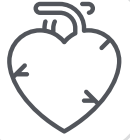


2021

Benefits Guide

my life | my health | my family

January 1 - December 31, 2021



TRIAGE

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner (DP) and/or his/her children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective immediately following date of hire.
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2021.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, DP, or child
- ▶ You lose coverage under your spouse's/DP's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Go to <https://info.triagestaff.com/2021-benefits>. There, you will find detailed information about the plans available to you and instructions for enrolling.

Medical

We are proud to offer you a choice among two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Blue Cross Blue Shield of Nebraska PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Cross Blue Shield of Nebraska network. The calendar-year deductible must be met before certain services are covered.

Blue Cross Blue Shield of Nebraska HDHP

Like the PPO plan, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the N/A network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** If you enroll one or more family members, each covered family member is only required to meet the **INDIVIDUAL** deductible (up to the family limit) before the plan starts to pay expenses for that individual.
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. **NOTE:** If you enroll one or more family members, each covered family member is only required to meet the **INDIVIDUAL** out-of-pocket maximum (up to the family limit) before the plan starts to pay covered services at 100 percent for that individual.

- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

Important: Your contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2021
Employee Only	\$3,600
Family (employee + 1 or more)	\$7,200
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.



Medical

Following is a high-level overview of the coverage available through Blue Cross Blue Shield of Nebraska. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	\$3,000 PPO		\$6,000 HSA	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$3,000 / \$6,000	\$3,500 / \$7,000	\$6,000 / \$12,000	\$12,000 / \$24,000
Out-of-Pocket Maximum (per calendar year)				
Individual / Family	\$6,500 / \$13,000	\$13,000 / \$26,000	\$6,350 / \$12,700	\$12,700 / \$25,400
Covered Services				
Office Visits (physician/specialist)	30%*	50%*	10%*	30%*
Routine Preventive Care	No charge	50%*	No charge	30%*
Outpatient Diagnostic (lab/X-ray)	30%*	50%*	10%*	30%*
Complex Imaging	30%*	50%*	10%*	30%*
Chiropractic	30%*	50%*	10%*	30%*
Ambulance	30%*		10%*	
Emergency Room	30%*		10%*	
Urgent Care Facility	30%*	50%*	10%*	30%*
Inpatient Hospital Stay	30%*	50%*	10%*	30%*
Outpatient Surgery	30%*	50%*	10%*	30%*
Prescription Drugs	(Generic / Brand / Non-Formulary / Specialty)		(Generic / Brand / Non-Formulary / Specialty)	
Retail Pharmacy (30-day supply)	\$15 / \$45 / \$80 ²	50%	\$10 / \$35 / \$70* ³	50%*
Mail Order (90-day supply)	\$45 / \$135 / \$240	Not covered	\$30 / \$105 / \$210*	Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Specialty Rx - \$150 copay.
3. Specialty Rx - Same as Retail.

Dental

We are proud to offer you a choice between two dental plans.

MetLife DPPO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

Following is a high-level overview of the coverage available.

Key Dental Benefits	High Plan		Low Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual / Family	\$50 / \$150		\$50 / \$150	
Benefit Maximum (per calendar year; preventive, basic, and major services combined)				
Per Individual	\$1,750		\$1,000	
Covered Services				
Preventive Services	No charge		No charge	
Basic Services	20%*		50%*	
Major Services	50%*		50%*	
Orthodontia (Child Only)	50%*		50%*	

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan.

The MetLife vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the MetLife network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$25	N/A
Lenses (once every 12 months)	No charge after materials copay	Up to \$30
Single Vision		Up to \$50
Bifocal		Up to \$65
Trifocal		
Frames (once every 24 months)	Covered up to \$130 (\$70 at Costco, Sam's or Walmart)	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$105



Supplemental Life and AD&D Insurance

(Employee-paid)

You may purchase supplemental life & AD&D coverage through Mutual of Omaha for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue*
Employee	\$10,000 increments, minimum of \$20,000 up to \$500,000	10x salary up to \$150,000
Spouse/DP	\$5,000 increments, up to \$250,000	\$50,000
Child(ren)	\$5,000 increments, up to \$10,000	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Employee Assistance Program

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through Mutual of Omaha.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to three (3) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Valuable Extras

We also offer the following additional benefits:

- ▶ 401(k) Plan

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Blue Cross Blue Shield of Nebraska	402-390-1820	www.nebraskablue.com
Dental	MetLife	800-275-4638	www.metlife.com/dental
Vision	MetLife	855-638-3931	www.metlife.com/vision
Supplemental Life	Mutual of Omaha	800-775-8805	N/A
Employee Assistance Program (EAP)	Mutual of Omaha	800-316-2796	mutualofomaha.com/eap

Benefits Website

Our benefits website <https://info.triagestaff.com/2021-benefits> can be accessed anytime you want additional information on our benefits programs.

Questions?

If you have additional questions, you may also contact:
benefits@triagestaff.com



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.
Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

