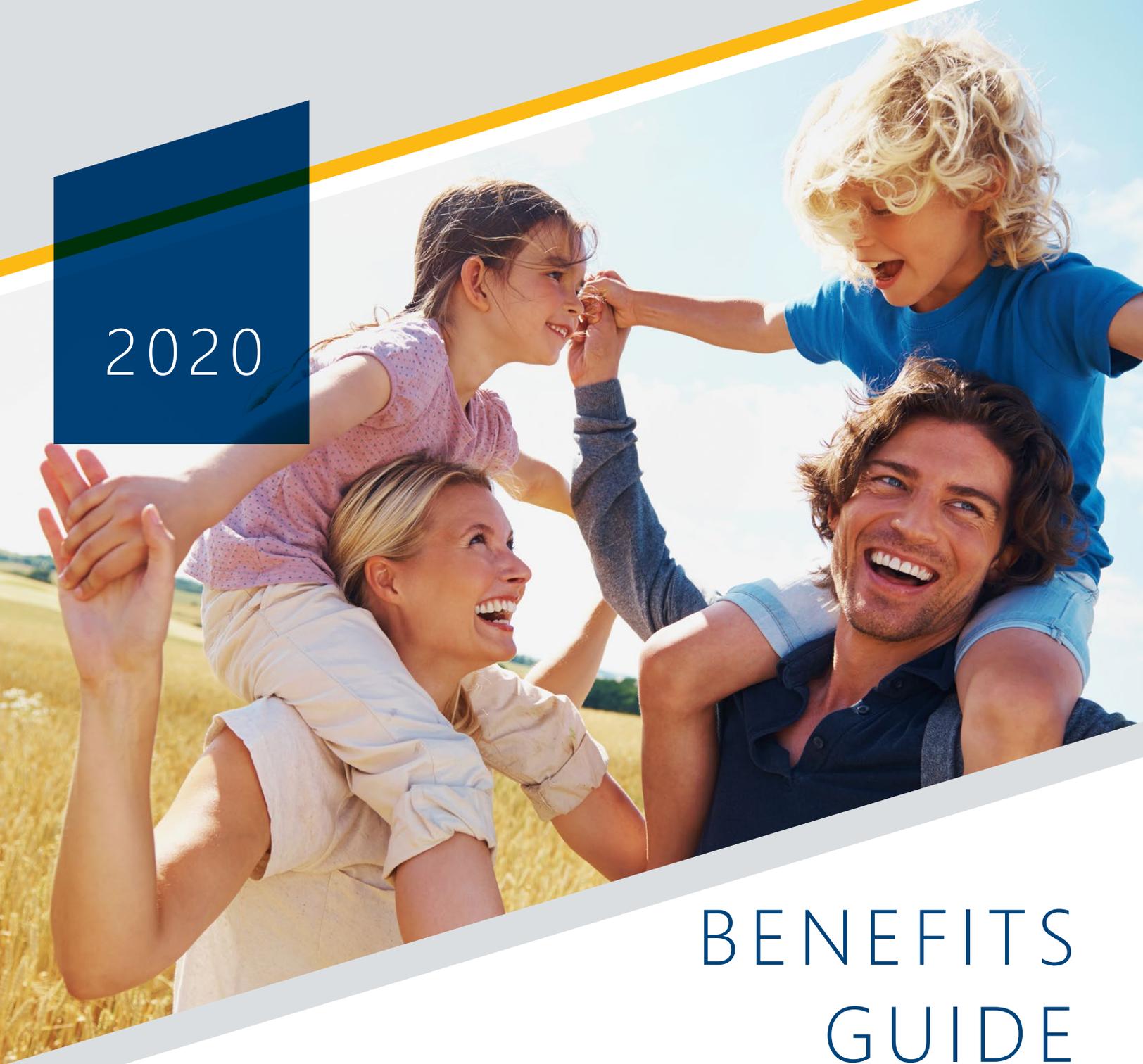


Maritime Services and
Industrial Staffing

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.
 - MEC (through Cigna's TPA, Allegiance).
 - MEC Plus (through Cigna's TPA, Allegiance).
- 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.
- Voluntary 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.

We are happy to announce that your medical premiums will not be increasing and vision premiums have increased slightly. Please be sure to review 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

The PDS benefit plan offers:

- MEC Plan
- MEC Plus Plan

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 — Allegiance MEC and MEC plus plans

1. Log on to www.askallegiance.com/preventive.
2. Click the “Find a Provider” link.
3. Select “Provider Type” for your search.
4. Fill out your search criteria and click “Continue.”

MINIMUM ESSENTIAL COVERAGE (MEC AND MEC PLUS PLANS)

Option 1

PDS Tech's MEC Plan covers preventive only. There is no prescription medication coverage. Participation in this plan will meet the ACA requirements of Minimum Essential Coverage (MEC).

There are preventive services covered at 100% under the required government list of Preventive and Wellness Benefits when you visit a network provider. Services covered include immunizations, blood pressure screenings, diabetes and cholesterol screenings, and more. A full list of the covered services is included in this information.

Below is a partial list of services covered by the Minimum Essential Coverage plan. You can view a full list of covered services online at www.healthcare.gov/preventive-care-benefits/.

Covered services for adults

- Blood pressure screening for all adults.
- Cholesterol screening for adults of certain ages or at higher risk, Type 2 Diabetes screening for adults with high blood pressure, colorectal cancer screening for adults over 50.
- Aspirin use for men and women of certain ages.
- Tobacco use screening for all adults and cessation interventions for tobacco users.
- Obesity screening and counseling for all adults.
- Diet counseling for adults at higher risk for chronic disease.
- Depression screening for adults.
- Alcohol misuse screening and counseling.
- Immunization vaccines for adults. Doses, recommended ages, and recommended populations vary: Hepatitis, Hepatitis B, Herpes, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella.
- Breast cancer mammography screenings every one to two years for women over 40.
- Well-woman visits to obtain recommended preventive services.
- Contraception coverage for women: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs.

Covered services for children

- Autism screening for children at 18 and 24 months.
- Behavioral assessments for children of all ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
- Depression screening for adolescents.
- Immunization vaccines for children from birth to age 18. Doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella.
- Obesity screening and counseling.
- Vision screening for all children.
- Iron supplements for children ages 6 to 12 months at risk for anemia.
- Medical history for all children throughout development: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, and 15 to 17 years.
- Oral health risk assessment for young children: Ages: 0 to 11 months, 1 to 4 years, 5 to 10 Developmental screening for children under age 3, and surveillance throughout childhood.
- Height, weight, and body mass index measurements for children 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, and 15 to 17 years.
- Fluoride Chemoprevention supplements for children without fluoride in their water source.
- Hearing screening for all newborns.
- Hematocrit or Hemoglobin screening for children.

Option 2

PDS Tech's MEC Plus Plan includes the minimum essential coverage of the MEC plan with additional benefits for office visits and prescription drugs. Participation in this plan will meet the ACA requirements of Minimum Essential Coverage (MEC).

Coverage for prescription medications

Your Allegiance plan offers:

- Retail prescriptions, 30-day supply (mail order pharmacy is not included) when you use a retail pharmacy that participates in our network:
 - **Generic:** \$10 copay
 - **Preferred brand:** 50% coinsurance
 - **Nonpreferred brand and specialty medications:** Not covered

If you choose to use a pharmacy outside of our network, you will be asked to pay the full amount for your prescription.

Coverage for up to five primary and specialty doctor visits for minor illnesses

In addition to preventive care services, your coverage includes an annual maximum of five total visits to the following:

- Primary care physician office visit and covered services, including OB/GYNs: \$25 copay.
- Specialty care physician office visit and covered services: \$35 copay.
- Convenience care clinic visit and covered services: \$10 copay.
- Urgent care: \$35 copay.



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	
	50%	50%
Coinsurance — Major	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.



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.

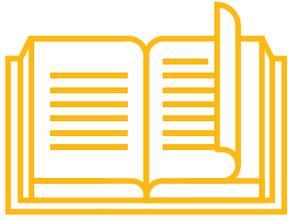
If you have already elected coverage, you can increase the amount during Open Enrollment by one increment. For example, if you have elected 1 x salary, you may increase this to 2 x salary up to the guarantee issue amount noted above.

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:

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



VOLUNTARY 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

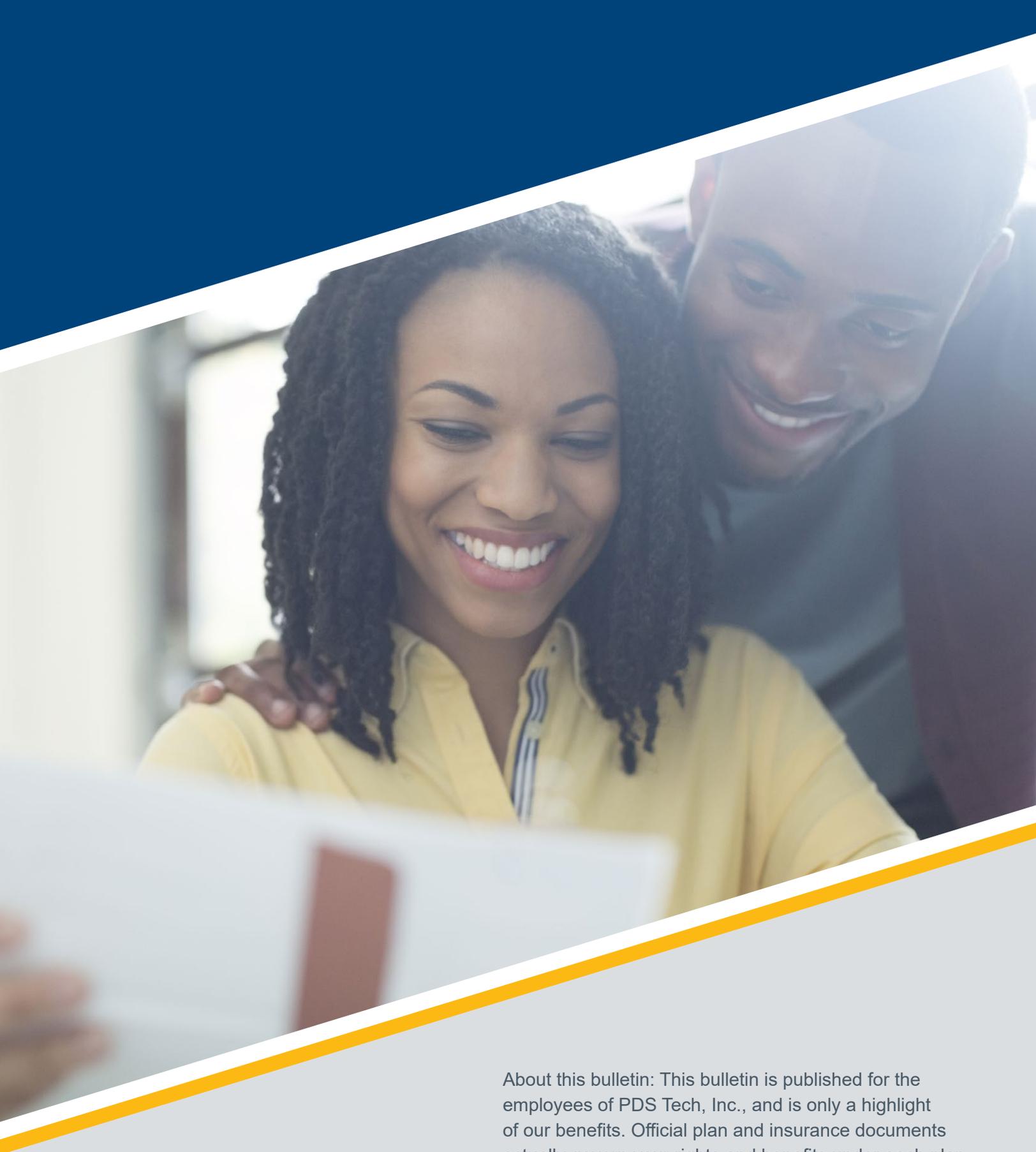
PDS Tech, Inc., is required to provide you with the following Annual Notices, which will be posted to the website, or you can call the benefits department for paper copies.

- 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.