



BENEFITS SUMMARY

We are proud to offer industry leading benefits

Medical, Dental, Vision, Life, Disability & 401(k)

This document outlines benefits for Contract Employees of Apex Systems and Apex Life Sciences, herein referred to as the "Company."

You must elect benefits within your first 30 days of employment. If you do not elect benefits within your first 30 days, you will have to wait for annual open enrollment or experience a qualified life event. Below is a list of our benefits and the services we offer to guide you in your selections. For any questions or further information on how to enroll, please call Contractor Care at 866-612-2739.

Benefitsolver: Within your first week of employment, you will receive an email from hrenrollment@apexsystems.com providing you with enrollment instruction to use Benefitsolver to enroll in your benefits. You have 30 days to enroll in your benefits.

Benefit options include the following:

Dental: Pays 100% for checkups and cleanings. After a \$50 deductible per person or \$150 per family, fillings and basic services are paid at 80% and major services are paid at 50%. Maximum benefit per coverage year is \$1,000. Weekly premium: \$7.54 employee only, \$15.07 employee + child(ren), \$15.07 employee + spouse, and \$26.85 employee + family.

Vision Care: In-network coverage is \$10 copay every 12 months for an exam; \$10 copay every 12 months for lenses; and \$10 copay every 24 months for frames. Weekly premium: \$1.42 employee only, \$2.85 employee + one dependent and \$4.58 employee + family.

Term Life and AD&D: Coverage is in increments of \$10,000 term life coverage and AD&D up to a maximum of five times your salary or \$500,000, whichever is less. Spouses are covered in increments of \$10,000 up to 50% of the employee's coverage amount up to \$250,000 or whichever is less. Dependent children can be enrolled for \$5,000 or \$10,000 term life/AD&D (age 6 months to 26 years old) and \$500 term life/AD&D for children under 6 months. Weekly premium is based on an employee's age and the amount of coverage elected.

Short-Term Disability: Weekly benefits for up to 12 weeks at 60% base pay up to \$1,000 weekly; begins after 7- day waiting period. Weekly premium is based on employee's salary and age. The short term disability plan does have a pre-existing condition clause. If you live in states where there is state disability you will need to coordinate with the state and Cigna in the event you go out on STD.

Long-Term Disability: After the first 12 weeks of being out of work due to an accident or an illness, Long Term Disability benefits begin at 60% base pay up to \$5,000 monthly. Weekly premium is based on employee's salary and age.

Medical Care Options: The Affordable Care Act (ACA) includes a mandate for most individuals to have health insurance or potentially pay a penalty for noncompliance. Individuals will be required to maintain minimum essential coverage for themselves and their dependents. The Aetna Fixed Indemnity Plan does not qualify as meeting the individual mandate. To find out more about whether you are required to buy coverage under ACA, go to <https://www.healthcare.gov/what-if-i-dont-have-health-coverage/>. If you would like more information about the ACA please visit <https://www.healthcare.gov/> or call 1-800-318-2596. Massachusetts: If you are a MA resident, the Aetna Fixed Indemnity Plan does not meet the minimum coverage standards in MA. We encourage you to access www.mahealthconnector.org for more information.

The Company gives you multiple medical options. You have the option of choosing the Aetna Fixed Indemnity Plan, which provides some protection in the event of an illness or accident. As noted above, this plan is not ACA compliant. As such, we offer other plans that are ACA compliant and may suit your individual needs, as follows.



Option 1: Aetna Fixed Indemnity Plan Medical Option: Through a PPO network, Aetna will reimburse you \$80 for an office visit per day (maximum of seven days) and reimburse up to \$55 per day for prescription generic or brand drugs (maximum annual Rx benefit is \$660). Maximum annual benefit is \$2,000 (outpatient), and the plan covers \$650 per day for inpatient standard care and \$1,300 per day for intensive care inpatient care. Weekly premium: \$23.53 employee only, \$75.31 employee + children, \$52.30 employee + spouse, and \$75.31 employee + family. This plan is not COBRA eligible, nor is it ACA compliant. However, this plan provides a core set of services for a lower cost.

Option 2: Minimum Essential Coverage (MEC): The MEC plan will satisfy the individual mandate described above however it does not meet the requirement for minimum value plan and does not qualify as coverage under ACA. Be aware that this plan covers only preventative and wellness services which include such services as screening tests for blood pressure, cholesterol, diabetes, osteoporosis and mammograms. The MEC does not cover major medical services such as emergency services, hospitalization (such as surgery), maternity and newborn care and prescription drugs. Detailed plan information and enrollment instructions are included in your new hire packet. This plan is available to all employees on assignment. You must enroll within 30 days of your start date. The weekly deductions for this plan are \$14.30 employee only, \$28.36 employee + child(ren), \$30.44 employee + spouse, and \$47.04 employee + family.

If you enroll in any of the United Health Care (UHC) plans you are required to provide proof of dependent status within 30 days of your enrollment.

Option 3 (3 sub options): Major Medical Plan Options: You will have the option to participate in the United Health Care Major Medical Plan options after your one month orientation period. Coverage will be effective the first of the month following 54 days of employment (**84 days**). These plans provide benefits through a PPO network of doctors, hospitals and pharmacy. The PPO 70 and 80 plans do not meet the requirement for minimum coverage standards in Massachusetts.

PPO Medical Plan Options

PPO 60 Medical Plan Option: This is a major medical plan with an annual deductible of \$3,250 single and \$6,500 family. Once the deductible is met, the plan pays 70% and you pay 30% for office visits, pharmacy, and emergency room visits. Preventative services are covered at 100%. You must enroll within 30 days of your eligibility date.

PPO 60 WEEKLY RATES				
HOURLY RATE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
\$8.50 - 10.99	\$27.69	\$185.08	\$165.46	\$348.23
\$11.00 - \$13.49	\$36.00	\$193.38	\$173.77	\$356.54
\$13.50 - \$15.99	\$44.08	\$201.46	\$181.85	\$364.62
\$16.00 - \$18.49	\$52.38	\$209.77	\$190.15	\$372.92
\$18.50 - \$20.99	\$60.46	\$217.85	\$198.23	\$381.00
\$21.00 - \$23.75	\$68.77	\$226.15	\$206.54	\$389.31
\$23.76 - \$26.49	\$77.77	\$235.15	\$215.54	\$398.31
\$26.50 - \$29.49	\$86.77	\$244.15	\$224.54	\$407.31
\$29.50 - \$32.22	\$96.69	\$254.08	\$234.46	\$417.23
\$32.23 >	\$105.69	\$263.08	\$243.46	\$426.23

PPO 70 Medical Plan Option: This is a major medical plan with an annual deductible of \$2,000 single and \$4,000 family. Once the deductible is met the plan pays 70% and you pay 30% for office visits and emergency room visits. Preventative services are covered at 100%. There is a \$100 deductible for pharmacy. Once the deductible is met, then the employee pays \$10 for generic, \$30 for brand, and \$50 for brand non-preferred. You must enroll within 30 days of your eligibility date.



PPO 70 WEEKLY RATES				
HOURLY RATE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
\$8.50 - 10.99	\$117.69	\$288.00	\$266.54	\$465.00
\$11.00 - \$13.49	\$117.69	\$288.00	\$266.54	\$465.00
\$13.50 - \$15.99	\$117.69	\$288.00	\$266.54	\$465.00
\$16.00 - \$18.49	\$117.69	\$288.00	\$266.54	\$465.00
\$18.50 - \$20.99	\$117.69	\$288.00	\$266.54	\$465.00
\$21.00 - \$23.75	\$117.69	\$288.00	\$266.54	\$465.00
\$23.76 - \$26.49	\$117.69	\$288.00	\$266.54	\$465.00
\$26.50 - \$29.49	\$117.69	\$288.00	\$266.54	\$465.00
\$29.50 - \$32.22	\$117.69	\$288.00	\$266.54	\$465.00
\$32.23>	\$117.69	\$288.00	\$266.54	\$465.00

PPO 80 Medical Plan Option: This is a major medical plan with an annual deductible of \$750 single and \$1,500 family. Office visits for a primary care physician are \$25 and \$50 for a specialist. The emergency room visit copayment is \$200. Preventative services are covered at 100%. There is a \$100 deductible for pharmacy. Once the deductible is met, then the employee pays \$10 for generic, \$30 for brand and \$50 for brand non-preferred. You must enroll within 30 days of your eligibility date.

PPO 80 WEEKLY RATES				
HOURLY RATE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
\$8.50 - 10.99	\$140.08	\$335.86	\$311.49	\$539.40
\$11.00 - \$13.49	\$140.08	\$335.86	\$311.49	\$539.40
\$13.50 - \$15.99	\$140.08	\$335.86	\$311.49	\$539.40
\$16.00 - \$18.49	\$140.08	\$335.86	\$311.49	\$539.40
\$18.50 - \$20.99	\$140.08	\$335.86	\$311.49	\$539.40
\$21.00 - \$23.75	\$140.08	\$335.86	\$311.49	\$539.40
\$23.76 - \$26.49	\$140.08	\$335.86	\$311.49	\$539.40
\$26.50 - \$29.49	\$140.08	\$335.86	\$311.49	\$539.40
\$29.50 - \$32.22	\$140.08	\$335.86	\$311.49	\$539.40
\$32.23>	\$140.08	\$335.86	\$311.49	\$539.40

Accident Insurance: Unum's Accident Insurance can pay benefits based on the injury you receive and the treatment you need, including emergency-room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and copays.

Critical Illness Insurance: Unum's Group Critical Illness Insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. Cancer coverage is also available. You choose a lump-sum benefit up to \$50,000 that is paid directly to you at the first diagnosis of a covered condition. You can use the benefit any way you choose.

Transit Reimbursement Account: A Transit Reimbursement Account (TRA) allows you to deposit up to \$260 of pre-tax dollars each month into a fund for you to draw from in order to pay for the following transportation options: transit passes, tokens, fare cards, vouchers, etc., when riding on mass transit, or when riding with someone who is in the business of



transporting people for hire (it must be in a vehicle that seats six or more adults, excluding the driver). By paying for your daily commute with pre-tax dollars, you save money by reducing your taxable income. This account is administered by Discovery Benefits.

Reporting Workplace Injuries: If you are injured on the job, please report your injury to your Onsite Supervisor at the client site, your Recruiter, and to Safety Ready at 800-800-5003. If it is an emergency, please follow the Emergency Response Plan established by the client to ensure the most rapid medical care. If it is a non-emergency injury, please call the 24-hour 800 reporting number immediately. This is a triage center, and all calls are taken by a Registered Nurse. If deemed a medical aid injury, you will be notified of the nearest network facility and instructed to go there as soon as possible.

401(k) Plan : The Company's 401(k) Retirement Savings Plan allows eligible employees to set aside up to 75% of pre-tax earnings up to the IRS limit (2018: \$18,500 or \$24,500 if age 50+) annually for investment in retirement funds. Eligibility begins immediately, however you will be given an opportunity to enroll within your first 30 days of employment. After you have worked one year, you will be eligible for the company match of 50% of the first 1% and an additional 25% of the next 5% you contribute. The maximum match is \$1,000. The match will be deposited in January of the year following the calendar year in which you are eligible for a match, provided you are employed on December 31 of the year in which you are eligible.

We also offer you the opportunity to purchase Identity Theft Insurance and Pet Insurance.

Again, for questions or clarification, please call Contractor Care at 866-612-2739.

The plan year, for all plans outlined in this document with the exception of the dental plan, is September 1 – August 31.

The plan year for the **dental plan** is January 1 – December 31.

The text contained in this overview is taken from various summary plan descriptions and benefit information. The information in this overview should in no way be construed as a promise or guarantee of employment or benefit coverage. Pricing, underwriting, plan specifics and all other product features are solely that of the Insurance Company and not the Company. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. If there is any conflict between the wording in this brochure and the wording of the official plan documents, the plan documents will always govern. While the Company intends to continue the plans described in this document indefinitely, The Company reserves the right to change, amend, modify, suspend, interpret or cancel in whole or in part, any of the plans at any time for any reason.

All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.