



YOUR
employee **BENEFITS**

BENEFIT PLANS EFFECTIVE JANUARY 1-DECEMBER 31, 2021

Colleagues,

I am proud to share our 2021 benefits offerings with you. Vitalant continues to strive to offer competitive benefits that support your wellbeing and that of your eligible dependents. Leveraging our national reach, we were able to provide you with several generous benefit options this year while maintaining an employer commitment to cover approximately 80% of the continually rising health care costs.

Vitalant's benefit package, also known as Total Rewards, is valued at more than 30% of your annualized salary. That means if you earn \$35,000 in wages, your total compensations (wage and benefits) is valued at more than \$45,500. This important guide offers you an overview of your available benefit options, including the 2021 health care premiums.

I encourage you to carefully review your 2021 benefit options. Each of us plays a critical role in delivering on our life-transforming mission and having a dependable, affordable benefits package can help us to show up for our communities every day. On behalf of the donors, patients, and co-workers who rely on you every day, thank you.

Be well,

Peter W. Michaelson
Executive Vice President,
Chief People Officer

what's inside

HOW BENEFITS WORK

Who is Eligible.....	3
When to Enroll.....	4
Changing Your Benefits.....	4

HEALTH PLANS

Health Insurance.....	5
Aetna Tools and Resources.....	10
Dental Insurance.....	12
Vision Insurance.....	13

TAX SAVINGS

Budgeting for Your Care.....	14
Health Savings Account.....	15
Flexible Spending Accounts.....	16

FINANCIAL SECURITY

Life and AD&D Insurance.....	17
Disability Insurance.....	18
Voluntary Protection Benefit Options.....	19
Business Travel Insurance.....	20
Paid Time Off.....	20
Commuter Benefits.....	20
401(k) Plan.....	21

ADDITIONAL INFORMATION

Employee Assistance Program..	22
Contact Information.....	24

WHO IS ELIGIBLE

Your eligibility for benefits is determined by the hours you are scheduled to work each week. Refer to the table below for details.

		30+ Hours Per Week	20-29 Hours Per Week
Eligible on your date of hire	Business Travel Accident Insurance	X	X
	Paid Time Off	X	X
Eligible on the first of the month following date of hire	Health Insurance	X	
	Dental Insurance	X	
	Vision Insurance	X	
	Employee Assistance Program	X	
	Health Savings Account	X	
	Flexible Spending Accounts	X	X
	Accident Insurance	X	
	Critical Illness Insurance	X	
	Hospital Indemnity Insurance	X	
	401(k) Retirement Savings Plan	X	X
Eligible after 90 days of continuous employment	Life and AD&D Insurance	X	X
	Short-Term Disability Insurance	X	X
	Long-Term Disability Insurance	X	
	Commuter Benefits	X	X

DEPENDENT ELIGIBILITY

Many of the plans offer coverage for eligible dependents, including:

- 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.

*Your qualified domestic partner must be your tax-dependent domestic partner in order for coverage to be on a pre-tax basis. If your domestic partner is not your tax dependent, the contribution you make toward any premium is counted as imputed income. This income is added to your gross wages so employment taxes can be withheld.



A working spouse surcharge of \$150 per month (\$75 per pay period) applies if your spouse or domestic partner is offered health insurance through his or her employer and enrolls in a Vitalant health plan.

WHEN TO ENROLL

You can sign up for benefits or change your benefit elections at the following times:

- Within 30 days of your initial eligibility date (as a newly-hired employee).
- During the annual benefits open enrollment period.
- Within 31 days of experiencing a qualifying life event.

The choices you make at this time will remain in place through December 31, 2021, unless you experience a qualifying life event as described below. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

CHANGING YOUR BENEFITS

Due to IRS regulations, once you have made your elections for 2021, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.*
- Death of your spouse or covered child.
- Entitlement to Medicare or Medicaid.
- Change in your spouse's work status that affects his or her benefits.
- Change in your child's eligibility for benefits.
- Qualified Medical Child Support Order.

*Newborns are not automatically added for the first 31 days of life; you must notify your local Human Resources Department.



To request a benefits change, notify your local Human Resources Department within 31 days of the qualifying life event. Change requests submitted after 31 days cannot be accepted. Depending on the type of event, you may be asked to provide proof of the event.

HEALTH INSURANCE

Vitalant offers comprehensive health insurance. The health plans that you are eligible for depend on your location.

The plans provide in-network benefits only. Services received by non-network providers will not be covered by the plans. The table below highlights key features of the health plan options. Refer to page 6 for plan details.

Key Functions	Aetna HealthSave Plan	Aetna Standard Plan	Aetna Performance Plan	Kaiser HMO
Location availability	All locations	All locations outside of Arizona, Colorado, El Paso, and Las Vegas	Arizona, Colorado, El Paso, and Las Vegas only	Northern California only
Network	Aetna Select Open Access	Aetna Select Open Access	Arizona: Banner Open Access EPO Plus ¹ Outside of Arizona: Aetna Premier Care Network Plus ²	Northern California
Locate an in-network provider	Visit aetna.com	Visit aetna.com	Arizona: Visit banner.aetna.com Outside of Arizona: Visit aetna.com	Visit kp.org
Pay for health care with pre-tax dollars	Eligible to fund a health savings account (HSA) AND a limited purpose flexible spending account (FSA)	Eligible to fund a health care flexible spending account (FSA)	Eligible to fund a health care flexible spending account (FSA)	Eligible to fund a health care flexible spending account (FSA)

(1) For Arizona members, the Aetna Performance Plan covers Banner Health facilities and providers (including HonorHealth) ONLY. Providers and facilities outside of Banner Health (including Mayo and Children's Hospital) WILL NOT be covered. The Banner Health network is available in Maricopa and Pinal counties.

(2) For Colorado, El Paso and Las Vegas members, the Aetna Performance Plan covers Aetna Premier Care Network Plus facilities and providers ONLY. Providers and facilities outside of Aetna Premier Care Network Plus WILL NOT be covered. If you are traveling outside of the service area, providers and facilities in the broad Aetna network will be covered. Aetna Premier Care Network Plus is available in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso, Jefferson, Larimer, Teller, Weld counties, and Las Vegas.

HEALTH INSURANCE COSTS

Listed below are the biweekly (24 pay periods) costs for health insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Level of Coverage	Aetna HealthSave Plan		Aetna Standard Plan		Aetna Performance Plan		Kaiser HMO	
	Vitalant Contribution	Your Cost	Vitalant Contribution	Your Cost	Vitalant Contribution	Your Cost	Vitalant Contribution	Your Cost
Employee Only	\$303.50	\$32.50	\$300.50	\$42.50	\$306.00	\$45.00	\$270.00	\$57.50
Employee + Spouse	\$510.00	\$162.50	\$475.50	\$212.50	\$476.00	\$225.00	\$463.50	\$257.50
Employee + Child(ren)	\$552.00	\$100.00	\$531.50	\$132.50	\$541.00	\$140.00	\$455.00	\$200.00
Employee + Family	\$844.50	\$200.00	\$808.50	\$265.00	\$795.50	\$280.00	\$655.00	\$327.50

HEALTH INSURANCE

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 HealthSave Plan In-Network Only	Aetna Standard Plan In-Network Only	Aetna Performance Plan In-Network Only	Kaiser HMO In-Network Only
Location availability	All locations	All locations outside of Arizona, Colorado, El Paso, and Las Vegas	Arizona, Colorado, El Paso, and Las Vegas only	Northern California only
Annual Deductible¹ Employee/Family	\$2,800/\$5,600	\$1,500/\$2,500	\$750/\$1,500	\$0/\$0
Vitalant HRA or HSA Contribution Employee Family	Health Savings Account (HSA) \$200 (\$800 match max) \$400 (\$1,600 match max)	N/A	Health Reimbursement Arrangement (HRA) \$500 ² \$1,000 ²	N/A
Annual Out-of-Pocket Max¹ Employee/Family	\$5,000/\$10,000	Includes deductible, copays, and coinsurance \$3,000/\$6,000		\$3,000/\$6,000
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Physician Services Primary Care Physician Specialist Urgent Care	30% after ded. 30% after ded. 30% after ded.	\$25 copay ³ \$50 copay ³ \$75 copay ³	15% after ded. 15% after ded. 15% after ded.	\$40 copay \$40 copay \$40 copay
Lab/X-Ray Diagnostic Lab/X-Ray High-Tech Services (MRI, CT, PET)	30% after ded. 30% after ded.	\$25 copay ³ 20% after ded.	15% after ded. 15% after ded.	\$10 copay \$50 per procedure
Hospital Services Inpatient Outpatient	30% after ded. 30% after ded.	20% after ded. 20% after ded.	15% after ded. 15% after ded.	\$500 copay/day \$250 per procedure
Emergency Room	30% after ded.	\$250 copay + 20% after ded.	15% after ded.	\$150 copay
Prescription Drugs (Up to a 30-day supply) Generic Brand Formulary Brand Non-Formulary Specialty	Member pays: 30% after ded. 30% after ded. 30% after ded. 30% after ded.	Member pays: \$10 copay ³ \$35 copay ³ \$60 copay ³ 20% up to \$250	Member pays: \$10 copay \$35 copay \$60 copay 20% up to \$250	Member pays: \$10 copay \$30 copay \$30 copay 20% up to \$250
Mail Order Prescription Drugs	(Up to a 90-day supply) 30% after ded.	(Up to a 90-day supply) 2x retail copay	(Up to a 90-day supply) 2x retail copay	(Up to a 100-day supply) 2x retail copay

(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 your date of hire.

(3) Copays apply toward your out-of-pocket maximum. They do not apply toward your deductible.

HEALTH INSURANCE

In-network preventive care is free for health plan members.

The Vitalant health plans pay 100% of the cost of preventive care when received from a network provider. This means you won't have to pay anything out of your pocket.



WHAT IS PREVENTIVE CARE?

The focus of preventive health care is to **PREVENT** illnesses, disease, and other health problems, and to **DETECT** issues at an early stage when treatment is likely to work best.



WHY IS PREVENTIVE CARE IMPORTANT?

It is important that you have a preventive exam each year—even if you feel healthy and are symptom free—in order to **IDENTIFY FUTURE HEALTH RISKS**.



WHAT'S COVERED?

Covered preventive services **VARY BY AGE AND GENDER**. Talk with your provider to determine which screenings, tests, and vaccines will be covered, when you should get them, and how often.

Note: Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design. If you are an Aetna HealthSave or Standard plan member, learn more about preventive care at aetna.com. If you are an Aetna Performance Plan member in Arizona, visit banneretna.com. If you are a Kaiser HMO member, visit kp.org.



Check your explanation of benefits.

After your appointment, review your explanation of benefits (EOB) and provider bill to confirm you were billed correctly.

HEALTH INSURANCE

TELADOC

Aetna health plan members have 24/7/365 access to licensed physicians through Teladoc. This program saves you time and money by allowing you to seek information, advice, and treatment without having to face waiting lines at your doctor's office or an urgent care center. In many cases you can even request prescriptions or refills without an office visit.

Use Teladoc when:

- Your primary physician is unavailable.
- You are traveling and need medical advice.
- You need treatment after normal business hours.
- You need help with non-emergent medical issues.

HealthSave Plan and Performance Plan members will pay \$47 per visit (until their deductible is met, then subject to coinsurance). Standard Plan members will pay a \$25 copay.

DERMATOLOGY CARE

Teladoc makes skin care easier. You no longer have to wait weeks for an appointment. Use your Teladoc account to upload images of your skin condition. U.S. board-certified dermatologists will give you a diagnosis and treatment plan customized to fit your specific needs within two business days or less.

The Teladoc dermatologists diagnose skin issues and treat common conditions like acne, psoriasis, eczema, rosacea, rash, poison ivy, skin infections, and dermatitis.

HealthSave Plan and Performance Plan members will pay \$75 per visit (until their deductible is met, then subject to coinsurance). Standard Plan members will pay a \$50 copay.

THERAPY

Speak with a licensed counselor, therapist, or psychiatrist by secure video visits seven days a week. You can find support for anxiety, relationship and family problems, emotional difficulties, work pressures, grieving issues, and trauma resolution. Providers can also prescribe some medications and help with medication management.

HealthSave Plan and Performance Plan members will pay a \$190 fee for their first visit and \$95 per visit for follow ups (until their deductible is met, then subject to coinsurance). Standard Plan members will pay a \$25 copay for all therapy visits (including those with a master level therapist).

GET STARTED

Connect with a licensed provider by calling 800-835-2362 (800-TELADOC) or by going online to teladoc.com/aetna. To get started, you must complete your medical history online or by phone prior to requesting a consultation.

KEY TERMS TO KNOW



Copay

A fixed dollar amount that you may pay for certain covered services. Typically, your copay is due up front at the time of service.



Deductible

The amount that you must pay each year for certain covered health services before the insurance plan will begin to pay.



Coinsurance

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



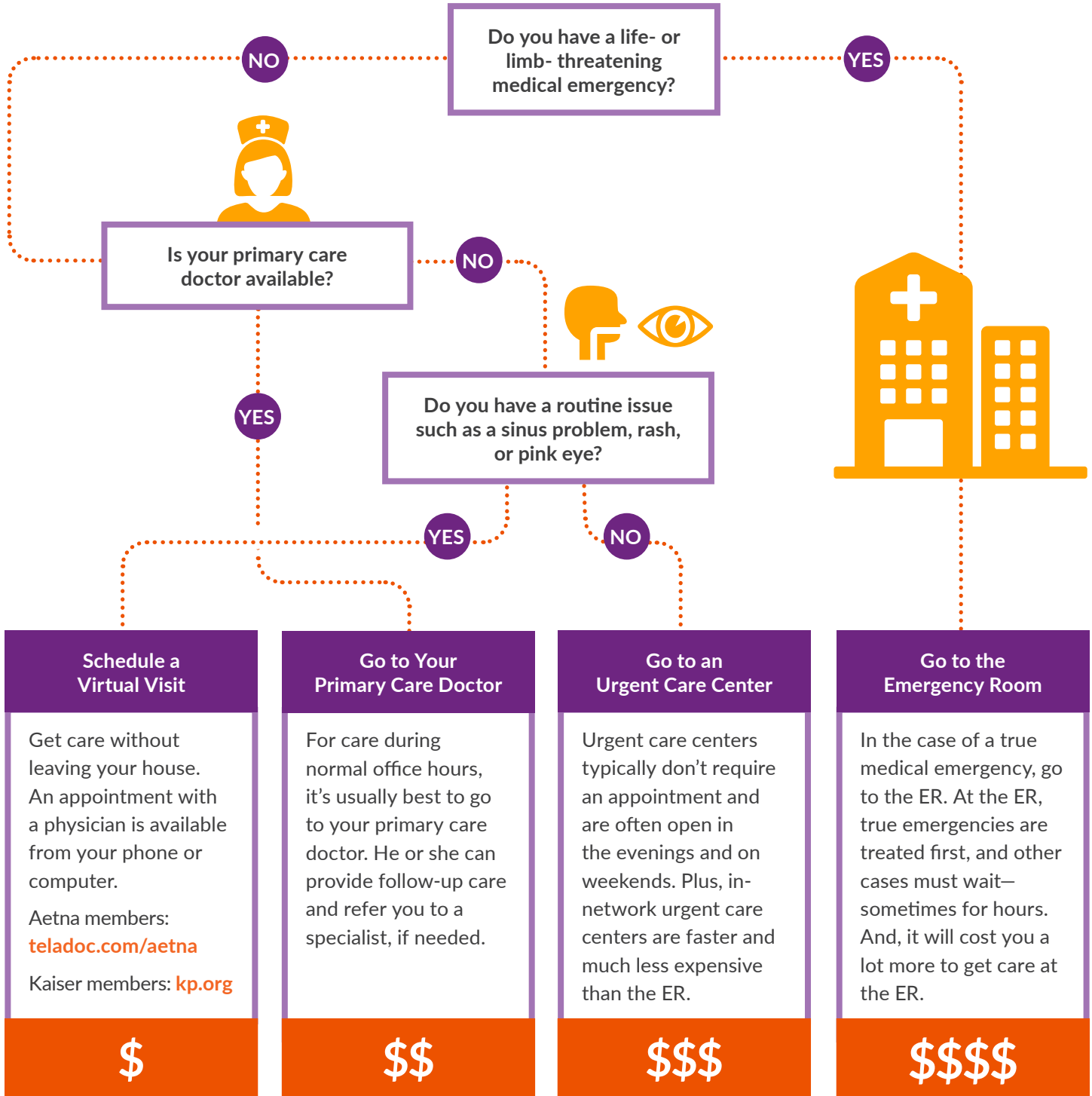
Out-of-Pocket Maximum

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan will pay 100% of covered services the rest of the year.

HEALTH INSURANCE

Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



Questions? Contact your health plan's 24/7 nurse line. A nurse can help triage symptoms, give medical advice, or refer you to a care manager. Call the phone number listed on the back of your health plan ID card.

AETNA TOOLS AND RESOURCES

Aetna health plan members have access to the following tools and resources to help enhance overall health and wellbeing.

AETNA MEMBER WEBSITE

The Aetna member website is your online resource for personalized benefits and health information.

When you register, you can access the following information on any device:

- In-network providers and facilities.
- Benefits and claims status.
- Cost estimates for prescriptions and care.

Register at [aetna.com](https://www.aetna.com). Or register at [banneraetna.com](https://www.banneraetna.com) if you are an Aetna Performance Plan member in Arizona.

STEPS TO A HEALTHIER LIFE

This free, online health coaching program lets you choose an area of your health to focus on. And you set the pace, so you can accomplish your health goals in your own time.

- Each program is divided into small steps, so you can benchmark your progress along the way.
- Smart, interactive, and fun—Aetna’s online health coaching programs will provide you with strategies for success and support to meet your goals.

PRESCRIPTION DRUG COVERAGE

AETNA STANDARD FORMULARY

A formulary is a list of drugs covered under your plan with details about the type of coverage. The Aetna health plans utilize the Aetna Standard Formulary. There are certain medications that are not covered under the plans. Log into [aetna.com](https://www.aetna.com) to review the Aetna Standard Formulary.

AETNA MANAGED PHARMACY NETWORK

The Aetna health plans utilize the Aetna Managed Pharmacy Network. Locate an in-network pharmacy at [aetna.com](https://www.aetna.com).

MAINTENANCE CHOICE

After two retail fills of a maintenance medication, you will be required to fill a 90-day supply of your maintenance drug through Aetna Rx Home Delivery or at a CVS Pharmacy. Your doctor will need to write your prescription for a 90-day supply. Call the toll-free number on your Aetna member ID card for help getting started with 90-day supplies.

PHARMACY ADVISOR COUNSELING

The Pharmacy Advisor Counseling program provides face-to-face and telephone counseling to better support members with chronic conditions. These conditions include diabetes, hypertension, asthma, depression, osteoporosis, breast cancer and more.

MINUTECLINIC

MinuteClinic is a walk-in health clinic offering convenient health care services including immunizations, wellness screenings, sports physicals, and chronic conditions monitoring seven days a week. You can find MinuteClinics in select CVS Pharmacies and Target stores nationwide.

For Standard Plan and Performance Plan members, non-preventive services are covered at 100%. For HealthSave Plan members, after you meet your deductible, non-preventive services will be paid at 100%.

AETNA TOOLS AND RESOURCES

AETNA ONE CHOICE

Whether you're managing a chronic condition or dealing with other complex health challenges, Aetna nurses can help. If you're identified for care management, a nurse can work with you to put together a plan, help you understand your benefits offerings, and answer your health-related questions.

AETNA KIDNEY SUPPORT

The Aetna Kidney Support program is designed to help you manage your kidney health and live life to the fullest. The program gives you access to dedicated nurses who can help you get the care you need. And as part of Aetna's total approach to health, it's available at no extra cost to you.

24-HOUR NURSE LINE

Aetna members have access to the 24/7 nurse advice line. These nurses can advise you on care at home, or help determine if you should seek urgent or emergency care. They can also assist in finding nearby facilities.

Call the phone number listed on the back of your health plan ID card.

ENHANCED CLINICAL REVIEW

Medical tests and procedures typically require prior approval before they can be performed. Aetna's enhanced clinical review program uses medical specialists and diagnostic tools to review the doctor's request.

An efficient process delivers the approval in four steps:

- 1. Prescribe:** Your doctor orders a test or procedure to diagnose or treat your condition.
- 2. Submit:** The doctor's office submits the request for clinical review.
- 3. Review:** Aetna uses a separate independent company, eviCore, to perform the review. eviCore reviews the request using national medical standards, applying the expertise of clinical experts and considering the doctor's area of expertise. The goal is for you to get the highest medical quality with the lowest out-of-pocket expense.
- 4. Approve:** In most cases, the request is approved in a few minutes or less. In some cases, a discussion between doctors is necessary for further clarification.

What tests and procedures are reviewed?

The program covers high-tech radiology services such as MRI/MRA, CT/CCTA, PET, nuclear cardiology, diagnostic cardiology facility based sleep studies, cardiac implantable devices, hip/knee replacements, pain management, and physical medicine.

What if a request is denied?

In some cases, an alternative recommendation is indicated during the review process.

What happens after a denial?

If there is a denial, your physician can discuss the case with an eviCore medical director to determine the best course of action. Often, additional medical information is all that is needed.

What happens if my doctor forgets to submit a request for clinical review?

Your doctor will need to submit a request within 14 business days of the date of service. All authorizations that are requested beyond the 14 business days will be denied.

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 an Aetna provider. Locate an Aetna network provider at [aetna.com](https://www.aetna.com).

The table below summarizes 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*
Annual Deductible Individual/Family	\$50/\$150	
Annual Benefit Maximum	\$1,500	
Preventive Care (Oral exams, cleanings, x-rays)	100%	100%
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	80% after deductible	80% after deductible
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after deductible	50% after deductible
Orthodontia Services (Treatment must begin before age 20)	50%	
Orthodontia Lifetime Maximum	\$1,000	

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



Regular dental visits tell your dentist a lot about your overall health, including whether or not you may be developing a disease like diabetes, heart disease, kidney disease, and some forms of cancer.

DENTAL INSURANCE COSTS

Listed below are the biweekly (24 pay periods) costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Level of Coverage	Aetna Dental Plan	
	Vitalant Contribution	Your Cost
Employee Only	\$16.63	\$2.75
Employee + Spouse	\$29.93	\$10.53
Employee + Child(ren)	\$27.65	\$9.12
Employee + Family	\$43.60	\$14.27

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.

The table below summarizes 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
Eye Exam (Every 12 months)	\$10 copay*	Ophthalmologist exam: Reimbursement up to \$34 Optometrist exam: Reimbursement up to \$26
Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal	\$25 copay	Reimbursement up to \$29/\$43/\$53
Frames (Every 24 months)	\$200 allowance + additional 20% discount for certain providers	Reimbursement up to \$98
Contact Lens Fitting	\$30 copay	Not covered
Contact Lenses (Every 12 months in lieu of glasses) Elective Medically Necessary	\$200 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.



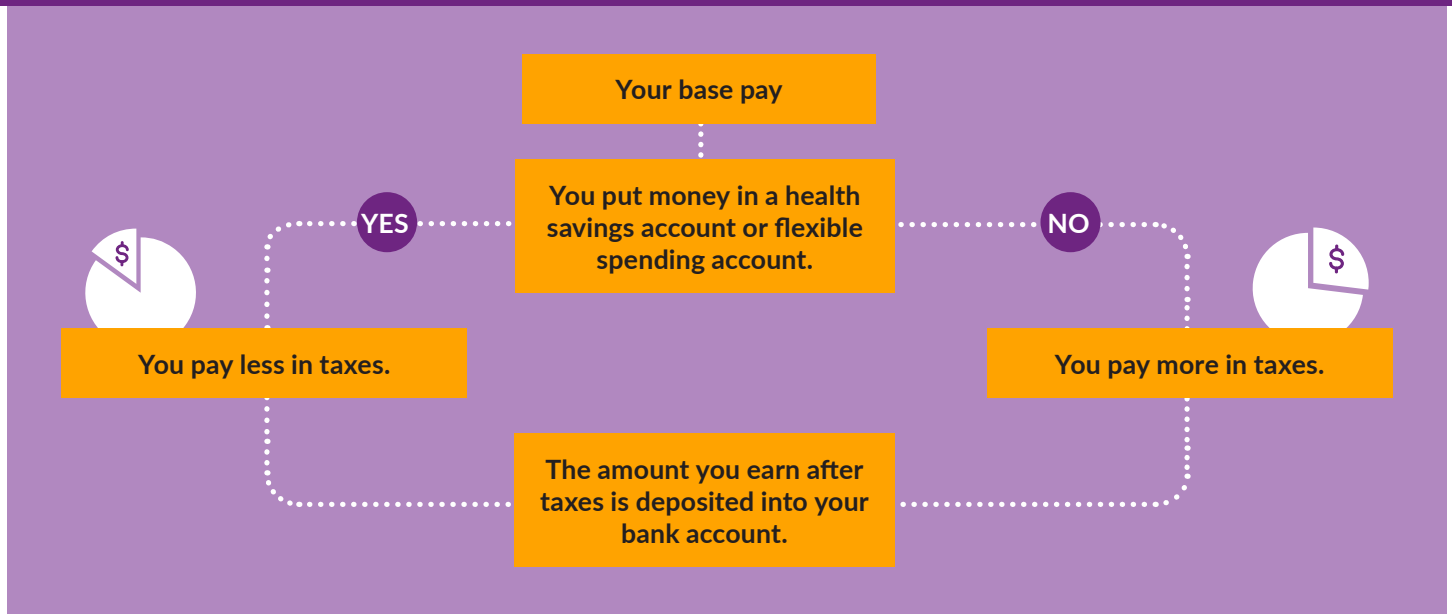
Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

VISION INSURANCE COSTS

Listed below are the biweekly (24 pay periods) costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Level of Coverage	Superior Vision Plan
	Your Cost
Employee Only	\$2.75
Employee + Spouse	\$5.51
Employee + Child(ren)	\$6.49
Employee + Family	\$9.93

BUDGETING FOR YOUR CARE



You can save about 20%* on your care by putting money in a health savings account or flexible spending account. This is because you don't pay taxes on your contributions.

COMPARE YOUR OPTIONS

	Health Savings Account Details on Page 15	Health Care Flexible Spending Account Details on Page 16	Limited Purpose Health Care Flexible Spending Account Details on Page 16	Dependent Care Flexible Spending Account Details on Page 16
Eligible health plans	Aetna HealthSave Plan	Aetna Standard Plan, Aetna Performance Plan, and Kaiser HMO	Aetna HealthSave Plan	All plans
Eligible expenses	Medical, prescriptions, over-the-counter medications, dental, and vision	Medical, prescriptions, over-the-counter medications, dental, and vision	Dental and vision only	Child and elder care
Your election is available in full on January 1, 2021	No, your election is equally distributed per pay period	Yes	Yes	No, your election is equally distributed per pay period
You can change your election throughout the year	Yes	No	No	No
Funds roll over from one year to the next	Yes	You can roll over up to \$550	You can roll over up to \$550	No

*Percentage varies based on your tax bracket.

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.

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 for new enrollments:

- **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

2021 IRS HSA CONTRIBUTION MAXIMUMS

Contributions to an HSA (including the Vitalant contribution) cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$3,600*
- **All other coverage levels:** \$7,200*

If you are age 55+ by December 31, 2021, you may contribute an additional \$1,000.

*Includes Vitalant contribution.

HSA ELIGIBILITY

You are eligible to fund an HSA if you are enrolled in the Aetna HealthSave Plan and meet additional eligibility requirements.

You are eligible to open and fund an HSA if:

- You are enrolled in the Aetna HealthSave Plan.
- You are not covered by a non-HSA plan, health care FSA, or health reimbursement arrangement.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare, TRICARE, or TRICARE for Life.
- You have not received Veterans Administration Benefits in the last three months unless the condition for which you received care was service related.

Refer to [healthequity.com](https://www.healthequity.com) for more details.

MAXIMIZE YOUR TAX SAVINGS WITH AN HSA



USE

Use your HSA dollars today to pay for eligible health care expenses such as: deductibles, doctor's office visits, dental expenses, eye exams, and prescriptions.



SAVE

Use your HSA to prepare for the unexpected. An HSA allows you to save and roll over money year to year. The money in the account is always yours, even if you change health plans or jobs.



INVEST

The money in your HSA can be invested and grows tax-free—including interest and investment earnings. After you reach age 65, your HSA dollars can be spent without penalty on any expense.

FLEXIBLE SPENDING ACCOUNTS

Vitalant offers 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. Log into your account at healthequity.com to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

How Does an FSA Work?

You decide how much to contribute to each FSA on a calendar year basis up to the maximum allowable amounts. Your annual election will be divided by the number of pay periods and deducted evenly on a pre-tax basis from each paycheck throughout the year.

You will receive a debit card from HealthEquity, which can be used to pay for eligible health care expenses at the point of service. If you do not use your debit card, or if you have dependent care expenses to be reimbursed, submit a claim form and a bill or itemized receipt from the provider to HealthEquity. Keep all receipts in case HealthEquity requires you to verify the eligibility of a purchase.

HEALTH CARE FSA (NOT ALLOWED IF YOU FUND AN HSA)



The health care FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, copays, and other health-related expenses that are not paid by the health, dental, or vision plans.

The health care FSA maximum contribution is \$2,750 for the 2021 calendar year. In order to participate in the health care FSA, you must contribute at least \$5 per pay period.

At the end of the plan year, you can roll over \$550 from your health care FSA to use in future years. Any amount in excess of \$550 will be forfeited.

LIMITED PURPOSE HEALTH CARE FSA (IF YOU FUND AN HSA)



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 dental and vision expenses.

The limited purpose health care FSA maximum contribution is \$2,750 for the 2021 calendar year.

At the end of the plan year, you can roll over \$550 from your limited purpose health care FSA to use in future years. Any amount in excess of \$550 will be forfeited.

DEPENDENT CARE FSA



The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full time. Eligible dependents are children under 13 years of age, or a child over 13, spouse, or elderly parent residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are 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 2021 calendar year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2021 calendar year. In order to participate in the dependent care FSA, you must contribute at least \$10 per pay period.

LIFE AND AD&D INSURANCE

If you are scheduled to work at least 20 hours per week, Vitalant provides basic life and AD&D insurance AT NO COST. You have the option to purchase supplemental life and AD&D insurance.

BASIC LIFE AND AD&D INSURANCE

Vitalant automatically provides basic life and AD&D insurance through Lincoln Financial Group to all benefits-eligible employees **AT NO COST**. If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. **Please be sure to keep your beneficiary designations up to date.**

- **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 supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through Lincoln Financial Group. You must elect coverage for yourself in order to purchase coverage for your spouse and/or children. Employee supplemental life rates are age-banded (listed below). Benefits will reduce to 65% at age 70 and to 50% at age 75.

- **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.

To complete evidence of insurability, log into mylincolnportal.com (company code ID: LMBENEFITS) and click on "Complete Evidence of Insurability / Statement of Health." Then, answer the questions asked and electronically sign and submit the form. Be sure to save the confirmation report for your records.

SUPPLEMENTAL LIFE AND AD&D INSURANCE COSTS

Listed below are the biweekly (24 pay period) rates for supplemental life and AD&D insurance. The amount you pay for supplemental life and AD&D insurance is deducted from your paycheck on a post-tax basis.

Employee Supplemental Life Rates		Spouse Supplemental Life Rates		Employee, Spouse, and Child(ren) Supplemental AD&D Rate	
Age	Per \$1,000	Per \$10,000		Per \$1,000	
<25	\$0.024	Per \$25,000	\$0.540	Per \$1,000	\$0.009
25-29	\$0.026	Per \$50,000	\$1.350		
30-34	\$0.034		\$2.700		
35-39	\$0.046				
40-44	\$0.056				
45-49	\$0.090				
50-54	\$0.154				
55-59	\$0.227				
60-64	\$0.282				
65-69	\$0.543				
70-74	\$0.881				
		Child(ren) Supplemental Life Rates			
		Per \$5,000	\$0.338		
		Per \$10,000	\$0.675		
		Per \$15,000	\$1.013		

DISABILITY INSURANCE



Disability insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.

Employees are eligible for disability insurance after 90 days of continuous employment.

SHORT-TERM DISABILITY BENEFITS

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

- **Benefit:** 60-100% of pre-disability earnings. 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 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 (SSNRA).

VOLUNTARY PROTECTION BENEFIT OPTIONS

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.

The amount you pay for coverage is based on your age. Your exact cost for these voluntary benefit plans will be provided to you during the completion of the enrollment process.

ACCIDENT INSURANCE

Accident insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

- It can help you with out-of-pocket costs that your health plan doesn't cover, like copays and deductibles.
- You're guaranteed base coverage, without answering health questions.
- It includes a wellness benefit that pays \$50 per calendar year per insured individual if a covered health screening test is performed, including: blood tests, chest X-rays, stress tests, mammograms, and colonoscopies.

CRITICAL ILLNESS INSURANCE

If you're diagnosed with an illness that is covered by critical illness insurance, you can receive a lump-sum benefit payment. You can use the money however you want to assist you in offsetting unexpected expenses due to a critical illness diagnosis.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket expenses like copays, deductibles, and other living expenses that may be impacted.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit pays 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.
- It includes a wellness benefit that pays \$50 per calendar year per insured individual if a covered health screening test is performed, including: blood tests, chest X-rays, stress tests, mammograms, and colonoscopies.

Who can get coverage?

- **Employee:** \$10,000 increments up to \$30,000; guarantee issue: \$30,000
- **Spouse:** Up to 50% of employee election
- **Dependent children:** Up to 50% of employee election

HOSPITAL INDEMNITY INSURANCE

Hospital indemnity insurance can complement your medical coverage by helping to ease the financial impact of a hospitalization. It provides a lump-sum payment that can be used for hospital admission, accident-related inpatient rehabilitation, hospital stays, or any other expenses that you incur.

What's included?

- \$2,000 for each covered hospital admission (once per year)
- \$100 for each day of your covered hospital stay, up to 60 days (once per year)
- \$200 for each day you spend in intensive care, up to 15 days (once per year)

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. PTO is awarded according to the below formula. Please refer to the full PTO policy located on Vitalink for additional details.

Length of Service	PTO Hours Awarded Each Paid Hour	Pay Period Maximum Award	Annual Maximum Award*		Maximum PTO Balance	
			Hours	Days	Hours	Days
< 3 years	0.0655	5.24	136	17	280	35
3 < 5 years	0.0770	6.16	160	20	280	35
5 < 7 years	0.0847	6.78	176	22	280	35
7 < 10 years	0.0962	7.70	200	25	280	35
10 < 15 years	0.1039	8.31	216	27	280	35
15 + years	0.1155	9.24	240	30	280	35

*Annual maximum is based on 2,080 paid hours in 26 consecutive pay periods.

HOLIDAYS

Vitalant provides six paid holidays per year:

- New Year’s Day
- Independence Day
- Thanksgiving Day
- Memorial Day
- Labor Day
- Christmas Day

BEREAVEMENT LEAVE

Bereavement leave of up to 24 paid hours is available to attend the funeral, memorial service, or other group or individual observance of a customary service, rite, or ritual associated with the death of an immediate family member.

COMMUTER BENEFITS PROGRAM

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 PLAN

We are pleased to provide you with a competitive and convenient way to save for your retirement through payroll deductions and a generous company match!

ELIGIBILITY

You are eligible to participate in the plan as soon as administratively possible following 30 days of service with the company and attainment of age 18.

ENROLLMENT

New employees may enroll by contacting Transamerica Retirement Solutions at 800-755-5801 or my.trsrretire.com. You will receive an Enrollment Booklet mailed to your home address on file. This booklet will provide you with important information and details regarding the enrollment into the plan and investment options available.

If you do not take any action to enroll, you will be automatically enrolled into the 401(k) retirement savings plan at a contribution rate of 3%.

EMPLOYEE CONTRIBUTIONS

Contributions from your pay are made on a pre-tax basis or an after-tax basis if you elect Roth deferrals—up to the IRS maximum. **If you are 50 years of age or older, or if you will reach age 50 by the end of the year, you will be automatically enrolled to make catch-up contributions in addition to the normal IRS annual limit. You may opt-out of the catch-up contributions by contacting Transamerica Retirement Solutions at 800-755-5801 or my.trsrretire.com prior to your 50th birthday.**

EMPLOYER MATCHING CONTRIBUTIONS

Vitalant will make a matching contribution each payroll period equal to 100% of the first 5% of your pre-tax or Roth salary deferral contributions.

VESTING

Vesting refers to your right of ownership to the money in your account. You are immediately vested in all your salary deferral contributions and earnings and the employer matching contributions.

AUTO-ESCALATION

Saving for retirement is very important, and we want to support our employees in achieving maximum savings, especially since Vitalant matches 100% up to 5% of your contributions! In efforts to help you save, your contributions will increase by 1% every year on January 1st until you are contributing 6% of your pay. You can “opt-out” at any time by contacting Transamerica Retirement Solutions at 800-755-5801 or my.trsrretire.com.

FOR MORE INFORMATION

For additional details about the 401(k) retirement savings plan, please contact Transamerica Retirement Solutions at 800-755-5801 or my.trsrretire.com.

To view the Summary Plan Description (SPD), contact your local Human Resources representative or go to Vitalink.

EMPLOYEE ASSISTANCE PROGRAM

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
- Wellness information

The EAP offers up to nine free face-to-face visits each year with a licensed counselor.



I'm in over my head. I wish I had someone to talk to.



I need help finding care for my mom.



Ugh, what else is going to go wrong?



The free EAP can support you. If you need help or guidance, contact an EAP counselor at 877-327-2872 or go online to [guidanceresources.com](https://www.guidanceresources.com) (company code ID: EAP4VTL).

CONTACT INFORMATION

For access to the official plan documents and other important resources, visit Vitalant's SharePoint site - Vitalink.

Provider/Plan	Contact Number	Website
Health— Aetna	866-639-8699	aetna.com
Banner	877-299-8444	banneraetna.com
Kaiser Permanente	800-464-4000	kp.org
Telemedicine—Teladoc	855-835-2362	teladoc.com/aetna
Dental—Aetna	877-238-6200	aetna.com
Vision—Superior Vision	800-507-3800	superiorvision.com
Health Savings Account—HealthEquity	866-346-5800	healthequity.com
Flexible Spending Accounts—HealthEquity	866-346-5800	healthequity.com
Life, AD&D, and Disability Benefits— Lincoln Financial Group	800-431-2958	mylincolnportal.com LMBENEFITS
Accident, Critical Illness, and Hospital Indemnity—Unum	800-635-5597	unum.com
Business Travel Accident— The Hartford	860-547-5000	accidentlines.com
Commuter Benefits— Commuter Check	888-235-9223	login.commuterbenefits.com
401(k) Retirement Savings Plan— Transamerica	800-755-5801	mytrsretire.com
Employee Assistance Program—ComPsych	877-327-2872	guidanceresources.com Company ID: EAP4VTL

This summary of benefits is not intended to be a complete description of the terms and Vitalant insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Vitalant maintains its benefit plans on an ongoing basis, Vitalant reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

For those whose employment is subject to a collective bargaining agreement, the terms of the applicable bargaining agreement shall control where there is conflict between a specific policy and/or guideline and the terms of the applicable collective bargaining agreement.

Images provided by Vitalant. All rights reserved.