

Benefits Summary

APR Consulting, Inc.

Contractors

6/1/2019—5/31/2020

The logo for APR Consulting, Inc. is located in the bottom right corner of the page. It features the lowercase letters "apr" in a bold, black, sans-serif font. To the right of "apr" is the text "consulting, inc." in a smaller, black, sans-serif font. A small graphic element consisting of four purple squares is positioned to the left of the "r" in "apr".

apr
consulting, inc.



Benefits Overview | APR Consulting, Inc.

Welcome to APR Consulting's Benefits Program! At APR Consulting, we remain committed to providing our employees with flexible and comprehensive benefits. APR Consulting continues to offer competitive benefits so you can take care of yourself and your family at an affordable cost. Our goal is to empower you with the resources and flexibility you need to enjoy success on the job and to live a healthy, balanced life.

This guide provides an overview of the benefits available to you and your family for the upcoming plan year— June 1, 2019 through May 31, 2020. We encourage you to take the time to explore and learn about your options so you can choose the coverage that's right for you and your family.

If you have any questions about your benefits, eligibility and/or how to enroll, contact Human Resources at hrgroup@aprconsulting.com

Eligibility

You may enroll for coverage if you are a full-time permanent employee regularly scheduled to work at least 30 hours per week. You may also cover your eligible dependents as follows:

- Your legal spouse
- Your qualified same-sex or opposite-sex domestic partner. Note: You will have to complete an affidavit attesting your domestic partnership
- Your children up to age 26, including natural and adopted children, stepchildren who you support and who live with you in a parent-child relationship, and 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
- Your child(ren) of any age who are incapable of self-sustaining employment by reason of mental or physical disability and supported primarily by you.

Making Changes During the Year

The choices you make during enrollment will remain in effect for the entire year and cannot be changed unless you experience a qualifying life event. These include:

- Marriage, divorce or legal separation
- Birth or adoption of a child, or placement for adoption
- Death of a covered dependent
- Change in your spouse's employment that affects your benefits
- Dependent's loss of eligibility due to age or student status change
- Gain/loss of group insurance coverage
- Medicare or State Assistance
- Family Medical Leave

To make changes during the plan year, notify Human Resources and complete changes within 30 days of the qualifying life event. Otherwise, you must wait until the next Open Enrollment period. **It is your responsibility to notify Human Resources within 30 days of any qualifying event.**

For more information about making changes during the year, contact Human Resources.

When Coverage Begins

After your start date, there is a 30-day waiting period. You will receive enrollment information on the 1st of the following month. If you choose to enroll, your benefits will then take effect on the 1st of the next month.

For example, if you have a start date of 9/15, your 30-day waiting period ends on 10/15, you will receive enrollment information on 11/1, and your benefits will be effective 12/1.

When You Can Enroll

You can enroll for benefits at any of the following times:

- After completing the initial eligibility period
- During the annual open enrollment period
- Within 30 days of a qualifying life event

If you do not enroll during the timeframes noted above, you must wait for the next annual open enrollment period.

How to Enroll

Your enrollment packet includes instruction for enrolling in coverage. The elections you make will be in effect through May 31, 2020.

If you have any questions with regard to completing your enrollment, please contact Human Resources at hrgroup@aprconsulting.com

Medical Insurance





Medical Insurance

APR offers several medical plan options to choose from:

- Kaiser Permanente Health Maintenance Organizations (HMOs): two plans (available in California only)
- PHCS Preferred Provider Organization (PPOs): two plans
- PHCS Exclusive Provider Organization (EPOs): three plans
- SBMA MEC Plus

Health Maintenance Organization (HMO)

The HMO gives you access to certain doctors and hospitals, but restricts services to in-network providers only. Your care is managed by a Primary Care Physician (PCP) chosen at the time of enrollment. If you require a specialist, outpatient procedure, or hospitalization, your registered PCP must refer you. There are no out-of-network benefits.

Preferred Provider Organization (PPO)

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible but they do accumulate towards your overall out-of-pocket maximum.

Exclusive Provider Organizations (EPO)

An EPO plan gives you the flexibility to go to any network doctor or hospital you wish. It does not require you to select a primary care physician (PCP) or obtain referrals to see a specialist or go to the hospital. Keep in mind that it is a good idea to select a PCP so you have a relationship with a physician who know your health history.

The EPO plan provides for in-network coverage only; no out-of-network benefits are covered except in a true emergency.

MEC Plus

MEC Plus covers preventive services 100% and provides additional medical services such as office visits, urgent care, lab, x-rays, and generic prescription drugs offered at various copays. MEC Plus does not cover hospitalization, surgical procedures, emergency room or out-of-network services. This plan also includes telehealth services through 1800MD.

PPO Plans: In-Network vs. Out-of-Network

| When you see a PPO network provider: | When you see a PPO out-of-network provider: |
|---|--|
| <ul style="list-style-type: none"> • Your deductible, coinsurance, and out-of-pocket maximum will be lower • You will never pay more than the contracted PPO rate – no matter what the provider might charge non-PPO patients • Preventive care is covered in full • The deductible and coinsurance do not apply to physician office visits and prescription drugs; you will pay only a flat dollar copay | <ul style="list-style-type: none"> • Your deductible (if applicable), coinsurance and out-of-pocket maximum will be higher • The plan will pay benefits only up to PHCS/ Multiplan's "maximum allowed amount" for any given health care service in your geographic area. If your provider charges more than the allowed amount covered by the plan, you will have to pay everything above the allowed amount. • You generally will have to pay the full cost of the medical services up front, and then submit a claim to PHCS to be reimbursed for the covered portion of the charges. |



Medical Insurance | Kaiser Permanente

| Choice of plan options: | Kaiser Permanente HMO 40/1500 <i>In-Network Benefits Only</i> | Kaiser Permanente HMO 30/500 <i>In-Network Benefits Only</i> |
|---|--|--|
| Network | Kaiser Permanente | Kaiser Permanente |
| Deductible Individual Family | \$1,500 \$3,000 | \$0 \$0 |
| Coinsurance (Member) In-Network | 30% | 0% |
| Out-of-Pocket Max Individual Family | \$4,000 \$8,000 <i>Maximum in Copays</i> | \$3,000 \$6,000 <i>Maximum in Copays</i> |
| Physician Services Well Adult / Well Child Physician Office / Specialist Visit X-Rays / Lab Diagnostics Advanced Imaging (MRI, PET and CT) | Covered 100% \$40 copay \$10 copay \$50 copay | Covered 100% \$30 copay \$10 copay \$50 copay |
| Inpatient Hospital | 30% after deductible | \$500 copay per day |
| Outpatient Surgery | 30% after deductible | \$250 copay per procedure |
| Emergency Room | 30% after deductible | \$150 copay (waived if admitted) |
| Urgent Care | \$40 copay | \$30 copay |
| Physical, Speech or Occupational Therapy | \$40 copay | \$30 copay |
| Chiropractic Care | Not covered | Not covered |
| Home Health Care | Covered in full; benefits limited to 100 visits per calendar year | Covered in full; benefits limited to 100 visits per calendar year |
| Prescription Drugs Generic / Brand / Specialty Items Mail Order Generic / Brand / Specialty Items | Copays: \$10 / \$30 / 20% not to exceed \$150 \$20 / \$60 / N/A | Copays: \$15 / \$35 / 30% not to exceed \$150 \$30 / \$70 / N/A |



Medical Insurance | PHCS – PPO

| Choice of plan options: | PHCS Premium PPO | PHCS Preferred PPO |
|--|---|---|
| Network | PHCS | PHCS |
| Deductible Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network) | \$500 / \$1,000 \$1,500 / \$3,000 | \$1,000 / \$2,000 \$3,000 / \$6,000 |
| Coinsurance (Member) In-Network / Out-of-Network | 10% / 30% | 15% / 40% |
| Out-of-Pocket Max Individual (In-Network / Out-of-Network) Family (In-Network / Out-of-Network) | \$1,000 / \$2,000 \$3,000 / \$6,000 | \$2,000 / \$4,000 \$6,000 / \$12,000 |
| Prescription Out-of-Pocket (In-Network) Individual / Family | \$6,850 / \$10,700 | \$4,850 / \$7,700 |
| Physician Services (In-Network) Well Adult / Well Child Physician Office / Specialist Visit Lab/Radiology/Scans (Non-Hospital / Hospital) | Covered 100% \$10 copay Covered 100% / 10% after deductible | Covered 100% \$20 copay Covered 100% / 15% after deductible |
| Inpatient Hospital (In-Network) | \$100 copay up to 3 days after deductible | \$150 copay up to 3 days after deductible |
| Outpatient Surgery (In-Network) | \$100 copay after deductible (copay waived if admitted) | \$150 copay after deductible (copay waived if admitted) |
| Emergency Room (In-Network) | \$100 copay after deductible (copay waived if admitted) | \$150 copay after deductible (copay waived if admitted) |
| Urgent Care (In-Network) | \$20 copay | \$30 copay |
| Alternative Care Services (In-Network) | \$20 copay | \$30 copay |
| Vision Care Services (exam, frames, contact lens, fittings, Lasik surgery in lieu of glasses) | \$250 per year / covered member | \$250 per year / covered member |
| Prescription Drugs Generic/Preferred Brand/Non-Pref. | Copays: \$10 / \$20 / \$35 | Copays: \$20 / \$30 / \$45 |
| Mail Order Generic/Preferred Brand/Non-Pref. | \$20 / \$40 / \$70 | \$40 / \$60 / \$90 |



Medical Insurance | PHCS– EPO

| Choice of plan options: | PHCS EPO \$20 <i>In-Network Benefits Only</i> | PHCS EPO \$40 <i>In-Network Benefits Only</i> | PHCS Bronze Level 2 <i>In-Network Benefits Only</i> |
|---|--|--|--|
| Network | PHCS | PHCS | PHCS |
| Deductible Individual Family | None None | None None | \$5,000 \$10,000 |
| Coinsurance (Member) In-Network | N/A | N/A | 30% |
| Out-of-Pocket Max Individual Family | \$1,500 \$3,000 | \$3,000 \$6,000 | \$6,250 \$12,500 |
| Physician Services Well Adult / Well Child Physician Office / Specialist Visit Lab/Radiology/Scans (MRI, PET, CT) | Covered 100% \$20 copay No copay | Covered 100% \$40 copay \$50 copay | Covered 100% \$60 copay 30% after deductible |
| Inpatient Hospital | No copay | \$100 copay/day after deductible | 30% after deductible |
| Outpatient Surgery | \$20 copay | \$100 copay/day after deductible | 30% after deductible |
| Emergency Room | 30% after deductible | \$100 copay/day after deductible | \$300 copay after deductible |
| Urgent Care | \$20 copay | \$40 copay | \$60 copay |
| Alternative Care Services | \$20 copay | \$40 copay | 30% after deductible |
| Vision Care Services (exam, frames, contact lens, fittings, Lasik surgery in lieu of glasses) | \$250 per year / covered member | \$250 per year / covered member | \$250 per year / covered member |
| Prescription Drugs Generic / Preferred Brand/ Non-Pref. | Copays: \$10 / \$25 / \$25 | Copays: \$15 / \$35 / \$35 | Copays: \$15 / \$50 / \$50 |
| Mail Order Generic / Preferred Brand/ Non-Pref. | \$20 / \$50 / \$50 | \$30 / \$70 / \$70 | \$30 / \$100 / \$100 |



Medical Insurance | SBMA MEC Plus

| Choice of plan options: | SBMA MEC Plus <i>In-Network Benefits Only</i> |
|---|---|
| Network | MultiPlan PHCS |
| Deductible Individual Family | \$0 \$0 |
| Coinsurance (Member) In-Network | 0% |
| Out-of-Pocket Max Individual Family | \$1,850 \$3,700 |
| Physician Services Well Adult / Well Child Physician Office / Specialist Visit X-Rays / Lab Diagnostics | Covered 100% \$15 copay \$50 copay |
| Inpatient Hospital | Not Covered |
| Emergency Room | Not Covered |
| Urgent Care | \$50 copay |
| Generic Prescription Drugs | \$5 copay |

Dental Insurance





Dental Insurance | MetLife

APR offers four dental plan options through MetLife— a Dental HMO plan and three Dental PPO plans. Note: The DHMO plan is available only in California, Florida, New Jersey, New York, and Texas. You should keep this in mind if you are enrolling a dependent child who lives out-of-state.

Dental Health Maintenance Organization (DHMO)

These dental plans require you to choose one dentist or dental facility to coordinate all of your oral health needs. If you need to see a specialist, your primary care dentist will refer you; specialty care may require preauthorization.

A typical DHMO-type plan doesn't have any deductibles or maximums. Instead, when you receive a dental service, you pay a fixed dollar amount for the treatment based off of a pre-determined fee schedule between the carrier and your dentist. Often, diagnostic and preventive services have no fee. DHMOs offer in-network benefits only, so if you visit a dentist outside of the network, you likely will be responsible for the entire bill.

Preferred Provider Organization (PPO)

These dental plans allow the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

Preventive:

- Annual cleanings (2 per year)
- X-rays (1 per year)
- And more

Basic:

- Fillings
- Simple extractions
- And more

Major:

- Root canals
- Dentures/bridges/partials
- And more

| Choice of plan options: | DHMO <i>In-Network Benefits Only</i> |
|-------------------------------------|---|
| Network Name | Selected General Dentists |
| Individual Deductible (Family = 3x) | \$50 |
| Office Visit Copay | \$5 copay |
| Preventive Coinsurance | Covered in full after copay |
| Basic Coinsurance | Scheduled Fee |
| Major Coinsurance | Scheduled Fee |
| Annual Plan Maximum | Unlimited |
| Orthodontia Coinsurance | Scheduled Fee |
| Orthodontia Lifetime Maximum | N/A |

| Choice of plan options: | Value DPPO <i>In-Network / Out-of-Network</i> | Basic DPPO <i>In-Network / Out-of-Network</i> | Enhanced DPPO <i>In-Network / Out-of-Network</i> |
|-------------------------------------|--|--|---|
| Network Name | Preferred | Preferred | Preferred |
| Individual Deductible (Family = 3x) | \$0 / \$50 | \$0 / \$50 | \$0 / \$50 |
| Office Visit Copay | None | None | None |
| Preventive Coinsurance (Member) | 0% / 0% | 0% / 0% | 0% / 0% |
| Basic Coinsurance (Member) | 20% / 50% | 20% / 50% | 10% / 20% |
| Major Coinsurance (Member) | Not covered | 50% / 75% | 40% / 50% |
| Annual Plan Maximum | \$750 / \$500 | \$1,000 / \$750 | \$2,000 / \$2,000 |
| Orthodontia Coinsurance | Not Covered | Not Covered | 50% / 50% |
| Orthodontia Lifetime Maximum | N/A | N/A | \$2,000 / \$2,000 |

Vision Insurance





Vision Insurance | MetLife

APR offers a vision plan through MetLife. MetLife has a national network of providers.

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

Eye-care providers include many independent optical shops and national chains.

| Vision Plan Details: | Frequency | In-Network | Out-of-Network |
|--|-----------------|-----------------|--------------------|
| Eye Exam | Every 12 months | \$5 copayment | \$45 max allowance |
| Lenses - Single vision - Bifocal - Trifocal - Lenticular | Every 12 months | \$10 copayment | Allowance varies |
| Frames | Every 12 months | \$150 allowance | \$70 allowance |
| Elective Contacts | Every 12 months | \$150 allowance | \$105 allowance |

Kaiser Medical Insurance Rates (only for California residents)

Kaiser Permanente HMO 40/1500

| Weekly Contributions: | You Pay |
|-----------------------|----------|
| Employee Only | \$89.69 |
| Employee & Spouse | \$236.09 |
| Employee & Child(ren) | \$187.29 |
| Family | \$333.69 |

Kaiser Permanente HMO 30/500

| Weekly Contributions: | You Pay |
|-----------------------|----------|
| Employee Only | \$102.92 |
| Employee & Spouse | \$265.20 |
| Employee & Child(ren) | \$211.11 |
| Family | \$373.38 |

PHCS PPO Medical Insurance Rates (PHCS are national plans)

PHCS Premium PPO

| Weekly Contributions: | You Pay |
|-----------------------|----------|
| Employee Only | \$132.00 |
| Employee & Spouse | \$279.00 |
| Employee & Child(ren) | \$251.00 |
| Family | \$521.00 |

PHCS Preferred PPO

| Weekly Contributions: | You Pay |
|-----------------------|----------|
| Employee Only | \$127.00 |
| Employee & Spouse | \$268.00 |
| Employee & Child(ren) | \$240.00 |
| Family | \$498.00 |

PHCS EPO Medical Insurance Rates

PHCS EPO \$20

| Weekly Contributions: | You Pay |
|-----------------------|----------|
| Employee Only | \$123.00 |
| Employee & Spouse | \$265.00 |
| Employee & Child(ren) | \$245.00 |
| Family | \$495.00 |

PHCS EPO \$40

| Weekly Contributions: | You Pay |
|-----------------------|----------|
| Employee Only | \$110.00 |
| Employee & Spouse | \$232.00 |
| Employee & Child(ren) | \$211.00 |
| Family | \$435.00 |

PHCS Bronze Level 2

| Weekly Contributions: | You Pay |
|-----------------------|----------|
| Employee Only | \$81.00* |
| Employee & Spouse | \$178.00 |
| Employee & Child(ren) | \$161.00 |
| Family | \$274.00 |

*Please note for the EPO Bronze Plan Employee Only tier, your contribution will be calculated at 9.86% of your income not to exceed \$81 per week. ES, EC, and Family tiers are not impacted. This is only for single coverage (employee only).

SBMA MEC Plus

| Weekly Contributions: | You Pay |
|-----------------------|---------|
| Employee Only | \$21.92 |
| Employee & Spouse | \$43.85 |
| Employee & Child(ren) | \$43.85 |
| Family | \$65.77 |

Dental Insurance Rates

MetLife DHMO (DHMO only in CA, TX, FL, NY, NJ)

| Weekly Contributions: | You Pay |
|-----------------------|---------|
| Employee Only | \$1.88 |
| Employee & Spouse | \$5.65 |
| Employee & Child(ren) | \$6.07 |
| Family | \$9.63 |

MetLife Basic DPPO

| Weekly Contributions: | You Pay |
|-----------------------|---------|
| Employee Only | \$9.97 |
| Employee & Spouse | \$22.67 |
| Employee & Child(ren) | \$25.06 |
| Family | \$40.56 |

MetLife Value DPPO

| Weekly Contributions: | You Pay |
|-----------------------|---------|
| Employee Only | \$5.52 |
| Employee & Spouse | \$13.59 |
| Employee & Child(ren) | \$16.55 |
| Family | \$26.66 |

MetLife Enhanced DPPO

| Weekly Contributions: | You Pay |
|-----------------------|---------|
| Employee Only | \$14.44 |
| Employee & Spouse | \$31.76 |
| Employee & Child(ren) | \$38.71 |
| Family | \$60.53 |

Dental Insurance Rates (only in TX, NJ, GA, MS, AL)

MetLife Value DPPO

| Weekly Contributions: | You Pay |
|-----------------------|---------|
| Employee Only | \$4.24 |
| Employee & Spouse | \$10.99 |
| Employee & Child(ren) | \$13.20 |
| Family | \$21.61 |

MetLife Basic DPPO

| Weekly Contributions: | You Pay |
|-----------------------|---------|
| Employee Only | \$7.50 |
| Employee & Spouse | \$17.63 |
| Employee & Child(ren) | \$19.23 |
| Family | \$31.54 |

MetLife Enhanced DPPO

| Weekly Contributions: | You Pay |
|-----------------------|---------|
| Employee Only | \$12.59 |
| Employee & Spouse | \$28.00 |
| Employee & Child(ren) | \$33.46 |
| Family | \$52.73 |

Vision Insurance Rates

MetLife Vision

| Weekly Contributions: | You Pay |
|-----------------------|---------|
| Employee Only | \$2.61 |
| Employee & Spouse | \$5.24 |
| Employee & Child(ren) | \$4.43 |
| Family | \$7.31 |



Reference Based Pricing FAQ's

What is Reference Based Pricing Plan?

Your health plan has eliminated Preferred Provider Networks (PPO) for medical facilities, allowing you to access any provider you choose. All payments to providers are based off of Medicare pricing, plus an incentive bonus over and above the Medicare allowable amounts.

Why is my employer offering this plan instead of the previous PPO?

This plan allows your employer to manage the ballooning cost of healthcare while still continuing to provide quality benefits to employees and their families.

Can I only go to a Hospital that is in network?

No. There is no network.

Employees enrolled in the APR Consulting plan have the freedom to go to any hospital, or medical facility they choose.

What should I do if scheduling or billing doesn't recognize my health plan?

Please tell your provider that your health plan is an open access plan and that there are no reduced out-of-network benefits. They should collect any applicable copay and submit a claim through the TPA, S&S Health, with the information on your ID card.

If the provider still has questions, have them call S&S Health Customer Service immediately at 800-717-2872. The phone number is also on your health plan ID card. Make sure you present your ID card at every visit or service.

Who should I contact for questions about my plan benefits or my medical coverage?

You should call S&S Health. There is a dedicated customer service team at S&S Health that is ready to assist you with any questions regarding your medical coverage or plan options. Call 800-717-2872.

How will I know what my health plan has paid?

After any medical service, you will receive an Explanation of Benefits (EOB) from S&S Health. The statement that will be sent by S&S Health is a breakdown of what medical treatments were billed and what benefits were paid, along with indicating what you, the patient, is responsible for.

What is a balance bill?

A balance bill is when a provider bills a member for the difference between what the health plan allows for a medical service versus what the provider chooses to charge. In essence, it's when the provider charges more than what the Explanation of Benefits (EOB) indicates is patient responsibility.

Example: Your hospital charges are \$100 and the plan allowable at 140% of Medicare is \$70. If the provider bills you the \$30 difference between the charged amount and the plan allowable, they are balance billing.

Deductibles, copays, and coinsurance are not examples of balance billing and you are still responsible for these cost sharing items.

What should I do if I receive a balance bill?

If you receive a bill from a hospital or other medical facility, you need to compare it to the EOB that you received from S&S Health.

If you are asked to pay more money than what is shown as patient responsibility on your EOB, you need to call S&S Health at 800-717-2872. You will likely need to send the bill via email or fax.

What happens when I contact S&S Health about a balanced bill?

S&S Health will work on your behalf to resolve the billing dispute with the provider. A customer service representative will walk you through our process and keep you updated until a resolution is achieved.

What should I do if a facility requests payment up front?

Do not pay anything other than your copay up front. The facility should call S&S Health Customer Service at 800-717-2872.

IMPORTANT: It is important for employees to open any and all mail in order to check for any balance bills. If you receive a balance bill for any medical services, it is VERY important that you call S&S Health at 800-717-2872.

Additional Benefits





Flexible Spending Account (FSA)

Flexible Spending Accounts (FSA) allow you to save money on a pre-tax basis to pay for qualified medical expenses and/or dependent care expenses you may incur throughout the year. The money you put into your FSA is done so on a pre-tax basis. This means you are lowering your taxable income and also not paying taxes when the money is used for qualified expenses.

Health Care FSA - You may contribute up to \$1,500 per plan year to pay for qualified medical, dental and vision expenses for yourself and eligible family members. Funds in this account can be used to cover all eligible expenses on your tax dependents even if they are not enrolled under your health care plan. Eligible reimbursable expenses include medical and dental plan deductibles and copays (if applicable), orthodontia expenses not covered by your dental plan, prescription drugs, prescription eye glasses and contact lenses, Lasik eye surgery and much more.

You may carry over up to \$500 into the 2019-2020 plan year, however, you must spend the rest of your Health Care FSA money on eligible expenses you incur during the plan year (June 1, 2019—May 31, 2020).

Dependent Care FSA - You may contribute up to \$5,000 per plan year to pay for qualified eligible dependent care expenses, including both child and elder care. Funds in this account are saved on a tax-free basis. With Dependent Care FSA you can pay for:

- Nursery schools
- Summer day camps
- Daycare
- Other similar expenses

You must spend all your Dependent Care FSA money on eligible expenses you incur during the plan year (June 1, 2019—May 31, 2020).

FSAs do have a use-it-or-lose-it provision, so be conservative when electing how much to contribute.

Access www.wageworks.com for more information on how this benefit can save money for you and your family and a list of eligible and ineligible expenses.



Voluntary Term Life and AD&D Insurance

MetLife- Voluntary Term Life/AD&D allows you to purchase additional coverage at your own financial expense to ease your loved ones' financial burden if something should happen to you. Costs are determined on group discounted rates. Always make sure your beneficiary information is updated.

An employee's maximum benefit election cannot exceed 5x their basic annual earnings. A spouse's maximum election cannot exceed 50% of what the employee takes out on themselves.

| | Employee | Spouse | Child(ren) |
|--------------------------|-----------|-----------|---|
| Coverage Increments | \$25,000 | \$5,000 | \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000 |
| Maximum Benefit Amount | \$500,000 | \$100,000 | \$10,000 |
| Guaranteed Issue Amount* | \$150,000 | \$50,000 | \$10,000 |

* Guarantee issue applies to new hires only

The cost of the benefit is 100% paid for by you. Your age and the amount of insurance you elect determines the premium you'll pay. Costs will go up as you age. See your plan documents for more detail.

Beneficiary Designation: You will need to designate a beneficiary to receive your benefit in the event of your death. It is important to keep your beneficiary designations up-to-date.



Voluntary Short & Long-Term Disability

MetLife- If you become ill or suffer an injury that prevents you from working, this form of disability insurance replaces a portion of your income for a defined maximum period of time.

| Disability Coverage | Voluntary Short -Term Disability* |
|--------------------------|-----------------------------------|
| Waiting Period | 7 days |
| Benefit Amount | 60% of weekly earnings |
| Maximum Benefit | \$2,000 per week |
| Length of Payment Period | 25 weeks |
| Premium Contribution | Employee paid |

*The STD plan is not available in California, Hawaii, New Jersey or Rhode Island. If you live in one of those states, you are covered by state disability insurance.

| Disability Coverage | Voluntary Basic LTD | Voluntary Enhanced LTD | Voluntary Premier LTD |
|--------------------------|-------------------------|-------------------------|-------------------------|
| Waiting Period | 180 days | 180 days | 180 days |
| Benefit Amount | 40% of monthly earnings | 50% of monthly earnings | 60% of monthly earnings |
| Maximum Benefit | \$10,000 per month | \$10,000 per month | \$10,000 per month |
| Length of Payment Period | Up to 5 years | SSNRA | SSNRA |
| Premium Contribution | Employee paid | Employee paid | Employee paid |



Critical Illness Insurance

MetLife- Critical Illness Insurance can help safeguard your finances by providing you with a lump-sum payment when your family needs it most. The payment you receive is yours to spend as you see fit, in addition to any other insurance you may have.

If you meet the policy requirements, Critical Illness insurance will provide you with a lump-sum payment upon diagnoses for many conditions. See your plan highlight sheet for specific coverage details.

| Eligible Individual | Initial Benefit |
|----------------------|----------------------------|
| Employee | \$15,000 or \$45,000 |
| Spouse | 100% of employee's benefit |
| Dependent Child(ren) | 100% of employee's benefit |

Covered conditions include but are not limited to:

| Covered Condition | Initial Benefit | Recurring Benefit |
|------------------------------|-------------------------|-------------------------|
| Alzheimer's Disease | 100% of Initial Benefit | None |
| Coronary Artery Bypass Graft | 100% of Initial Benefit | 50% of Benefit Amount |
| Full Benefit Cancer | 100% of Initial Benefit | 50% of Benefit Amount |
| Partial Benefit Cancer | 25% of Initial Benefit | 12.5% of Benefit Amount |
| Heart Attack | 100% of Initial Benefit | 50% of Benefit Amount |
| Kidney Failure | 100% of Initial Benefit | None |
| Stroke | 100% of Initial Benefit | 50% of Benefit Amount |
| Listed Conditions | 25% of Initial Benefit | None |



Accident Insurance

MetLife- Accident insurance complements your medical coverage by helping to ease the financial impact of an accident. It provides you with a payment to use as you see fit and can help with any of the out-of-pocket expenses you may incur as a result of an accident, such as insurance deductibles, copays, transportation to/from medical centers, child care, and more.

Accidents can happen anytime, anywhere. Today's active lifestyles make you more susceptible, too. You can't plan for accidents, but you can be better prepared financially to handle them when they do occur. MetLife offers Accident Insurance so you can focus more on your recovery and less on your finances. There are over 150 covered events that could trigger benefits.



Group Hospital Indemnity Insurance

MetLife- Group Hospital Indemnity Insurance can complement your medical coverage by helping to ease the financial impact of hospitalization. It provides a lump sum payment that can be used as you see fit for hospital admission, accident-related inpatient rehabilitation and hospital stays.

Visits and stays at a hospital can be costly. With an average cost of \$10,000 per stay in 2011 in the U.S., it's easy to see why having hospital indemnity insurance makes good financial sense.

MetLife offers Hospital Indemnity Insurance so you can focus more on your recovery and less on your finances. If a covered family member is hospitalized due to an accident or illness and meets the group policy and certificate requirements, you will receive a payment to use as you see fit. It can be used to help cover your health insurance deductibles, copays, incidental hospital charges (i.e. TV, phone, etc.) or for any purpose you choose.



Liazon Bright Choices Exchange

Liazon Bright Choices Exchange is an industry-leading online marketplace that enables you to shop for benefits online. To use this service, go to <https://brightchoices.liazon.com>. You will need a username and password to access the system.

Username: APR + first initial + last initial + last five digits of your Social Security number

Password: Your Social Security number (no dashes)

For questions or help accessing and navigating the website, contact 855-569-2464 or bcsupport@liazon.com. Hours are Monday through Friday, 5:00 a.m. to 5:00 p.m. PT.



401(k) Program

The 401(k) Plan is an employer sponsored retirement plan administered through JP Morgan that allows employees to save and invest for the purpose of building savings for retirement. Saving through a 401(k) Plan is an easy way to set aside money for your future.

The 401(k) plan gives you the opportunity to save for a more comfortable retirement through automatic pre-tax payroll deductions. You are eligible to participate on the first of the month after completing your eligibility period, provided you are at least 21 years of age.

Your Savings:

You may save any whole percentage of your annual salary in the plan, up to the payroll system maximum of 85%, not to exceed the maximum contribution allowed by the Internal Revenue Service. For the 2019 calendar year, the maximum contribution is \$19,000. If you are age 50 or older (or will be turning 50 in 2019), you may make an additional “catch up” contribution of up to \$6,000.

Your contributions to the 401(k) plan are deducted from your paycheck before taxes are taken out. You will not have to pay taxes on this money– or on your account’s investment earnings– until you take the money out at retirement.

Company match:

To help your retirement savings grow faster, APR will match 50% of the first 4% of your contributions to the plan. In other words, if you put at least 4% of your earnings in the 401(k) plan, the company will put in another 2%.

Vesting:

“Vesting” means ownership of a benefit. You are always 100% vested in the current value of your own contributions to the 401(k) plan– this money belongs to you no matter what. You become vested in the matching contributions based on how long you work for APR:

| Years of Service: | Percent Vested |
|-------------------|----------------|
| 2 years | 20% |
| 3 years | 40% |
| 4 years | 60% |
| 5 years | 80% |
| 6 years | 100% |

Review your plan documents for more details.

Carrier Information





Carrier Information

Medical Kaiser HMO Plans

| | |
|----------------------|--|
| Carrier | Kaiser Permanente |
| Website | www.kp.org |
| Phone Number | 800-464-4000 |
| Network | Kaiser Permanente |
| Policy Number | 231940 & 604392 |

Medical PHCS PPO & EPO Plans

| | |
|----------------------|---|
| Carrier | PHCS |
| Website | https://sshealth.healthspace.net/ |
| Phone Number | 844-217-3215 |
| Network | PHCS |
| Policy Number | 231940 |

Vision

| | |
|----------------------|--|
| Carrier | MetLife |
| Website | www.metlife.com/mybenefits |
| Phone Number | 800-275-4638 |
| Policy Number | 537064 |

Voluntary Short & Long-Term Disability Insurance

| | |
|---------------------|--|
| Carrier | MetLife |
| Website | www.metlife.com |
| Phone Number | 800-275-4638 |

401(k) Retirement Plan

| | |
|---------------------|--|
| Carrier | JP Morgan |
| Website | www.retirementlink.jpmorgan.com |
| Phone Number | 855-576-7526 |

Human Resources Contact Information

| | |
|----------------------|--|
| Email Address | hrgroup@aprconsulting.com |
| Phone Number | 909-396-5375 |

SBMA MEC Plus

| | |
|-------------------------|--|
| Carrier | SBMA |
| Provider Website | www.multiplan.com |
| Phone Number | 888-263-7543 |
| Network | MultiPlan PHCS |
| Group Plan # | APR |

Dental DHMO & DPPO Plans

| | |
|----------------------|--|
| Carrier | MetLife |
| Website | www.metlife.com/mybenefits |
| Phone Number | 800-275-4638 |
| Network | Selected General Dentists & Preferred |
| Policy Number | 5357064 |

Flexible Spending Account

| | |
|---------------------|--|
| Carrier | WageWorks |
| Website | www.wageworks.com |
| Phone Number | 877-924-3967 |

Voluntary Term Life and AD&D Insurance

| | |
|---------------------|--|
| Carrier | MetLife |
| Website | www.metlife.com |
| Phone Number | 800-275-4638 |

Liazon Bright Choices Exchange

| | |
|----------------------|---|
| Carrier | Liazon |
| Website | https://brightchoices.liazon.com |
| Phone Number | 855-569-2464 |
| Email Address | bcsupport@liazon.com |

Employee Benefits Summary





Employee Benefits Summary 2019-2020

APR Consulting, Inc. offers a comprehensive benefits program to help you and your family protect your health and financial security. Our benefits program provides you with an opportunity to choose and design a benefits plan that meets the needs of your individual and family lifestyle.

Who is Eligible

You are eligible for benefits if you are a full-time employee regularly scheduled to work at least 30 hours each week. You may also enroll your eligible dependents in the medical, dental, and vision plans.

When Coverage Starts

After your start date, there is a 30-day waiting period. You will receive enrollment information on the 1st of the following month. If you choose to enroll, your benefits will then take effect on the 1st of the next month.

For example, if you have a start date of 9/15, your 30-day waiting period ends on 10/15, you will receive enrollment information on 11/1, and your benefits will be effective 12/1.

If you do not enroll for benefits within 30 days of becoming eligible, you will have to wait until the next open enrollment period (unless you experience a qualifying event).

When Coverage Ends

Your coverage ends on the last day of the month in which your employment ends.

APR's Benefits Program Includes:

Group Medical Insurance

Group Medical Insurance is offered to eligible employees and dependents through PHCS Multiplan and Kaiser Permanente (CA only). These plans are ACA-compliant, meaning we offer affordable health coverage that provides or exceeds minimum level of coverage to our full-time employees and their dependents.

Group Dental Insurance

Group Dental is offered to eligible employees and dependents through MetLife Dental HMO and PPO. HMO is only available in CA, TX, FL, NY, and NJ.

Group Vision Insurance

Group Vision Insurance is offered to eligible employee and dependents through MetLife (VSP).

Flexible Spending Account (FSA)

Eligible employees can sign up for a Flexible Spending Account (FSA). Plan choices available are: Health Care and Dependent Care. FSA's help you save money by using pre-tax dollars to pay for certain healthcare and dependent care expenses. Employees may elect up to \$2,700 per calendar year for HealthCare FSA and up to \$5,000 per year for Dependent Care.

Other Benefits Include

- MetLife Long Term Disability
- MetLife Critical Illness Insurance
- MetLife Life Insurance
- MetLife Hospital Indemnity Insurance
- MetLife Accident Insurance
- MetLife Short Term Disability (not offered in CA, RI, NJ, and HI)

401(k) Savings Plan

APR offers participation in a 401k Savings Plan that is administered through JP Morgan. Employees are allowed to contribute up to 85% of their taxable income, subject to the 2019 IRS deferral limit of \$19,000. If you are 50 years of age or older during the plan year and have met the annual IRS deferral limit you may contribute a catch-up deferral of up to \$6,000 in 2019. Employees are eligible to participate on the first of the month after completing 90 days of employment and if they are at least 21 years of age.

APR will match 50% of the first 4% of your elected contribution to the plan through salary deferral.

Brought to you by:



NOTE: This Benefits Summary is merely intended to provide a brief overview of the Company's employee benefit programs. Employees should review the Company's employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. The Company reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein.