

# LOOK INSIDE!

Read about Satellite Healthcare's Total Rewards Program

# 2020 BENEFITS

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### Need More Information?

Visit the Benefits Center Website 24/7 for up-to-date information and resources regarding your Satellite Benefits.

### satellitebenefits.com

**Employer key: satellite** 

# WELCOME TO YOUR SATELLITE BENEFITS

In 2020, Satellite's benefits are all about Flexibility and Choice. We provide a great benefit to our team with a competitive cost share that empowers employees to upgrade the coverage they and their families value most. Your health benefits emphasize quality preventive care and focus on total wellbeing. Your Life, Disability, and 403(b) retirement plan benefits help to provide financial stability. Please read this brochure carefully so you are prepared to make informed enrollment decisions. This brochure is intended only to provide a convenient summary of the Satellite Healthcare benefit plans; visit the Benefits Center website for more details and review the Summary Plan Descriptions (SPDs) for each plan.

### Eligibility

You are eligible for most benefits on the first of the month following 30 days from your date of hire if you are a fulltime or part-time employee working at least 24 hours per week. You are eligible for Medical, Dental, Vision, Employee Assistance Program (EAP), Life/ Accidental Death & Dismemberment (AD&D), Long-Term Disability, Flexible Spending Accounts (FSAs) and Voluntary Benefits.. All employees are eligible to participate in the 403(b) retirement plan(s).

### Who Can I Cover?

You may enroll your eligible dependents in your medical, dental, and vision plans. You will be required to provide proof of each dependent's eligibility. Please note that children are eligible for healthcare coverage until age 26, regardless of student or marital status, however exceptions apply for HSA reimbursements. Please refer to the Health Savings Account section on page 13 for more information.

Eligible dependents are defined as:

- Your same or opposite sex spouse or domestic partner
- Your child, stepchild or domestic partner's child, up to age 26 which includes your natural child, adopted child (or in the process of being adopted), or any child for whom the employee has been named legal guardian
- Your child who was disabled prior to age 19 and depends on you as the primary source of support and is unable to earn his or her own living
- Any dependent child for which the court has ordered you to cover under your employee health plan (Qualified Medical Child Support Order - QMCSO)

For more information regarding dependent eligibility and special enrollment procedures, contact satellite@alliant.com.

### When Will My Coverage Begin?

The effective date of coverage for new hires is outlined in your offer letter of employment. You have 30 days from your effective date of coverage to make your benefit elections. (The same rules apply if you're already a Satellite employee and you become eligible for benefits because you have a qualifying event – you have 30 days to notify us of the qualified events). If you do not enroll for coverage by this deadline, you may enroll for coverage during the next Open Enrollment period or within 30 days of a qualified status change.

# When Can I Make Changes to My Benefits?

You may change your benefit elections once a year during the annual Open Enrollment period. The only other time you may change your elections is if you experience a Qualifying Life Event, see the following examples.

### How Do I Enroll?

### Visit: enroll.satellitebenefits.com

Shortly after you are hired an email will be sent to your Satellite work email address from the Benefits Department providing instructions. If you are enrolling any dependents, you will need the following information: dependent name, social security number and date of birth.

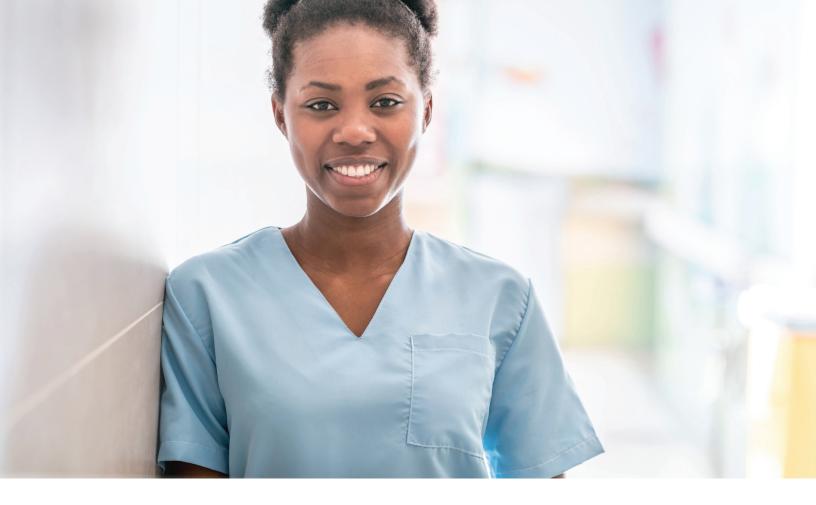
If you need assistance with setting up your benefit choices online, call (925) 287-7258 to speak with our Benefit Advocate or email satellite@alliant.com.

### **Qualifying Life Events**

If you are enrolled in Satellite Healthcare's benefits program, you generally may change your benefit elections when you experience one or more of the following Qualifying Life Events:

- Change in legal marital status (i.e., marriage, divorce, death, legal separation or annulment)
- Change in the number of dependents (i.e., birth, death, adoption or placement for adoption)
- Change in your or your spouse's employment status or employer-provided coverage
- Change in dependent eligibility
- Change of residence to outside of plan service area
- Receipt of a judgment, decree, or order to provide coverage
- Changes resulting from a family Medical leave
- Enrollment in Medicare or Medicaid
- Significant cost or coverage change (although such a change does not permit a modification to your Health Care Flexible Spending Account)
- Change in employment status

**Note:** The coverage change you make must be consistent with your Qualifying Life Event, and you must request the change within 30 days of the event.

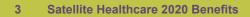


# YOUR HEALTH. YOUR CHOICE. OUR SUPPORT.

Spend your benefit dollars in ways that makes sense for you and your family-- whether it's in richer health benefits, enhanced vision coverage, salary protection or retirement. You choose the benefits that matter.

To do this, please consider the following:

- How much will your monthly employee contributions be?
- How often will you and your family use the plan?
- How is your health? Your family's health? What healthcare needs do you and your family have?
- Where will your children receive the best coverage? Do they have special healthcare needs?
- Do you have preferred doctors and/or hospitals? Are you willing to pay more to use them if they are not in the network?
- Will you have significant out-of-pocket expenses that could be paid through a Flexible Spending Account (FSA)?



# **MEDICAL PLANS**

You have up to 4 medical plans to choose from, depending on where you live. Each plan offers a broad range of quality services to meet your needs. These options are flexible and convenient, and they each have features to support the personal needs of you and your family. When it comes to the health of you and your family, we realize the most important thing we can do to support you is to provide options. Each option includes in-network preventive care at no cost to you and offers financial protection in the event of a major illness or injury. Consider your family's needs—if they require more robust coverage it's available to you for higher monthly payments. Pick your plan carefully because your choices can have a big impact on your health and finances for the upcoming year. Keep reading for a short description of each medical plan option or visit **page 5** to see the full details.



# Blue Shield High Deductible Health Plan (HDHP) + HSA (All Employees)

With this health plan, you get greater control over your healthcare spending, low premiums, choice of in- and out-of-network coverage, and the benefit of a tax-advantaged Health Savings Account with a generous contribution from Satellite. You do not need referrals or Primary Care Physician (PCP) authorizations to see a specialist. You pay the full cost of care until you reach the deductible, then coinsurance until you reach the out-of-pocket maximum (OOPM).



# Blue Shield Preferred Provider Option (PPO) (All Employees)

This plan offers you a choice in and out-of-network providers, but you'll always pay less when you receive care from a provider within the Blue Shield network. When you choose the PPO, you pay more in paycheck contributions, and copays and coinsurance after you meet the annual deductible. In-network preventive care is covered at no cost.



### Kaiser Permanente High Deductible Health Plan (HDHP) + HSA (CA Employees\*)

The Kaiser HDHP is offered to California employees only. With this plan you must use Kaiser's network of providers, there is no out-of-network coverage except in an emergency. In-network preventive care services are covered at no cost to you. For all other services—including prescription drugs—you'll pay the full charges until you reach your deductible. Then you'll start paying copays or coinsurance for most services covered by your plan for the rest of the year until you reach the out-of-pocket maximum (OOPM). This plan is also paired with a tax-advantaged Health Savings Account (HSA), with an annual contribution from Satellite.

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### Kaiser Health Maintenance Organization (HMO)

### (CA Employees\*)

The Kaiser HMO is offered to California employees only. HMOs offer predictable costs of care within restricted groups of doctors and facilities. You will be limited to the Kaiser network, there is no out-of-network coverage. There are no deductibles to meet and most services are generally paid for with predictable copays.

# **MEDICAL PLAN COMPARISON**

### BLUE SHIELD HDHP + HSA AND KAISER HDHP + HSA

The following charts reflect your responsibility for in-network coverage only. Out-of-network and detailed benefit information is available on the Benefits Center under Benefits.

	Blue Shield HDHP+ HSA	Kaiser HDHP+HSA	
PLAN FEATURES	(All Employees) In-Network	(CA Only*) In-Network	
Annual Deductible			
Individual	\$3,000	\$3,000	
Family	\$6,000	\$6,000	
Coinsurance	None	You pay 20%	
Annual Out-of-Pocket Maximum (OO Individual	P Max) \$3,425	\$5,950	
Family	\$6,850	\$11,900	
Primary Care Physician Election Required?	No	Recommended	
Outpatient Services Office Visit	No charge after deductible	20% after deductible	
Outpatient Surgery	No charge after deductible	20% after deductible	
Diagnostic X-Ray and Lab Tests	No charge after deductible	20% after deductible	
Preventive Care	No charge (deductible waived)	No charge (deductible waived)	
Inpatient Hospitalization	No charge after deductible	20% after deductible	
Urgent Care	No charge after deductible	20% after deductible	
Emergency Room	No charge after deductible	20% after deductible	
Prescription Drugs Deductible	Subject to medical deductible	Subject to medical deductible	
Generic	\$10 copay after deductible	\$10 copay after deductible	
Brand (Preferred)	\$25 copay after deductible	\$30 copay after deductible	
Brand (Non-Formulary/Non-Preferred)	\$40 copay after deductible	N/A	
Mail Order Supply	\$20/\$50/\$80 copay after deductible, 90 days	\$20/\$60 copay after deductible, 100 days	

\*Kaiser is available in California for employees who live or work within a Kaiser service area.

### **Did You Know?**

When you enroll in one of our HDHP options Satellite will contribute funds to your HSA annually!

> See page 13 for more details.

### **Blue Shield Members**

All urgent care facilities associated with hospitals will bill like an ER visit. Please visit a freestanding urgent care center to ensure that the urgent care copay applies.



# **MEDICAL PLAN COMPARISON**

### **BLUE SHIELD PPO AND KAISER HMO**

PLAN FEATURES	Blue Shield PPO (All Employees) In-Network	Kaiser HMO (CA Only*) In-Network	
Annual Deductible			
Individual	\$500	\$0	
Family	\$1,000	\$0	
Coinsurance	You pay 10%	None	
Annual Out-of-Pocket Maximum (OOP I	Max)		
Individual	\$2,500	\$1,500	
Family	\$5,000	\$3,000	
Primary Care Physician Election Required?	No	Yes	
Outpatient Services Office Visit	\$20 copay (deductible waived)	\$20 copay	
Outpatient Surgery	10% after deductible	\$20 copay	
Diagnostic X-Ray and Lab Tests	Preventive and Basic: No charge Complex Imaging: 10% after deductible	No charge	
Preventive Care	No charge (deductible waived)	No charge (deductible waived)	
Inpatient Hospitalization	10% after deductible	\$250 copay per admission	
Urgent Care	\$10 copay (deductible waived)	\$20 copay	
Emergency Room	\$100 copay, 10% if admitted; (deductible waived)	\$100 copay, waived if admitted	
Prescription Drugs Generic	\$10 copay (deductible waived)	\$10 copay	
Brand (Preferred)	\$20 copay (deductible waived)	\$20 copay	
Brand (Non-Formulary/Non-Preferred)	\$35 copay (deductible waived)	N/A	
Mail Order Supply	\$20/\$40/\$70 copay, 90 days	\$20/\$40 copay, 100 days	

\*Kaiser is available in California for employees who live or work within a Kaiser service area.

### Get Virtual Care Anywhere!

Using the telehealth features from your health plan can save you time and money.

### Blue Shield Members

With Teladoc, you have access to doctors 24 hours a day via phone or video calls, and are connected in minutes.

PPO members will pay a small copay of \$5 per consult, while HDHP members pay a \$40 copay per consult until the deductible is met, then a \$5 copay after the deductible is met.

To sign up for this convenient service, all you have to do is set up an account by visiting **teladoc.com/bsc**.

### **Kaiser Members**

You don't have to visit a facility to get care from the Kaiser Permanente team you know and trust. Here's how:

**By phone** - Save a trip to your doctor's office and schedule a phone appointment instead, or call an advice nurse for on-demand guidance.

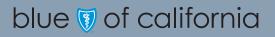
**By email** - Connect with your care team anytime.

**By video** - Schedule an appointment with your doctor, meet with a specialist, or have an ondemand video visit with an on-call physician. Ask your doctor about availability.

Visit: kp.org/getcare

# **MEDICAL PLAN MEMBER PERKS & BENEFITS**

Being a smart healthcare consumer and utilizing some of the resources offered by your plan can offer great savings while keeping your family healthy.



### The Blue Shield Rx Home Delivery Program

You can receive up to a 90-day supply of your monthly maintenance medication(s) mailed to your home address (or other preferred address) with free shipping! View the program flyer on the home page of the Benefits Center to learn more!

### Life Referrals 24/7

This free program offers support in all areas of life such as relationships, child and elder care, financial, and legal issues. Take advantage of three face-to-face counseling sessions with licensed therapists in each six-month period. Call the Life Referrals 24/7 team for assistance at (800) 985-2405.

### Teladoc

Through this program you have access to board-certified doctors and pediatricians who are always available to resolve many of your medical issues via phone or online video consultations. Teladoc doctors can treat many of your medical conditions including:

- Cold and flu symptoms
- Respiratory Infection
- Ear Infection
- Allergies
- and more!

Visit Teladoc.com/bsc or call (800) 835-2362 for more information.

### Prenatal Program

You'll receive an educational packet that includes one of the best-selling pregnancy and parenting books, a prenatal planner, and access to free text message reminders. You can enroll in the free Prenatal Program by logging in to blueshieldca.com/prenatal or calling (888) 886-4596.



### KAISER PERMANENTE®

### Kaiser Mail Order Prescription Program

Kaiser members may request mail order service by ordering online at kp.org/rxrefill. You must register if you are a first time visitor to kp.org; or call the pharmacy phone number highlighted on your prescription label and select the mail delivery option.

### **Health Classes**

Kaiser offers many types of health classes and support groups at certain locations. Visit **kp.org/classes** to see all classes available near you.

### **Choose Healthy Program**

Offers a directory of complementary care providers, an online store, fitness club discounts, savings on health products and services, and more. Visit choosehealthy.com to register.

### **Free Wellness Coaching**

GET IT ON

**Google Play** 

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Partner with a wellness coach to create a customized plan to assist you in weight management, quitting smoking, reducing stress, and more.

### There's An App For That!

Download the Blue Shield or Kaiser app to manage your family's care on-the-go

(28)

(27)

Download on the

App Store

# GET THE MOST OUT OF YOUR BENEFITS

### **Stay Well**

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems. Each of our medical plans offers free in-network preventive care—make sure you schedule your annual visit.

### **Ask Questions and Stay Informed**

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

### **Get a Primary Care Provider**

Having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for nonemergency healthcare.

### Know Where to Go to Get Care

Did you know most ER visits are unnecessary? Use them only in a true emergency—like any situation where life, limb, and vision are threatened. Otherwise, call your doctor, your nurse line, or go to an Urgent Care clinic. You'll save a lot of money and time.

# Shop Around for the Best Price on Prescriptions

The retail cost can vary widely from pharmacy to pharmacy. Some pharmacies will even match the price that other pharmacies charge. Websites like **GoodRx.com** and **Blinkhealth.com** can help you collect and compare prices for your prescriptions at thousands of local pharmacies.

### **Our Goal**

To help you and your family members stay healthy and use your benefits program to its best advantage.

Here are a few things to keep in mind.

### **Need Advice? Call the Nurse Line**

Did you know that you can get trusted information and support 24 hours a day, 7 days a week by calling Blue Shield's NurseHelp 24/7 line or the Kaiser Advice Nurse? You can connect with health care professionals who can assist you with a wide range of medical questions and concerns.

- Blue Shield Nurse Help 24/7: (877) 304-0504 or chat online with a nurse by logging in to blueshieldca.com and selecting the NurseHelp 24/7 button in the Get Help section of your dashboard.
- Kaiser Advice Nurse: Call Member Services at (800) 464-4000 or log in to kp.org for your local advice nurse number.



### **Pro HSA Tip!**

If you have a Health Savings Account, you can use it to pay for IRS-qualified out-of-pocket dental & vision expenses.

# VISION SERVICE PLAN (VSP)

This benefit may be elected even if you do not enroll in Medical and Dental coverage. Depending on your individual needs, you can elect to enroll in either the VSP Base Plan or the Enhanced Buy-Up Vision plan. Vision care is provided by Vision Service Plan (VSP). To maximize your benefits, you are encouraged to use a VSP provider. VSP provides more than vision exams and eyeglasses. Discounts are available on contact lens supplies, LASIK surgery, and even hearing aids. For more information regarding Satellite's vision plan go to satellitehealthcare.vspforme.com.

To find a VSP doctor, visit vsp.com or call (800) 877-7195. There's no ID card necessary. At your appointment, tell them you have VSP.

### **PLAN FEATURES VSP Base Plan**

Routine Eye Exam	Routine Eye Exam Every 12 months (from last date of service); \$15 copay	
Lenses	Every 12 months (from last date of service)	
Frames	Every 24 months (from last date of service); coverage limited to \$130	
Contact Lenses	Additional charges may apply for contact lens exam and materials	

### PLAN FEATURES VSP Enhanced Buy-Up Plan

Routine Eye Exam	Every 12 months (from last date of service); \$10 copay	
Lenses	Every 12 months (from last date of service)	
Frames	Every 12 months (from last date of service); coverage limited to \$300	
Contact Lenses	Additional charges may apply for contact lens exam and materials	

### Looking for Out-of-Network benefits?

Your benefits will always go further when you see an in-network eye doctor. However, if you'd like to see an out-ofnetwork provider, please call Member Services at (800) 877-7195 to learn more about your out-of-network benefits. If you choose to see an out-of-network provider, your coverage will likely be less than when you see a VSP network eye doctor.

# **DENTAL PLANS**

### **AETNA DMO AND AETNA DPO**

Eligible employees have a choice of three Dental programs through Aetna. This benefit may be elected even if you do not enroll in Medical and Vision coverage.

### Aetna Dental Maintenance Organization (DMO)

This plan requires you to elect a Primary Care Dentist (PCD) who is responsible for coordinating all of your dental care needs. It is your responsibility to search for DMO providers in your area to confirm they are accepting new patients prior to electing this plan. The Aetna DMO is a narrow network compared to the Aetna PPO and does not allow for out of network coverage.

	Aetna DMO
<b>PLAN FEATURES</b>	In-Network Only
Annual Deductible	\$0
Preventive Care	No charge (see Summary of Benefits for parameters)
Basic	Various copays apply*
Major	Various copays apply*
Maximum Annual Benefit	N/A
Orthodontia	Child or Adult: \$1,845 copay; Additional costs for pre and post orthodontic care may apply
Maximum Lifetime Orthodontia Benefit	24 months of standard care; Additional fees apply for services beyond 24 months

### Aetna Dental Preferred Provider Organization (DPO)

We offer a Base DPO and an Enhanced Buy-Up DPO from Aetna. Each plan allows you to choose whether you obtain care from a network or non-network provider. If you obtain care from a non-network provider, benefits will be paid at a lower level and will be based on the lesser of the fee actually charged, or the customary charge for that service. Customary charges are approximately 90% of Aetna's in-network fees. You can opt to enroll in our Enhanced Buy-Up DPO option for enhanced dental benefits such as composite white fillings and a higher maximum annual benefit.

	Aetna Base DPO		Aetna Enhand	ced Buy-Up DPO
PLAN FEATURES	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$50 per individual, up to \$150 per family (combined in- and out-of- network)		\$25 per individual, up to \$75 per family (combined in- and out-of- network)	
Preventive Care	No Charge (deductible waived)		No Charge (deductible waived)	
Basic*	20% after deductible		10% after deductible	
Major*	50% after deductible		40% afte	er deductible
Maximum Annual Benefit	\$1,500 (combined in- and out-of-network)		\$2,500 (combined	in- and out-of-network)
Orthodontia	50% after deductible		50% (dedu	ictible waived)
Maximum Lifetime Orthodontia Benefit	\$1,500 (combined in- and out-of-network)		\$1,500 (combined i	in- and out-of-network)

\* Various copays apply. View the Benefits Summary on the Benefits Center > Benefits for more details

# Get the Aetna mobile app! Search for a dentist, store your ID card, view contacts, and more.

# WELLNESS @ SATELLITE

Satellite Healthcare is taking a proactive and comprehensive approach towards promoting employee wellness. Our long term goal is to introduce health and wellness opportunities to our employees and promote a healthy culture. Focusing on improving your total wellbeing goes beyond just physical health, it helps bring the rest of your life into balance. That's why we offer a wide selection of resources to help you and your family be well. We will continue to team up with our insurance and wellness partners in 2020 to bring new activities your way.

Please visit the Wellness tab of the Benefits Center for information on the latest programs and activities.

### **Preventive Care Program**

The Satellite Healthcare Total Health Total Rewards Wellness Program believes prevention and early detection are important in helping employees stay healthy and well. Earn your annual wellness credit by completing an annual wellness examination with your healthcare provider. To earn your credit for next year, you must submit proof of your preventive care exam by November 1, 2020. Check out the FAQs on the Benefits Center > Wellness > Preventive Care to learn more about how to earn your credit for 2021.

# Earn a monthly credit on your paycheck!\*

### **Fitness Incentive Program**

When you work out regularly at a professionally staffed health club, you're doing a lot to help your body breathe more easily, build strength, and remain healthy. We would like our benefited employees to enjoy the benefits of a healthier lifestyle, so we will provide an incentive, up to \$75 per quarter, towards fitness center membership fees, including studios offering cardiovascular classes.

### How to Receive the \$75 Incentive:

- 1. Visit your gym or studio at least 25 visits during the quarter.
- Collect paperwork. You will need two things: proof of membership and proof of fitness center attendance.
- 3. Visit our online form at tinyurl.com/ fitnessincentiveform.
- 4. Complete the required sections, upload your proof of membership and fitness center utilization forms, and submit to finalize.

Email **embraceyourhealth@alliant.com** with any questions about the Fitness Incentive.

\* Your monthly credit will appear on the first two checks of the month.



# Health TOTAL REWARDS

Satellite Healthcare 2020 Benefits 12

# **HEALTH SAVINGS ACCOUNT**

When you sign up for one of our HDHP plans you are eligible for an HSA funded by Satellite's contributions and, optionally, your own tax deductible dollars. You can use these funds for any eligible health expenses you have throughout the year or any time in the future. Your balance never expires and can earn interest over time. If you enroll in one of the HDHP plans, Satellite will automatically open and make a generous contribution into a Fidelity HSA account to be used for future healthcare expenses.

Health Savings Account	
Satellite Annual Contribution (funded 50% in January and 50% in July)	Employee only coverage: \$1,500 Employee + 1 or more dependents: \$3,000
2020 Annual Contribution Limit (IRS)*	\$3,550 for individual coverage and \$7,100 for family coverage, including Satellite's contribution. An additional \$1,000 contribution is allowed at age 55+
Eligible Expenses	Out-of-pocket medical, dental and vision care expenses not covered by your health plans. Examples include deductibles, copays, coinsurance, eye care materials and procedures, chiropractic care, orthodontics and other dental treatments.
Financial Institution	You may use your Fidelity HSA debit card to make payments or reimburse yourself. Download the Fidelity app or log in to your online portal to view your balance, make payments, and track your expenses.

### **HSA Rules You Should Know**

- You may not be covered by any other, non-HDHP (Medicare, spouse's plan, etc.).
- State tax will apply to HSA contributions for residents of California, Alabama and New Jersey.
- □ The penalty for using your HSA for ineligible expenses is 20% of the reimbursed amount.
- Funds in the HSA may be used to pay for eligible expenses for you and for your legal tax dependents (those listed on your federal income tax return).
- You can cover an adult child up to age 26 on your medical plan. However, you cannot pay for their healthcare expenses from your HSA if they are not your legal tax dependent.

### Your HSA is Triple Tax-Advantaged

- 1. Your contributions are deducted on a pre-tax basis.
- 2. Interest earnings on your account are tax-free.
- 3. You don't pay federal taxes on withdrawals for qualified healthcare expenses.

# HOW YOU CAN SAVE WITH AN HSA



### Contribute

Consider your medical, dental and vision expenses for the upcoming year and decide how much you can contribute to your HSA.

Your payroll contributions go into your account before federal taxes are withheld, lowering your taxable income.



### **Earn Interest**

The money in your HSA can earn interest each month and will grow over time.



Any unused funds in your HSA will roll over from year to year and be available for any eligible expenses in the future.



Fidelity will default your HSA balance to the highest earning Money Market. You can invest your HSA balance in a variety of mutual funds, which offer the potential for additional account growth.

### **Managing your HSA Account**

Fidelity is our HSA administrator. When you enroll in one of Satellite's HDHP plans an HSA account will be automatically opened for you. Once you have funds available, you can use your HSA to pay for eligible expenses, such as your deductible, copays or coinsurance for doctor visits, or prescription medications. You can access a full list of eligible expenses on netbenefits.com or by reading IRS Publication 502.

### **3 Ways to Pay with Your HSA**



### Use the Fidelity debit card

You will automatically get a debit card when your account is opened. When you use the card to pay for eligible expenses it will be debited directly from your account.



### Bill pay & electronic fund transfer

You can pay providers directly from your HSA account. You can monitor, manage and schedule payments online, anytime.



### Pay yourself back

Pay for eligible expenses with cash, check or your personal credit card. Then withdraw funds from your HSA to pay yourself back. You can even have your payment deposited directly into your checking or savings account.

### Get the NetBenefits Fidelity App

View your balance, submit claims, and manage your account. Download it on the App Store or Google Play.

### **Contact Fidelity**

(800) 343-3548 8:30 am - 8:30 pm (ET) Monday - Friday

# FLEXIBLE SPENDING ACCOUNTS (FSA)

If you are looking for savings on your health care or child/elder care expenses, FSAs are a great option to consider. FSAs are valuable because you can set aside pretax money to pay for eligible health care and/or dependent care expenses. You never pay taxes on the dollars you set aside in an FSA, which helps you save cash. When you have accumulated expenses, you submit a claim to PayFlex to get reimbursed, or pay for the expenses by using your PayFlex debit card — up to your total annual election for health care expenses or your year-to date contributions for dependent care expenses.

### **Health Care FSA**

This plan allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars.

Annual Allowed Contribution: Up to \$2,750\*

**Examples of Eligible Expenses:** Medical, dental, or vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents

**IMPORTANT!** You may access your entire Healthcare FSA annual election from the first day of the plan year.

### **Dependent Care FSA**

This plan allows you to use pre-tax dollars for eligible out-of-pocket dependent care expenses related to care for your child under the age of 13, disabled spouse, elderly parent, or other tax dependent who is incapable of selfcare so you can work.

### Annual Allowed Contribution: Up to \$5,000\*

**Examples of Eligible Expenses:** Daycare centers, inhome child care, and before or after school care for your dependent children under age 13. Fees for adult care and elder care. All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. Consult your tax advisor for help in determining if a dependent care FSA is best for your specific situation.

**IMPORTANT!** You can access money only after it is placed into your dependent care FSA account.

\* Contribution limits are set by the IRS and subject to change.

### Limited Purpose Health Care FSA

If you are enrolled in an HDHP you are not eligible to enroll in Satellite's Healthcare FSA; however, you are eligible to set aside pre-tax funds for eligible dental and vision expenses while saving your HSA funds for other purposes, such as meeting your medical deductible or saving those funds for the future.

Allowed Annual Contribution: Up to \$2,750\*

**Examples of Eligible Expenses:** Qualified out-of-pocket expenses for dental or vision care.

**Examples:** Dental cleanings, fillings, crowns, braces, contact lenses, eye exams, LASIK

### Important FSA Feature

Use it or lose it

You lose any money you don't spend or claim in time, according to IRS rules.

### **Flexible Spending Mistakes to Avoid**

1	Forgetting to re-enroll. You must make new FSA elections every year during Open Enrollment in order to continue participating.	4	Double dipping. If you are enrolled in the HDHP and contribute to an HSA you are not eligible for a Health Care FSA. You have the option of the Dependent Care and/
2	Submitting ineligible expenses. The IRS has a list of approved items and services that can		or Limited Purpose FSAs.
	be reimbursed from an FSA. If you're in doubt, check the list for eligible expenses.	5	Leaving money on the table. You lose any money you do not spend or claim in time, according to IRS rules. Incur expenses for
3	Using the account for ineligible participants. Health and/or dependent care expenses incurred by a domestic partner or their dependents are not eligible for reimbursement.		the 2020 plan year by March 15, 2021 and submit expenses by March 31, 2021.

### HSA vs. FSA: What's the Difference?

Depending on the kind of medical plan you enroll in, you might be eligible for an HSA or an FSA account. Participating in these accounts can help you save money and prepare for medical expenses that will come up in the future. HSAs and FSAs have different qualifications and advantages. Review the chart below to understand the basics of an HSA vs. an FSA.

		HSA	Health Care FSA
Who can participate?	>	HDHP participants <sup>1</sup>	HDHP non-participants <sup>2</sup>
Account is tax-free	≻	Yes <sup>3</sup>	Yes
Satellite contributes to your account	<ul> <li>Employee only coverage: \$1,500</li> <li>Employee + 1 or more dependents: \$3,000</li> </ul>		No
Balance rolls over	>	100% of balance rolls over year-to-year and never expires	You lose any money you do not spend or claim in time, according to IRS rules <sup>4</sup>
I keep the account if I leave Satellite	>	Yes	You may finish your current FSA plan year through COBRA
Balance earns interest	≻	Yes	No
Annual contribution limits	>	\$3,550 Employee / \$7,100 Family Plus \$1,000 if over 55	\$2,750
Is election binding?	>	Election can be changed mid-year and deposits can be made at any time	Election cannot be changed unless you have a qualifying life event
Funds are available	>	As accumulated in the account	Immediately, up to total annual election

<sup>1</sup> You must be enrolled in a qualified HDHP, and you may not have non-HDHP medical coverage, including Medicare, Medicaid, or Tricare.

<sup>2</sup> If you are enrolled in an HDHP you are not eligible to enroll in Satellite's Health Care FSA; however, you are eligible to set aside pre-tax funds for eligible dental and vision in a Limited Purpose FSA.

<sup>3</sup> State taxes may apply. AL, CA and NJ tax HSA contributions. NH and TN tax HSA earnings.

<sup>4</sup> Incur expenses for the 2020 plan year by March 15, 2021 and submit expenses by March 31, 2021.



# **COMMUTER BENEFITS**

To help you save money on your commuting costs, Satellite Healthcare offers a Transit Commuter Reimbursement Account (TCRA) program. Eligible expenses include fares for bus, vanpool, subway, ferry, train and parking at or near work.

### **How Does it Work?**

You can set aside pre-tax dollars to pay for your qualified parking and commuting expenses.

### **Monthly Contribution Limits**

Transit: Parking: up to \$270 per month\* up to \$270 per month\*

### When Can I Make Changes?

You can stop, start, or make changes to the TCRA account quarterly. Unused balance in a given month will be rolled over to the following month. Amounts in the parking account cannot be used for mass transit expenses and vice versa.

### **Parking Benefit**

For eligible parking expenses, you can schedule monthly parking payments, order Commuter Checks, or enroll in the cash reimbursement option online.

### **Access Your Account**

You can order a transit pass, voucher, or add funds to a fare card through the PayFlex member website. You can even schedule your order to take place automatically each month.

Visit **Payflex.com** or call at (844) PAYFLEX M-F, 7 a.m. – 7 p.m. CT, and Sat., 9 a.m. – 2 p.m. CT with questions.

\* Contribution limits are set by the IRS and subject to change.

# **INCOME PROTECTION PLANS**

Satellite Healthcare provides you with a variety of insurance plans to provide replacement income to you or your beneficiaries in the event of an illness, accident, or death.

Employer-Paid Plans	Provider	Description	Coverage	Maximum Benefit
Basic Life and Accidental Death & Dismemberment (AD&D)	The Hartford	Life and accidental injury protection paid for by Satellite Healthcare	1 times your base annual salary, rounded to the next highest \$1,000 (\$40,000 minimum benefit)	Up to a maximum of \$500,000
Short-Term Disability (California)	State of California	Income replacement during a short-term disability, paid for by Satellite Healthcare	Benefits provided by California SDI program	Up to a maximum of \$1,327 per week
Short-Term Disability (outside California)	The Hartford	Income replacement during a short-term disability paid for by Satellite Healthcare	60% of your base weekly salary, reduced by other sources of disability income	Up to a maximum of \$1,075 per week
Short-Term Disability (New Jersey)	State of New Jersey	Income replacement during a short-term disability paid for by Satellite Healthcare	Benefits provided by New Jersey TDI program	Up to a maximum of \$650 per week
Long-Term Disability	The Hartford	Income replacement for disabilities after 90 days of total disability paid for by Satellite Healthcare	66.67% of your base monthly salary, reduced by other sources of disability income	Up to a maximum of \$15,000 per month

### Want to increase your Long-term disability benefit? You have the flexibility to do just that.

Long-term disability (LTD) insurance provides you with income if you become disabled and are unable to work. There are two options for LTD insurance— you can choose that your benefit be either taxable or nontaxable. If you choose to pay taxes on the premium now, your benefit (should you ever need it) will be tax-free. Depending on your tax bracket, this could result in significantly more money to spend on your ongoing living expenses. Satellite will continue to pay the premium for your LTD coverage and will report in your paycheck the amount of taxable "imputed" income. Important tax considerations are as follows:

### **Option 1: Taxable**

You will not pay income taxes on the premium paid by Satellite, so any disability benefit you receive will be taxable income to you.

### **Option 2: Tax Free**

You will pay income taxes on the premium paid by Satellite, so any disability benefit you receive will be tax free to you.

The distinction noted above is important because your LTD benefit replaces 66.67% of your monthly pay, and taxes would further reduce the LTD payment you receive.

Employee-Paid Plans	Provider	Description	Coverage	Maximum Benefit
Voluntary Life and Accidental Death & Dismemberment (AD&D) Insurance	The Hartford	Life and accidental injury protection you can purchase for yourself and your spouse, Domestic Partner and/or children in addition to the basic coverage	Employee: \$10,000 increments Spouse: \$5,000 increments Child: \$2,500 increments	<b>Employee:</b> The lesser of 7 times your base annual salary or \$800,000, rounded to the next highest \$1,000 <b>Spouse:</b> The lesser of \$400,000, but no more than 50% of employee amount <b>Child:</b> The lesser of \$10,000, but no more than 50% of employee amount

# 403(b) RETIREMENT SAVINGS PLAN

The 403(b) plan makes saving for retirement easy and automatic. Your contributions are automatically deducted from your paycheck on a pre-tax basis, so you save money in two ways: you put away money for your future, and you pay less in current taxes. You have the flexibility to decide how to invest your account among several fund options offered by Fidelity.

You also have the option of contributing to your account with traditional pre-tax contributions, or with Roth after-tax contributions. The difference between the two options is when you pay taxes on your contributions. With a traditional 403(b), your contributions are made pre-tax and you pay taxes when you withdraw money. The Roth option is opposite—you pay taxes on contributions, but there are no taxes upon withdrawal.

### **Auto Enrollment**

Satellite's retirement savings plan contains an autoenrollment provision. Newly eligible employees will be automatically enrolled at 1% effective 30-days from day of hire. The plan provides for an option for a refund of contributions if you opt-out within 90 days.

### 403(b) Plan

403(D) Piali	
Maximum Annual Contribution	Any percentage of your eligible earnings <sup>1</sup> up to \$19,000 or \$25,000 if you're 50+.*
Company Match	Satellite will match employee contributions dollar for dollar, up to 6% of eligible earnings <sup>1</sup> per pay period.
Eligibility	All employees who have completed one (1) year of service. One (1) year of service is defined as working 1,000 hours during an eligibility period. The first eligibility period is the 12-month period beginning on your date of hire. If you do not meet the criteria, subsequent eligibility periods are based on the Plan Year.

Additional information on the plans can be found in the 403(b) Summary Plan Description, which is available from Human Resources or by logging on to your plan website at **netbenefits.com**.

<sup>1</sup> IRS allowable compensation limits apply, see IRC Section 401(a)(17).

### **Auto Escalation**

Employees who are auto-enrolled will also be on an annual auto escalate schedule. On each anniversary of the auto enrollment date, the employee's deferral will be increased by 1% up to a maximum of 6%. Employees may opt-out of or opt-into the auto escalate feature at any time.

# Important differences of a Roth 403(b)

- You pay taxes when you contribute, at your current tax rate.
- Account interest and dividends are not taxed if you meet certain criteria.
- You can withdraw money without penalties when you reach age 59<sup>1</sup>/<sub>2</sub> and have held the account for at least 5 years.
- You are not forced to take distributions at age 70½. You can keep the money in your Roth IRA as long as you want.

### Track Your Retirement Savings in Real-Time

Download the Fidelity app on the App Store or Google Play. Check your balance, rate of return and more to brighten your retirement outlook.

# **VOLUNTARY BENEFITS**

### Save time and money with voluntary plans offered by Satellite Healthcare

Get extra protection from voluntary benefits in addition to your core plans. These additional coverages make life easier, help you prepare for unexpected events, and provide solutions for a number of insurance and personal needs.

Coverage is provided by leading national companies. While you pay the cost of these voluntary plans, you gain special offers and group discounts — plus the convenience of paying through payroll deduction.

### Two ways to access the site



You can explore coverage and potential savings for the plans that are available. On the login window, enter your username and password. If it's your first visit, click CREATE AN ACCOUNT. All benefit eligible employees must log in to enroll or opt out. Some plans are available only during the specified open enrollment period or as a result of a qualifying life event. Other coverages available year-round.

These plans are available to elect ONLY during Voluntary Benefits Open Enrollment



### **Accident Insurance**

Provides monetary benefits for costs incurred as a result of a covered accident such as fractures, ER visits, and lacerations.



### **Critical Illness Insurance**

Provides a lump sum benefit to help cover both expected and unexpected expenses that arise from diagnosis of a covered critical illness such as cancer, heart attack, or stroke.



### Legal Insurance

Gives you extensive services and help with a wide variety of personal legal matters. Once enrolled, you'll have access to a nationwide network of over 14,000 participating Network Attorneys. No deductibles, copayments, or claim forms required.



### **Hospital Indemnity Insurance**

Can reduce the anxiety of enrolling in a high deductible medical plan by providing hospital admission and hospital stay benefits to cover your added cost. These plans are available to elect YEAR-ROUND, whenever you need them



### Auto & Home Insurance

Competitive coverage and special savings, as well as free, no-obligation quotes from up to three leading carriers. It's simple to comparison shop and potentially save money.



### Pet Insurance

Protect your pet's health — and your budget. Your pet can have coverage for check-ups, accidents or illnesses, and significant medical problems. Plus, you'll have your choice of vets worldwide.

# **WORK LIFE BALANCE**

We like to see you smile—that's why we provide supplemental programs and perks that are available to you when you need them. You can use, enroll in, or change these benefits at any time of the year. Look for more information on the Benefits Center under Quick Links and Voluntary Benefits.

### **Employee Assistance Program**

Services are available to all employees, working 24 hours or more per week, spouse/domestic partner, dependents enrolled in health benefit plan, and any individuals who reside permanently in the household.

Call (800) 344-4222 for help or visit concern-eap.com to access online resources, enter company code: Satellite.

### **Counseling Benefits**

CONCERN offers assessment, crisis intervention, referrals, and confidential short-term counseling for help with personal issues. Up to 6 visits, per problem, per year with a skilled CONCERN counselor.

- Difficulty with relationships
- Emotional distress
- Job stress
- Communication/conflict issues
- Alcohol or drug problems\*
- Loss and death

\*Substance abuse cases will receive up to 10 visits.

### Parenting & Childcare

Referral available to quality providers for a variety of services, including:

- Family day care homes
- Infant centers & preschools
- Adoption assistance
- Before/after school care
- In-home childcare
- 24-hr care
- School age & college assistance
- Complimentary New Baby Kit

### **Financial Coaching**

Get sound financial guidance to help you manage money wisely and develop long-term financial security. Referral includes up to two 30-minute telephone consultations. Example topics:

- Money management
- Debt management
- Identity theft resolution
- Tax issues

### **Legal Consultation**

We can link you to a local attorney for a free 30-minute office or telephone consultation for legal issues not related to employment. These may include:

- Estate planning
- Wills and living trusts
- Landlord-tenant matters
- Immigration
- IRS matters
- Online legal forms

### **Eldercare Resources**

We'll help you find the most appropriate resources to help you care for an elderly or disabled relative. A complimentary copy of *How to Care for Aging Parents* is available upon request.

### **Online Resources**

CONCERN offers a variety of selfhelp tools and resources to help you enhance productivity, resilience, and well-being.

### Concern-eap.com

Useful information and links regarding a wide variety of services and topics.

Log on to CONCERN's home page and click on "Employee Guide" for access to the following sites:

### Resilience Hub™

Curated self-help content to help you deal with life's challenges and boost your mental, emotional, and physical wellbeing in times of stress and change.

### LifeAdviser

A wealth of articles, tools, forms, and courses to help you enhance your professional and personal success.

**NOTE:** The first time you access **Resilience Hub™** or **LifeAdviser** you will need to enter your company code: Satellite.



### **Adoption Assistance**

Satellite's Adoption Assistance Benefit helps eligible employees with the expenses associated with adopting a child. The program will reimburse eligible expenses up to a maximum of \$5,000 per eligible child, with a lifetime maximum of \$10,000 per employee. To be eligible for this program, the individual adopted must be an unrelated minor child under the age of eighteen (18).

### Satellite Employee Heroes: Employee Reward and Recognition Program

Employees can nominate their peers who have done something worthy of recognition for a specific award amount level depending on the achievement. Satellite Healthcare pays the taxes on all awards so you get the full value and you can use the amount you receive at hundreds of vendors. Quarterly, we have larger awards that recognize major contributions called Focus on ICARE—a \$250 award that is decided by a cross-functional committee.

For more information visit the Heroes page under Quick Links on SharePoint or contact Human Resources.

Did you know Satellite Healthcare offers you and your family access to exclusive discounts and perks? Check out our awesome discount programs. Visit the HR intranet page for more information!

> Home Lowe's, Sears, Walmart



Apparel Nordstrom, Macy's, Brooks Brothers

Microsoft, Lenovo, HP, Dell, Cell Phones



Fitness Gyms, nutrition, lifestyle, gear



Movie tickets, Broadway, Theme Parks, Sports



Personal Travel Flights, Car rentals, Hotels, Vacation packages Employee Discount Programs

Looking for more? Visit perksatwork.com for consumer discounts

# PROFESSIONAL DEVELOPMENT & EDUCATION PROGRAMS

Satellite Healthcare provides several professional development programs that encourage employees to enhance their skills and knowledge, as well as advance their careers within the company. These programs are as follows:

### **Conferences, Seminars and Workshops**

Employees are encouraged to continue career growth through attendance and participation in approved conferences, seminars, and workshops—especially those that are directly related to Company operations, activities, and objectives. Time spent by non-exempt employees attending conferences, seminars and workshops may or may not be counted as hours worked, depending on a number of factors. For details on pay for such time, refer to the Pay Practices Section in this Handbook. The cost of the program, as well as expenses for meals, lodging, and travel will be reimbursed to the extent they are pre-approved in accordance with current guidelines. An Expense Report should be submitted through Concur for reimbursement.

### **Educational Reimbursement**

We help reimburse employees for education costs as they work towards a related degree.

# Eligibility for Professional Development & Education Reimbursement

- Full-time employees who have completed one year of service (at least 36+ hours per week) are eligible for reimbursement.
- Part-time, benefit-eligible employees who have completed one year of service (at least 24+ hours per week, in a benefit eligible position) are eligible for reimbursement on a pro-rated basis.
- Display at least proficient performance in their current position and receive approval from his/her Department Manager at least 30 days in advance of the beginning of the training.
- Enroll in an accredited degree program that supports and enhances the employee's career within Satellite Healthcare.
- Be on the active employee Payroll upon completion of the training.

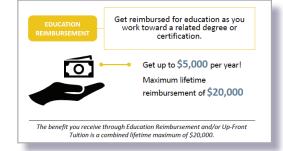
For complete instructions on the education reimbursement program, see the policy and forms on SharePoint in the Employee Toolkit under Human Resources Department.

### Satellite Healthcare Children's Scholarship Fund

The Satellite Healthcare Children's Scholarship Fund awards \$500 to ten deserving children for both the Spring and Fall Semester/Terms. These scholarships are awarded for full-time undergraduate study at any accredited two or four-year college or university.

Recipients are selected based on academic record, demonstrated leadership, participation in school and community activities, work experience, and goals and aspirations as stated in the 500 word essay component of the application.

**Application Deadlines:** Please contact Human Resources or refer to the deadlines listed on the HR intranet page.



### **Up-Front Tuition Payment Program**

With this program, when your coursework is required to pursue a ASN, BSN, or LVN (LVN only applicable in Texas), Satellite Healthcare will provide you and/or your dependent with an Up-Front Payment BEFORE you begin your classes. This way, you won't have to wait until your class is complete before you get reimbursed!



### **How Up-Front Payments Work**

- 1. Complete the Application for Up-Front Professional Development Program and submit necessary documents.
- 2. Obtain your manager and 2nd level manager's approval.
- 3. After receiving payment and completing the course, you MUST submit proof of grades within two weeks of completing your courses.\*

### **Eligibility for Up-Front Tuition Payment Program**

- 1. You must be employed with Satellite Healthcare for at least one year prior to your application date with proficient performance in your role.
- 2. Enroll in an eligible, accredited degree program.
- 3. Submit the Application and receive approval from your manager, 2nd level manager, and HR at least 30 days prior to beginning your course.
- You must remain employed with Satellite Healthcare for at least two years from your program completion date.\*
- 5. For more details and information about dependent eligibility, please visit SharePoint. Satellite Healthcare will continue to reimburse all other qualified coursework for our employees with no change to the existing reimbursement process or qualifications.

\*Satellite Healthcare must be repaid if the course completion/passing grades are not achieved, and/or the employee leaves the organization prior to 2 years after completion.

# 4

### Student Loan Refinancing (through SoFi)

Satellite wants to help our employees save on their student loans. Apply to refinance your existing student loan(s) with SoFi for a reduced annual interest rate. On average, SoFi borrowers are able to reduce their payments by \$288 a month. Plus, there is a \$300 Welcome Bonus for those who qualify and refinance with SoFi.

To get started visit sofi.com/satellite to learn more about all of the benefits available with SoFi.

### **Eligibility for Student Loan Refinancing**

All Satellite employees (and their families) with existing student loans

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### Student Loan Forgiveness through the Public Service Loan Forgiveness Program (PSLF)

The PSLF Program forgives the remaining balance on your Direct Loans after you have made 120 qualifying monthly payments (10 years) under a qualifying repayment plan while working full-time for a qualifying employer. Satellite is a qualified organization based on 501(c)(3) status and will provide eligible employees with resources to apply for the PSLF program and will complete the employer portion of application to certify employment.

To verify your eligibility visit https://studentaid.ed.gov/sa/repay-loans/forgiveness-cancellation/public-service

# PAID TIME OFF

Satellite Healthcare believes that time away from work serves to provide a balance between your personal and professional life. It provides time to address personal and family needs, and time to rest and relax. We encourage you to take advantage of your earned vacation time. Satellite Healthcare offers employees a varying scale of vacation days according to the length of the employee's employment with the company. PTO combines hours for vacation, holiday, sick and personal days into a single "bank". Employees accrue PTO according to the employee's work schedule and length of employment, as shown in the chart below.

### Satellite Healthcare will front-load 16 hours to all benefits eligible new and rehired employees.

	Non-Exempt Employee Bi-Weekly Payroll - 26 pay periods Hours accrued per pay period based on weekly scheduled hours			Sen	Exempt Employee Semi-Monthly Payroll - 24 pay periods Hours accrued per pay period			
Length of Service	Full-Time 40 Hours	Full-Time 36-39 Hours	Part-Time 32-35 Hours	Part-Time 24-31 Hours	Full-Time 36-40 Hours	Part-Time 32-35 Hours	Part-Time 24-31 Hours	Management Manager / Director
0 - 6 Months	2.46	2.46	2.46	2.46	2.67	2.67	2.67	6
7 - 18 Months	6.62	5.95	5.29	3.97	7.17	5.73	4.30	7.17
19 - 48 Months	7.08	6.37	5.66	4.25	7.67	6.13	4.60	8.50
49 - 84 Months	8.15	7.34	6.52	4.89	8.83	7.07	5.30	10.17
85 Months & Over	9.69	8.72	7.75	5.82	10.50	8.40	6.30	11.83

\* Please reference the employee handbook under paid time off for details.

### **Accrual Cap and Carry Over**

PTO Cap 350 - Once PTO balance reaches 350 hours, an employee's accrual stops until the balance drops below 350 hours

Carry Over Unused PTO may be carried forward to the next year up to 350 hours.

### Holidays

Here are the eight holidays recognized at Satellite in 2020. Please remember these holidays automatically draw from your PTO bank if you are scheduled to be off that day.

Holiday	Day	Date
New Year's Day	Wednesday	January 1
Martin Luther King Day	Monday	January 20
Presidents' Day	Monday	February 17
Memorial Day	Monday	May 25
Independence Day	Friday	July 3 (observed)
Labor Day	Monday	September 7
Thanksgiving Day	Thursday	November 26
Christmas Holiday	Friday	December 25

### Sick Leave Plan

Individual states have paid sick leave plans. Most locations in California have 3 days each calendar year. Please reference the employee handbook for details.

### **Non-Exempt/Hourly Pay**

Hours worked on the scheduled Holiday will be paid at 1.5 x Hourly Rate. If, due to the closure of the center, the treatment schedule is adjusted, hours worked on the corresponding Sunday will be paid at 1.5 x Hourly Rate. If an employee's shift begins or ends on a scheduled Holiday, all hours worked on the shift will be paid at 1.5 x Hourly Rate.

# **COST OF COVERAGE**

Satellite Healthcare pays the full cost of your Basic Life/ Accidental Death & Dismemberment (AD&D), Disability, and Employee Assistance Program (EAP) coverage. You and Satellite share the cost of your Medical, Dental, and Vision coverage. However, if you need greater value from your Life and AD&D coverage for yourself and your dependents, you have the flexibility to increase your coverage at your own expense.

You pay for your Medical, Dental and Vision coverage on a pre-tax basis, which provides you with a tax advantage. Due to the fact that your healthcare contributions are subtracted from your gross pay before Federal, State, and Social Security taxes are withheld, you pay less in taxes.

Refer to the following pages for your contributions per pay period.

### Domestic Partner Coverage

Domestic Partner (DP) contributions are regulated by the IRS. If you cover a DP or DP's child who does not qualify as a tax dependent, your contribution for them will be made on an after-tax basis. Similarly, Satellite's portion paid toward the cost of benefits for your DP or their dependents is considered taxable income to you. If your Domestic Partnership is registered with the State of CA, your imputed income will be exempt from state tax. Contact your tax advisor for more details.

# **MEDICAL RATES**

The Satellite Healthcare Total Health Total Rewards Wellness Program believes prevention and early detection are important in helping employees stay healthy and well. You can qualify a credit to the first two paychecks per month next year if you complete a wellness examination with your healthcare provider prior to November 1, 2020. Visit the Benefits Center > Wellness > Preventive Care page to learn more.

Please note: Starting January 1, 2020, the medical contributions shown below no longer include the \$50 wellness credit. Starting in 2020, the wellness credit will be provided on your paycheck.

### Rates per Pay Period (24 Pay Periods for All Employees)

Plan Options	Coverage	Full-Time Employees Scheduled 36 - 40 Hours	Part-Time Employees Scheduled 24 - 35.9 Hours
Blue Shield Medical HDHP + HSA*	Employee	\$43.39	\$113.98
	Employee + Spouse/DP	\$116.81	\$282.86
	Employee + Child(ren)	\$107.26	\$257.64
	Employee + Family	\$150.85	\$373.96
Blue Shield Medical PPO*	Employee	\$64.13	\$146.47
	Employee + Spouse/DP	\$228.78	\$357.08
	Employee + Child(ren)	\$204.04	\$317.42
	Employee + Family	\$318.16	\$500.76
Kaiser Medical HDHP + HSA (CA Only *)	Employee	\$43.39	\$113.98
	Employee + Spouse/DP	\$116.81	\$282.86
	Employee + Child(ren)	\$107.26	\$257.64
	Employee + Family	\$150.85	\$373.96
Kaiser Medical	Employee	\$62.88	\$117.82
HMO (CA Only *)	Employee + Spouse/DP	\$212.77	\$342.47
	Employee + Child(ren)	\$195.01	\$312.92
	Employee + Family	\$283.06	\$459.92

\*Kaiser is available in California for employees who live or work within a Kaiser service area.



### Did you qualify for the 2020 Preventive Care wellness credit?

If so, you'll see a \$25 credit on your first two paychecks per month if you are enrolled in one of Satellite's medical plans.

Want to qualify next year?

See page 11 for more details.

# **DENTAL RATES**

### Rates per Pay Period (24 Pay Periods for All Employees)

Plan Options	Coverage	Full-Time Employees Scheduled 36 - 40 Hours	Part-Time Employees Scheduled 24 - 35.9 Hours
Aetna Dental DMO	Employee	\$0.00	\$5.43
	Employee + Spouse/DP	\$4.35	\$9.47
	Employee + Child(ren)	\$3.76	\$9.47
	Employee + Family	\$6.44	\$14.00
Aetna Dental	Employee	\$0.00	\$17.39
Base PPO	Employee + Spouse/DP	\$17.24	\$33.15
	Employee + Child(ren)	\$17.24	\$33.15
	Employee + Family	\$29.32	\$56.37
Aetna Dental	Employee	\$9.78	\$27.17
Enhanced Buy-Up PPO	Employee + Spouse/DP	\$51.14	\$67.04
	Employee + Child(ren)	\$50.96	\$66.86
	Employee + Family	\$69.24	\$96.29

# **VISION RATES**

### Rates per Pay Period (24 Pay Periods for All Employees)

Plan Options	Coverage	Full-Time Employees Scheduled 36 - 40 Hours	Part-Time Employees Scheduled 24 - 35.9 Hours
VSP Base Vision	Employee	\$0.50	\$0.50
	Employee + Spouse/DP	\$0.94	\$0.94
	Employee + Child(ren)	\$1.01	\$1.01
	Employee + Family	\$1.39	\$1.39
VSP Enhanced Buy-up Vision	Employee	\$3.29	\$3.29
	Employee + Spouse/DP	\$6.17	\$6.17
	Employee + Child(ren)	\$6.61	\$6.61
	Employee + Family	\$9.13	\$9.13

# PLAN CONTACTS

If you have a specific question regarding one of the benefit plans, contact the plan's Member Services Department at the phone number or web address listed below.

Plan Type	Provider	Phone #	Website	Policy/Group #
Medical	Blue Shield	(855) 599-2650	blueshieldca.com	W0064043
Medical	Kaiser Permanente	(800) 464-4000	HMO: kp.org HDHP: kp.org/ deductibleplans	N. CA: 38823 S. CA: 234672
Dental	Aetna	(877) 238-6200	aetna.com	847183
Vision	VSP	(800) 877-7195	vsp.com	12016150
Dependent Verification	Dependent Specialist Inc. (DSI)	(888) 374-0150	dsiverify.com	User ID: SAT [insert employee ID number] Password: DOB (MMDDYYYY)
Life & Disability Insurance	The Hartford	Life/AD&D: (888) 563-1124, Option 5 Disability: (888) 301-5615	thehartford.com	804203
Flexible Spending Account (FSA) and Commuter Benefits	PayFlex	(844) 729-3539	payflex.com	132278
Health Savings Account (HSA)	Fidelity	(800) 343-3548	netbenefits.com	
Employee Assistance Program (EAP)	CONCERN	(800) 344-4222	concern-eap.com	Code: Satellite
403(b) Retirement Plan	Fidelity	(800) 343-3548	netbenefits.com	N/A
Voluntary Benefits	AlliantCHOICE Plus	(866) 554-8713	choiceplus@alliant.com	N/A

### Get connected with the StaffConnect App

To download on your mobile device:

- Search for 'StaffConnect App' on the Apple App Store or the Google Play Store
- Enter the Organization ID: **shcstaff** (case-sensitive)
- Choose 'Single Sign On'
- Sign in using your Satellite username (usually your last name followed by your first initial) and your Satellite password (the one you use to log into your Satellite PC)

Or, access StaffConnect from your Satellite-issued PC:

- · Go to https://web.staffconnectapp.com/
- Enter the Organization ID 'shcstaff'

### Talk to a Satellite Benefits Expert

Satellite Healthcare provides you with a personal Benefit Advocate to help you and your covered dependents any time you have a benefits-related question or problem. For more personal assistance with resolving claims issues, reporting a change life status event, updating beneficiaries, and more, contact your Benefit Advocate.

Email:	
Phone:	
Hours:	

satellite@alliant.com (925) 287-7258 8:00 am - 5:00 pm (M-Th) 8:00 am - 4:30 pm (Fri) Pacific Time

### Visit the Benefits Center

Your online resource for benefits information, available 24/7.

### satellitebenefits.com

Employer Key: satellite

# **IMPORTANT BENEFIT NOTICES**

# Changing your benefit elections outside of open enrollment

You may change your benefit elections once a year during the annual open enrollment period. The only other time you may change your elections is if you have a qualified change in family status or qualify for a HIPAA special enrollment provision.

### The fine print

This brochure is intended to provide a convenient summary of the Satellite' benefit plans. It is not intended to be a legal document. If there are any inconsistencies between the information in this brochure and the plan documents or contracts, the plan documents and contracts will prevail. You will receive Summary Plan Descriptions which will provide more information about each benefit plan.

### **HIPAA Notice of Special Enrollment Rights**

If you decline enrollment in Satellite Healthcare's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in Satellite Healthcare's health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Satellite Healthcare's health plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law. **Note:** If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, 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 dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

### Notice of privacy practices

Satellite Healthcare understands that information about you and your health is personal and we are committed to protecting this information. Satellite Healthcare maintains a Notice of Privacy Practices that explains how we may disclose your health information. The Notice of Privacy Practices also describes your rights and our obligations regarding the use and disclosure of this information. You have the right to request a paper copy of the Notice of Privacy Practices by contacting the Privacy Officer at 300 Santana Row, Suite 300, San Jose, CA, 95128.

### Summary of Benefits & Coverage

Satellite makes available a Summary of Benefits and Coverage (SBC) for each applicable plan, which summarizes important information about your health coverage options in a standard format to help you compare across options. The SBCs for Satellite plans can be found on the Benefits Center. To receive paper copies, free of charge, please contact the Benefits Department at satellite@alliant.com.

### **Statement of Material Modifications**

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Electronic Arts Employee Benefits Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.



