



PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

Net@Work strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of your benefits—that's why we've put together this guide.

This guide will outline all of the different benefits Net@Work offers, so you can identify what coverages are best for you and your family.

If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

BENEFITS OVERVIEW

INTRODUCTION

This Benefits Plan Summary is designed to provide you with information regarding the benefits available to you.

As a participant in the Net@Work Benefit Plans, it is important that you know how your benefit plan works and what is required of you. This booklet was developed to help you understand your benefits and responsibilities.

The following are some of the important things that you need to remember:

- To add newly-acquired dependents (newborn, adoption, marriage), you must submit an enrollment form (and any other necessary supporting documents requested) within 30 days of the event;
- When your address changes, please notify the People and Learning (HR) Department;
- Report Medicare eligibility to your health plan and the People and Learning department;
- Know your rights and responsibilities under COBRA continuation coverage.

GENERAL INFORMATION

Plan Eligibility: All eligible employees who work a minimum of 30 hours a week, are able to participate in the Firm's benefit program.

Dependents are eligible if their relationship to you is one of the following:

- A legally married spouse;
- A domestic partner at least 18 years of age
- Children under age 19 or up to age 26*

* In accordance with the Patient Protection and Affordable Care Act (PPACA), along with the Health Care and Education Reconciliation Act of 2010, health insurance coverage has been extended to young adult children (dependents) up to age 26. Effective January 1, 2011, employees' young adult children up to age 26, whose coverage ended or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage ended before attainment of age 26, are eligible to enroll in the Net@Work Health Plan.

Enrollment: Participation in the Firm's benefit plans is not automatic. You must enroll within 30 days of your eligibility date in order for your coverage to take effect. Your contributions will be deducted from your pay.

Note: The IRS requires that all medical and dental pre-tax deductions stay in effect through the full plan year, which is January 1st through December 31st. These elections cannot be changed mid-year unless you have a qualifying event.

Qualifying Events: You should report all changes in family status to the People and Learning Department immediately. You have 30 days from the date of the qualifying event due to a change in family status to notify the People and Learning Department and submit the necessary paperwork.

The change in your elections must be consistent with the change in your family status. Please see below for a list of qualifying events as defined by the IRS:

- Birth, adoption or care of a foster child
- Marriage
- Divorce, legal separation, civil annulment
- Death of a spouse or child
- Employment, unemployment, or leave of absence
- Spouse's employment changes from full-time to part-time (or the reverse)
- A child reaching an ineligible age or losing full-time student status

Benefits Waiver: You have the option to waive participation in the Firm's benefit plans. However, please keep in mind that you will not be eligible to enroll until the next open enrollment period, unless you have a qualifying event. If you choose to waive coverage, you must complete the insurance waiver form.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that the plan administrator issue certificates of group health plan coverage to health plan participants upon termination of employment that results in the termination of group health coverage. Each individual, upon termination, will receive a certificate of coverage from the health insurance carrier. This certificate provides the necessary information to certify coverage that will be credited against any pre-existing condition exclusion period provided under a new health plan.

HOW TO ENROLL:

Log into <https://estratex.com/Login/NetatWork>. Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections.

MEDICAL PLANS

	Option 1: HRA Only	Option 2: HRA Only	Option 3: HRA Only	Option 4: HSA w/HRA	Option 5: HSA w/HRA
In Network Services	PPO HSA Direct	EPO	EPO HSA	PPO HSA Direct	EPO HSA
Physician Visit Copay (Primary Care/Specialist)	0% after Deductible	\$30 / \$50	10% after Deductible	0% after Deductible	10% after Deductible
Deductible (Individual/Family)	\$2,000 / \$4,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Hospitalization	0% after Deductible	20% after Deductible	10% after Deductible	0% after Deductible	10% after Deductible
Preventive Care	100% coverage, no deductible				
Emergency Room Copay	0% after Deductible	\$100	10% after Deductible	0% after Deductible	10% after Deductible
Out-of-pocket Maximum (Individual/Family)	\$3,000 / \$6,000	\$5,000 / \$10,000	\$3,250 / \$6,500	\$3,000 / \$6,000	\$3,250 / \$6,500
Prescription Drugs - Generic/ Preferred/ Non-preferred	\$10 after Ded/ \$25 after Ded/ \$50 after Ded	\$10 / \$25 / \$50	\$10 after Ded/ \$25 after Ded/ \$50 after Ded	\$10 after Ded/ \$25 after Ded/ \$50 after Ded	\$10 after Ded/ \$25 after Ded/ \$50 after Ded
Out of Network Services					
Deductible (Individual/Family)	\$2,000 / \$4,000	Emergency Services Only	Emergency Services Only	\$2,000 / \$4,000	Emergency Services Only
Coinsurance (member/UHC)	30 % / 70%	Emergency Services Only	Emergency Services Only	30 % / 70%	Emergency Services Only
Out-of-pocket Maximum (Ind/Fam)	\$5,250 / \$10,500	Emergency Services Only	Emergency Services Only	\$5,250 / \$10,500	Emergency Services Only

YOUR COST IN 2018

Semi-monthly payroll deductions are below:

	PPO HSA Options 1 and 4	EPO Option 2	EPO HSA Options 3 and 5
Employee Only	\$171.79	\$109.73	\$94.45
Employee + 1	\$370.59	\$266.77	\$234.15
Employee + Family	\$580.19	\$443.61	\$379.15

REMEMBER: The Affordable Care Act requires most individuals to obtain health coverage or pay a penalty. In 2018, the penalty is **2.5 percent** of your yearly household income or **\$695 per adult and \$347.50 per child** for the year—whichever is greater.

HSA vs. Traditional Plans?

HSA :

With an HSA plan, ALL services are first applied to deductible. Allows you to put pre-tax savings into an account to pay for qualified medical expenses.

Traditional:

This plan has insurance pay first dollar toward healthcare, member is responsible for copay on office visit and Rx. Other services are subject to deductible and coinsurance.

HEALTH REIMBURSEMENT ARRANGEMENT

Paying for health care can be stressful. That's why Net@Work offers an employer-paid Health Reimbursement Arrangement (HRA). **OUR HRA WILL BE ADMINISTERED THROUGH INFINISOURCE.**

WHAT IS AN HRA?

An HRA is an arrangement where your employer contributes an amount of money towards your incurred medical deductible to effectively reduce your out of pocket expenses on the deductible portion of your health plan.

HRA PLAN OFFERINGS WIHTOUT THE HSA OPTION:

Plan Name	Plan Deductible	Employer Pays	Employee Pays
PPO HSA Direct Option 1	\$2,000 Individual / \$4,000 Family	First \$500 for Individual / First \$1,000 for Family	Next \$1,500 for Individual Next \$3,000 for Family
EPO Option 2	\$1,500 Individual / \$3,000 Family	First \$500 for Individual / First \$750 for Family	Next \$1,000 for Individual Next \$2,250 for Family
EPO HSA Option 3	\$2,000 Individual / \$4,000 Family	First \$500 for Individual / First \$1,000 for Family	Next \$1,500 for Individual Next \$3,000 for Family

HEALTH SAVINGS ACCOUNTS

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in). The HSA EPO and HSA PPO plan offerings allow you to contribute to an HSA account.

WHAT ARE THE BENEFITS OF AN HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver**—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

The maximum amount that you can contribute to an HSA in 2018, is \$3,450 for individual coverage and \$6,900 for family coverage.

Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

HSA COMPATIBLE PLAN OFFERINGS

The below chart shows how the HSA with an HRA plan works:

Plan Name	Plan Deductible	Employee Pays	Employer Pays
PPO HSA Direct Option 4	\$2,000 Individual / \$4,000 Family	First \$1,500 for Individual / First \$3,000 for Family	Next \$500 for Individual Next \$1,000 for Family
EPO HSA Option 5	\$1,500 Individual / \$3,000 Family	First \$1,500 for Individual / First \$3,000 for Family	Next \$500 for Individual Next \$1,000 for Family

Because the employee pays prior to the HRA, this is now an HSA compatible plan that allow the employee to contribute to an HSA account.

WHAT HELP CAN I GET IN PAYING DEDUCTIBLE EXPENSES?

You may use a Health Savings Account (HSA) or a Flexible Spending Account (FSA) to help pay your deductible expenses.

FSA:

- Can contribute up to \$2,650 in 2018.
- Rollover feature where you can rollover up to \$500 into the next plan year if you overfund your account. If you have over \$500 left by the end of the plan year, you lose the amount in excess of \$500.
- Can be used in conjunction with any of the three health plans.
- Can only be reimbursed for expenses incurred within the plan year.

HSA:

- **Only available with Options 4 and 5.**
- Can contribute up to \$3,450 for an individual, \$6,900 for a family in 2018 plus an additional \$1,000 as a catch-up contribution if age 55 or older.
- No use it or lose it, ALL funds roll over year to year.
- Can be used for expenses in past plan years as long as you were on a qualified High Deductible Health Plan during that year.
- You may **ONLY** be enrolled in a qualified high deductible health plan when contributing to an HSA. You may not have an HSA plan and another IRS recognized health plan. (meaning you cannot also be enrolled in a full use FSA, another plan that is not an HDHP plan under your spouse's or parent's insurance or Medicare.)
- You have up to April 14 of the following year to contribute to your current HSA plan year account
- Any post tax contributions are taken as a deduction on your tax return.
- HSA accounts are set up through Optum Bank. You will be able to direct deposit funds through payroll on a pre-tax basis directly into your health savings account.

Both HSA and FSA accounts follow the same qualified expenses as outlined in Section 213(d) of the IRS code.

FLEXIBLE SPENDING ACCOUNTS

Paying for health care can be stressful. That's why Net@Work offers an employer-sponsored flexible spending account (FSA).

WHAT ARE THE BENEFITS OF AN FSA?

There are a variety of different benefits of using an FSA, including the following:

- **It saves you money.** Allows you put aside money tax-free that can be used for qualified medical expenses.
- **It's a tax-saver.** Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **It is flexible.** You can use your FSA funds at any time, even if it's the beginning of the year.
- **Your plan has a rollover feature of up to \$500 to carry into the next plan year.** Anything above that amount is use it or lose it. You should only contribute the amount of money you expect to pay out of pocket that year.

WHAT TYPES OF FSA ACCOUNTS ARE AVAILABLE?

Medical FSA: allows you to contribute pre-tax dollars to qualified medical expenses which can be inside or outside of your medical plan and includes dental and vision. The maximum amount you may contribute in 2018 is \$2,650.

Dependent Care FSA: allows you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is \$5,000 (or \$2,500 if married and filing separately).

Parking and Transit FSA: These FSAs allow you to contribute pre-tax dollars toward any parking and transit costs of commuting to and from work.

WHY CAN'T I BE ENROLLED IN AN H.S.A. AND MEDICAL FSA AT THE SAME TIME?

IRS rules do not allow you to contribute to an HSA if you are covered by any non-qualifying health plan, including a general purpose medical FSA.

You must make an annual election for any FSA account.

DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for overall oral care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

As a cost savings to you over the UHC renewal, we are moving the Dental Insurance to Guardian. Additionally, the DMO now has broader access instead of just two states. The following chart outlines the dental benefit offerings and costs for 2018.

TYPE OF DENTAL SERVICE	PPO 1500	DHMO Available in CA, CO, FL, IL, IN, MI, MO, NY, NJ, OH, TX
Preventive Services	Exams, cleanings, X-rays—Covered 100% by insurance in network and out of network*	\$5 Copay
Deductible	Applies to basic and major services only— \$50 for individual/ up to \$150 for family (\$50 for each additional family member up to 3 people)	\$0
Basic Services	Fillings, simple extractions, root canal — Covered 80% by insurance in network and out of network*	Scheduled Copay
Major Services	Oral surgery, crowns, implants – Covered 50% by insurance in network and out of network*	Scheduled Copay
Annual Maximum	\$1,500	Unlimited
Semi-Monthly Payroll Deductions	Employee only—\$21.81 Employee & spouse—\$42.28 Employee & child—\$63.23 Family—\$88.16	Employee only—\$7.73 Employee & spouse—\$15.45 Employee & child—\$15.30 Family—\$25.48
	*Out of network services are subject to balance billing by provider	

VISION INSURANCE

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Net@Work offers an employer sponsored voluntary vision insurance which entitles you to specific eye care benefits. As with Dental, we are moving our vision policy to Guardian as a cost savings to you. The new Guardian VSP policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of a provider listed in our Preferred Provider directory, your benefits include the following:

- \$10 copay for routine vision exams, \$25 copay for lenses
- Frames: \$130 allowance + 20% off balance
- Preferred pricing on a large selection of designer frames, lenses and lens options.
- Discounts on Lasik surgery
- Out of Network benefits (allowances up to certain dollar amounts depending on item)
- VSP Vision Network

Please check the provider directory as while you still use the VSP network, it is through Guardian, not through VSP, so the network may vary.

Voluntary Vision	Semi-Monthly Payroll Deduction
Single	\$4.00
Employee/Spouse	\$6.73
Employee/Child(ren)	\$6.87
Family	\$10.87

DISABILITY INCOME BENEFITS

Net@Work offers full-time employees employer sponsored voluntary short- and long-term disability income benefits through Sun Life Financial. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note though, that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

	Short-term Disability	Long-term Disability
Benefits Begin	8 th Day	180 th Day
Benefits Payable	26 Weeks	Social Security Normal Retirement Age
Percentage of Income Replaced	60%	60%
Maximum Benefit	Up to \$750 /week	Up to \$5,000/month

	Monthly Cost for Every \$1,000 of Disability Coverage										
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-99
STD	\$0.127	\$0.270	\$0.248	\$0.227	\$0.232	\$0.278	\$0.341	\$0.420	\$0.523	\$0.513	\$0.385
LTD	\$0.096	\$0.090	\$0.128	\$0.217	\$0.380	\$0.531	\$0.640	\$0.941	\$0.894	\$0.630	\$0.536

VOLUNTARY LIFE INSURANCE

Net@Work offers employer sponsored voluntary Life Insurance. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider purchasing life insurance. Additionally, employees only may purchase Accidental Death & Dismemberment coverage in addition to their life insurance policy. This pays the beneficiary the same amount of life insurance coverage in addition to the life benefit if the death is a result of an accident. It also offers direct payments to the insured if they suffer the loss of a digit, limb, eye, etc.

With voluntary life insurance, you are responsible for paying the full cost of coverage through semi-monthly payroll deductions. You can purchase coverage for yourself or for your spouse in \$10,000 increments. The minimum coverage level is \$10,000 and the maximum is \$500,000. The chart below outlines the monthly costs of purchasing additional coverage.

	Monthly Cost for Every \$1,000 of Employee and Spouse Insurance Coverage										
Age	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Employee Life	\$0.064	\$0.060	\$0.080	\$0.100	\$0.110	\$0.160	\$0.240	\$0.420	\$0.630	\$1.20	\$1.941
Employee AD&D	\$0.018 for all ages										
Spouse Life	\$0.057	\$0.068	\$0.091	\$0.102	\$0.113	\$0.170	\$0.261	\$0.487	\$0.748	\$1.44	\$2.730
Dependent Children	Allows election of 10% of employee election up to \$10,000. Rate is \$0.17/\$1,000 of coverage										

Evidence of Insurability

For Voluntary Life and Disability, if you do not enroll when first eligible, you lose Guaranteed Issue. Guaranteed Issue is the amount of coverage you can elect without Evidence of Insurability. If you elect more coverage than the Guaranteed Issue or you miss your original election window, you must complete an Evidence of Insurability (EOI) form.

This form is similar to the health history forms you complete at a physician's office if you are a new patient. Guardian will accept or deny your application for insurance based on this form.

ADDITIONAL INFORMATION

The following is a list of carrier websites and phone numbers:

- **United Healthcare**
 - www.myuhc.com Create your user name and ID for your member portal where you can download benefit information, Explanation of Benefits (EOBs), Rx formulary and print temporary ID cards or order new ones.
 - Provider Search: It is easier to search for a provider through the member portal, but if you are not yet a member, select from the following:
 - Within NY (the five boroughs and all counties south of and including Ulster), NJ and CT go to <https://connect.werally.com/plans/oxhp> and select the Freedom Network.
 - Outside the above tri-state area go to <https://connect.werally.com/plans/uhc> If looking for a medical provider, choose Medical Directory, then All United Healthcare Plans, then the Choice Plus network.
 - Note: There are certain UHC Choice Plus doctors who are NON IN NETWORK for members enrolled through an Oxford plan (Net@Work's plan). The list below shows those that are NOT participating although they may appear under the UHC Choice Plus doctor search (this list is not complete and can change. Please contact member services for additional assistance.)
 - Nationwide Mayo Clinics: contact member services for complete list.
 - O'Connor Hospital (All locations)
 - Saint Luke's Hospital (Orlando, FL)
 - United Healthcare Phone Numbers:
 - Member Services: 1-800-444-6222
 - Pharmacy Member Services and Rx Mail Order: 1-800-444-6222
- **Guardian (Dental and Vision)**
 - www.guardiananytime.com. Create your user name and ID for your member portal where you can download benefit information, Explanation of Benefits (EOBs) and print temporary ID cards or order new ones.

- Provider Search: <https://www.guardiananytime.com/fpapp/FPWeb/home.process> For Dental, select the “PPO Network” for the PPO plan and “Managed Dental Care” for the DMO plan. For Vision, and “VSP” Network for Vision. **Note*** If you are currently on the VSP vision plan, please check the Guardian VSP vision network as they will NOT be exactly the same.
- Guardian Customer Service Unit: 1-888- 278-4542.
- **Sun Life Financial** (Voluntary Life and Disability)
 - Member Services: 1-800-247-6875
- **Infinisource** (new HRA/FSA administrator for 2018)
 - Create your user name and ID for your member portal where you can track your claim activity at <https://www.infincource.com/login>.
 - Click on employees which takes you to:
<https://infinconsumer.lh1ondemand.com/Login.aspx?ReturnUrl=%2f>
 - Customer Service: 1-866-370-3040
- **Optum Bank** (HSA Bank)
 - Customer Service: 1-866-234-8913 or www.optumbank.com.
- **Chadler Solutions:** (Broker Consultants)
 - Dedicated account manager: Carmel Fontana , cfontana@chadlersolutions.com or by phone 732-595-4008.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.