2021

BENEFITS GUIDE

LIGHT INDUSTRIAL & MARITIME

PDS Tech

An AKKA Group company

What's Inside

4	Eligibility
5	Medical & Rx
7	Dental
9	Vision
10	Disability
11	Life/AD&D
12	Prepaid Legal Plan
13	Important Notices
20	Contact Information

We are pleased to continue to offer eligible employees and their dependents a robust benefits program for 2021. The information in this document provides you with a summary of the health and welfare plan details and changes effective January 1, 2021. Within this guide, you will find helpful information to assist you with making benefit decisions, along with resources for additional information.

PDS makes it a priority to offer a variety of top-notch benefits and programs including excellent healthcare options, dental, vision, life, disability, and more.

Remember, the choices you make at this time will be effective January 1, 2021 and will remain in place until December 31, 2021 unless you experience a qualifying life event during the year.

Open Enrollment will run from November 16th through December 4th, 2020.

Benefits Overview

ABOUT OPEN ENROLLMENT

Annual open enrollment is the one time each year employees may make changes to their benefit elections for the next year. During open enrollment, you may enroll in or waive benefit plans, add or drop coverage for dependents and enroll in the supplemental plans. It is important that you carefully review your current elections, because you will not be able to make changes to your benefit elections in 2021 unless you experience a qualifying life event. 2021 plan details can be found at pdstech.com/benefits-lid-maritime.

WHAT YOU NEED TO DO

- Review your current benefit elections and covered dependents on MyPDS at pdstech.com/benefits-lid-maritime.
- Log in to the PDS Employee Self-Service Portal at ess.pdstech.com
  - Select Annual Enrollment. Make changes to your benefit elections or covered dependents as necessary.
- More details on the benefit plans and enrollment instructions can be found at pdstech.com/benefits-lid-maritime.

WHAT'S CHANGING FOR 2021?

MEDICAL / RX (ALLEGIANCE)

MEC & MEC Plus

- No Changes to Plans or Rates

DENTAL (GUARDIAN)

- No Changes to Plans or Rates

VISION (VSP)

- No Changes to Plans or Rates

VOLUNTARY LIFE/AD&D (GUARDIAN)

- Current plan participants may increase coverage by 1 increment up to the Guaranteed Issue Level without submitting a health questionnaire
- Those who wish to elect coverage for the first time, and declined coverage previously, will need to complete a health questionnaire for the entire amount

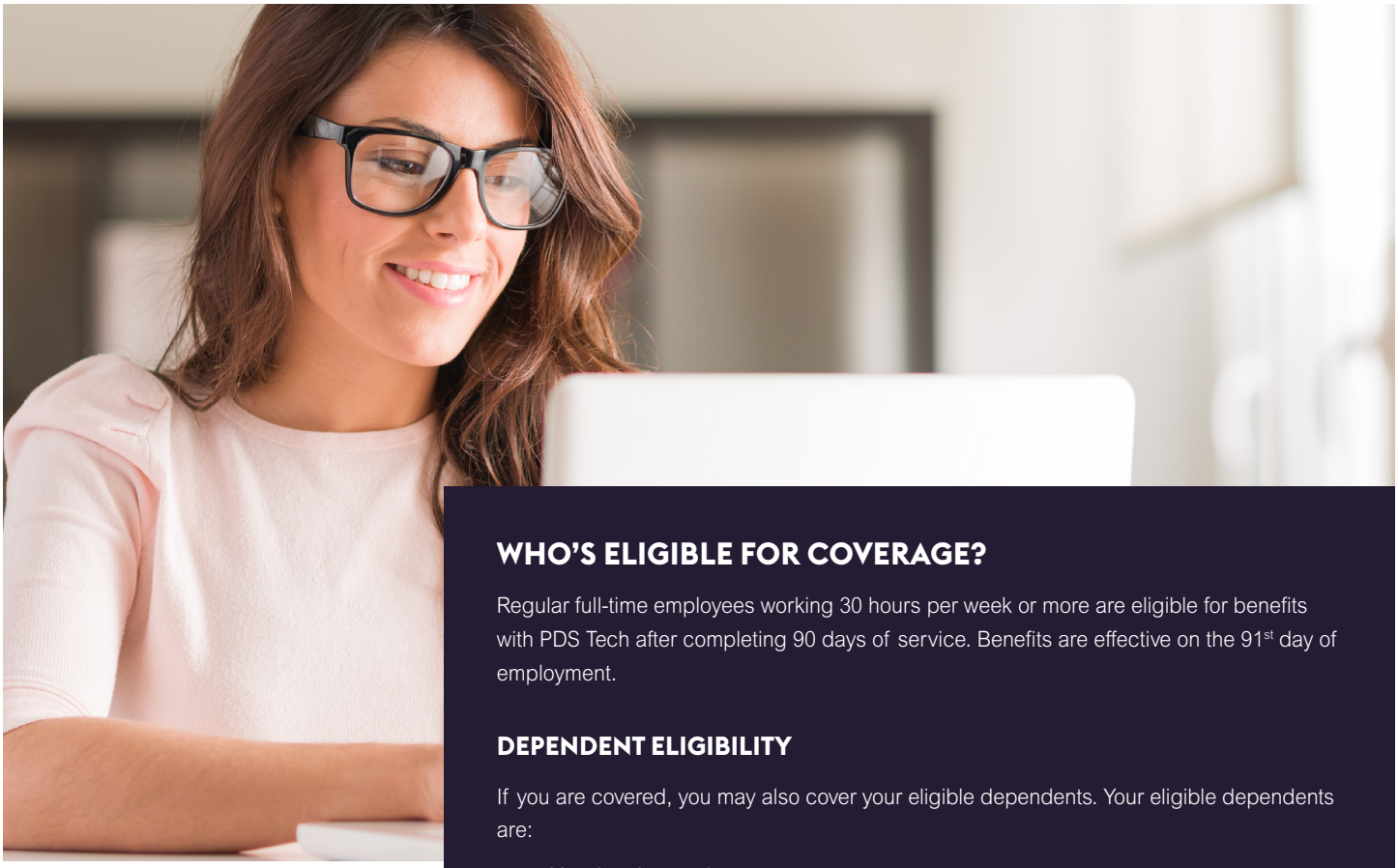
PREPAID LEGAL PLAN (METLIFE)

- You may also enroll in or make changes to your elections for Prepaid Legal Plan

IMPORTANT

For 2021 Open Enrollment, employees are not required to select new benefits (except annual HSA elections). If you are happy with your current coverage, your elections will roll over to the next year. If you plan to make changes to your current coverage, you will need to enroll by midnight on December 4th, 2020.

To enroll or make changes, log on to ess.pdstech.com.



Eligibility Guidelines

ENROLLMENT

Employees can enroll within their first 90 days online at ess.pdstech.com.

The username is your employee ID number, and the password will be the MMYYYY of your date of birth and the first two characters of your last name.

+ For example, if your name is Jane Doe and your birthdate is January 25, 1975, your password would be 011975Do.
  Note: the FIRST character of your last name MUST be a capital letter.

WHO'S ELIGIBLE FOR COVERAGE?

Regular full-time employees working 30 hours per week or more are eligible for benefits with PDS Tech after completing 90 days of service. Benefits are effective on the 91st day of employment.

DEPENDENT ELIGIBILITY

If you are covered, you may also cover your eligible dependents. 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.

MAKING COVERAGE CHANGES DURING THE PLAN YEAR

When you make a benefit election, it will remain in effect for the entire plan year (January 1, 2021 through December 31, 2021). You may be able to make limited changes to your elections if you experience a "qualifying event" and the change is consistent with your change in family status.

Qualifying events include, but are not necessarily limited to, the following::

+ Marriage, divorce or legal separation
+ Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death or reaching the dependent child age limit
+ 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 ago and/or student status.
+ 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 have 31 days from the date of the qualifying event to request a change from HR. You will not be able to make any changes if you miss this deadline.

Medical & Prescription Drug Plan

2021 PLAN OPTIONS

MEC

This plan covers preventive services only as required by ACA and you must use in-network providers (there is no out-of-network coverage). Also note that there is no prescription drug coverage on this plan. Covered services include immunizations, blood pressure screenings, diabetes and cholesterol screenings, mammograms and more.

MEC PLUS

This plan includes all coverage from the MEC plan with additional benefits for office visits and prescription drugs.

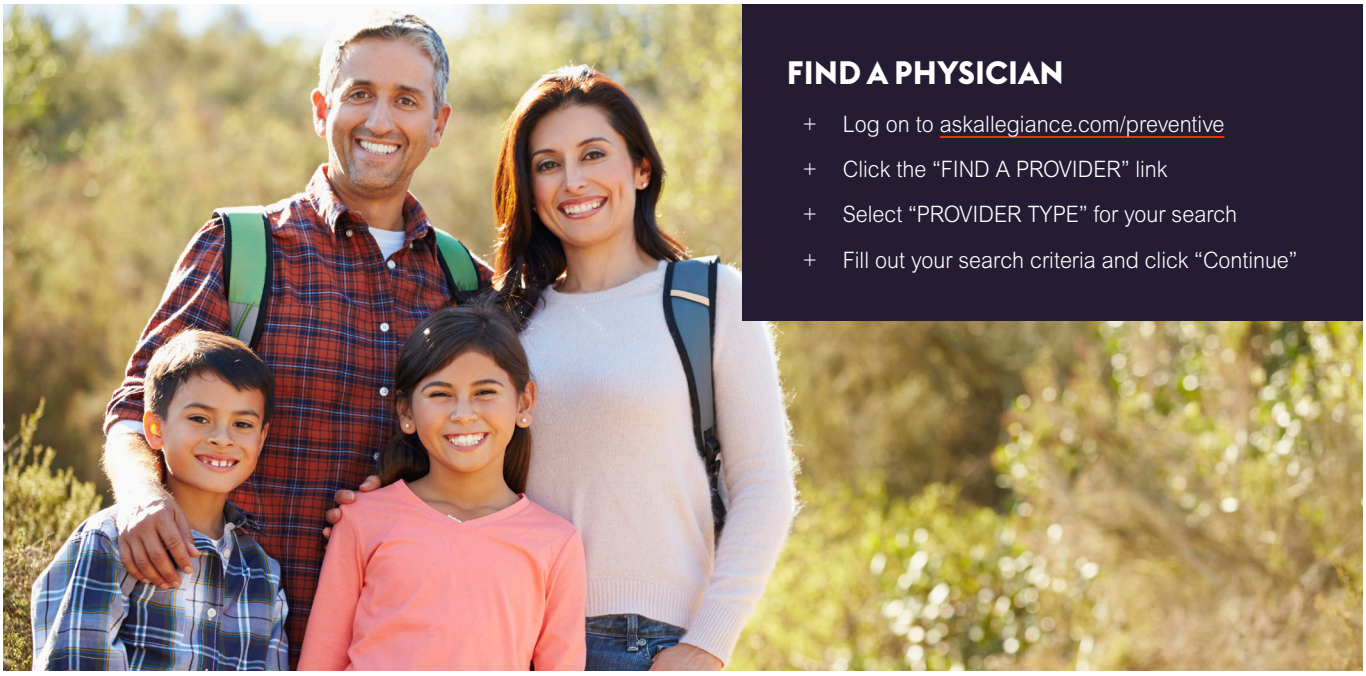
The MEC and MEC Plus plans are limited coverage plans and do not provide coverage for hospitalization. Depending on the plan you select, services such as preventive care, prescription drug coverage and limited physician visits are available. These Preventive Care plans are supported by the Multi-Plan/PHCS and Navitus Rx.

IMPORTANT

If you have Medical coverage provided by another plan, you may choose to decline coverage offered by PDS TECH. 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.

Allegiance℠
a Cigna Company



FIND A PHYSICIAN

+ Log on to askallegiance.com/preventive
+ Click the “FIND A PROVIDER” link
+ Select “PROVIDER TYPE” for your search
+ Fill out your search criteria and click “Continue”

Medical Plans

MEDICAL BENEFIT PLANS

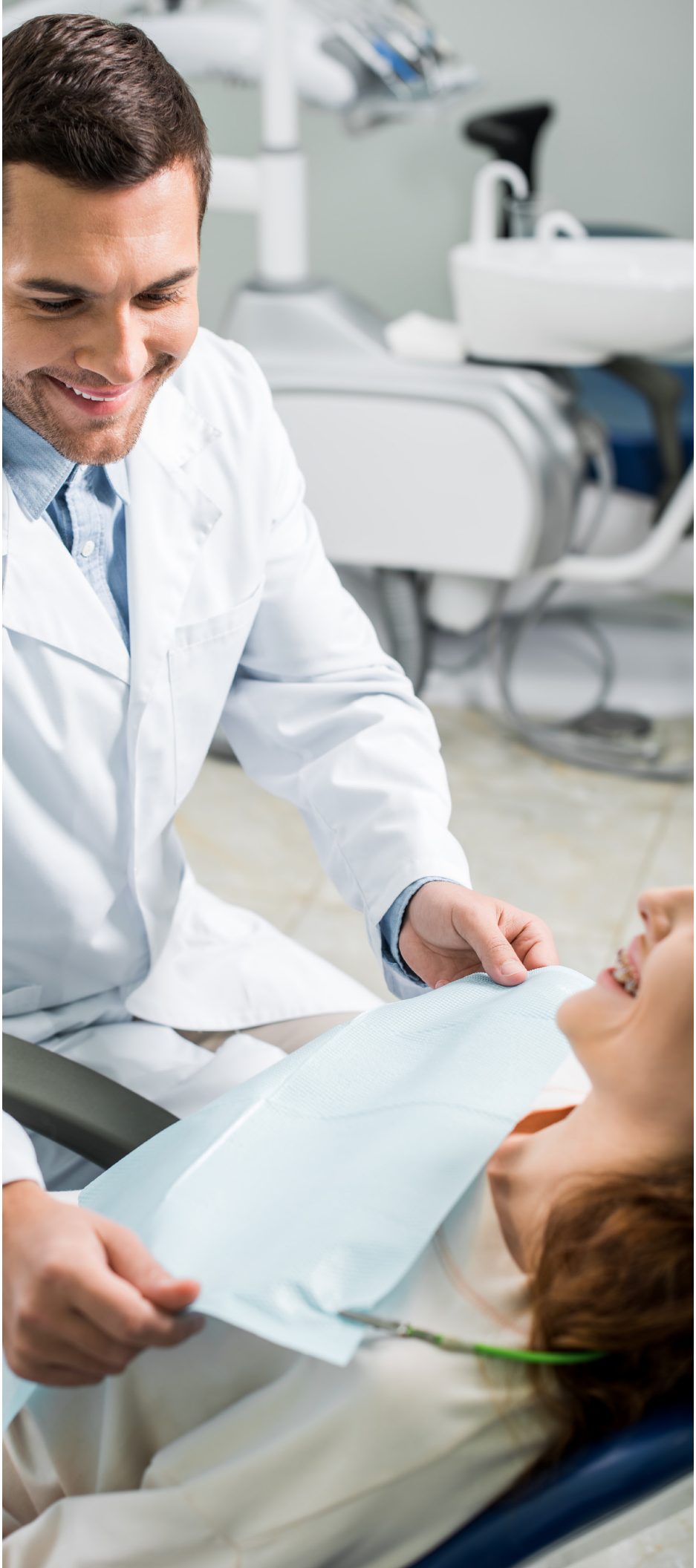
Please see below a summary of the medical plans offered. In-Network benefits are displayed for illustrative purposes only - the plans below do include out-of-network coverage. Full details are available through your medical plan documents.

MEDICAL PLANS	MEC In-Network	MEC PLUS In-Network
Deductible (You Pay)	$0 Individual / $0 Family	$0 Individual / $0 Family
Out of Pocket Maximum*	N/A	$6,600 Individual / $13,200 Family
Physician Office Visit	Not Covered	$25 Copay (5 visits)
Specialist Office Visit	Not Covered	$35 Copay (5 visits)
Outpatient Mental Health	Not Covered	$25 Copay (5 visits)
Diagnostic Lab, X-ray, & Imaging	Not Covered	Not Covered
Inpatient Hospital Services	Not Covered	Not Covered
Outpatient Hospital Services	Not Covered	Not Covered
Urgent Care	Not Covered	$35 Copay (5 visits)
Emergency Room	Not Covered	Not Covered
Preventive Care Services	$0	$0
PRESCRIPTION DRUGS		
Generic	Not Covered	$10 Copay
Preferred Brand	Not Covered	50% coinsurance
Non-Preferred Brand	Not Covered	Not Covered
Specialty	Not Covered	Not Covered
Mail Order (3-month supply)	Not Covered	Not Covered

*Out of Pocket Maximum includes deductible and copays.

MEDICAL CONTRIBUTIONS*	MEC	MEC PLUS
Employee Only	$13.38	$34.15
Employee + Spouse	$19.15	$71.77
Employee + Child(ren)	$21.46	$65.08
Family	$27.23	$102.69

*Contributions per weekly paycheck, paid with pre-tax payroll deductions.



Dental Plans

Dental coverage is available on a voluntary basis, which means that you do not have to elect medical coverage in order to elect dental coverage.

PDS OFFERS TWO DENTAL PLANS FROM WHICH TO CHOOSE:

+ **Traditional PPO Dental Plan:** This plan has a small annual deductible, provides benefits up to an annual limit for covered services, and allows you to see in-network and out-of-network dentists. Premium cost for this plan is a little higher due to having access to an expansive network of providers.
+ **DHMO Dental Plan:** This plan only provides benefits if you see a Managed DentalGuard network provider. There is no deductible or annual limit on benefits. You pay a fixed cost for each covered service, so you know your cost before you go. Premium cost is generally lower for this plan because the network of providers is much smaller than the traditional dental PPO plan.

To locate a dentist in the Guardian network, visit guardiananytime.com and click on "Find a Provider". You can then search by network by choosing either "PPO" or "Managed Dental Care (DHMO/Prepaid)", then refine your search by location. You may also call 888-600-1600 and reference your plan number: 00531950.

Guardian®

DENTAL PPO PLAN SUMMARY

	DENTAL PPO		DENTAL DHMO
Network	Dental Guard Preferred	Non-Network	Managed Dental Guard (In-Network Only)
Annual Deductible	$50 Individual / $150 Family		$0 Individual / $0 Family
Annual Maximum Benefit	$1,250		Unlimited
Maximum Rollover*	Yes		N/A
Rollover Threshold	$600		N/A
Annual Rollover	$300		N/A
Exams	100%		Office Visit Copay: $5 Copay
Cleanings	100%		Cleaning: $0 Copay
X-Rays	100%		X-Rays: $0 Copay
Basic Filling	80% after deductible		Fluoride: $0 Copay
Oral Surgery	80% after deductible		Fillings: $5 Copay
Endodontics	80% after deductible		Root Canal: $75-$150 Copay
Periodontics	80% after deductible		Surgical Extractions: $45-$70 Copay
Crowns	50% after deductible		Crowns (single): $180 Copay
Bridges / Dentures	50% after deductible		Bridges/Dentures: $190-$220 Copay
Implants	Not Covered		Not Covered
Orthodontics	50%		Copay: $1,500 - $2,800
Lifetime Ortho Max	$1,000		
Orthodontics Age	Child Only		Adult & Child

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

CONTRIBUTIONS*
(Weekly)

	PPO	DHMO
Employee Only	$9.01	$5.27
Employee + Spouse	$22.12	$6.94
Employee + Child(ren)	$24.82	$7.43
Family	$34.03	$12.55

*Contributions per weekly paycheck, paid with pre-tax payroll deductions.

Vision Plan

PDS offers Vision benefits for you and your family through Vision Service Plan (VSP) utilizing the **VSP Choice** network. This coverage includes a network of providers and a schedule of copays and benefit allowances for various vision needs. Vision Service Plan does not issue ID cards. Below is a brief summary of benefits.

VISION CONTRIBUTIONS

These are your contributions per weekly paycheck, paid with pre-tax payroll deductions:

CONTRIBUTIONS
(Weekly)

Employee Only	$1.90
Employee + Spouse	$2.75
Employee + Child(ren)	$3.28
Family	$5.25

VISION PLAN SUMMARY	IN-NETWORK VSP CHOICE PROVIDERS	NON NETWORK PROVIDERS
Frequency		
Exam	12 months	12 months
Frames	24 months	24 months
Lenses	12 months	12 months
Contacts*	12 months	12 months
Eye Exam	$25 copay	Up to $45 Allowance
Single Vision Lenses	$25 copay	Up to $30 Allowance
Bifocal Lenses	$25 copay	Up to $50 Allowance
Trifocal Lenses	$25 copay	Up to $65 Allowance
Contacts: Elective	$150 Allowance	Up to $105 Allowance
Contacts: Necessary	$25 copay	Up to $210 Allowance
Contacts: Fitting/Exam	Up to $60 copay	N/A
Frames	$200 Allowance; 20% off any remaining amount	Up to $70 Allowance; 20% off any remaining amount
LASIK Discount	Up to 15% Discount	N/A

*In lieu of eyeglasses

Voluntary Long Term Disability

Voluntary Long Term Disability (LTD) coverage protects your ability to earn a paycheck should you become unable to work due to a non-work related accident or injury. Insuring your income allows you to continue paying for monthly expenses (i.e. food, rent/mortgage, utilities) while you focus on recovering.

You have the option to purchase Voluntary LTD coverage through Guardian. This coverage would replace 60% of your pre-disability earnings up to $6,000 a month after you have been disabled for 90 days. Depending on the severity of your disability, benefits could be payable until your Social Security Normal Retirement Age. Benefits are not payable for pre-existing conditions until you have been covered by this plan for more than 12 consecutive months. Other limitations and exclusions apply so review plan details for more information.

VOLUNTARY LONG-TERM DISABILITY

Benefit	60% of covered monthly pre-disability pay
Maximum Benefit	$6,000
Benefits Begins	91st Day
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Pre-Existing Condition Limitation	Yes (12 months)

Guardian®

LTD rates are based on age and salary. Log into ess.pdstech.com to view your rates.

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 benefits 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.

Life & AD&D Insurance

Guardian

VOLUNTARY LIFE & ACCIDENTAL DEATH & DISMEMBERMENT

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. You are guaranteed $100,000, however amounts over that will require Evidence of Insurability (health questionnaire).

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.

If you declined coverage initially but wish to enroll during Open Enrollment, you must complete an Evidence of Insurability form for the entire amount of coverage you are requesting. Employees who have previously been declined, deemed incomplete, or have withdrawn evidence of insurability will not be eligible.

If you elect coverage for yourself, you may also purchase coverage for your Spouse and Dependent Child(ren). Spouse coverage can be purchased in $10,000 increments up to $50,000 not to exceed 50% of the employee's coverage amount. Spouse coverage is guaranteed up to $30,000 and amounts over that will require Evidence of Insurability. Coverage options for your Dependent Child(ren) are either $5,000 or $10,000 and are fully guaranteed.

The cost for Employee and Spouse coverage is determined by the age of the Employee and coverage amounts elected. All premiums can be found in the Employee Self-Service portal.

VOLUNTARY LIFE	EMPLOYEE*	SPOUSE	CHILD
Coverage Amount	1x, 2x, or 3x Annual Salary	$10,000 increments	$5,000 increments
Benefit Maximum	$300,000	50% of Employee Benefit or $50,000	$10,000
Guarantee Issue	< age 65 = $100,000 age 65+ = $0	$30,000	N/A
Who Pays	Employee		
Age Reduction	Reduces by 35% at age 65 Reduces by 60% at age 70 Reduces by 75% at age 75		N/A
Evidence of Insurability (EOI) Required	New Hire: Only for amounts requested over Guarantee Issue Late Entrants: Yes, for full amount of coverage requested		No

*Includes Accidental Death and Dismemberment (AD&D)

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.

WILLS & ESTATE PLANNING

+ Wills and Codicils
+ Powers of attorney
+ Living wills
+ Living trust

DOCUMENT PREPARATION

+ Deeds
+ Mortgages
+ Promissory notes

FAMILY MATTERS

+ Uncontested adoption
+ Uncontested guardianship
+ Name change

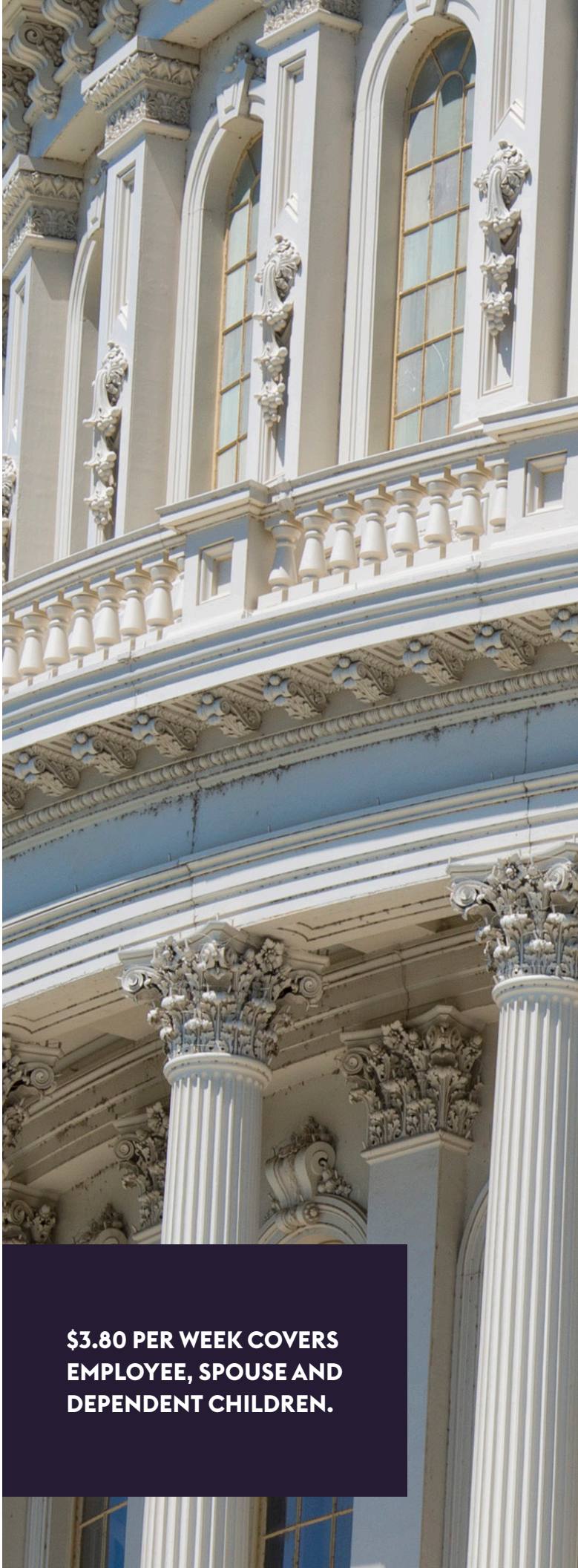
REAL ESTATE MATTERS

+ Sale or purchase of a home
+ Refinancing of a home
+ Tenant negotiations (as tenant)
+ Eviction defense (as tenant)

DEBT COLLECTION DEFENSE/DEFENSE OF CIVIL LAWSUITS

+ Civil litigation defense
+ Administrative hearings
+ Incompetency defense

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



$3.80 PER WEEK COVERS EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN.

Important Notices

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

PDS Tech has determined that the prescription drug coverage offered by the Insurance plan is, on average for all plan Employees, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll from October 15th through December 7th in 2020. If you enroll, your coverage will begin on January 1, 2021.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

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

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

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE....

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

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE....

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

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:

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

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

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

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current PDS Tech coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current PDS Tech coverage, be aware that you and your dependents will not be able to get this coverage back.

HIPAA SPECIAL ENROLLMENT NOTICE

NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR MEDICAL PLAN COVERAGE

As you know, if you have declined enrollment in PDS Tech health plan for you or your dependents (including your spouse/domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

+ PDS Tech will also allow a special enrollment opportunity if you or your eligible dependents either:
+ Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
+ Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in PDS Tech group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

+ All stages of reconstruction of the breast on which the mastectomy was performed;
+ Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
+ Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see the Plan's Summary Plan Description for details of the Plan's deductible, benefit percentage, and copayment requirements. If you would like more information on WHCRA benefits, contact HR.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

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

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State directly for more information on eligibility:

ALABAMA – Medicaid
Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone:916-440-5676

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurancebuy-program
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: https://www.flmedicaidtplrecovery.com/
flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1-877-438-4479
All other Medicaid
Website: https://www.in.gov/medicaid/
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Website: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA - Medicaid
Medicaid Website: https://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid & CHIP
Website: http://www.eohhs.ri.gov/
Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/hipp/
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

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

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

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your Summary Plan Description or contact Allegiance at www.askallegiance.com.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer name: PDS Tech, Inc.
Employer Identification Number (EIN): 34-1650967
Employer phone number: 800-270-4737
Employer address: 1925 W. John Carpenter Freeway, Suite 550 Irving, TX 75063
Contact about coverage: PDS Tech Benefits Department
Email address: benefits@pdstech.com

Here is some basic information about health coverage offered by this employer:

+ As your employer, we offer a health plan to:
+ Some employees. Eligible employees are full-time employees and employees who work an average of 30 hours per week.
+ With respect to dependents:
+ We do offer coverage. Eligible dependents are legal spouses and children.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums

NOTICE OF AVAILABILITY OF HIPPA PRIVACY NOTICE

Under the Health Insurance Portability and Accountability Act (HIPAA) health plans are required to provide covered individuals with a Privacy Notice that describes, among other things, the uses and disclosures of protected health information that may be received by the plans, your rights regarding that information and the plan's responsibilities.

The PDS Tech Health Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact:

Please contact us for more information:

PDS Tech Benefits Department
1925 W. John Carpenter Freeway, Suite 550
Irving, TX 75063
benefits@pdstech.com

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20211
(202) 619-0257
Toll Free: 1-877-696-6775

Notes

MEDICAL

Allegiance
askallegiance.com

VISION

VSP
800-275-4638
vsp.com

DENTAL, LIFE/AD&D, DISABILITY

Guardian
800-275-4638
guardiananytime.com

PREPAID LEGAL PLAN

800-821-6400
legalplans.com

PDS TECH BENEFITS DEPARTMENT

800-270-4737
benefits@pdstech.com

PDS Tech
An AKKA Group company