video Visit links.

OR

2. Download the CareFirst Video Visit app from your favorite app store.

WHEN TO USE VIDEO VISIT:

- Your doctor is not available.
- You become ill while traveling.
- You are considering visiting a hospital emergency room for a non-emergency health condition.



VIDEO VISIT FAQ

How do I start the process? Video Visit is available through www.carefirst.com/needcare and the mobile app. Members must have access to a camera on their computer or phone.

What is the cost if I'm on either plan? The visit will not exceed \$60 if you have not met your plan deductible. This amount will be applied towards the deductible and out-of-pocket maximum. If you have satisfied your deductible, you will pay the applicable PCP co-pay for a sick visit.

What network does this utilize? AmericanWell.

Can Video Visits doctors prescribe medicine? Yes.

Do my family members on the plan need to have their own account? Yes, anyone over the age of 18 will need to register for their own account.

Where is this service available?

- Available in most states.
- NOT available in Alaska, Texas, Louisiana, and Arkansas.
- Prescriptions are permitted EXCEPT in Indiana and New Jersey.

To learn more, login to carefirst.com!

HEALTH SAVINGS ACCOUNT_(HSA)

WHAT IS A HSA?

A HSA is used to save money, federal income-tax-free, to pay for qualified medical, vision and dental expenses - including deductibles, copays, coinsurance and prescriptions. When you have medical expenses, including those that may apply to your annual deductible, you can choose to pay for them using the money in your HSA. Or, you can save the money for a future need—even into retirement.

It's your choice. The money deposited, up to a maximum annual amount, is tax deductible and interest accrues tax-free or tax-deferred.

With a HSA, you are in charge. You decide how much you will contribute to your account, when you want to use your savings to pay for or reimburse yourself for qualified expenses, and whether or not to invest some of your savings in mutual funds for greater potential long-term growth.

Funds from your HSA may even be used for qualified expenses for your spouse or dependents - even if they are not enrolled in your medical plan.

WHAT ARE THE KEY BENEFITS OF A HSA?

Any money deposited into your HSA is yours to keep. There is no “use it or lose it” rule. If you leave your employer or change health plans, you can take your HSA with you. Its portable! Funds that are not used for current health expenses are saved for future use. The funds in your HSA earn interest, and when a certain balance is reached, can be invested in a wide-variety of investment options.

BenefitWallet 
A Xerox Solution

Group Number: 1LP5

Customer Service: 866-229-6069

Website: www.mybenefitwallet.com

Mobile App: BenefitWallet

Withdrawals from a HSA are not taxed as long as they are used to pay for qualified health care expenses. Once you reach age 65, you can even use your account for non-healthcare related retirement expenses, but this money is taxable.

AM I ELIGIBLE?

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP) that is HSA compatible
- You cannot be covered by any other health insurance individually or via another family member
- You cannot be claimed as a dependent on another person's tax return
- You must be under age 65 or - if 65 or older - have not elected Medicare Parts A or B

EMPLOYER FUNDING

WaveStrike contributes \$1,500 for individuals and \$3,000 for families. These amounts are prorated and deposited monthly into employees' accounts.

IMPORTANT HSA FACTS & FIGURES

- 2016 Contribution Limitations: Individual - \$3,350. Family - \$6,750.
- 2017 Contribution Limitations: Individual - \$3,450. Family - \$6,750.
- Approved IRS Additional Catch-up Contribution: Currently, the IRS allows people aged 55 to 65 to contribute an additional \$1,000 per year for an Individual or Family HSA account.
- Changes from a High-Deductible Plan: If you cease to be enrolled in a high-deductible plan, the money in your HSA account is yours to pay for qualified expenses with no time limit. However, you can no longer contribute any additional funds.
- Important Documentation: It is highly recommended that you save all receipts in the case of an IRS audit so you can explain why you believed a certain expense was a qualified expense.
- Important Note: If you use your HSA to pay for an ineligible expense, you may be required to pay income taxes and an additional penalty tax.

DENTAL *Through CareFirst*

Wavestrike offers two dental plans through CareFirst. By seeing a participating dentist, you will incur lower out-of-pocket costs for all dental services and maximize your savings.

With these plans, you can receive care from any provider. However, your out-of-pocket expenses will generally be higher if you visit a dentist out-of-network.

Please see below for a brief description of the benefits.



Group Number: 1LP5

Customer Service: 866-891-2802

Website: www.carefirst.com

Mobile App: CareFirst Mobile

PLAN PROVISIONS	PREFERRED DENTAL		BLUEDENTAL PLUS	
PLAN YEAR	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK	OUT-OF-NETWORK ¹
Maximum Benefit	\$1,000		\$1,500	
Deductible - Individual	\$25	\$50	\$25	\$50
Deductible - Family	\$75	\$150	\$75	\$150
COVERED SERVICES	YOU PAY AFTER DEDUCTIBLE	YOU PAY AFTER DEDUCTIBLE	YOU PAY AFTER DEDUCTIBLE	YOU PAY AFTER DEDUCTIBLE
Preventive	No Charge	20% of AB ¹	No Charge ¹	
Basic	20% of AB ¹	40% of AB ¹	20% of AB ¹	
Major Care (Surgical)	50% of AB ¹	65% of AB ¹	20% of AB ¹	
Major Care (Restorative)	50% of AB ¹	65% of AB ¹	50% of AB ¹	
Orthodontia	50% of AB ¹	65% of AB ¹	50% of AB ¹	
Lifetime Maximum	\$1,200*	\$1,200*	\$1,500*	

¹ AB = Allowed Benefit is the amount established for payment of covered In-Network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance and all charges that exceed the Allowed Benefit for services received Out-of-Network. This is called balance billing.

* Benefits for orthodontic services may be available for covered members who meet treatment criteria.

INSTRUCTIONS FOR FINDING A PARTICIPATING DENTAL PROVIDER

1. Go to www.carefirst.com
2. Click Find a Provider
3. Click Dental Tab
4. Enter search criteria and select Preferred Dental
5. For additional assistance, please call 866-891-2802



VISION *Through CareFirst*

WaveStrike offers a vision plan option through CareFirst. BlueVision Plus has a national network of optometrists, ophthalmologists and opticians. There is a 12-month benefit period for all benefits listed below. The benefit period begins on the actual date of service, not the plan year.



Group Number: 1LP5

Customer Service: 800-783-5602

Website: www.carefirst.com

Mobile App: CareFirst Mobile

PLAN PROVISIONS	BLUEVISION PLUS	
CALENDAR YEAR	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$10 Co-Pay	Plan pays \$45
Frames	No Co-Pay ¹	Plan pays \$45
Single Vision Lenses	No Co-Pay	Plan pays \$52
Bifocal Lenses	No Co-Pay	Plan pays \$82
Trifocal Lenses	No Co-Pay	Plan pays \$101
Medically Necessary Contact Lenses	No Co-Pay with prior approval	Plan pays \$285
Elective Contact Lenses	No Co-Pay if Collection lenses are dispensed	Plan pays \$97

¹ No copayment for approximately 400 "Exclusive Tower Collection" frames. Non-Tower frames, the plan pays \$45 toward the wholesale price (or equivalent allowance at a retailer), and you pay the balance.

INSTRUCTIONS FOR FINDING A PARTICIPATING VISION PROVIDER

1. Go to www.carefirst.com
2. Click Find a Provider
3. Click Vision Tab
4. Click Search to be redirected to Davis Vision
5. Click Find a Provider and enter search criteria
6. For additional assistance, please call member services at: 800-783-5602



FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts allow you to pay for goods and services you already use with money deducted from your paycheck before it is taxed. This can reduce your eligible medical and dependent care expenses by as much as 30%. These plans are administered by 125 Company.

To make the most of these benefits, it's important to understand the following:

- **Plan year:** The plan year for our Flexible Spending Accounts is October 1, 2016 to September 30, 2017.
- **Open enrollment:** You must re-enroll in these benefits each year during Open Enrollment.
- **Carryover:** If you have Medical or Limited Purpose FSA funds remaining in your 2016 account as of October 1, 2017, you may carryover up to \$500. This means you could start the 2017 plan year with up to \$3,050 (\$2,550 maximum annual election + \$500 carryover of 2016 funds). The carryover benefit is not available with the Dependent Care FSA.
- **Run-out period:** Under our plan you have until November 1, 2017 to submit claims for reimbursement. If you don't submit claims by that date, they will not be reimbursed.

In addition, please note that the IRS prohibits you from using these accounts to reimburse expenses incurred by domestic partners or their children.

MEDICAL FSA — UP TO \$2,550 ANNUALLY

This account allows you to pay for qualifying out-of-pocket health care expenses for you and your dependents. The amount you choose to contribute will be deducted from your pay in equal installments throughout the year. You cannot change this amount unless you have a qualifying life event (see Eligibility for Benefits on page 4).

DEPENDENT CARE FSA — UP TO \$5,000 ANNUALLY PER HOUSEHOLD

This account allows you to pay for dependent daycare so that you can work. If you are married, your spouse must also work full-time, be actively seeking employment or attending school full-time. If your spouse also contributes to a Dependent Care FSA, your total contributions as a couple cannot exceed \$5,000. While you may use these funds to pay a relative, that individual must be over the age of 19 and cannot be considered one of your tax dependents.



Customer Service: 877-303-3539

Website: www.125company.com

Mobile App: 125 Company Mobile

SAMPLE EXPENSES

Over-the-counter (OTC) medicines or drugs, except for insulin, require a prescription in order to be eligible for reimbursement. Please plan accordingly when determining your Medical FSA contributions and check with 125 Company for additional information.

Health Care Expenses

Acupuncture
Chiropractic treatments
Deductibles and copays
Dental fees
Eye exams
Eye surgery
Hearing exams & hearing aids
Hospital bills
Insulin
Laboratory fees
LASIK surgery
Obstetrics & fertility
Psychiatrist & psychologist fees
Orthodontia expenses
X-rays and MRI

OTC Items

— Prescription Required

Allergy medications
Anti-inflammatory medication
Anti-itch medications
Asthma medications
Baby electrolytes
Cold sore medications
Cough, cold and flu medications
Diaper rash ointment
Pain relief (e.g., aspirin)
Sinus medications
Sleeping aids

OTC Items

— No Prescription Required

Blood pressure monitor
Contact lens solution
Contraceptive devices
Diabetic supplies
Eye care products (e.g., saline)
First aid supplies
Hearing aid batteries
Hot and cold packs
Medicated bandages
Pregnancy tests
Reading glasses
Supports/braces (e.g., wrist)
Thermometers

Sample Dependent Care Expenses

After school care
Babysitter
Elder care
Extended day programs
Nursery school
Preschool for under 5 years old
Sick-child center
Summer day camp
Expenses for day care, summer camps, etc. cannot be submitted until after services have been received.

LIFE AND AD&D INSURANCE *Through Guardian*

Basic Life and Accidental Death and Dismemberment (AD&D) coverage is provided at no cost to eligible employees. Life insurance provides some financial security to your dependents in the event of your death. If you have a qualifying accident which results in the loss of limb(s) or eyesight, you will receive a percentage of the AD&D amount. Guardian insures these benefits.



GUARDIAN®

Group Number: 493779

Customer Service: 800-627-4200

Website: www.guardiananytime.com

Mobile App: Guardian Anytime

PLAN PROVISIONS	BASIC LIFE AND AD&D INSURANCE
Life Benefit	A flat benefit of \$50,000.
AD&D Benefit	A flat benefit of \$50,000.
Reductions to the Benefits if You are Working	At age 65: coverage is reduced to 65%. At age 70: coverage is reduced to 50%.
Portability	You may be able to continue your current coverage at group rates if you leave the company up to a maximum of \$50,000. Contact Guardian for details and rates.
Conversion	You may convert this policy to an individual policy upon termination of your employer provided coverage. Contact Guardian for details and rates.
Beneficiary Designation	It is your responsibility to ensure that your beneficiary information is correct. If you experience a life event change, be sure to update your beneficiary(ies).



DISABILITY *Through Guardian*

Disability insurance replaces a percentage of your income during extended periods of illness or injury that prevent you from performing your regular work. These benefits will coordinate with any state disability programs in which you are automatically enrolled.



GUARDIAN®

Group Number: 493779

Customer Service: 800-627-4200

Website: www.guardiananytime.com

Mobile App: Guardian Anytime

PLAN PROVISIONS	SHORT TERM DISABILITY
Your Benefit	60% of your weekly pre-disability earnings, up to a maximum of \$1,500 per week.
Benefit Period	You will receive benefits as long as you qualify as disabled, for up to 13 weeks.
When Benefits Begin	Benefits begin on the 1st day of accident and 8th day of illness.
Definition of Disability	You are qualified if you are unable to work due to illness or injury as determined by a physician in writing.
PLAN PROVISIONS	LONG TERM DISABILITY
Your Benefit	60% of your monthly pre-disability earnings, up to a maximum of \$6,000 per month.
Benefit Period	You will receive benefits as long as you qualify as disabled. If you become disabled prior to age 60, benefits will continue until you reach your normal Social Security Retirement Age. If you are still working and become disabled after the age of 60 years, the duration of benefit payments are subject to the schedule found in the policy.
When Benefits Begin	Benefits begin after 90 days of disability.
Definition of Disability	For the first 24 months, you are disabled if you are not working full-time, or are residually disabled due to illness or injury and cannot perform your normal occupation. Thereafter, you will be considered disabled if you cannot perform any occupation.
Benefits if You are Partially Working	If you are able to come back to work on a limited, part time basis, you can receive a work incentive benefit. If you return to Active Work for less than 6 months and then go back out on disability with the same illness or injury, you will not have to meet a new waiting period.
Pre-Existing Conditions	If you are treated for a condition 3 months prior to your effective date, and become disabled as a result of such condition within the first 12 months of your coverage, you will not be eligible for disability payments for such condition.



VOLUNTARY LIFE & AD&D INSURANCE

Through Guardian

While the basic life insurance benefit is designed to provide a foundation for you and your dependents, we recognize the potential need to increase your family's protection. Through our benefit program, you have access to Voluntary Life and AD&D insurance.

This program allows you to purchase additional amounts of insurance at favorable group rates with certain amounts of coverage guaranteed. These benefits are insured by Guardian.

To apply for additional Life and AD&D insurance, please contact Director of Operations for the necessary paperwork.



GUARDIAN®

Group Number: 493779

Customer Service: 800-627-4200

Website: www.guardiananytime.com

Mobile App: Guardian Anytime

PLAN PROVISIONS	VOLUNTARY LIFE INSURANCE AND AD&D
Your benefit	Coverage is available in increments of \$10,000 up to \$300,000. Evidence of Insurability (EOI) is required for all amounts, if you do not apply when initially eligible. If you enroll in Voluntary Life insurance, you will automatically be enrolled in Voluntary AD&D at the same election amount. Or you can enroll in Voluntary Life insurance and Voluntary AD&D separately.
Spouse Benefit	Spouse coverage is 50% of the employee's benefit amount, or \$150,000 whichever is less. EOI is required for all amounts, if you do not apply when initially eligible. Rate depends on employee's age.
Child benefit	Children ages 14 days to 23 years can be covered by 10% of the employee's benefit to a maximum of \$10,000.
Reductions to the Benefits	At age 65: coverage is reduced to 65%. At age 70: coverage is reduced to 50%.
Accelerated Benefit	If you are terminally ill, you can receive up to 75% up to \$500,000 of your lifetime benefit in a lump sum as long as your life expectancy is less than 6 months. Your death benefit will be reduced by this accelerated payment.
Portability	You may continue your current coverage at group rates if you leave the company. The minimum benefit that can be continued is \$50,000. Contact the insurance company for details and rates.
Conversion	You may convert this policy to an individual policy upon termination of your employer provided coverage. Contact Director of Operations for details and rates.



GLOSSARY OF TERMS

This glossary contains key words that appear in this overview. These terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms may not have the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information regarding how to get a copy of your policy or plan document.)

ALLOWED BENEFIT

The amount established for payment of covered in-network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for copayments, coinsurance and all charges that exceed the Allowed Benefit for services received out-of-network. This is called balance billing.

BALANCE BILLING

When a provider bills you for the difference between the provider's charge and the carrier's discounted price ("Allowed Benefit"). For example, if the provider's charge is \$100 and the allowed benefit is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill for the difference between their charge and the Allowed Benefit.

COINSURANCE

The portion of the cost of covered medical services paid by the patient under a health plan, after first meeting any applicable plan deductible. Coinsurance amounts, which are typically a percentage of the cost, may vary by type of service. Coinsurance requirements are specified in the plan documents.

COPAYMENT

A set dollar amount or portion that you pay for your medical services. Usually, copays start after you first pay any deductible your plan has. Copays may differ by type of service. You can find your copay rules in your plan documents.

DEDUCTIBLE

A fixed dollar amount during the benefit period - usually a year - that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles.

EVIDENCE OF INSURABILITY

A questionnaire that insurance companies use to ask about the health of a participant. Depending on the responses, this may lead to the requirement of a physical exam. These forms are often used if you apply for voluntary benefits outside of your initial eligibility period or if you apply for a coverage amount above the Guaranteed Issue amount.

GUARANTEED ISSUE

The amount of coverage (benefit) the insurance company is willing to provide regardless of your health. Guaranteed Issue only applies if you enroll in the program when you are first eligible for coverage.

MAIL ORDER

A benefit that allows you to receive multiple months' worth of maintenance medication by mail.

OUT-OF-POCKET MAXIMUM

The limit on the amount an individual is required to pay for health care services covered by his or her benefits plan. Look for this information in insurance plan documents such as your Certificate of Coverage.

EMPLOYEE COSTS 2016

PLAN	SEMI-MOETHLY EMPLOYEE CONTRIBUTIONS
MEDICAL	
CareFirst BlueChoice HMO HSA \$1,500	
Employee Only	WaveStrike pays 80% of total premium.
Employee + Child(ren)	
Employee + Spouse/	
Family	
CareFirst BlueChoice Plus Opt Out	
Employee Only	WaveStrike pays 80% of total premium.
Employee + Child(ren)	
Employee + Spouse	
Family	
CareFirst BlueChoice Advantage 90/70	
Employee Only	WaveStrike pays 80% of total premium.
Employee + Child(ren)	
Employee + Spouse	
Family	
DENTAL	
CareFirst Preferred Dental	
Employee Only	\$2.80
Employee + Child(ren)	\$5.20
Employee + Spouse	\$6.40
Family	\$7.80
CareFirst BlueDental Plus	
Employee Only	\$3.68
Employee + Child(ren)	\$8.84
Employee + Spouse	\$7.37
Family	\$14.37
VISION	
CareFirst BlueVision Plus	
Employee Only	\$0.50
Employee + Child(ren)	\$0.90
Employee + Spouse	\$1.20
Family	\$1.40
ADDITIONAL BENEFITS	
Basic Life and AD&D	These benefits are provided at no cost to you.
Short and Long Term Disability	
Employee Assistance Program	
Will Prep Services	

ABOUT YOUR PREMIUMS

Any contributions you make for yourself, your spouse or your children's medical, dental or vision plan coverage are automatically deducted from your paycheck on a pre-tax basis per IRS guidelines under Section 125. This decreases your taxable earnings and can increase your take-home pay. You are enrolled in this program when you become eligible for benefits and do not need to take any action if no changes are needed. You must notify Director of Operations in writing if you would like your contributions to be taken post-tax.

The health plan reserves the right to change employee contributions at any time during the year.

CONTACTS *For Benefits*

PLAN	GROUP NUMBER	MEMBER SERVICES	WEBSITE
MEDICAL			
CareFirst BlueChoice HMO HSA \$1500	1LP5	888-567-9155	www.carefirst.com
CareFirst BlueChoice Plus 100/80	1LP5	888-567-9155	www.carefirst.com
CareFirst BlueChoice Advantage 90/70	1LP5	888-567-9155	www.carefirst.com
Health Savings Account		866-229-6069	www.mybenefitwallet.com
OTHER HEALTH BENEFITS			
CareFirst Preferred Dental	1LP5	866-891-2802	www.carefirst.com
CareFirst Blue Vision Plus	1LP5	800-783-5602	www.carefirst.com
125 Company Flexible Spending Accounts		877-303-3539	www.125company.com
LIFE INSURANCE AND DISABILITY			
Guardian Life and AD&D Insurance	493779	800-627-4200	www.guardiananytime.com
Guardian Short Term Disability	493779	800-627-4200	www.guardiananytime.com
Guardian Long Term Disability	493779	800-627-4200	www.guardiananytime.com
Guardian Voluntary Life and AD&D Insurance	493779	800-627-4200	www.guardiananytime.com
ADDITIONAL BENEFITS			
WorkLifeMatters Employee Assistance Program		800-386-7055	
Guardian Will Prep Services		877-433-6789	www.ibhwillprep.com
ADDITIONAL BENEFITS QUESTIONS			
Wavestrike Anne Wagner, CEO Jennifer Shinn, Director of Operations		410-718-4001 410-440-0901	anne.wagner@wavestrike.com jennifer.shinn@wavestrike.com
SIG Lindsay Walker Jennifer Knight Jeana Connolly	lindsay@silbs.com jennifer@silbs.com jeana@silbs.com	410-823-8066	www.silbs.com



Symptom Checker App by CareFirst
Learn how to provide symptom relief for minor illnesses and injuries with this app!



CareFirst Health & Wellness Facebook Page
Get healthy recipes, wellness tips, fitness challenges and great prizes!



125Mobile
Healthcare access for consumers on the go. Enables consumers to view account balances and detail, submit healthcare account claims, and capture and send receipts anytime, anywhere!



CareFirst Mobile App by CareFirst
Log into My Account, view online ID cards, find a provider or urgent care, and more!



Ready, Step, Go! Pedometer App by CareFirst
Count your steps, distance traveled & calories burned for each workout with this app.



BenefitWallet
Access your BenefitWallet® on-the-go with the BenefitWallet app. To use the app, you must have an existing BenefitWallet account. Log in using your existing BenefitWallet username and password.

Please Note: This booklet provides a summary of the benefits available, but this is not your Summary Plan Description (SPD). The Company reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this book are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.

