

## RESPECT

We recognize the contributions and value of each individual.

## INTEGRITY

We conduct all of our activities honestly and objectively.

## TEAMWORK

We achieve our goals by working together.

## EXCELLENCE

We strive to be the best in everything we do.

# employee BENEFITS

JANUARY 1-DECEMBER 31, 2020

Benefits are an integral part of the overall compensation package provided by Vitalant and a key tool in recruiting and retaining great employees. It is our objective to offer comprehensive and affordable coverage that meets our employees' needs.

## WHO IS ELIGIBLE

If you are scheduled to work at least 30 hours per week, you are eligible for health, dental, vision, EAP, HSA, and FSAs on the first of the month following date of hire. You are eligible for all other benefits after three months of continuous employment and 401(k) after 30 days of continuous employment. If you are scheduled to work 20-29 hours per week, please see Human Resources Department for eligibility.

**Many of the plans allow you to cover your eligible dependents, which include:**

- Your legal spouse or domestic partner.
- Your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, foster child, legally-adopted child, a child placed with you for adoption, domestic partner's biological child, or a child for whom you are the legal guardian).
- Your dependent children of any age who are physically or mentally unable to care for themselves.

## BENEFITS OVERVIEW

**Vitalant offers the following benefits:**

- Health insurance
- Health savings account
- Dental insurance
- Vision insurance
- Flexible spending accounts
- Basic life and AD&D insurance
- Supplemental life and AD&D insurance
- Short-term disability insurance
- Long-term disability insurance
- Accident insurance
- Critical illness insurance
- Hospital indemnity insurance
- Business travel accident insurance
- Paid time off
- Commuter benefits
- 401(k) retirement savings plan
- Employee assistance program

# HEALTH INSURANCE

Vitalant offers two medical plan options through Aetna. Log into [aetna.com](https://www.aetna.com) to locate a provider.

**The Aetna Performance Plan covers Aetna Whole Health facilities and providers ONLY. Providers and facilities outside of Aetna Whole Health WILL NOT be covered.** The Aetna Whole Health network is available in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Teller, and Weld counties.

The table below summarizes the key features of the health plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Aetna Performance Plan In-Network Only	Aetna HealthSave Plan In-Network Only
<b>Network</b>	Colorado Front Range Health	Aetna Select Open Access
<b>Annual Deductible<sup>1</sup></b> Employee/Family	\$750/\$1,500	\$2,800/\$5,600
<b>Vitalant HRA or HSA Contribution</b> Employee Family	Health Reimbursement Arrangement (HRA) \$500 <sup>2</sup> \$1,000 <sup>2</sup>	Health Savings Account (HSA) \$200 - \$800 match max \$400 - \$1,600 match max
<b>Annual Out-of-Pocket Max<sup>1</sup></b> Employee/Family	Includes deductible, copays, and coinsurance	
	\$1,000/\$2,000	\$5,000/\$10,000
<b>Preventive Care</b>	Covered at 100%	Covered at 100%
<b>Physician Services</b> Primary Care Physician Specialist Urgent Care	15% after deductible 15% after deductible 15% after deductible	30% after deductible 30% after deductible 30% after deductible
<b>Lab/X-Ray</b> Diagnostic Lab/X-Ray High-Tech Services (MRI, CT, PET)	15% after deductible 15% after deductible	30% after deductible 30% after deductible
<b>Hospital Services</b> Inpatient Outpatient	15% after deductible 15% after deductible	30% after deductible 30% after deductible
<b>Emergency Room</b>	15% after deductible	30% after deductible
<b>Prescription Drugs</b> (Up to 30 days) Generic Brand Formulary Brand Non-Formulary Specialty	Member pays: \$10 copay \$35 copay \$60 copay 20% up to \$250	Member pays: 30% after deductible 30% after deductible 30% after deductible 30% after deductible
<b>Mail Order Prescription Drugs</b>	(Up to a 90-day supply) 2x retail copay	(Up to a 90-day supply) 30% after deductible

(1) The individual deductible and out-of-pocket max apply to each covered member (capped at family amount). (2) The HRA contribution is prorated based on date of hire.

## HEALTH SAVINGS ACCOUNT

If you enroll in the Aetna HealthSave Plan, you may be eligible to open and fund a health savings account (HSA) through HealthEquity. An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars. Refer to [healthequity.com](https://www.healthequity.com) for more information.

### VITALANT CONTRIBUTION

If you enroll in the Aetna HealthSave Plan, Vitalant will help you save by making a one-time contribution to your account at the beginning of the plan year:

- **Employee-only:** \$200
- **All other coverage levels:** \$400

Plus, Vitalant will match your contributions dollar-for-dollar up to the following amounts:

- **Employee-only:** \$800
- **All other coverage levels:** \$1,600

### 2020 MAXIMUM HSA CONTRIBUTIONS

- **Individual:** \$3,550\*
- **All other tiers:** \$7,100\*

If you are age 55+ by December 31, 2020, you may contribute an additional \$1,000.

\*Includes Vitalant contribution.

**If you fund an HSA, you cannot contribute pre-tax dollars to the traditional health care flexible spending account.**

**However, you can fund a limited purpose health care FSA (for dental and vision expenses only).**

## DENTAL INSURANCE

Vitalant offers a dental insurance plan through Aetna. The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a network provider. Locate an Aetna network provider at [aetna.com](http://aetna.com).

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount the plan pays. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Aetna Dental Plan	
	In-Network	Out-of-Network*
<b>Annual Deductible</b> Individual/Family	\$50/\$150	
<b>Annual Benefit Maximum</b>	\$1,500	
<b>Preventive Care</b> Oral exams, cleanings, x-rays	100%	100%
<b>Basic Services</b> Periodontal services, endodontic services, oral surgery, fillings	80% after deductible	80% after deductible
<b>Major Services</b> Bridges, crowns (inlays/onlays), dentures (full/partial)	50% after deductible	50% after deductible
<b>Orthodontia Services</b> (Treatment must begin before age 20)	50%	
<b>Orthodontia Lifetime Maximum</b>	\$1,000	

\*Members may be balanced billed for services received from out-of-network providers.

## VISION INSURANCE

Vitalant offers a vision insurance plan through Superior Vision. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a Superior Vision network provider at [superiorvision.com](http://superiorvision.com).

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Superior Vision Plan	
	In-Network	Out-of-Network
<b>Eye Exam</b> (every 12 months)	\$10 copay*	Reimbursement up to: \$34 (Ophthalmologist); \$26 (Optometrist)
<b>Standard Plastic Lenses</b> (every 12 months) Single/Bifocal/Trifocal	\$25 copay	Reimbursement up to \$29/\$43/\$53
<b>Frames</b> (every 24 months)	\$130 allowance + 20% off balance	Reimbursement up to \$63
<b>Contact Lens Fitting</b>	\$30 copay	Not covered
<b>Contact Lenses</b> (every 12 months in lieu of standard plastic lenses) Elective Medically Necessary	\$130 allowance Plan pays 100%	Reimbursement up to \$100 Reimbursement up to \$210

\*An annual eye exam is covered by the health plans at 100% when you choose an in-network provider.

## FLEXIBLE SPENDING ACCOUNTS

Vitalant offers three flexible spending account (FSA) options, which are administered by HealthEquity. These accounts allow you to pay for eligible health care and dependent care expenses with pre-tax dollars.

### HEALTH CARE FSA

Eligible expenses include deductibles, copays, and other health-related expenses that are not paid by the medical, dental, or vision plans. The health care FSA maximum contribution is \$2,650 for the 2020 calendar year.

### LIMITED PURPOSE HEALTH CARE FSA

If you fund an HSA, you are not eligible to fund a health care FSA. However, you can fund a limited purpose health care FSA, which can only be used to reimburse eligible dental and vision expenses. The limited purpose health care FSA maximum contribution is \$2,650 for the 2020 calendar year.

### DEPENDENT CARE FSA

Eligible expenses include day care facility fees, before- and after-school care, and in-home babysitting fees (income must be reported by your care provider). You may contribute up to \$5,000 to the dependent care FSA for the 2020 calendar year if you are married and file a joint return or if you file a single or head of household return.

## LIFE AND AD&D INSURANCE

### BASIC LIFE AND AD&D INSURANCE

Vitalant provides basic life and AD&D insurance through Lincoln Financial Group to all benefits-eligible employees **AT NO COST**.

- **Employee life and AD&D benefit:** 1x annual basic earnings up to a maximum of \$500,000.

### SUPPLEMENTAL LIFE AND AD&D INSURANCE

Vitalant provides you the option to purchase voluntary life and AD&D insurance for yourself, your spouse, and your dependent children through Lincoln Financial Group. You must purchase voluntary coverage for yourself in order to purchase coverage for your spouse and/or dependents.

- **Employee:** 1x, 2x, or 3x annual earnings up to \$1,000,000, rounded to the highest multiple of \$1,000. Guarantee issue: \$300,000.
- **Spouse:** \$10,000, \$25,000, or \$50,000 up to 100% of the employee's election.
- **Dependent children:** \$5,000, \$10,000, or \$15,000.

## DISABILITY INSURANCE

### SHORT-TERM DISABILITY INSURANCE

Vitalant automatically provides short-term disability (STD) insurance through a salary continuation program administered by Lincoln Financial Group to all benefits-eligible employees **AT NO COST**. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

- **Benefit:** 60–100% of pre-disability wage. Percentage increases based on your tenure with the company.
- **Elimination period:** 7 days.
- **Benefit duration:** 13 weeks.

### LONG-TERM DISABILITY INSURANCE

Vitalant automatically provides long-term disability (LTD) insurance through Lincoln Financial Group to all benefits-eligible employees **AT NO COST**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 60% of pre-disability earnings up to \$10,000 per month.
- **Elimination period:** 90 days.
- **Benefit duration:** Social security normal retirement age.

## VOLUNTARY BENEFITS

Vitalant provides you the option to purchase accident insurance, critical illness insurance, and hospital indemnity insurance through Unum. These supplemental benefit options pay cash benefits directly to you if you are faced with an accidental injury, hospitalization, or serious illness. These plans can help offset deductibles and other out-of-pocket expenses associated with unexpected illnesses or accidents.

## BUSINESS TRAVEL ACCIDENT INSURANCE

Vitalant automatically provides business travel accident insurance through The Hartford to all benefits-eligible employees **AT NO COST**. Business travel accident insurance provides a benefit for death or dismemberment that occurs while traveling for Vitalant business.

## PAID TIME OFF

Paid time off (PTO) hours accrue each pay period for full-time and part-time employees based on length of service and paid hours. PTO is granted to cover absences from scheduled work hours including but not limited to: illness, personal business, vacation, and appointments.

## COMMUTER BENEFITS

The commuter benefits program provides you with pre-tax savings for specific commuter expenses. You may contribute up to \$270 per month from your pay for mass transit and/or vanpooling expenses and up to \$270 per month for eligible commercial parking expenses on a pre-tax basis. Funds are not transferrable. Transit amounts may only be spent on mass transit, and parking amounts may only be spent on eligible parking.

## 401(k) RETIREMENT SAVINGS

We are pleased to provide you with a convenient way to save for your retirement through payroll deductions. You are immediately vested in all your salary deferral contributions and earnings.

## EMPLOYEE ASSISTANCE

Life can be challenging. That's why Vitalant provides an employee assistance program (EAP) to all benefits-eligible employees and their household members **AT NO COST**.

The EAP is designed to provide prompt, confidential help with a range of personal and family issues, including marital and relationship issues, alcohol and drug abuse, stress management, family/parenting problems, work relationships, legal assistance, and wellness information. The EAP offers up to nine free face-to-face visits each year with a licensed counselor.

This guide contains highlights of the benefits options available to you through Vitalant. They are not complete descriptions of the benefits. Vitalant may terminate, withdraw, or modify any benefit described in this guide, in whole or in part, at any time. The descriptions of the benefit are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official Plan Document, the official documents will govern.