

Engineering and
Information Services

2020

BENEFITS GUIDE

PDS
An AKKA Group company *Tech*

WELCOME TO ANNUAL ENROLLMENT!

We are pleased to continue to offer eligible employees and their dependents a robust benefits program for 2020. The information in this document provides you with a summary of the health and welfare plan details and changes effective January 1, 2020. Within this guide, you will find helpful information to assist you with making benefit decisions, and you will find resources for additional information.

PDS makes it a priority to offer a variety of top-notch benefits and programs including excellent healthcare options, Dental, Life, and Disability benefits, and many more.

Remember, the choices you make at this time will be effective January 1, 2020, and will remain in place until December 31, 2020, unless you experience a qualifying life event during the year. Open Enrollment will run from November 11 through November 24, 2019.

**Open Enrollment will run from
November 11 through
November 24, 2019.**



BENEFITS OVERVIEW

Below is a list of the 2020 benefit programs. The PDS Tech Benefit Plan offers different plan options for Medical, Dental, Vision, and other voluntary benefits, such as Life insurance and Prepaid Legal. This guide is designed to help you understand the choices available to you and your family. Each year during the annual Open Enrollment period, you have the ability to make certain benefit changes. You can add or drop dependents, change from one plan to another, enroll if you are not currently enrolled, or drop all coverage. The enrollment website can be accessed at <https://ess.pdstech.com>.

The PDS benefit plan includes:

- Medical — Cigna.
 - Open Access Plus (OAP) Health Savings Account (HSA) Plan — \$2,600.
 - Open Access Plus Plan — \$1,000.
 - Open Access Plus Plan — \$1,200.
- Telehealth — Amwell and MDLIVE — Cigna.
- Employee Assistance Program (EAP) — Cigna.
- Voluntary Dental — DPPO and DHMO (where available) — Guardian.
- Voluntary Vision — VSP.
- Basic Life/AD&D — Guardian.
- Voluntary Life insurance — Guardian.
- Voluntary Accidental Death and Dismemberment (AD&D) Insurance — Guardian.
- Prepaid Legal Service — Hyatt Legal.
- Long-Term Disability — Guardian.

Pre-tax and after-tax payment

You pay for Medical, Dental, and Vision coverage on a pre-tax basis; that is, before federal, Social Security, and most state and local taxes are withheld. Other voluntary benefits are paid on an after-tax basis; that is, after federal, Social Security, and most state and local taxes are withheld.

Your cost for the available plans

Please refer to the separate 2020 Employee Benefit Plan Contributions sheet for your cost for each of the plan offerings.

Eligible dependents

You may cover any of your eligible dependents under the PDS Medical, Dental, and Vision plans. Your eligible dependents are:

Your legal opposite- or same-sex spouse.

Your children up to age 26 and children older than 26 who are not capable of supporting themselves due to a mental or physical disability, providing the disability began before age 26.

IMPORTANT

For 2020 Open Enrollment, employees are not required to select new benefits (except annual HSA elections). If you are happy with your current coverage, your health elections will roll over to next year. If you plan to make changes to your current coverage, you will need to enroll by midnight, November 24, 2019.

2020 Medical and Vision premiums are changing. Please be sure to review the new premiums.

To enroll in, review 2020 premiums, or to make changes to your benefits for 2020, please log on to <https://ess.pdstech.com>.

Coverage categories

The cost of your benefit options are partly determined by the number of dependents you choose to cover. These coverage categories are intended to help you design the most effective benefits package for you and your family. For Medical, Dental, and Vision benefits, you can choose from the following coverage categories:

Medical	Dental	Vision
Employee Only	Employee Only	Employee Only
Employee + Children	Employee + Children	Employee + Children
Employee + Spouse	Employee + Spouse	Employee + Spouse
Family	Family	Family

Qualified changes in status

Once you make your benefit elections, they remain in effect for the entire calendar year. This is why it is important to consider your choices carefully. However, if one of the following changes in status occurs that causes a gain or loss in coverage, you may be able to change certain benefit elections during the year:

- Marriage, divorce, death, or other change in your legal marital status.
- Birth, adoption, death, or other changes in the number of eligible dependents that results in loss of coverage.
- A change in work hours for you, your spouse, or eligible dependents.

- A dependent's gaining or losing eligibility for coverage due to changes in age and/or student status.
- A significant change in benefit cost or coverage for you, your spouse, or eligible dependents.
- A judgment, decree, or court order that requires coverage of a spouse or eligible dependents.
- Eligibility for Medicare or Medicaid for you, your spouse, or eligible dependents.
- A move in or out of a plan network area for you, your spouse, or eligible dependents.

You must make the change within 31 days of the event. The change must be consistent with the event.

Nonduplication of benefits

If you are covered under two different employers' Medical and/or Dental plans, the two plans coordinate payments. For example, if you are covered under a PDS Medical or Dental plan and as a dependent under your spouse's employer's Medical or Dental plan, the PDS plan is primary for you, which means it is obligated to pay first. Your spouse's plan is secondary. Where children are concerned, the primary plan is usually the plan of the spouse with the earlier birthday during the year. This is known as the birthday rule. Whenever the PDS plan is your secondary plan, benefits will be determined according to the nonduplication of benefits rule, which means that the PDS plan will pay only up to the amount the plan would normally pay if it were the primary plan, less any benefits paid by the primary plan.



MEDICAL BENEFITS

Medical benefits

The PDS benefit plan offers:

- Cigna OAP HSA — \$2,600
- Cigna OAP — \$1,000
- Cigna OAP — \$1,200

If your Medical coverage is already provided under another plan, you may choose to decline coverage. However, you should carefully consider the following:

- Since your Medical plan elections remain in effect for a full year, you will not be able to obtain Medical coverage under the PDS Benefit Plan during the year unless you have a qualified change in status.
- If you decline because you have coverage elsewhere, please indicate this when completing your declination.

Find a physician

Cigna's Open Access Plus network of physicians and hospitals will replace our current network. You can access www.cigna.com to review a complete listing of providers by your home ZIP code.

www.cigna.com

Click "find a doctor" at the top.

Then click the orange block "for plans offered through work or school."

Cigna OAP HSA — \$2,600

The OAP HSA plan gives you more control over how you spend or save your healthcare dollars. With the OAP HSA plan, you get the protection of a Medical benefit plan plus a tax-free Health Savings Account that you can use to help pay for qualified medical expenses. You can withdraw money from your HSA to reimburse your medical expenses (including your deductible), or you can let your HSA grow and earn interest for future or retiree health expenses. Best of all, you own your HSA, so you keep it even if you change health plans or jobs. And, at the end of the year, money left in the account rolls over to the next year. From job to job, plan to plan, your HSA goes with you.

Cigna OAP HSA—\$2,600		
Benefit	In-Network	Out-of-Network
Annual Deductible—Individual	\$2,600	\$5,200
Annual Deductible—Family	\$5,200	\$10,400
Coinsurance	80%	50%
Out-of-Pocket Maximum—Individual (Includes Deductible)	\$6,750	\$13,000
Out-of-Pocket Maximum—Family (Includes Deductible)	\$13,500	\$26,000
Office Visit	80% after deductible	50% after deductible
Specialist Visit	80% after deductible	50% after deductible
Telehealth Connection (AmWell and MDLIVE)	100% after deductible	N/A
Preventive Care	100%	50% after deductible
Inpatient Hospital	80% after deductible	50% after deductible
Outpatient Hospital	80% after deductible	50% after deductible
Emergency Room	80% after deductible	80% after deductible
Prescription Drug Benefits*		
All prescription drug expenses are subject to the calendar year deductible before the copay applies. Once the calendar year deductible has been satisfied, prescriptions will be subject to the copay below and to 50% for out-of-network expenses after the applicable copay.		
Generic	\$15 copay	50%
Preferred Brand	\$25 copay	50%
Nonpreferred Brand	\$40 copay	50%
Specialty	80% up to \$250	50%
Mail Order	2 x retail	N/A

*This plan offers 100% coverage for certain preventive maintenance medications (generic and single-source brand), such as medications for asthma, high cholesterol, and high blood pressure. The deductible does not apply.

Please refer to Cigna's 2020 preventive list.

Cigna OAP

Cigna offers a \$1,000 OAP plan and a \$1,200 OAP plan. These plans offer in-network and out-of-network benefits depending on which provider you see. However, if you use an in-network provider, your benefits will be better. You will not need a referral from your primary care physician to see a specialist.

Benefit	Cigna OAP—\$1,000		Cigna OAP—\$1,200	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible—Individual	\$1,000	\$5,000	\$1,200	\$2,000
Annual Deductible—Family	\$2,000	\$10,000	\$3,600	\$6,000
Coinsurance	80%	50%	70%	50%
Out-of-Pocket Maximum—Individual (Includes Deductible)	\$6,000	\$18,000	\$7,200	\$12,000
Out-of-Pocket Maximum—Family (Includes Deductible)	\$12,000	\$36,000	\$14,400	\$24,000
Office Visit	\$20 copay	50% after deductible	\$25 copay	50% after deductible
Specialist Visit	\$30 copay	50% after deductible	\$35 copay	50% after deductible
Telehealth Connection (AmWell and MDLIVE)	100%, copay waived	N/A	100%, copay waived	N/A
Preventive Care	100%	50% after deductible	100%	50% after deductible
Inpatient Hospital	80% after deductible	50% after deductible	\$250/admission, then 70% after deductible	\$500/admission, then 50% after deductible
Outpatient Hospital	80% after deductible	50% after deductible	70% after deductible	50% after deductible
Emergency Room (Copay Waived if Admitted)	\$250 copay, then 100%, deductible applies	\$250 copay, then 100%, deductible applies	\$150 copay, then 70%, deductible applies	\$150 copay, then 70%, deductible applies
Prescription Drug Benefits				
Generic	\$5 copay	50%	\$20 copay	50%
Preferred Brand	\$40 copay	50%	\$40 copay	50%
Nonpreferred Brand	\$80 copay	50%	\$70 copay	50%
Specialty	80% up to \$250	50%	70% up to \$250	50%
Mail Order	2 x retail	N/A	2 x retail	N/A

Cigna 90 Now

You have the option to fill a 90-day supply of prescriptions at either a retail pharmacy or through Cigna Home Delivery Pharmacy. Customers who choose to fill their maintenance medication in a 90-day supply must use a 90-day retail pharmacy in the Cigna 90 Now network, or Cigna Home Delivery Pharmacy.

Cigna 90 Now network includes:

- 90-day contracted retail pharmacies (approximately 29,000).
- 30-day contracted retail pharmacies (approximately 68,000).
- Retail chains, local pharmacies, big box, and grocery stores.
- Offers more aggressive 90-day and 30-day rates.
- Cigna Home Delivery Pharmacy offers:
 - Standard delivery to customers' home or other preferred location, at no additional cost. Overnight delivery available.
 - Reminders via text or email, to help customers remember to fill their prescriptions.
 - Licensed pharmacists available 24/7.

30-day prescriptions can be filled at both 30-day and 90-day contracted retail pharmacies in the Cigna 90 Now network. To see a complete list of retail pharmacies that can fill a 90-day prescription, go to cigna.com/Rx90network.

Pharmacies in the Cigna 90 Now Network

Includes a network of approximately 29,000 pharmacies contracted for 90-day fills:

- CVS (including Target and Navarro).
- Walmart.
- Kroger (including Harris Teeter Pharmacy, Pick 'n Save Pharmacy, Fred Meyer Pharmacy, Fry's Food and Drug).
- Access Health (including Benzer Pharmacy, Marc's, Big Y Pharmacy, Marsh Drugs, LLC, Snyder Drug Emporium).
- Elevate Provider Network (including Super RX Pharmacy, Medical Center Pharmacy, Family Pharmacy, King Kullen Pharmacy).
- Cardinal Health (including Fred's Pharmacy, Medicine Shoppe Pharmacy, Medicap Pharmacy).

YOUR MEDICATION COVERAGE

Extra steps that help make sure you're receiving coverage for the right medication

Your plan is designed to provide you with quality health care coverage, and that includes a cost-effective pharmacy benefit. Certain medications on your drug list have extra requirements before your plan will cover them. This helps to make sure you're receiving coverage for the right medication, at the right cost, in the right amount and for the right situation.

Medications that need approval for coverage

Certain medications need approval from Cigna before your plan will cover them. These medications have a (PA) next to them on your drug list.

What types of medications typically need approval?

Medications that:

- May be unsafe when combined with other medications.
- Have lower-cost, equally effective alternatives available.
- Should only be used for certain health conditions.
- Are often misused or abused.

Your plan will only cover these medications if your doctor's office requests and receives approval from Cigna.

Medications that have quantity limits

For some medications, your plan only covers up to a certain amount over a certain length of time. For example, your plan may only cover 30 mg a day for 30 days of a certain medication. These medications have a (QL) next to them on your drug list.

What types of medications typically have quantity limits?

Medications that are often:

- Taken in amounts larger than, or for longer than, may be appropriate.
- Misused or abused.

Your plan will only cover a larger amount if your doctor's office requests and receives approval from Cigna.

Medications that are part of step therapy

Certain high-cost medications are part of the Step Therapy program.* These medications have a (ST) next to them on your drug list. Step Therapy encourages the use of lower-cost medications (typically generics and preferred brands) that can be used to treat the same condition as the higher-cost medication. These conditions include, but are not limited to:

- ADD/ADHD.
- Allergies.
- Bladder problems.
- Breathing problems.
- Depression.
- High blood pressure.
- High cholesterol.
- Osteoporosis.
- Skin conditions.
- Sleep disorders.

Your plan doesn't cover the higher-cost Step Therapy medication until you try one or more alternatives first (unless you receive approval from Cigna).**

*Because of state mandates, Step Therapy requirements may vary or may not apply to your specific health plan. To find out if these state mandates apply to your plan, review your plan materials or contact Cigna Customer Service at the number listed on your ID card.

**If your doctor feels an alternative medication isn't right for you, he or she can ask Cigna to consider approving coverage of your current medication.



View your pharmacy benefits online - 24/7

Log in to myCigna.com or the my Cigna app to:

- See if you're taking a medication that needs approval for coverage, has a quantity limit or is part of Step Therapy.
- View your plan's drug list
- Learn more about how your plan covers your medications

If you have questions, please call the number on the back of your Cigna ID card. You can also chat with us online on the my Cigna website, Monday-Friday, 9 a.m.-8 p.m. EST.





HEALTH SAVINGS ACCOUNT (HSA)

HSA Bank (a Cigna affiliate) is the designated bank for PDS Tech's HSAs.

HSA eligibility

Enrolling in the OAP HSA plan provides you with a personal HSA that allows you to set aside pre-tax dollars to pay for out-of-pocket medical expenses.

The following describes your ability to participate in an HSA:

- You are covered by a Qualified High Deductible Health Plan like PDS Tech's OAP with HSA.
- You are NOT covered by your spouse's nonqualified traditional health plan, Flexible Spending Account, or Health Reimbursement Account (HRA).
- You are NOT eligible to be claimed as a dependent on someone else's tax return.
- You are NOT enrolled in Medicare, TRICARE, or TRICARE for Life. (Remember, receiving Social Security benefits automatically enrolls you in Medicare Part A; there is no opting out.)
- You have NOT received Veterans Administration benefits.

You will receive a healthcare payment card from HSA Bank to use for your qualified medical or dental expenses. Simply swipe the card, just like a credit card, and the amount is automatically deducted from your HSA. You must have funds in the account to use the card, just like a bank account. You need to keep your receipts should you be audited by the IRS.



TELEMEDICINE

Choice is good. More choice is even better.

As part of your Medical plan, Cigna provides access to two telehealth services—Amwell and MDLIVE. Cigna Telehealth Connection lets you get the care you need, including most prescriptions, for a wide range of minor conditions. Now you can connect with a board-certified doctor via phone or secure video chat, without leaving your home or office, when, where, and how it works best for you!

Choose when: Day or night, weekday, weekend, or holiday.

Choose how: Phone or video chat.

Choose where: Home, work, or on the go.

Choose whom: Amwell or MDLIVE doctor.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you preregister both Amwell and/or MDLIVE, you can speak with a doctor for help with:

- Sore throat.
- Headache.
- Stomachache.
- Fever.
- Cold and flu.
- Allergies.
- Rash.
- Acne.
- UTIs and more!

The cost savings are clear

Televisits with Amwell and MDLIVE can be a cost-effective alternative to a convenience care clinic or Urgent Care Center visit and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than a visit with your primary care provider. Remember, your telehealth services are available only for minor, non-life-threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

Signing up is easy!

Set up and create an account with one or both Amwell and/ or MDLIVE

Register at: AmWell —
go to www.amwellforcigna.com
or call 855-667-9722
MDLIVE —
go to www.mdliveforcigna.com
or call 888-726-3171

Complete a medical history using their “virtual clipboard”

Download the vendor app to your mobile device

Amwell and MDLIVE are available only for medical visits. For covered services related to mental health and substance abuse, you have access to the Cigna Behavioral Health network of providers.

- Go to www.cignabehavioral.com to search for a video telehealth specialist.
- Call to make an appointment with your selected provider.
- A telehealth visit with Cigna Behavioral Health network provider costs the same as an in-office visit.



VOLUNTARY DENTAL BENEFITS

Don't forget

You may have additional dollars to use in 2020 from Guardian's Maximum Rollover.

The PDS Benefit Plan offers:

- Guardian DPPO dental plan.
- Guardian DHMO dental plan.

Dental coverage is available on a voluntary basis, which means you can elect Dental coverage without electing Medical coverage. The DHMO typically has fewer out-of-pocket expenses and requires using a network provider. Some areas have a limited network of dentists. Please check the availability of dentists before enrolling in this plan. The list of providers can be found at www.guardiananytime.com. The DPPO offers benefits for any dentist of your choice. However, if you do not use a Guardian dentist, you could be balance-billed for amounts over the allowable amount. Below is a brief summary of benefits:

Guardian DPPO

Benefits Summary	In-Network	Out-of-Network
Deductible		\$50
Period		Calendar Year
Family Limit		Three Per Family
Waived		Preventive
Annual maximum		\$1,250 Plus Maximum Rollover*
Maximum rollover		
Threshold		\$600
Rollover amount		\$300
Account limit		\$1,250
Claim payment basis	Negotiated Fee Schedule	UCR 90th
Network	DentalGuard Preferred	
	100%	100%
Coinsurance — Preventive	Oral Exams (twice/12 mos.) • Cleanings (twice/12 mos.) • X-Rays (Full-mouth series once/36 mos.) • Fluoride Treatment (to age 19, twice/12 mos.) • Sealants (to age 16, once/36 mos.) • Space Maintainers/Harmful Habit Appliances	
	80%	80%
Coinsurance — Basic	Fillings • Perio Maintenance Procedure (twice/12 mos.) • Periodontal Services (e.g., Scaling and Root Planing) • Periodontal Surgery • Simple Extractions • Complex Extractions • Single Crowns • Endodontic Services (e.g., Root Canal) • General Anesthesia • Inlays, Onlays, and Veneers	
Coinsurance — Major	50%	50%
	Bridges and Dentures and Repair and Maintenance of Crowns, Bridges and Dentures • TMJ	
Coinsurance — Orthodontia	50% for children (Orthodontia in Progress — Covered)	50% for children (Orthodontia in Progress — Covered)
Orthodontia lifetime maximum	\$1,000	\$1,000

*If a member submits at least one claim and stays under the claims threshold of \$600, a part of the unused maximum will be rolled over for use in future years up to \$300.

DHMO managed DentalGuard*

DHMO managed DentalGuard	
Deductible	No deductible
Coinsurance	You pay a copay for each covered procedure. See plan details for more information.
Annual maximum benefit	Unlimited
Office visit copay	\$5
Dependent age limits	26
Plan details	
You pay — Network only	
Anesthesia	Restrictions apply
Bleaching — cosmetic care	\$165
Bridges and dentures	\$190 – \$220
Cleaning (prophylaxis) Frequency	\$0 2 times in 12 months
Fillings	\$5
Fluoride treatments Limits	\$0 No age limits
Inlays, onlays and veneers	\$70 – \$150
Oral exams	\$0
Orthodontia limits	\$1,500 – \$2,800 Adults and Child(ren)
Perio surgery	\$195
Periodontal maintenance frequency	\$15 2 times in 12 months (standard)
Repair and maintenance of crowns, bridges, and dentures	\$20–\$35
Root canal	\$75 – \$150
Scaling and root planing (per quadrant)	\$30
Sealants (per tooth)	\$5
Simple extractions	\$10
Single crowns	\$180
Surgical extractions	\$45 – \$70
X-rays	\$0

*If the DHMO is not available in your area, it will not be an option.

Important

Regarding orthodontia in progress: Please note that orthodontia in progress is not covered under the DHMO plan. If you are currently in treatment for orthodontia, enrolling in the Guardian DHMO does not change the terms of the contract you signed with your provider, and you may now be responsible for additional costs related to the overall treatment plan. Please consult with your provider to determine any additional costs for which you may now be responsible. If you wish to have any remaining treatment covered, you may consider enrolling in the PPO plan.



VOLUNTARY VISION BENEFITS

The PDS Benefit Plan offers Vision coverage that provides benefits for you and your family through Vision Service Plan (VSP). This coverage includes a network of providers and a schedule of copays for various vision needs. Vision Service Plan does not issue ID cards. Below is a brief summary of benefits.

In an effort to control costs, the contact lens allowance is now \$150.

VSP voluntary vision	In-network	Out-of-network
Frequency of service		
Vision exam	12 months	12 months
Eyeglass lenses	12 months	12 months
Frames	24 months	24 months
Contact lenses	12 months	12 months
Benefits	Plan Pays:	
Vision exam	\$25 copay	Up to \$45
Lenses (pair)	\$25 copay	
Single vision	100%	Up to \$30
Bifocal	100%	Up to \$50
Trifocal	100%	Up to \$65
Frame	100% up to \$200	Up to \$70
Elective contact lenses	100% up to \$150	Up to \$105
Other		
Lens options	Up to 20% discount	N/A
Additional glasses	Up to 20% discount	N/A

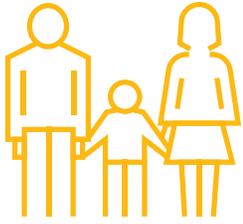
Members will have a maximum copay, up to \$60, for the fitting evaluation. Allowance will be applied 100% toward contacts.



EMPLOYEE ASSISTANCE PROGRAM

For those enrolled in the Medical plan, Cigna administers the Employee Assistance Program. The Cigna EAP offers three face-to-face counseling sessions, telephonic resources, visits with clinicians, work/life support, time-saving referrals, legal/financial consults, and wellness discussions. These are just some of the tools Cigna provides to help reduce stress and support your overall wellness.

You will have access to help 24 hours a day, 7 days a week, 365 days a year. Get in touch. Call 877-622-4327, or visit www.cignabehavioral.com and enter your employer ID: pdstech.



VOLUNTARY LIFE AND AD&D

If this is your first opportunity to enroll for Voluntary Life/AD&D, you may purchase 1, 2, or 3 x your salary up to a maximum of \$300,000. The guarantee issue amount is \$100,000.

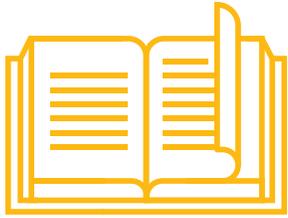
If you have already elected coverage, you can increase the amount during Open Enrollment by one increment. For example, if you have elected 1 x salary, you may increase this to 2 x salary up to the guarantee issue amount noted above.

Employees who have previously been declined, deemed incomplete, or have withdrawn evidence of insurability will not be eligible.

If you elect voluntary Life insurance for yourself, you may also purchase coverage for your spouse. Spouse coverage can be up to 50% of the employee's voluntary coverage in increments of \$10,000 up to a maximum of \$50,000. The guarantee issue amount is \$30,000.

Dependent child coverage may also be purchased with one of the following options: \$5,000 or \$10,000.





PREPAID LEGAL PLAN

Fully covered legal service is available for a wide range of personal matters. It provides easy access to professional legal services at an affordable price.

- Unlimited access to plan attorneys for a wide range of legal matters, including consultation (phone and in person), document preparation, and representation in many common legal matters.
- Easy access to plan attorneys.
- Convenient locations and office hours to suit your preferences.

Covered services:

<p>Wills and estate planning</p> <ul style="list-style-type: none"> ■ Wills and Codicils ■ Powers of attorney ■ Living wills ■ Living trust 	<p>Document preparation</p> <ul style="list-style-type: none"> ■ Deeds ■ Mortgages ■ Promissory notes 	<p>Family matters</p> <ul style="list-style-type: none"> ■ Uncontested adoption ■ Uncontested guardianship ■ Name change
<p>Real estate matters</p> <ul style="list-style-type: none"> ■ Sale or purchase of a home ■ Refinancing of a home ■ Tenant negotiations (as tenant) ■ Eviction defense (as tenant) 	<p>Debt collection defense/defense of civil lawsuits</p> <ul style="list-style-type: none"> ■ Civil litigation defense ■ Administrative hearings ■ Incompetency defense 	

There are no limits on usage for covered services. Some exclusions apply.



LONG-TERM DISABILITY BENEFITS

What your benefits cover	Long term disability
Coverage amount	60% of salary to maximum \$6,000/month
Maximum payment period: Maximum length of time you can receive disability benefits.	Social Security Normal Retirement Age
Accident benefits begin: The length of time you must be disabled before benefits begin.	Day 91
Illness benefits begin: The length of time you must be disabled before benefits begin.	Day 91
Evidence of Insurability: A health statement requiring you to answer a few medical history questions.	Health Statement may be required
Guarantee Issue: The “guarantee” means you are not required to answer health questions to qualify for coverage up to and including the specified amount when applicant signs up for coverage during the initial enrollment period.	We Guarantee Issue \$6,000 in coverage
Minimum work hours/week: Minimum number of hours you must regularly work each week to be eligible for coverage.	30
Pre-existing conditions: A pre-existing condition includes any condition/symptom for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 months look back; 12 months after exclusion
Premium waived if disabled: Premium will not need to be paid when you are receiving benefits.	Yes
Survivor benefit: Additional benefits payable to your family if you die while disabled.	3 months

Understanding your benefits

(Some information may vary by state)

- Disability (Long-Term): For first two years of disability, you will receive benefit payments while you are unable to work in your own occupation. After two years, you will continue to receive benefits if you cannot work in any occupation based on training, experience, and education.
- Earnings definition: Your covered salary excludes bonuses and commissions.
- Special limitations: Provides a 24-month benefit limit for specific conditions including mental health and substance abuse. Other conditions such as chronic fatigue are also included in this limitation. Refer to contract for details.
- Work incentive: Plan benefit will not be reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings.

HOW TO ENROLL

Employees can enroll within their first 90 days online at <https://ess.pdstech.com/lawson/portal/>. The username is your employee ID number, and the password will be the MMYYYY of your date of birth.

QUESTIONS?

Benefits Department
800-270-4737
benefits@pdstech.com

You may also visit www.pdstech.com for further information.

REQUIRED ANNUAL NOTICES

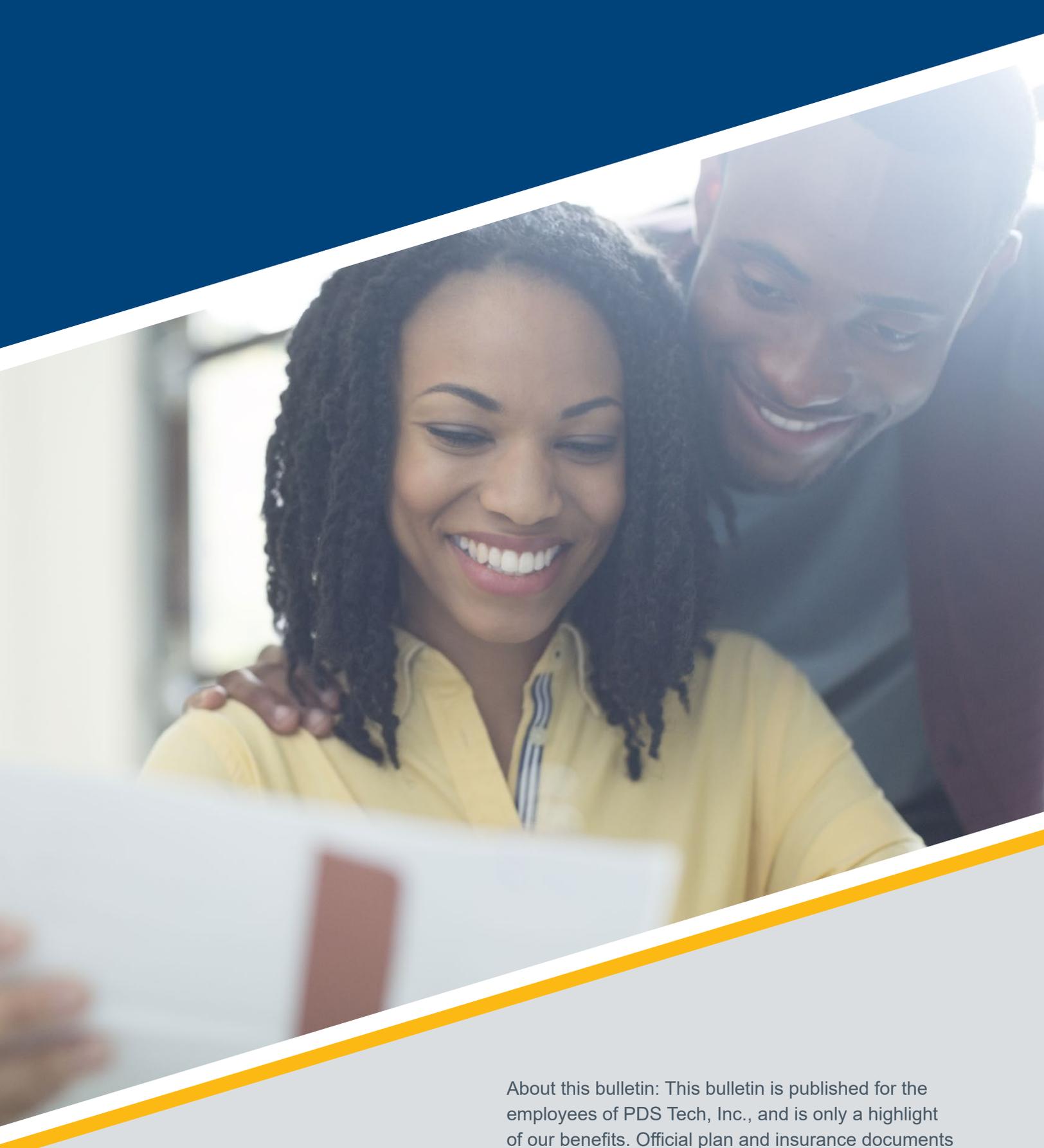
PDS Tech, Inc., is required to provide you with the following Annual Notices, which will be posted to the website, or you can call the benefits department for paper copies.

- Medicare Part D creditable coverage notice.
- HIPAA comprehensive notice of privacy policy and procedures.
- Notice of special enrollment rights.
- Women's health and cancer rights notice.
- Medicaid and the Children's Health Insurance Program (CHIP) offer of free or low-cost health coverage to children and families.

Important!

Remember that Open Enrollment is open for two weeks only. Your annual elections or changes must be submitted online by 11:59 p.m. on November 24, 2019.





About this bulletin: This bulletin is published for the employees of PDS Tech, Inc., and is only a highlight of our benefits. Official plan and insurance documents actually govern your rights and benefits under each plan. If any discrepancy exists between this bulletin and the official documents, the official documents will prevail.