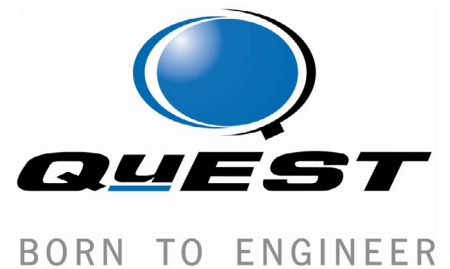




2019

BENEFITS GUIDE
REGULAR FULL-TIME EMPLOYEES



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ABOUT THIS GUIDE

We understand that choosing your benefits is an important decision for you and your family. Everyone's needs are unique. We offer a variety of benefits and options so you can choose what works best for you and your family. A number of these benefits are provided at no cost to you. We created this guide to help you make informed decisions. It is not a complete detailed description, nor is it a contract of employment or a guarantee of benefits. More detailed information for each benefit is contained in the relevant insurance policy's Summary Plan Description (SPD).

Great care has been taken to ensure that this guide is accurate. However, oversights can occur or condensed summaries can be misinterpreted. If there is a difference between this overview and the SPD or official plan documents governing the plan, the plan documents will be followed. The company reserves the right to amend or terminate the program in whole or in part at any time.

ELIGIBILITY *For Benefits*

QuEST provides employees that work 30 hours or more per week with a comprehensive benefits package. Benefits begin 1st of the month following 30 days from date of hire for Bands 1-5.

For medical, dental and vision benefits, children to age 26

- For voluntary child life, child is eligible from birth until age 26
- Your dependent child who is incapable of self support because of a mental or physical disability
For the purpose of our benefits plans, your children include:

- Natural and adopted children
- Stepchildren who you support and who live with you in a parent-child relationship
- Any other children you support for whom you are the legal guardian or for whom you are required to provide coverage as the result of a qualified medical child support order

MAKING CHANGES *To Your Benefits Special Enrollment Rights*

Open Enrollment occurs once each year. You may change your benefit elections during the open enrollment period. Once you have made your selection, you may not change benefit elections until the next open enrollment unless you have a qualifying event in employment or family status.

Qualifying Events include:

- Marriage, divorce or legal separation (state specific)
- Dependent child through birth, adoption or court-ordered custody
- Death of a spouse or child
- Your work schedule changes (i.e. reduction or increase in hours which affects eligibility)
- Your dependent loses eligibility for coverage
- You or your dependent become eligible for Medicare
- Your spouse involuntarily loses health coverage through his/her employer
- You and/or your spouse and dependents become eligible for COBRA
- You and/or your spouse and dependents gain or lose Medicaid coverage
- You received a Qualified Medical Child Support Order (QMCSO)

If you experience one of these qualifying events, you have 60 days from the date of the event to notify the Human Resources Department and make any desired benefit changes. Otherwise, elections you make during open enrollment will remain in effect for the entire plan year. Also, if you or your eligible dependents are covered under Medicaid or a State Children's Health Insurance Program (CHIP) and that coverage ends, you may be able to enroll yourself and any affected dependent in this Plan's medical coverage.

You must request enrollment within 60 days after the Medicaid or CHIP coverage ends. If you or your eligible dependent becomes eligible, under Medicaid or a State CHIP plan for financial assistance to pay for health coverage under this Plan, you may be able to enroll yourself and any affected dependent in this Plan. You must request enrollment within 60 days after the date a government agency determines that you are eligible for that financial assistance.

If you experience a family status change and want to change your benefits, you MUST contact Human Resources within 60 days of the change.

MEDICAL *Overview*

We offer 4 medical plans through Aetna. As you evaluate your options, it's important to understand:

- How each plan works
- What services are covered
- If your doctors are covered by the plan
- Your total cost (the amount deducted from your paycheck + the amount you pay when you receive care) All plans use the same Aetna network - Choice POS II
- Maximum flexibility to receive care in or out of network
- Primary Care Physician (PCP) is optional
- **All copays, deductibles, and coinsurance apply to the Plan's out-of-pocket maximum**

aetna[®]

Control Number: 837246

Customer Service: 1-800-962-6842

Website: www.aetna.com

Mobile App: Aetna Mobile

INSTRUCTIONS FOR FINDING A PARTICIPATING MEDICAL PROVIDER

1. Go to www.aetna.com
2. From the Aetna homepage, click "log-in/register" to enter Aetna Navigator.
3. You can register or log-in next.
4. Select Medical, then enter Zip code
5. Select Choice POS II Network
6. Enter search criteria for doctor/facility
7. For additional assistance, please call the phone number on the back of your Aetna ID Card



MEDICAL & PHARMACY *Overview*



Control number: 837246
 Customer Service: 1-800-962-6842
 Website: www.aetna.com
 Mobile App: Aetna Mobile



Group #: RXBQUGL
 RxBenefits Customer Service: 1-800-334-8134
 Website: www.express-scripts.com
 Mobile App: Express Scripts

	POS 300-90*	POS 1000-80	CDHP/HSA 3000-90	CDHP/HSA 5000-80
GENERAL PLAN PROVISIONS				
Calendar Year Deductible Individual/ Family	\$300/\$900	\$1,000/\$3,000	\$3,000/\$6,000	\$5,000/\$10,000
Member Coinsurance	10%	20%	10%	20%
Out-Of-Pocket Maximum	\$2,500/\$7,500	\$4,750/\$12,000	\$5,000/\$10,000	\$6,550/\$13,100
Routine Preventative Care	100% covered (no cost share)	100% covered (no cost share)	100% covered (no cost share)	100% covered (no cost share)
Primary Care Office Visit	\$20 copay	\$30 PCP	10% after deductible	20% after deductible
Specialist Office Visit	\$40 copay	\$50 Specialist	10% after deductible	20% after deductible
Inpatient Hospital	10% after deductible	20% after deductible	10% after deductible	20% after deductible
Outpatient Hospital	10% after deductible	20% after deductible	10% after deductible	20% after deductible
Emergency Room	\$150 copay	\$150 copay	10% after deductible	20% after deductible
Urgent Care	\$50 copay	\$50 copay	10% after deductible	20% after deductible
Rx (Applies to all medical plans)*	Retail - 31 day supply		Retail - 31 day supply	
Generic	\$10		\$10	
Formulary Brand	\$40		\$30	
Non-Formulary Brand	\$60		\$45	
	Mail Order - 90 day supply		Mail Order - 90 day supply	
Generic	\$20		\$20	
Formulary Brand	\$80		\$60	
Non-Formulary Brand	\$120		\$90	
Monthly Paycheck Deduction				
Employee Only	\$198.04	\$155.15	\$117.93	\$68.10
Employee + Spouse	\$472.62	\$362.18	\$277.32	\$166.39
Employee + Child(ren)	\$428.65	\$328.49	\$251.51	\$150.91
Employee + Family	\$681.45	\$522.21	\$399.85	\$239.91

Note:

For CDHP plans, Rx copays apply after the deductible has been met.

*Our Pharmacy Benefit Manager is Express Scripts. If you are enrolled in a QuEST Medical plan, you will have an Aetna ID card for medical coverage and Express Scripts ID card for pharmacy coverage.

*Plan 300-90 is only available for coverage effective January 1, 2019. After January 1st, the plan will not be available to new hires or existing employees.

VALUE ADDED SERVICES *Through Aetna*

AETNA NAVIGATOR

Aetna Navigator is your secure website for planning and managing your health and health care. Log on to Aetna Navigator at www.aetna.com today to:

- Find doctors, pharmacies and hospitals
- Check your coverage
- Get an ID card
- Keep track of health care cost
- Look up a claim

AETNA VISION DISCOUNT PROGRAM

Aetna offers discounts on eye exams, glasses, contacts, and LASIK. Go to www.aetna.com to find a doctor or call 800-793-8616. Be sure to show your Aetna ID card to receive your savings.

AETNA FITNESS DISCOUNT PROGRAM

Regular exercise helps you look and feel healthy. With this program, you can save money, too! The Aetna Fitness Discount program helps you save on gym memberships and on home exercise products and equipment, like treadmills and elliptical trainers. To get started, visit www.globalfit.com/fitness or call 800-298-7800.

AETNA HEARING DISCOUNT PROGRAM

Pay less for hearing aids, exams and more through HearPO®, a leading provider of hearing supplies. With over 1,900 locations in the U.S., it's easy to find one near you. Call 877-301-0841 for more information.



www.aetna.com

Write your user information here:

Username: _____

Password: _____

AETNA WEIGHT MANAGEMENT DISCOUNT PROGRAM

Lose weight, feel great and save with these programs to help you reach your goals.

Visit www.aetna.com to get started.

- eDiets - Enroll in an online diet plan that is convenient and personalized to you.
- Jenny Craig® - Choose a sensible weight-loss plan that can help you lose the weight and keep it off.
- Nutrisystem® - Control your calories with over 120 menu items that are single serve, and easy to prepare.

AETNA NATURAL PRODUCTS AND SERVICES DISCOUNT PROGRAM

Find, and save on, a natural path to healthy living. You'll pay less for massages, herbal supplements and more through American Specialty Health (ASH), Inc., a leader in this market. Save on massage therapy, acupuncture, chiropractic care, and dietetic counseling. Visit www.aetna.com to get started.

AETNA COST ESTIMATOR

Aetna Cost Estimator is a personalized online tool to help you make MORE informed health care decisions. This online tool provides estimates of your out of pocket expenses, and allow you to compare the 4 plan options to you. Login to ADP Workforce Now to begin.

SELECT THE MEMBER

Choose a family member covered by your Aetna medical benefits or insurance plan.



CHOOSE YOUR SERVICE

Pick the health care service you need from a list of hundreds of commonly used services.



COST ESTIMATE

Based on your plan, including copays, deductibles, coinsurance, and including your paycheck contribution cost.

TELADOC *24/7/365 Access to a Doctor*

Teladoc gives you 24/7/365 access to U.S. board-certified doctors who can treat many of your medical issues by phone or video. It is not insurance but an added medical benefit that gives you an affordable alternative to costly urgent care or ER visits.

There is no fee to use this service, if you are enrolled in the POS plans. If you are enrolled in the HSA plans, you will be responsible for the entire applicable teladoc copay as a result of the required plan design. In order to stay compliant with the IRS guidelines, those enrolled in a qualified High Deductible Health plan (HSA) may not accept a subsidized copay. But hey, those enrolled in the CDHP plan will have lower cost than a standard office visit!

WHEN TO USE TELADOC

For non-emergency medical issues (especially as an alternative to the high cost of an emergency room or urgent care center). Teladoc doctors return calls in 16 minutes on average. There is no time limit to your consult.

- Anytime, anywhere including nights, weekends and even holidays
- Your doctor or pediatrician is not available on your schedule
- When it's not convenient to leave your home or work
- You are traveling and need medical care

GET THE CARE YOU NEED

Teladoc doctors can diagnose, recommend treatment, and prescribe medication for many medical issues, including:

- Cold and flu symptoms
- Urinary tract infection
- Bronchitis
- Respiratory infection
- Allergies
- Sinus problems
- Poison Ivy
- Ear infection
- Pink eye
- and more!

Need a short term prescription? If appropriate, the Teladoc doctor can write a short-term prescription and have it sent to the pharmacy of your choice. Some common prescriptions include:

- Amoxicillin™
- Cipro™
- Azithromycin™
- Tessalon Perles™
- Bactrim DS™
- Flonase Nasal Spray™
- Augmentin™
- Pyridium™



**TALK TO A DOCTOR ANYTIME!
CONSULTS ARE FREE FOR TELADOC MEMBERS**



Teladoc.com



1-800-Teladoc



Facebook.com/Teladoc



Teladoc.com/mobile

HEALTH SAVINGS ACCOUNTS (HSA)

WHAT IS AN HSA?

An HSA is federal income tax-free, and used to save money and pay for qualified medical, vision and dental expenses – including deductibles, copays, coinsurance and prescriptions. When you have medical expenses, including those that may apply to your annual deductible, you can choose to pay for them using the money in your HSA. Or, you can save the money for a future need—even into retirement.

It's your choice. The money deposited, up to a maximum annual amount, is tax deductible and interest accrues taxfree or tax-deferred.

With an HSA, you are in charge. You decide how much you will contribute to your account, when you want to use your savings to pay for or reimburse yourself for qualified expenses, and whether or not to invest some of your savings in mutual funds for greater potential long-term growth.

Funds from your HSA may even be used for qualified expenses for your spouse or dependents - even if they are not enrolled in your medical plan.

WHAT ARE THE KEY BENEFITS OF AN HSA?

Any money deposited into your HSA is yours to keep. There is no “use it or lose it” rule. If you leave your employer or change health plans, you can take your HSA with you. Its portable! Funds that are not used for current health expenses are saved for future use. The funds in your HSA earn interest, and when a certain balance is reached, can be invested in a wide-variety of investment options.

Withdrawals from an HSA are not taxed as long as they are used to pay for qualified health care expenses. Once you reach age 65, you can even use your account for nonhealthcare related retirement expenses, but this money is taxable.

PAYFLEX®

Customer Service: Phone number on your debit card or call Aetna customer service

Website: Your HSA account is linked through your Aetna Navigator Account

AM I ELIGIBLE?

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP) that is HSA compatible
- You cannot be covered by any other health insurance individually or via another family member
- You cannot be claimed as a dependent on another person's tax return
- You must be under age 65 or - if 65 or older - have not elected Medicare Parts A or B

For those who enroll in one of our CDHP plans, QuEST will contribute the following amounts directly into your HSA (prorated for those who join the plan during the year):

- \$500 for employee only
- \$750 for employee plus spouse
- \$750 for employee plus child(ren)
- \$1,500 for employee plus family

IMPORTANT HSA FACTS & FIGURES

1. **2019 Contribution Limitations: Individual - \$3,500. Family - \$7,000.**
2. **Approved IRS Additional Catch-up Contribution: Currently, the IRS allows people aged 55 to 65 to contribute an additional \$1,000 per year for an Individual or Family HSA account.**
3. **Changes from a CDHP Plan: If you cease to be enrolled in a high-deductible plan, the money in your HSA account is yours to pay for qualified expenses with no time limit. However, you can no longer contribute any additional funds.**
4. **Important Documentation: It is highly recommended that you save all receipts in the case of an IRS audit so you can explain why you believed a certain expense was a qualified expense.**
5. **Important Note: If you use your HSA to pay for an ineligible expense, you may be required to pay income taxes and an additional penalty tax.**

DENTAL *Overview*



Control Number: 837246
 Customer Service: 1-800-962-6842
 Website: www.aetna.com
 Mobile App: Aetna Mobile

QuEST offers 2 dental plan options through Aetna. With these plans, you can receive care from any provider. However, your out-of-pocket expenses will generally be higher if you visit a dentist out-of-network.

Please see below for a brief description of the benefits.

Dental PPO	In Network	Out of Network
Deductible per person (waived for preventative services)	\$50	\$50
Family Limit	\$150	\$150
Calendar Year Maximum Benefit	\$1,750 per person	\$1,750 per person
Preventative Services	100%	100%
Basic Services	100%	80%
Major Services	60%	50%
Orthodontia* (\$1,500 lifetime maximum)	50%	50%

* Orthodontia is covered only for children (appliance must be prior to the age 20)

DMO
The DMO option offers richer benefits than the PPO option.
There is no calendar year maximum.
The DMO is a scheduled benefit - a detailed plan design shows the set price a member pays for all services.
All dental care must be within the DMO network.
A member must designate a Primary Care Dentist.
The DMO plan provides orthodontia coverage for children with a \$2,400 copay.
The DMO is only offered in certain states - check ADP to see if you're eligible.

	EMPLOYEE Monthly Paycheck Deduction
DMO	
Employee Only	\$8.12
Employee + Spouse	\$15.94
Employee + Child(ren)	\$21.02
Employee + Family	\$28.83
DPPO	
Employee Only	\$13.57
Employee + Spouse	\$27.50
Employee + Child(ren)	\$36.06
Employee + Family	\$49.99

VISION *Overview*


Vision Service Plan (VSP) provides our vision benefit. You may see any doctor you wish. However, your out-of-pocket costs will be lower if you use an in-network provider.

Note: You will not receive an ID card from VSP. Your vision provider will use the last 4 digits of your social security number to verify your and your dependents' eligibility.

You also have access to a number of discounts through VSP including:

- 35% - 40% savings on lens coatings
- 30% off additional prescription (sun)glasses if purchased on the same day as your appointment, otherwise 20% if purchased within the year
- Savings on laser vision correction
- 15% savings on contact lenses

If you have had laser vision surgery, you can use your frame allowance to buy non-prescription sunglasses from a VSP provider if you receive an annual eye exam.



***Use SSN for VSP member confirmation. ID card not provided.**
Customer Service: 1-800-877-7195
Website: www.vsp.com
Mobile App: VSP app

PLAN PROVISIONS	VISION SERVICE PLAN (VSP)	
COPAY	IN-NETWORK	OUT-OF-NETWORK
Exam – One Exam Every 12 Months	Exam is \$0 copay	\$45 allowance
Eyeglasses	Glasses are \$15 copay	\$70 allowance
Contacts (Instead of glasses)	\$140 allowance	\$105 allowance
Eyeglass Lenses	\$170 allowance	\$140 allowance
EYEGGLASS LENSES — One Pair Every 12 Months		
Single vision	No charge	\$20 allowance
Lined bifocal	No charge	\$50 allowance
Lined trifocal	No charge	\$65 allowance

TRUHEARING DISCOUNT PROGRAM

VSP members and their covered dependents have free access (\$108 value) to the TruHearing MemberPlus Program to enjoy deep discounts on some of the most popular digital hearing aids on the market. The program includes savings of up to 50% on hearing aids, yearly comprehensive hearing exams for \$75 and more. Sign up or learn more at vsp.truhearing.com.

As a VSP member, you can save more than \$2,500 by taking advantage of exclusive rebates and special offers on eye-wear, lenses and contacts. You can also save up to \$2,600 on digital hearing aids. Visit www.vsp.com/specialoffers to learn more.

REBATES AND SPECIAL OFFERS

	Monthly Premiums
Employee Only	\$6.97
Employee + Spouse	\$13.92
Employee + Child(ren)	\$14.91
Employee + Family	\$23.81
100% Employee Paid	



FLEXIBLE SPENDING ACCOUNTS Overview

Flexible Spending Accounts allow you to pay for goods and services you already use with money deducted from your paycheck before it is taxed. This can reduce your eligible medical and dependent care expenses by as much as 30%. These plans are administered by Benefit Strategies. To make the most of these benefits, it's important to understand the following:

- **Plan year:** The plan year for our Flexible Spending Accounts is January to December
- **Open enrollment:** You must re-enroll in these benefits each year during Open Enrollment.
- **Grace period:** Our plan gives you until March 15th of the following plan year to spend any money in these accounts. Any remaining money left in your account(s) at that time is forfeited as required by the IRS' "use-it-or-lose-it" rule.
- **Run-out period:** Under our plan you have until March 31st to submit claims for reimbursement. If you don't submit claims by that date, they will not be reimbursed.

In addition, please note that the IRS prohibits you from using these accounts to reimburse expenses incurred by domestic partners or their children.

MEDICAL FSA

UP TO \$2,650 ANNUALLY

This account allows you to pay for qualifying out-of-pocket health care expenses for you and your dependents. The amount you choose to contribute will be deducted from your pay in equal installments throughout the year. You cannot change this amount unless you have a qualifying life event (see Eligibility for Benefits on page 4).

DEPENDENT CARE FSA

UP TO \$5,000 ANNUALLY PER HOUSEHOLD

This account allows you to pay for dependent daycare so that you can work. If you are married, your spouse must also work full-time, be actively seeking employment or attending school full-time. If your spouse also contributes to a Dependent Care FSA, your total contributions as a couple cannot exceed \$5,000. While you may use these funds to pay a relative, that individual must be over the age of 19 and cannot be considered one of your tax dependents.



Customer Service: 1-800-401-FLEX
 Website: www.benstrat.com
 Mobile App: Benefit Strategies Reimbursement Plan App

SAMPLE EXPENSES

Over-the-counter (OTC) medicines or drugs, except for insulin, require a prescription in order to be eligible for reimbursement. Please plan accordingly when determining your Medical FSA contributions and check with Benefit Strategies for additional information.

Health Care Expenses

Acupuncture
 Chiropractic treatments
 Deductibles and copays
 Dental fees*
 Eye exams*
 Eye surgery*
 Hearing exams & hearing aids
 Hospital bills
 Insulin
 Laboratory fees
 LASIK surgery*
 Obstetrics & fertility
 Psychiatrist & psychologist fees
 Orthodontia expenses*
 X-rays and MRI

OTC Items

– *Prescription Required*
 Allergy medications
 Anti-inflammatory medication
 Anti-itch medications
 Asthma medications
 Baby electrolytes
 Cold sore medications
 Cough, cold and flu medications
 Diaper rash ointment
 Pain relief (e.g., aspirin)
 Sinus medications
 Sleeping aids

OTC Items

– *No Prescription Required*

Blood pressure monitor
 Contact lens solution*
 Contraceptive devices
 Diabetic supplies
 Eye care products (e.g., saline)
 First aid supplies
 Hearing aid batteries
 Hot and cold packs
 Medicated bandages
 Pregnancy tests
 Reading glasses*
 Supports/braces (e.g., wrist)
 Thermometers

Sample Dependent Care Expenses

After school care
 Babysitter
 Elder care
 Extended day programs
 Nursery school
 Preschool for under 5 years old
 Sick-child center
 Summer day camp
 Expenses for day care, summer camps, etc. Cannot be submitted until after services have been received.

*Denotes eligible expense for Limited Purpose Flexible Spending Account.


DISABILITY OVERVIEW

QuEST provides employees that work 30 hours or more per week with **Short Term Disability** Insurance. Coverage begins on the first day of loss as a result of an injury and on the eighth day of loss as a result of illness/disease. The benefit amount is 60% of your pre-disability earnings; not to exceed \$2,000 weekly benefit. The maximum benefit period is 26 weeks.

QuEST also provides employees that work 30 hours or more per week with **Long Term Disability** Insurance. Coverage begins after 180 days. The benefit is 50% of your pre-disability earnings; not to exceed \$5,000 monthly benefit. The benefit period is up to Social Security Normal Retirement Age.

FMLA

Please review QuEST Global's Leave Policy or contact your HR Business Partner to determine if you are eligible for Family Medical Leave. Our Family Medical Leave Administrator is The Hartford.



THE HARTFORD

Life Plan: 1-800-918-2335
STD and LTD: 1-800-549-6514
Website: www.thehartford.com
Mobile App: My Benefits at The Hartford

Please complete QuEST's Payroll Action Change form as well as contact The Hartford to initiate your leave: 1-800-549-6514.

ADDITIONAL BENEFITS

SECTION 125 PLAN

QuEST has established a Section 125 Plan. This plan allows employees to make any required benefit contributions on a pre-tax basis before state, federal, and social security taxes are withheld. Employee contributions made to the medical, dental and vision plans will be automatically deducted from an employee's pay.

VACATION BUY PLAN

All full time & part time regular employees are eligible to purchase additional vacation on a pre-tax basis (before federal, state, and social security taxes are deducted). This policy allows you to purchase additional paid time off without being financially impacted all at once. As an eligible employee, you may purchase a minimum of 8 hours to a maximum of 40 hours of vacation in addition to the vacation you are otherwise eligible to receive from QuEST-Global N.A. Inc.

New Hires may purchase vacation after they have completed their waiting period to enroll in company's benefits. The waiting period is communicated to each new hire at the time of their joining. The enrollment is done using an electronic benefit enrollment portal. All new hires are sent instructions to access the portal, 2-3 weeks before their benefits effective date.

Participating employees will pay for this extra vacation time

through pre-tax payroll deductions taken from their paychecks throughout the year. The payroll deductions are calculated by dividing the total cost of vacation time purchased by the number of paychecks remaining in a month at the time of purchase.

Cost of vacation hours = # of hours purchased X hourly wage rate at the time of purchase

Hourly wage rate = Full time annual base pay of 2080

Vacation purchased under this plan must be scheduled and taken in accordance with QuEST's vacation process requirements. Purchased vacation can be used only after you have utilized your company provided vacation entitlement. Purchased vacation hours not used will not be paid out or carried over into the next calendar year.

Unused "Purchased Vacation Time" will be returned to an employee whose employment is terminated.

When taking purchased vacation, enter project/task number IPMS code "Vacation Buy Plan" under "Employee Non Availability drop down list" and the number of the hours on your timecard.

QuEST discontinues the option to enroll in the Vacation Buy plan on August 1st each year. This applies to employees hired June 1st and after. You may enroll the following open enrollment.

ADDITIONAL BENEFITS

HYATT LEGAL

100% EMPLOYEE PAID

Many Individuals fear the cost of legal fees and don't know how to find the right attorney for their needs. Hyatt Group Legal Plan provides affordable, convenient legal counsel for everyday personal legal needs. Once enrolled, employees have access to an attorney, as if on retainer, through Hyatt's nationwide network of 12,000 pre-qualified attorneys.

Employees may contact an attorney for representation for a wide range of legal services, in addition to telephone advice and office consultations on an unlimited number of personal legal matters, including:

- Estate planning such as wills, trusts, living wills, power of attorney
- Real estate matters
- Traffic Offenses
- And all other legal services provided by attorneys.

BUY-UP LONG TERM DISABILITY

100% EMPLOYEE PAID

In addition to the LTD coverage that QuEST provides to you, you may purchase additional coverage with The Hartford. This insurance helps protect your paycheck if you're unable to work for a long period of time after a non-work-related condition, injury or illness. The buy-up coverage we offer is employee-paid and the benefit is 60% of your monthly earnings to a maximum of \$7,500 per month. The cost for this coverage is based on your age.

CRITICAL ILLNESS

100% EMPLOYEE PAID

A major illness can happen at any time and leave you feeling emotionally, physically and financially overwhelmed. While our medical plan is valuable coverage, it may not cover all of the expenses related to the treatment and recovery from a major illness. With Critical Illness, you'll receive a direct lump-sum payment when a covered illness is diagnosed. It can help pay for things like:

- Everyday living expenses like bills, groceries and rent/mortgage
- Home health care needs and home modifications
- Recovery and rehabilitation
- Child care expenses
- Travel expenses to and from treatment centers

You may purchase coverage in the amount of \$10,000, \$20,000 or \$30,000 and can also purchase a plan for your Spouse and/or Child.

ACCIDENT

100% EMPLOYEE PAID

An accident can happen to anyone, and recovery can be costly. Our medical plan picks up most costs, but you may still have some out-of-pocket expenses that add up quickly. Accident insurance can help ease the unplanned financial burden. This benefit provides direct cash benefits associated to a covered injury such as x-rays, emergency room visits and diagnostic exams. You can also purchase a plan for your Spouse and/or Child.

BASIC LIFE AD&D AND SUPPLEMENTAL LIFE/AD&D *Overview*

BASIC LIFE / AD&D

QuEST pays for \$100,000 Life/AD&D coverage for all eligible employees through The Hartford. Benefits reduce to 65% at age 65 to 50% at age 70.

***In addition to your group basic life insurance, you have the option to purchase additional life insurance. If you choose to enroll in this benefit, you are responsible for the full cost through payroll deductions.**

FOR YOU

Supplemental Life/ AD&D Benefit	\$25,000 increments to a maximum of \$500,000 not to exceed 5x your annual earnings
---------------------------------	---

For newly eligible employees: evidence of insurability is required for amounts of insurance in excess of \$200,000

For employees enrolled in Supplemental Life: you may elect an increase in one level (\$25,000), without EOI, at annual enrollment each year

For employees who had been eligible in the past but did not elect: evidence of insurability (EOI) is required for any amounts of insurance elected after initially becoming eligible

FOR YOUR SPOUSE - EMPLOYEE SUPPLEMENTAL LIFE MUST BE ELECTED

Supplemental Life/ AD&D Benefit	\$10,000 increments to a maximum of \$20,000 Not to exceed 50% of employee Supplemental Life amount
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FOR YOUR CHILD(REN) - EMPLOYEE SUPPLEMENTAL LIFE MUST BE ELECTED

Supplemental Life Benefit	Birth to age 26. Capped at \$5,000
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EMPLOYEE & SPOUSE SUPPLEMENTAL LIFE MONTHLY RATES PER \$1,000

Your Age	Life	AD&D
24 and under	\$ 0.049	\$0.03
25-29	\$ 0.058	\$0.03
30-34	\$ 0.078	\$0.03
35-39	\$ 0.087	\$0.03
40-44	\$ 0.097	\$0.03
45-49	\$ 0.146	\$0.03
50-54	\$ 0.223	\$0.03
55-59	\$ 0.417	\$0.03
60-64	\$ 0.640	\$0.03
65-69	\$ 1.232	\$0.03
70+	\$ 1.999	\$0.03

CHILD LIFE MONTHLY RATE PER \$1,000

Birth to age 26	\$ 0.130
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HOW TO CALCULATE YOUR VOLUNTARY LIFE PREMIUM

Employee Premium

Coverage Elected/ \$1,000 X Rate = Monthly Premium

Spousal Premium (use spouse age)

Coverage Elected / \$1,000 X Rate = Monthly Premium

Child Life

Coverage Elected / \$1,000 X \$0.130 = Monthly Premium

401(K) *Overview*

QuEST believes planning for your future is important and wants to help you build retirement security. Participating in the QuEST Global 401(k) plan is a great way to start planning for retirement.

Here are some of the plan's valuable features:

- You are always 100% vested in (meaning you "own") your paycheck contributions, rollover contributions and any earnings on these amounts.
- Any earnings on your contributions grow tax-free and are not taxed until you take them out of the plan.
- Your pre-tax contributions reduce your taxable income so you pay fewer taxes throughout the year.



A more human resource.™

Plan: Quest Global 401(K)

Plan Number: 421350

Website: www.MyKPlan.com

(For enrollment; changes; forms; investments)

401K Plan Record Keeper Phone Number: 1-866-695-7526

PLAN PROVISIONS	401(K)
<p>Eligibility</p>	<p>You can take advantage of this employee benefit as soon as you have met your plan's age and service eligibility requirements.</p> <ul style="list-style-type: none"> • 21 years of age on the next plan entry date* • You must have completed 6 months of service by the next plan entry date* <p>Next plan entry date: 1st of the month, coincident with or next following the date you've met the eligibility requirements.</p> <p>Types of 401K plans:</p> <p>Deferred tax (also called pre-tax) - Taxes are due at the time of distribution Designated Roth Account - Taxes are paid before making the contribution, therefore contributions grow tax-free and withdrawals at the time of retirement will be tax free</p> <p>401K eligible income Definition of compensation: Compensation is generally defined as your total compensation that is subject to income tax and paid to you by QuEST the Plan Year. V-Pay will also be included.</p>
<p>Contributions</p>	<p>Adjustments to compensation. Reference full details about contributions in the "Plan Summary Description."</p> <ul style="list-style-type: none"> • Salary reductions to this Plan and to any other plan or arrangement (such as cafeteria plan) will be included • Reimbursements or other expense allowances, fringe benefits, moving expenses, deferred compensation, and welfare benefits will be excluded. • Compensation paid while not a Participant in the component of the Plan for which compensation is being used will be excluded. • Compensation paid after you terminate employment is generally included for Plan purposes if these amounts would otherwise have been considered compensation as described above and they are paid within 2.5 months after you terminate employment, or if later, the last day of the Plan Year in which you terminate employment; with the following exceptions: • Disability continuation payments paid after you terminate employment if you are permanently and totally disabled will be excluded. <p>Max. Allowed Contributions:</p> <p>Pre-tax: 1% of Salary to 90% of Salary, up to IRS maximum limits.</p> <p>Roth 401(K): 1% of Salary, up to IRS maximum limits</p> <p>Catch-up contribution: If you're over 50 years of age, you may also make a catch-up contribution in excess of Internal Revenue Code or plan limits.</p>

PLAN PROVISIONS	401(K)
Employer Match	<p>QuEST makes a discretionary matching contribution equal to a uniform percentage of your salary deferrals. QuEST makes a discretionary matching contribution equal to a uniform percentage of your salary deferrals. Each Year, QuEST will determine the amount of the discretionary percentage. For FY18, QuEST will determine the amount of the discretionary percentage. For FY18, QuEST will match 50% of 401(K) contributions up to 5% of compensation deferred into the plan.</p> <p>Limit on matching contribution, QuEST has the option to apply the matching contribution by disregarding (i.e., not matching) salary deferrals made each payroll period that exceeds a certain Limit on matching contribution. QuEST has the option to apply the matching contribution by disregarding (i.e., not matching) salary deferrals made each payroll period that exceed a certain dollar amount or a certain percentage of your compensation for such period. The Administrator will inform you of this limit. Allocation conditions: You will always share in the matching contribution regardless of the amount of service you complete during the Plan Year.</p>

EXAMPLE 1:

EMPLOYEE MAKING 40,000 ANNUAL COMP	Employee Deferral	Employer Match (50% match)	Total Retirement Savings
2% Deferral	\$800	\$400	\$1,200
4% Deferral	\$1,600	\$800	\$2,400
5% Deferral	\$2,000	\$1,000	\$3,000
10% Deferral	\$4,000	\$1,000	\$5,000
Max Deferral of \$18,000	\$18,000	\$1,000	\$19,000

EXAMPLE 2:

EMPLOYEE MAKING 55,000 ANNUAL COMP	Employee Deferral	Employer Match (50% match of up to 5%)	Total Retirement Savings
2% Deferral	\$1,100	\$550	\$1,650
4% Deferral	\$2,200	\$1,100	\$3,300
5% Deferral	\$2,750	\$1,375	\$4,125
10% Deferral	\$5,500	\$1,375	\$6,875
Max Deferral of \$18,000	\$18,000	\$1,375	\$19,375

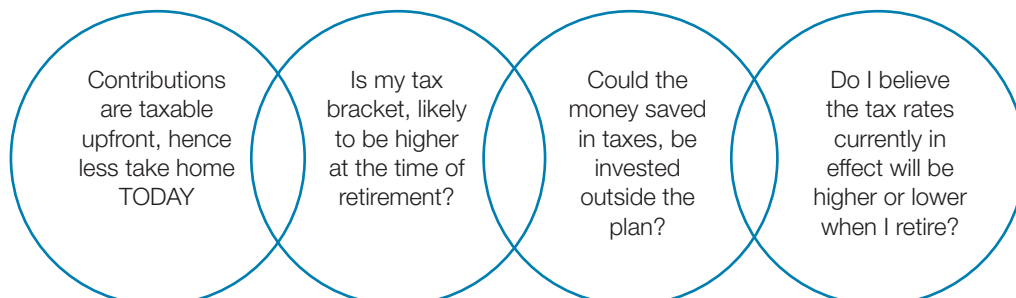
EXAMPLE 3:

EMPLOYEE MAKING 125,000 ANNUAL COMP	Employee Deferral	Employer Match (50% match of up to 5%)	Total Retirement Savings
2% Deferral	\$2,500	\$1,250	\$3,750
4% Deferral	\$5,000	\$2,500	\$7,500
5% Deferral	\$6,250	\$3,125	\$9,375
10% Deferral	\$12,500	\$3,125	\$15,625
Max Deferral of \$18,000	\$18,000	\$3,125	\$21,125

EXAMPLE 4:

EMPLOYEE MAKING 150,000 ANNUAL COMP	Employee Deferral	Employer Match (50% match of up to 5%)	Total Retirement Savings
2% Deferral	\$3,000	\$1,500	\$3,750
4% Deferral	\$6,000	\$3,000	\$7,500
5% Deferral	\$7,500	\$3,750	\$11,250
10% Deferral	\$15,000	\$3,750	\$18,750
Max Deferral of \$18,000	\$18,000	\$3,750	\$21,750

PLAN PROVISIONS	401(K)												
Vesting Schedule	<p>Your contributions and any amounts you rolled into the plan, adjusted for gains and losses, are always vested 100%</p> <p>QuEST contribution vests according to the following schedule:</p> <table border="1" data-bbox="381 306 1516 478"> <thead> <tr> <th data-bbox="381 306 708 390">Years of service</th> <th data-bbox="708 306 985 390">1</th> <th data-bbox="985 306 1263 390">2</th> <th data-bbox="1263 306 1516 390">3</th> </tr> </thead> <tbody> <tr> <td data-bbox="381 390 708 432">Employer Match with Vesting</td> <td data-bbox="708 390 985 432">0%</td> <td data-bbox="985 390 1263 432">0%</td> <td data-bbox="1263 390 1516 432">100%</td> </tr> <tr> <td data-bbox="381 432 708 478">Employer NEC</td> <td data-bbox="708 432 985 478">0%</td> <td data-bbox="985 432 1263 478">0%</td> <td data-bbox="1263 432 1516 478">100%</td> </tr> </tbody> </table>	Years of service	1	2	3	Employer Match with Vesting	0%	0%	100%	Employer NEC	0%	0%	100%
Years of service	1	2	3										
Employer Match with Vesting	0%	0%	100%										
Employer NEC	0%	0%	100%										
Rollover	<p>Rollovers are accepted into the plan, even if you are not yet a participant. See the Rollover form for instructions regarding transferring money into your plan.</p> <p>Contact 866-695-7526 or go Online to www.mykplan.com for a Rollover form</p>												
Investing	<p>You choose how to invest your savings. You may select from the following:</p> <ul style="list-style-type: none"> The variety of investments listed in MyKPlan.com 												
Loans	<p>Your plan allows you to borrow from your savings. (A fee may apply)</p> <ul style="list-style-type: none"> Number of loans outstanding at any one time :01 Minimum loan amount \$1000 Maximum loan amount: \$50K or 50% of the vested balance (whichever is less). Maximum repayment period: Generally, five years, unless for the purchase of a primary residence. Interest rate: Prime +1% You will be charged an interest rate equal to the prime rate as published in the Wall Street Journal on the 14th day of each month (or on the first business day preceding the 14th in the event the 14th is not a business day, plus one percent. The interest rate will be fixed for the duration of the loan except otherwise required by law. 												
Withdrawals	<p>Types:</p> <ul style="list-style-type: none"> Rollover to another qualified retirement Age 59.5 Hardship Minimum amount: \$500.00 Special rules: Special rules exist for each type of withdrawal. You may be subject to a 10% penalty in addition to federal and state taxes if you withdraw money before age 59.5. See your Summary Plan Description for more information. 												
Creditor Protection. By Law	<p>401(K) plan is creditor protected. This is hwy it may be best to get a distribution at the time of retirement and avoid using 401K funds to avoid foreclosure, pay off debt or start a business.</p>												
Distributions	<p>Vested savings may be eligible for distribution upon retirement, death, disability or termination of employment.</p> <p>Contact 866-695-7526 or go Online to www.mykplan.com to process</p>												
Rollovers	<p>Rollovers are accepted into the plan, even if you are not yet a participant. See the Rollover form for instructions regarding transferring money into your plan.</p> <p>Contact 866-695-7526 or go Online to www.mykplan.com a Rollover Form</p>												



EXAMPLE 1: JOHNNY ON THE SPOT

John, who is 45 and likely to retire at 67, generally contributes the maximum to his 401(k) plan. His overall federal and state tax rate is 40 percent, and he is considering a Roth 401(k) contribution.

Here are the decision steps John faces:

1. John must consider that the contributions are fully taxable upfront. If he chooses a \$15,000 Roth 401(k) contribution, he will have to pay the \$6,000 taxes on the contribution from somewhere else. That \$6,000 will then not be available to him and he will lose the earnings on that \$6,000 over the next 22 years (less the taxes he would pay on the earnings).
2. John needs to determine whether his tax bracket is likely to change when he retires. If he is covered by a pension plan and holds significant investments, John may be in the same tax bracket for many years after retirement. On the other hand, without a pension, John's tax bracket may drop from 40 percent to 25 percent during retirement.
3. John needs to decide whether his return on investment (ROI) outside of the plan will be significantly better than his ROI inside of the plan. If John makes a traditional 401(k) contribution and puts what would otherwise be his \$6,000 tax payment into a high-yield investment outside the plan, he might be better off because his rate of return (even after yearly taxes) will be high. But if John puts the \$6,000 into a money market account outside the plan, where it would earn significantly less, he may have been better off making a Roth 401(k) contribution with after-tax dollars.
4. John needs to decide whether he believes the tax rates currently in effect will be higher or lower when he retires. This is not an easy projection. Within the last 20 years, top federal income tax rates have been as high as 70 percent and as low as 28 percent. If John thinks the income tax rates will increase, paying tax at 40 percent may be better than paying higher rates later (especially if John's income is otherwise expected to be steady).

If John thinks the tax rate is likely to drop, he would not generally want to choose a Roth 401(k). Likewise, if John's tax rate is likely to remain the same and his return inside or outside the plan would be reasonably comparable, the Roth 401(k) may not be worthwhile.

And here are a few possible outcomes:

- John decides on a Roth 401(k) contribution but also decides not to pay tax from another source, so he reduces his Roth 401(k) contribution to make up for the taxes. Instead of contributing \$15,000, John contributes \$9,000. Assume John's tax rate remains the same for the whole period and that he will take a lump sum at age 67, and that the plan's internal rate of return is 6 percent (compounding monthly). At age 67, John's \$9,000 Roth 401(k) contribution is worth \$33,580, none of it taxable.
- If John contributed \$15,000 to a traditional 401(k), it would be worth \$55,970 but he would pay \$22,388 in taxes. Thus, his after-tax distribution would be \$33,582. Given rounding differences, he comes out the same.
- If John retires when his top tax rate is 50 percent instead of 40 percent, he would pay approximately \$27,985 in taxes and have only \$27,985 remaining. However, if John's tax rate dropped below 40 percent at age 67, the regular 401(k) contribution would be the better deal.

EXAMPLE 2: MARY'S MOVING UP

Mary is 30, in the 25 percent tax bracket and will retire at age 67. She expects her income to rise considerably and thus her tax bracket will be 40 percent later in her career. Mary thinks she can save \$10,000 this year. She must go through many of the same decision steps as John (see above), but she already knows that her tax rate is likely to increase and that she has many years before retirement.

Some possible outcomes:

- If Mary puts \$10,000 in as a regular contribution she will not pay federal income tax on the amount now. Assume that Mary would take a lump sum distribution at age 67. The \$10,000 contributed to the plan pre-tax would grow (6 percent compounded monthly) to approximately \$91,565, but she would pay approximately \$36,600 in tax on the distribution. Her distribution would thus be \$54,965 after tax.
- Because she can only save \$10,000, if she chooses a Roth 401(k) Mary will contribute \$7,500 to the plan and will pay the \$2,500 as tax. However, at age 67 she will pay no tax on the distribution, which includes 37 years of earnings. Assuming a 6 percent return (compounding monthly), her \$7,500 contribution will be worth approximately \$68,674 tax free.
- As these calculations show, present and future tax brackets make a big difference in deciding between a regular or Roth 401(k) contribution. To reiterate, if a person in a high tax bracket expects the tax bracket to drop after retirement, a Roth 401(k) may not be the best choice. A young person in a lower tax bracket, however, could well decide that a Roth 401(k) makes more sense.

See more at: https://www.shrm.org/hrdisciplines/benefits/articles/pages/cms_013672.aspx#sthash.KhVP3DdP.dpuf

TIME OFF ENTITLEMENTS

TIME OFF ENTITLEMENTS FOR BAND 1 NON EXEMPT (HOURLY) EMPLOYEES IN ALL STATES EXCLUDING THE STATE OF CA, WA, VT & AZ

MONTH OF HIRE	VACATION IN HOURS	SICK IN HOURS	BEREAVEMENT IN HOURS
January	40.00	0.00	0.00
February	36.67	0.00	0.00
March	33.33	0.00	0.00
April	30.00	0.00	0.00
May	26.67	0.00	0.00
June	23.33	0.00	0.00
July	20.00	0.00	0.00
August	16.67	0.00	0.00
September	13.33	0.00	0.00
October	10.00	0.00	0.00
November	6.67	0.00	0.00
December	3.33	0.00	0.00

TIME OFF ENTITLEMENTS FOR BAND 1, 2, 3 EXEMPT (SALARIED) & BAND 2 NON EXEMPT (HOURLY) EMPLOYEES IN ALL STATES EXCLUDING THE STATE OF CA, WA, AZ & VT

MONTH OF HIRE	VACATION IN HOURS	SICK IN HOURS	BEREAVEMENT IN HOURS
January	80 .00	40.00	24.00
February	73.33	36.67	24.00
March	66.67	33.33	24.00
April	60.00	30.00	24.00
May	53.33	26.67	24.00
June	46.67	23.33	24.00
July	40 .00	20.00	24.00
August	33.33	16.67	24.00
September	26.67	13.33	24.00
October	20.00	10.00	24.00
November	13.33	6.67	24.00
December	6.67	3.33	24.00

TIME OFF ENTITLEMENTS

TIME OFF ALLOCATIONS FOR EMPLOYEES IN CALIFORNIA & VERMONT

FT REGULAR BAND 1 NON EXEMPT HOURLY EMPLOYEES (IN CA & VT)				
Month of Hire	Vacation in Hours	Sick in Hours (Ratably earned)	Sick in Hours (Frontloaded)	Bereavement in Hours
January	16 .00	0.00	24.00	0.00
February	12.67	0.00	24.00	0.00
March	9.33	0.00	24.00	0.00
April	6.00	0.00	24.00	0.00
May	2.67	0.00	24.00	0.00
June	0 .00	0.00	24.00	0.00
July	0 .00	0.00	24.00	0.00
August	0.00	0.00	24.00	0.00
September	0.00	0.00	24.00	0.00
October	0.00	0.00	24.00	0.00
November	0.00	0.00	24.00	0.00
December	0.00	0.00	24.00	0.00

FT REGULAR BAND 1,2,3 EXEMPT SALARIED & BAND 2 NON EXEMPT HOURLY EMPLOYEES (IN CA & VT)				
Month of Hire	Vacation in Hours	Sick in Hours (Ratably earned)	Sick in Hours (Frontloaded)	Bereavement in Hours
January	80 .00	16.00	24.00	24.00
February	73.33	12.67	24.00	24.00
March	66.67	9.33	24.00	24.00
April	60.00	6.00	24.00	24.00
May	53.33	2.67	24.00	24.00
June	46.67	0.00	24.00	24.00
July	40.00	0.00	24.00	24.00
August	33.33	0.00	24.00	24.00
September	26.67	0.00	24.00	24.00
October	16.00	0.00	24.00	24.00
November	2.67	0.00	24.00	24.00
December	0.00	0.00	24.00	24.00

Part time employees and full time employees in temporary positions, whose work location is based out of California or Vermont, are eligible for 24 hours of sick time. This time is not prorated from the date of hire and may be used for the employee's or a family member's preventive care & other reasons specified by the legislation in these States.

TIME OFF ENTITLEMENTS

TIME OFF ALLOCATIONS FOR EMPLOYEES IN WASHINGTON & ARIZONA

FT REGULAR BAND 1 NON EXEMPT HOURLY EMPLOYEES (IN AZ; WA)				
Month of Hire	Vacation in Hours	Sick in Hours (Ratably earned)	Sick in Hours (Frontloaded)	Bereavement in Hours
January	0.00	0.00	40.00	0.00
February	0.00	0.00	40.00	0.00
March	0.00	0.00	40.00	0.00
April	0.00	0.00	40.00	0.00
May	0.00	0.00	40.00	0.00
June	0.00	0.00	40.00	0.00
July	0.00	0.00	40.00	0.00
August	0.00	0.00	40.00	0.00
September	0.00	0.00	40.00	0.00
October	0.00	0.00	40.00	0.00
November	0.00	0.00	40.00	0.00
December	0.00	0.00	40.00	0.00

FT REGULAR BAND 1,2,3 EXEMPT SALARIED & BAND 2 NON EXEMPT HOURLY EMPLOYEES (IN AZ; WA)				
Month of Hire	Vacation in Hours	Sick in Hours (Ratably earned)	Sick in Hours (Frontloaded)	Bereavement in Hours
January	80.00	0.00	40	24.00
February	73.33	0.00	40	24.00
March	66.67	0.00	40	24.00
April	60.00	0.00	40	24.00
May	53.33	0.00	40	24.00
June	46.67	0.00	40	24.00
July	40.00	0.00	40	24.00
August	33.33	0.00	40	24.00
September	26.67	0.00	40	24.00
October	16.00	0.00	40	24.00
November	2.67	0.00	40	24.00
December	0.00	0.00	40	24.00

2019 PAYROLL SCHEDULE

JANUARY

PP#	S	M	T	W	T	F	S
			1	2	3	4	5
2	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
3	20	21	22	23	24	25	26
	27	28	29	30	31		

FEBRUARY

PP#	S	M	T	W	T	F	S
						1	2
4	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
5	17	18	19	20	21	22	23
	24	25	26	27	28		

MARCH

PP#	S	M	T	W	T	F	S
						1	2
6	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
7	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
8	31						

1st QTR ENDS

APRIL

PP#	S	M	T	W	T	F	S
			1	2	3	4	5
	7	8	9	10	11	12	13
9	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
10	28	29	30				

MAY

PP#	S	M	T	W	T	F	S
				1	2	3	4
	5	6	7	8	9	10	11
11	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
12	26	27	28	29	30	31	

JUNE

PP#	S	M	T	W	T	F	S
							1
	2	3	4	5	6	7	8
13	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
14	23	24	25	26	27	28	29
	30						

2nd QTR ENDS

JULY

PP#	S	M	T	W	T	F	S
			1	2	3	4	5
15	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
16	21	22	23	24	25	26	27
	28	29	30	31			

AUGUST

PP#	S	M	T	W	T	F	S
						1	2
17	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
18	18	19	20	21	22	23	24
	25	26	27	28	29	30	31

SEPTEMBER

PP#	S	M	T	W	T	F	S
19	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
20	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
21	29	30					

3rd QTR ENDS

OCTOBER

PP#	S	M	T	W	T	F	S
			1	2	3	4	5
	6	7	8	9	10	11	12
22	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
23	27	28	29	30	31		

NOVEMBER

PP#	S	M	T	W	T	F	S
						1	2
	3	4	5	6	7	8	9
24	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
25	24	25	26	27	28	29	30

DECEMBER

PP#	S	M	T	W	T	F	S
	1	2	3	4	5	6	7
26	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
1	22	23	24	25	26	27	28
	29	30	31				

4th QTR ENDS



PAYROLL START DATE



PAY DATES



PAYROLL END DATE



ADP TRANSMIT DATE



HOLIDAYS

CONTACTS FOR BENEFITS

PLAN	GROUP NUMBER	MEMBER SERVICES	WEBSITE
MEDICAL			
Aetna	837246	1-800-962-6842	www.aetna.com
Health Savings Account	N/A	Phone number on your debit card or call Aetna customer service	Your HSA account is liked through your Aetna Navigator Account
Teladoc	N/A	1-800-Teladoc	www.Teladoc.com
PHARMACY			
Express Scripts administered by RxBenefits	RXBQUGL	1-800-334-8134	www.express-scripts.com
OTHER HEALTH BENEFITS			
Dental - Aetna	837246	1-800-962-6842	www.aetna.com
Vision - VSP	30042692	1-800-877-7195	www.vsp.com
FSA - Benefit Strategies	N/A	1-800-401-FLEX	www.benstrat.com
LIFE INSURANCE, DISABILITY, FMLA			
Short Term and Long Term Disability - The Hartford	697383	1-800-549-6514	www.thehartford.com
Basic Life/AD&D and Supplemental Life/AD&D- The Hartford	681299	1-800-918-2335	www.thehartford.com
FMLA	N/A	1-800-549-6514	www.thehartford.com
ADDITIONAL BENEFITS			
401(k) Retirement - ADP	421350	1-866-695-7526	www.MyKPlan.com
Legal - Hyatt	N/A	1-800-821-6400	www.legalplans.com
Buy-Up Long Term Disability - The Hartford	681299	1-800-549-6514	www.thehartford.com/employeebenefits
Critical Illness - The Hartford	681299	1-866-547-4205	www.thehartford.com/employeebenefits
Accident - The Hartford	681299	1-866-547-4205	www.thehartford.com/employeebenefits

Benefit Model Notices are found under Tools & References in ADP.



GLOSSARY OF TERMS

This glossary contains terms and definitions which are intended to be educational. (See your Summary of Benefits and Coverage Plan Document or Summary Plan Description for more information.)

ALLOWED BENEFIT

The amount established for payment of covered in-network services. The Allowed Benefit will generally be lower than the amount charged. You are responsible for co-payments, coinsurance and all charges that exceed the Allowed Benefit for services received out-of-network. This is called balance billing.

BALANCE BILLING

When a provider bills you for the difference between the provider's charge and the carrier's discounted price ("Allowed Benefit"). For example, if the provider's charge is \$100 and the allowed benefit is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill for the difference between their charge and the Allowed Benefit.

COINSURANCE

The portion of the cost of covered medical services paid by the patient under a health plan, after first meeting any applicable plan deductible. Coinsurance amounts, which are typically a percentage of the cost, may vary by type of service. Coinsurance requirements are specified in the plan documents.

CO-PAYMENT

A set dollar amount or portion that you pay for your medical services. Usually, copays start after you first pay any deductible your plan has. Copays may differ by type of service. You can find your copay rules in your plan documents.

DEDUCTIBLE

A fixed dollar amount during the benefit period - usually a year - that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles.

EVIDENCE OF INSURABILITY

A questionnaire that insurance companies use to ask about the health of a participant. Depending on the responses, this may lead to the requirement of a physical exam. These forms are often used if you apply for voluntary benefits outside of your initial eligibility period or if you apply for a coverage amount above the Guaranteed Issue amount.

GUARANTEED ISSUE

The amount of coverage (benefit) the insurance company is willing to provide regardless of your health. Guaranteed Issue only applies if you enroll in the program when you are first eligible for coverage.

MAIL ORDER

A benefit that allows you to receive multiple months' worth of maintenance medication by mail.

OUT-OF-POCKET MAXIMUM

The limit on the amount an individual is required to pay for health care services covered by his or her benefits plan. Look for this information in insurance plan documents such as your Certificate of Coverage.

