

2022-2023

BENEFITS

Guide



Benefit Highlights and Table of Contents

MBL Technologies is committed to:

- Offering a comprehensive, competitive and affordable benefits package
- Helping you and your family enjoy the best possible health and wellbeing
- Providing you with meaningful options so that you have the flexibility to make choices that best meet your needs
- Making available helpful tools so you can make informed decisions and have greater cost transparency

Benefit Highlights

- Medical Benefits are provided through CareFirst Blue Cross Blue Shield
- Health Savings Account provided through BlueFund
- Wellness and Disease Management through Sharecare
- Dental Benefits are provided through Guardian
- Vision Benefits are provided through Guardian
- Flexible Spending Accounts provided by TASC
- Life Insurance, Disability, and Voluntary Life Insurance are provided through Guardian
- Voluntary Accident, Hospital Indemnity, and Critical Illness coverage provided through Guardian
- Pet’s Best Pet Insurance and Benefit Hub Discount Marketplace



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This guide provides a summary of the benefits available. MBL Technologies reserves the right to modify, amend, suspend or terminate any plan at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. Should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. Benefits are not a guarantee of employment.

Contact Information

Employee Navigator

Employee Navigator can be accessed anytime you want additional information on our benefit offerings and programs.

Coverage	Carrier	Policy #	Phone #	Website/Email
Medical	CareFirst	2JQ1	888-567-9155	www.carefirst.com/myaccount
Health Savings Account	BlueFund (Further)	2JQ1	866-758-6119	www.carefirst.com/myaccount
Wellness & Disease Mgmt	Sharecare	2JQ1	877-260-3253	www.carefirst.com/sharecare
Dental & Vision	Guardian	00025985	800-627-4200	www.guardiananytime.com
FSA (Medical FSA, Dependent Care, Commuter)	TASC	4103-9059-3573	1-800-422-4661	www.tasconline.com
Life/AD&D, Disability, & Voluntary Life/AD&D	Guardian	00025985	800-627-4200	www.guardiananytime.com
Employee Assistance Program	Guardian: WorkLifeMatters	User ID: Matters Password: wlm70101	1-800-386-7055	www.lbhworklife.com
Voluntary Benefits (Accident, Hospital, Critical Illness)	Guardian	00025985	800-627-4200	www.guardiananytime.com
Pet Insurance	Pet's Best	Discount code: MBLPET	888-984-8700	www.petsbest.com/mblpet
Discount Marketplace	BenefitHub	Referral code: LEBBKW	1-866-664-4621	www.mbltechnologies.benefithub.com

NEED HELP?

Our goal is to make certain that you receive the correct coverage under the benefits plan. We are here to help with any issues that may arise.

Follow these steps if you require assistance:

- Call the insurance carrier. You will need your ID number or Social Security number along with date of service and provider name.
- If you require further assistance, contact **The Capital Group at 301-917-3567** from 9:00 a.m. to 5:00 p.m. ET. Please have the same information available.
- If you should still require assistance, you may contact Human Resources.

HR@mbltechnologies.com



Important Information

Eligibility

You are eligible for all benefits if you work 30 or more hours per week. Employees working 20-29 hours are eligible for a selection of voluntary benefits.

You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your Registered Domestic Partner (RDP) and their children, where applicable by state law
- Your children who are your natural 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.

Required Notice: To show that you are not subject to a penalty, Healthcare Reform law requires you to enter the Social Security Number for all covered dependents at enrollment. The company is required to securely submit this confidential information to the IRS each year.

When Coverage Begins

You are eligible for coverage on the first of the month following your date of hire, or on date of hire if hired on the first of the month, and must complete the enrollment process within 30 days of your initial eligibility date. If you fail to enroll on time, you will not have benefits coverage (except for Company-paid benefits).

Section 125

Certain benefits described in this guide may be purchased with pre-tax payroll deductions as permitted by Section 125 of the Internal Revenue Code. When you purchase benefits with pre-tax dollars, you reduce your taxable income, so fewer taxes are taken out of your paycheck. You can actually have more spendable income than if the same deductions were taken on an after-tax basis.

Pre-tax Note: When you pay for your dependent's benefits on a pre-tax basis you are certifying that your dependent meets the IRS' definition of a dependent [IRC §§ 152, 21 (b)(1) and 105(b)]. Children or spouses that do not satisfy the IRS' definition will result in a tax liability to you, resulting in a change of that dependent's election to a post-tax election, or receiving imputed income on your W-2 for the dependent's pre-tax coverage.

Choose Carefully!

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

- Marriage or divorce
- Birth or adoption of a child
- Child reaching age 26
- Death of a spouse, Registered Domestic Partner (RDP), or child
- Change in child custody
- Change in coverage election made by your spouse/RDP during his/her employer's Open Enrollment period
- You lose coverage under your spouse's/RDP's plan

To make changes to your benefit elections, you must contact Human Resources within 30 days of the Qualifying 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.

Want to learn more about status changes?

Please visit: <https://www.healthcare.gov/glossary/qualifying-life-event/>



CareFirst Medical Plans



Employees have the option of two different medical plans. Both plans are BlueChoice Advantage plans. In order to experience the most cost-savings, members should receive in-network care by utilizing the CareFirst BlueChoice network while receiving services in DC, MD, and Northern Virginia, and the PPO network when outside of that area. Referrals are not required in order to see a specialist.

The cost of your medical coverage is age banded. Premiums can be found in Employee Navigator during the enrollment process.

Plan Features	BlueChoice Advantage \$1,000		BlueChoice Advantage HSA \$1,500	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Plan Year Deductible (Individual / Family) Amount you must pay per plan year before the plan begins to pay for certain services	\$1,000 / \$2,000	\$2,000 / \$4,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Out-of-Pocket Maximum (Individual / Family) Maximum amount you pay toward covered in-network, eligible expenses per plan year	\$5,750 / \$11,500	\$11,500 / \$23,000	\$3,200 / \$6,400	\$6,400 / \$12,800
Preventive Care Services				
Well-Child and Adult Care, Screenings, & Other Services as Determined by ACA	No Charge	Deductible, then No Charge	No Charge	Deductible, then No Charge
Office Visits, Labs, & Testing				
Office Visits for Illness (PCP / Specialist) (additional fees apply if on a hospital campus)	\$15 / \$30	Deductible, then \$50	Deductible, then \$10 / \$20	Deductible, then \$40
Diagnostic Lab Tests (Non-Hospital / Hospital)	\$15 Copay/ Deductible, then \$30	Deductible, then \$65/ Deductible, then \$110	Deductible, then \$10/ Deductible, then \$20	Deductible, then \$40/ Deductible, then \$80
X-ray (Non-Hospital / Hospital)	\$30 Copay/ Deductible, then \$60	Deductible, then \$80/ Deductible, then \$110	Deductible, then \$20/ Deductible, then \$40	Deductible, then \$40/ Deductible, then \$80
Complex Imaging (Non-Hospital / Hospital)	\$200 Copay/ Deductible, then \$400	Deductible, then \$250/ Deductible, then \$450	Deductible, then \$50/ Deductible, then \$100	Deductible, then \$150/ Deductible, then \$200
Mental Health/Substance Abuse Office Visits	\$15 Copay	Deductible, then \$50	Deductible, then \$10	Deductible, then \$40
Urgent Care, Emergency Care, & Hospitalization				
Convenience Care (ie. CVS MinuteClinic)	\$15 Copay	Deductible, then \$50	Deductible, then \$10	Deductible, then \$40
Urgent Care Center	\$50 Copay	\$50 Copay	Deductible, then \$50	In-Network Deductible, then \$50
Emergency Room (Copay waived if admitted)	In-Network Deductible, then \$250 Copay		In-Network Deductible, then \$100 Copay	
Inpatient Hospital Facility Services	Deductible, then \$400 per admission	Deductible, then \$500 per admission	Deductible, then \$200 per admission	Deductible, then \$300 per admission
Outpatient Hospital Facility Services (Non-Hospital / Hospital)	\$200 Copay/ Deductible, then \$300	Deductible, then \$300/ Deductible, then \$400	Deductible, then \$50/ Deductible, then \$100	Deductible, then \$150/ Deductible, then \$200
Prescription Drug				
	\$250 prescription drug deductible to be met before Tier 2-5 copays below apply		Medical and prescription drug deductible is combined and must be met before below copays apply.	
Tier 1: Generic	\$10 (90-day supply \$20)		\$10 (90-day supply \$20)	
Tier 2: Preferred Brand	\$45 (90-day supply \$90)		\$45 (90-day supply \$90)	
Tier 3: Non-Preferred Brand	\$65 (90-day supply \$130)		\$65 (90-day supply \$130)	
Tier 4: Preferred Specialty	50% up to \$100 (90-day supply 50% up to \$200)		50% up to \$100 (90-day supply 50% up to \$200)	
Tier 5: Non-Preferred Specialty	50% up to \$150 (90-day supply 50% up to \$300)		50% up to \$150 (90-day supply 50% up to \$300)	

* If choosing to use an out-of-network provider, know that you will be subject to balance-billing, as CareFirst does not have negotiated contracted rates with out-of-network providers.




It's Easy to Manage Your Health Care with *My Account*

As a CareFirst BlueCross BlueShield (CareFirst) member, your personalized benefit information is available 24/7. Register for *My Account* for secure online access to your coverage details, ID cards and more. Plus, you'll also be able to quickly locate in-network providers and facilities nationwide.

Go to carefirst.com/myaccount to register.

My Account at a glance:

1 Home

- Quickly view plan information including effective date, copays, deductible, out-of-pocket status and recent claims activity
- Manage your personal profile details  including password, username and email, or choose to receive materials electronically
- Send a secure message via the *Message Center* 
- Check *Alerts*  for important notifications

2 Coverage

- Access your plan information—plus, see who is covered
- Update your other health insurance information, if applicable
- View, order or print member ID cards
- Review the status of your health expense account (HSA)

3 Claims

- Check your claims activity, status and history
- Review your Explanation of Benefits (EOBs)
- Track your remaining deductible and out-of-pocket total
- Submit out-of-network claims
- Review your year-end claims summary

4 Doctors

- Find in-network providers and facilities nationwide, including specialists, urgent care centers and labs
- Select or change your primary care provider (PCP)
- Locate nearby pharmacies

5 My Health

- Access health and wellness discounts through Blue365
- Learn about your wellness program options

6 Documents

- Look up plan forms and documentation²
- Download *Vitality*, your annual member resource guide

7 Tools

- Access the Treatment Cost Estimator to calculate costs for services and procedures

8 Help

- Find answers to many frequently asked questions
- Send a secure message or locate important phone numbers



Get connected today!

Type carefirst.com into your mobile web browser to access our mobile site or download our free app by searching for CareFirst in your favorite app store.



CareFirst – Additional Information



Ways to Save on Prescription Drugs

Saving money on prescription drugs can be easy if you follow these four simple steps



CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) partner with CVS Caremark®, our pharmacy benefit manager, to offer a safe, convenient and cost-effective prescription drug plan that provides you with:

- ❑ A nationwide network of more than 68,000 pharmacies
- ❑ Access to nearly 5,000 drugs
- ❑ A mail order drug program
- ❑ Coordinated medical and pharmacy care management programs to improve your health and reduce costs

Use generic drugs

- Generic drugs cost up to 75 percent less than their brand-name counterparts and are made with the same active ingredients.
- Generic drugs are equivalent in dosage, safety, strength, quality, performance and intended use.
- Talk to your doctor or pharmacist about switching.

Use drugs on the Preferred Drug List

- The CareFirst Preferred Drug List identifies generic and preferred brand-name drugs that may save you money.
- Drugs on this list have been reviewed for quality, effectiveness, safety and cost by an independent national committee of health care professionals who have expertise in pharmacy drugs.

Use the Drug Pricing Tool

- Compare how much a drug may cost you at a participating pharmacy in your area or through mail order.
- View generic drugs available at a lower cost and discuss these options with your doctor or pharmacist.

Save on Maintenance Medications

- Our Mail Service Pharmacy provides the convenience of having your prescriptions delivered to your home.
- Get up to a three-month supply of your maintenance medications (drugs you take regularly for ongoing conditions) for the cost of two copays through any pharmacy in the network, including mail order.
- If you pay a coinsurance for your maintenance drugs, the overall cost of the drug may be less expensive through mail service, reducing your out-of-pocket costs.

To learn more about the Preferred Drug List, the Drug Pricing Tool and Mail Service Pharmacy, log in to *My Account* at www.carefirst.com/myaccount and select Drug & Pharmacy Resources under Quick Links or call CareFirst Pharmacy Services at 800-241-3371.

Health Savings Account (HSA)

What is a Health Savings Account (HSA)?

An HSA works with a high deductible health plan (HDHP), and allows you to payroll deduct before-tax dollars to reimburse yourself for eligible out-of-pocket medical expenses for you, your spouse and your dependents, which in turn saves you on taxes and increases your spendable income.

Health Savings Account Advantages

- **Tax Deductible:** Contributions to the HSA are 100% deductible (up to the legal limit)
- **Tax-free:** Withdrawals to pay qualified medical expenses, including dental and vision, are never taxed
- **Tax-deferred:** Interest earnings accumulate tax-deferred, and if used to pay qualified medical expenses, are tax-free.
- **It's yours!** Unlike a flexible spending account (FSA), unused money in your HSA isn't forfeited at the end of the year; it continues to grow tax-deferred.



Contribution Limits

The IRS sets the annual HSA contribution limits every year. The maximum employer and employee contribution totals are:

IRS HSA Annual Contribution Limits	2022	2023
Individual	\$3,650	\$3,850
Family	\$7,300	\$7,750

Individuals age 55 or older not yet enrolled in Medicare may make a catch-up HSA contribution of up to \$1,000 per person

Benefits to you!

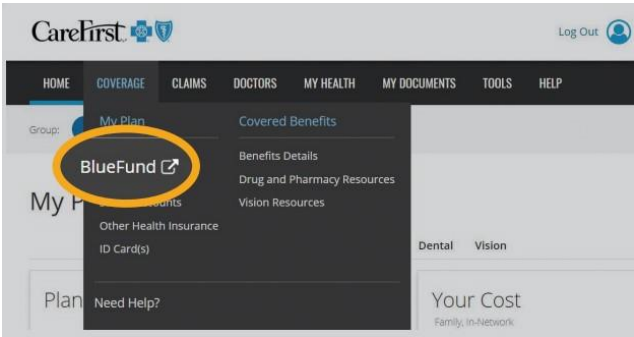
MBL Technologies will fund your BlueFund HSA with \$1,000 for individuals and \$2,000 for individuals enrolled with one or more dependent(s). The annual contribution is split evenly and distributed monthly. If hired mid-plan year, the contribution is pro-rated.

To open an HSA, you must meet the following eligibility criteria:

- You must be enrolled in the BlueChoice Advantage HSA \$1,500 medical plan, and you cannot be covered by any other medical plan that is not an HSA-compatible health plan. This would include being enrolled in your spouse's plan as secondary coverage, an executive medical plan, or your spouse's Health Care FSA. This would also include being covered by a Health Care FSA solely as a result of a carryover of unused amounts, until the end of the plan year when the Health Care FSA carryover balance is exhausted.
- You must not be enrolled in Medicare or Tricare
- You must not be eligible to be claimed as a dependent on another individual's tax return.

How to Access your BlueFund HSA through CareFirst single sign-on:

- Log in or register at carefirst.com/myaccount.
- Under the Coverage tab, click BlueFund.



Sharecare Wellness

Your Wellness Program

Personalized solutions for a healthier you

Ready to take charge of your health? CareFirst BlueCross BlueShield (CareFirst), in partnership with Sharecare, Inc.*, delivers a wellness experience that puts the power of health in your hands.

Your wellness program provides a wealth of tools and resources, as well as easy-to-understand recommendations and insights that reflect your individual interests and needs—all tailored to help you live your healthiest life.



RealAge® test: In just a few minutes, the RealAge online health assessment will help you determine the physical age of your body, compared to your calendar age.



Personalized timeline: Receive content based on your health and well-being goals, along with your motivation and interests.



Trackers: Connect your wearable devices or enter your own data to monitor daily habits like stress, sleep, steps, nutrition and more.



Challenges: Stay motivated to achieve your health goals by joining a challenge.



Health Profile: Access your health data like biometric and lab results, vaccine information and medications, all in one place.



Blue Rewards: Earn financial incentives for participating in activities like taking the RealAge test, consenting to receive wellness emails, selecting a primary care provider and completing a health screening.



Once registered, download the mobile app to access wellness tools and resources whenever and wherever you want.

Specialized programs

The additional support provided by these focused programs can help you take charge of your wellness goals with confidence:

- **Health coaching:** If you are contacted to participate, we encourage you to take advantage of this voluntary and confidential program that can help you achieve your best possible health.
- **Weight management:** A personalized solution to reach a healthier weight through gradual lifestyle changes that become lifelong habits.
- **Tobacco cessation:** Quitting tobacco can lower your risk for many serious health conditions. Expert guidance, support and online tools make quitting easier than you might think.
- **Financial well-being:** Learn how to take small steps toward big improvements in your financial situation.



Log in today to start earning. If you don't already have a Sharecare account, visit carefirst.com/sharecare. You'll need to enter your CareFirst My Account username and password and complete the one-time registration with Sharecare to link your CareFirst account information. This will help personalize your experience.

Sharecare Wellness

Blue Rewards

Earning your rewards has never been easier! With our Blue Rewards incentive program, you can decide which healthy activities interest you and be rewarded for completing them.

How it works

Blue Rewards offers you incentives for taking steps to get and stay healthy. Both you and your spouse/ domestic partner can earn rewards for completing one, or all, of the following activities:



Earn \$50

Consent to receive wellness emails and take the RealAge® test

The RealAge test is a simple questionnaire that will help you determine the physical age of your body compared to your calendar age.

Must complete within 120 days of your effective date.



Earn \$100

Select a primary care provider (PCP) and complete a health screening

You can visit your PCP or a CVS MinuteClinic® to complete your screening.

Must complete within 120 days of your effective date.



Earn \$25

Retake the RealAge test

If you earned the reward for taking the test initially, you can earn an additional reward for retaking it after six months.

Must complete before the end of your benefit period.

Learn more about the activities

Choosing a PCP

Even if you are young and healthy, or don't visit the doctor often, choosing a PCP is key to maintaining good health. PCPs play a huge role in keeping you healthy for the long run by:

- Helping you keep on top of preventive care like annual exams
- Coordinating the care you receive from other providers
- Providing quick and easy access to the care you need
- Getting to know you, your medical history, your habits and any concerns

RealAge

Developed by our trusted partner, Sharecare, Inc., the RealAge test is a confidential, online health assessment that helps determine the physical age of your body compared to your calendar age. RealAge identifies the habits impacting your body's age so you can improve your well-being.

Health screening

Health screenings help you understand your current health status, so you can take steps to improve it. You can complete a health screening with your PCP or at a CVS MinuteClinic.

Your CareFirst Blue Rewards Visa® Incentive Card

After you complete one or more of the activities, you'll receive your incentive card in about 10-14 days. The incentive card can be used toward your annual deductible or other out-of-pocket costs like copays or coinsurance related to eligible expenses (medical, prescription drug, dental and vision) under your CareFirst BlueCross BlueShield (CareFirst) health plan. Make sure to always save your receipts as proof of your expense.

Keep the card as long as you are a CareFirst member as any future incentives you earn will be automatically added to the same card.




You have until the end of your benefit period to use your reward, plus an additional 90 days to reimburse yourself for any eligible expense that occurred within that benefit period.

Note: only one card is issued to the policyholder, but it can be used by everyone covered under your policy (including dependent children).

Guardian Dental Plan



Why are dental benefits so important?

-  High cost of dental treatments
-  Benefit of preventive care
-  Connection between oral health and overall health



Plan Features	
Type of Plan	PPO
Network	DentalGuard Preferred
General Plan Information	
Deductible (Individual/Family)	\$50/\$150
Annual Plan Maximum (per person)	\$2,000 plus max rollover
Calendar or Plan Year Reset	Calendar Year
In-Network Coverage	
Deductible Waived for Preventive	Yes
Preventive and Diagnostic ie. oral exams, cleanings, x-rays	100%
Basic Services ie. fillings, root canals, extractions	90%
Major Services ie. bridges, dentures, implants, crowns	60%
Out of Network Coverage*	
Deductible Waived for Preventive	Yes
Preventive and Diagnostic ie. oral exams, cleanings, x-rays	100%*
Basic Services ie. fillings, root canals, extractions	90%*
Major Services ie. bridges, dentures, implants, crowns	60%*
Orthodontia Services	
Orthodontia Coverage	50%
Eligibility	Children up to age 26
Lifetime Maximum	\$1,000

If choosing to use an out-of-network provider, know that you will be subject to balance-billing, as Guardian does not have negotiated contracted rates with out-of-network providers.

Semi-Monthly Deductions	
Employee Only	\$4.42
Employee and Spouse/DP	\$8.78
Employee and Child(ren)	\$9.02
Employee and Family	\$14.24

A plan that offers savings, choice and anywhere, anytime service

- **Negotiated fees** - Providers agree to lower fees to be included in the network
- **Choose from a large network** of carefully selected participating dentists
- **Flexibility to go to any dentist** – in or out of the network
- **Easy access** to pre-treatment estimates, real-time claims processing, and customer service by phone, fax, or online

Finding providers

To find In-Network providers use the link and search instructions below

Go to www.guardiananytime.com

- Under Providerstab, select Find a Dentist
- Enter your Zip Code and select a plan: PPO
- For additional assistance, please call 800-627-4200

Dental Rollover

Guardian offers a rollover that goes towards the following year's annual maximum.

If you submit under \$800 in in dental claims, you can rollover \$400, increasing your annual limit for the following plan year. If only in-network providers are used, you may rollover up to \$600.

Your annual maximum cannot exceed \$3,500.

Guardian Vision Plan



What Do Your Eyes Say About Your Health?

You may be surprised to learn that yearly eye exams are an easy and important way to protect your eyes and overall health. A routine eye exam can help detect signs of serious health conditions, like diabetes, a brain tumor, and high cholesterol.

Because symptoms of health conditions often don't appear until damage has already occurred, eye exams are a great way to keep tabs on what's happening in your body. Your eyes are the only place in your body that provide a clear view of your blood vessels, arteries, and a cranial nerve which can tell your doctor a lot about your overall health.

Plan Features	
In-Network	Guardian VSP In-Network
Exam Copay	\$10 Copay
Materials Copay (Frames and/or Single, Bifocal, Trifocal, Lenticular Lenses)	\$20 Copay
Frame Allowance	\$130 Allowance + 20% off balance
Elective Contact Lenses	\$130 Allowance
Frequency	
Exam	12 Months
Lenses	12 Months
Frames	12 Months

Out-of-network benefits require you to pay the full cost of services and materials upfront, and then you are eligible for some reimbursement after submitting the claim to Guardian.

Semi-Monthly Deductions	
Employee Only	\$1.03
Employee and Spouse/DP	\$1.73
Employee and Child(ren)	\$1.76
Employee and Family	\$2.84

Finding Providers

To find In-Network providers use the link and search instructions below

- You are using the VSP Network
- Go to <https://www.vsp.com/eye-doctor>



Flexible Spending Accounts (FSA)

Healthcare FSA

A Flexible Spending Account allows you to set aside pre-tax earnings to pay for out-of-pocket healthcare expenses that are not covered by insurance.

- **You can only enroll in the Healthcare FSA if you ARE NOT in the HSA-eligible medical plan.**
- Helps you pay for out-of-pocket expenses like copays, prescriptions, orthodontia, and vision expenses.
- Once the contributions are set, they cannot be changed during the plan year.
- For some expenses, you will be required to submit a receipt to TASC as proof that the expense is FSA-eligible.

Limited Purpose FSA

A Limited Purpose Flexible Spending Account allows you to set aside pre-tax earnings to pay for out-of-pocket dental and vision expenses that are not covered by insurance.

- **You can only enroll in the Limited Purpose FSA if you ARE enrolled in the HSA-eligible medical plan.**
- Helps you pay for out-of-pocket dental and vision expenses only.
- Once the contributions are set, they cannot be changed during the plan year.
- For some expenses, you will be required to submit a receipt to TASC as proof that the expense is FSA-eligible.

Dependent Care Account

A Dependent Care FSA helps you pay for certain dependent care expenses such as qualified licensed daycare, after-school programs, and day camp.

- Your child must be under the age of 13 unless disabled
- The annual maximum election amount per household is \$5,000
- Both you and your spouse must be employed or be students
- Once the contributions are set they cannot be changed during the plan year unless you experience a qualified life event

Commuter Account

In 2022, the IRS-mandated limit for pre-tax contributions:

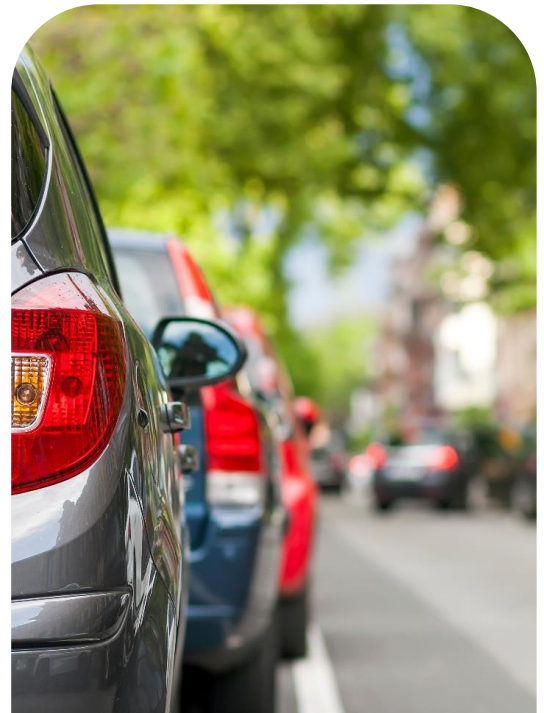
\$280 per month each for transit and parking expenses.

- **TRANSIT:** Public Transportation (bus, train, ferry, subway) Commuter Highway Vehicles (vanpools, uberPOOL, Lyft)
- **PARKING:** park n' ride, parking ramps

When you enroll in the Transit and/or Parking Account you elect an annual pre-tax contribution to establish your account(s) for the Plan Year, based on your anticipated expenses and IRS limits. Unlike Medical and Dependent Care accounts you can adjust your commuter account contributions based on your needs from month to month.

As long as you are employed at MBL Technologies your Transit and Parking funds will not expire. Your full unused balance will rollover from year to year.

FSA Highlights	
Healthcare FSA Maximum	\$2,850
Healthcare FSA Carryover	\$570 maximum (Any balance over \$570 will be forfeited.)
Limited Purpose FSA Maximum	\$2,850
Limited Purpose FSA Carryover	\$570 maximum (Any balance over \$570 will be forfeited.)
Dependent Care Maximum	\$5,000
Dependent Care Grace Period	Participants have an extra 2.5 months, through January 15 th , to incur new claims towards the prior plan year.
Dependent Care Run-out Period	Participants have through January 29 th to submit new claims towards the prior plan year.
Parking/Transit Maximums	\$280 per account per month.
FSA Elections do not roll-over from the prior plan year. You must make new FSA elections each plan year.	



Income Replacement Benefits



Life/AD&D (Company-paid)

- **Life insurance benefit of 2x your annual earnings, rounded to the next higher \$1,000, to a maximum of \$200,000**
- A cash benefit if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- The policy includes an Accelerated Benefit which allows you to receive up to 75% of your Life benefit in a lump sum if you are terminally ill with less than 12 months to live
- Coverage amounts begin to reduce at age 65 and benefits terminate at retirement

Short-Term Disability (Company-paid, but employee pays tax so benefit is tax-free)

- **A benefit of 60% of your weekly earnings up to a maximum of \$2,500**
- Pays a percentage of your weekly income if you become injured or ill due to a covered disability or pregnancy
- Helps you meet your financial obligations while you’re recovering from an injury or illness
- Pays a partial cash benefit if you can only do part of your job or work part time
- You must be out of work for 7 days due to an illness or accident before you can collect short term disability benefits. You can begin collecting benefits on day 8.

Long-Term Disability (Company-paid, but employee pays tax so benefit is tax-free)

- **A benefit of 60% of your monthly earnings up to a maximum of \$7,500**
- Intended to protect your income for a long duration of time in case you become ill or injured.
- You must be out of work for 90 days due to an illness or accident before you can collect long term disability benefits
- The benefit will last for the duration of the disability, or to Social Security Normal Retirement Age (whichever is later)

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the Company-paid Basic Life/AD&D coverage, you may purchase additional coverage for yourself and your eligible family members.

Premiums are age-banded and can be found in Employee Navigator during the enrollment process.

Benefit Option		Guarantee Issue*
Employee	Up to \$300,000 in \$10,000 increments	\$100,000 (under age 65) \$50,000 (age 65-69) \$10,000 (age 70+)
Spouse/ Domestic Partner	Up to \$250,000 in \$5,000 increments	\$25,000 (under age 65) None (age 65+)
Child(ren)	\$10,000	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guarantee Issue amounts without having to provide Evidence of Insurability (information about your health). If you have previously elected Voluntary Life coverage, you can increase your employee election at open enrollment up to \$50,000 up to the Guaranteed Issue amount with no medical questions asked. Coverage amounts above Guarantee Issue that require Evidence of Insurability will not be effective unless approved by the insurance carrier.

Employee MUST Elect Coverage to Elect Dependent Coverage

Voluntary Benefits



How do these benefits work?

- Employees have access to discounted group rates for Critical Illness, Accident, and Hospital Indemnity coverage.
- Premiums will be deducted from your pay post-tax each pay period.
- If you or a covered family member file a claim and Guardian pays the benefit, a check comes directly to you. They pay-out can be used for anything such as medical bills, mortgage payments, or even a vacation.
- You can elect these benefits even if you do not elect any other benefits through your employer.

Critical Illness Insurance (Employee-paid)

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you see fit. Examples of covered illnesses are heart attack, stroke, organ failure, cancer, Alzheimer's, MS, ALS, and Parkinson's disease. 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 even for some reoccurrences of the same condition (although not all). Pre-existing conditions limitations do apply.

Who can get coverage?	
You	Choose \$10,000 or \$20,000 of coverage.
Your spouse	50% of the elected employee coverage amount.
Your child(ren)	25% of the elected employee coverage amount at no additional cost for children up to age 26.

Accident Insurance (Employee-paid)

Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job, and it includes a range of incidents, from common injuries to more

Who can get coverage?	
You	As long as you are actively working you can sign up for coverage.
Your spouse	Spouses can get coverage as long as you also elect coverage for yourself.
Your child(ren)	Dependent children from birth until their 26th birthday, regardless of marital or student status.

Hospital Indemnity Insurance (Employee-paid)

Hospital Indemnity helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth. The benefit is \$1,000 per admission, and an additional \$100 per day following the admission. Pre-existing conditions limitations do apply.

Who can get coverage?	
You	As long as you are actively working you can sign up for coverage.
Your spouse	Spouses can get coverage as long as you also elect coverage for yourself.
Your child(ren)	Dependent children from birth until their 26th birthday, regardless of marital or student status.

Wellness Benefit is included with Accident, Hospital, and/or Critical Illness Enrollment!

If you enroll in coverage, Guardian will pay a \$50 benefit once a year when you or a covered family member complete a **preventive care screening**. This includes, but it not limited to, routine physicals, mammograms, colonoscopies, and pap smears. You are eligible for the \$50 benefit for each plan you are enrolled in. Visit www.guardianlife.com and login, then "Submit a claim" to claim your reward.

Per Pay Deductions

	Accident	Hospital
Employee	\$8.48	\$8.29
Employee + Spouse/DP	\$12.86	\$17.82
Employee + Child(ren)	\$13.48	\$14.30
Family	\$17.86	\$23.83

Critical Illness premiums are age-banded. Some examples of the per pay cost of employee coverage are below.

- 25 year old, \$20,000 in coverage: \$10.20
- 37 year old, \$10,000 in coverage: \$6.55
- 48 year old, \$20,000 in coverage: \$23.90
- 53 year old, \$10,000 in coverage: \$22.55

Additional Guardian Benefits



Employee Assistance Program

This EAP is available to all employees working 20 or more hours.

We all need a little support every now and then.

Guardian’s Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services



How to access

To access the WorkLifeMatters Employee Assistance Program, you’ll need a few personal details.



Visit

ibhworklife.com



User ID

Matters



Password

wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week¹.

WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney



How to access

To access WillPrep Services, you’ll need a few personal details.



Visit

ibhwillprep.com



User ID

WillPrep



Password

GLIC09

For more information or support, you can reach out by phoning **1 877 433 6789**.

Additional Benefits

Pet Insurance Pet Best



Why Choose Pets Best Insurance?

Save up to
90%
on vet bills



4/5

Great Coverage? Fast Claims? Great Service? YES!

Pet Insurance reimburses you for vet bills when your pet is sick or injured to help take the financial worry out of your vet visits.

- Get cash back fast!
- Optional direct deposit and direct vet pay options
- Use any veterinarian—including specialty and emergency clinics
- Exclusive employee discount on BestBenefit Plan
- Optional coverage for routine care
- Free 24/7 veterinary helpline

To begin enroll at:

www.petsbest.com/mblpet

Or call 888-984-8700

Reference discount
code: **MBLPET**

Accident Only Plan

As low as \$6/month for cats
and \$9/month for dogs in
most states.

Designed for those on a limited
budget who want great coverage for
accidents like broken legs, snake bites,
accidental swallowing and more.

Optional Routine Care

Coverage to help pay for
regular and expected
veterinary visits.

An EssentialWellness or BestWellness
plan can be added to your BestBenefit
plan, for an additional premium, to help
cover items like vaccines, teeth
cleanings, spays and neuters.

Most Popular BestBenefit

Our most comprehensive
coverage for Accidents
and Illnesses.

With multiple levels of coverage,
BestBenefit plans can be customized
to meet the future medical needs of
your four-legged family member and
your budget.

BenefitHub Discount Marketplace

Enjoy discounts, rewards and perks
on thousands of the brands you love
in a variety of categories:

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors



1. Visit mbltechnologies.benefithub.com
2. Use Referral Code: **LEBBKW**
3. Start Saving

Questions? Call 1-866-664-4621 or email customer care@benefithub.com

Required Federal Notices

IMPORTANT PATIENT PROTECTION AND AFFORDABLE CARE ACT NOTICES, ERISA NOTICES AND CONTACTS FOR MORE INFORMATION

MBL Technologies, Inc. is providing these important notices to you at no fee. The notices in this package describe important rights that you have under the terms of the MBL Technologies, Inc. Group Health Plan. If you have any questions or need additional information regarding these notices you can contact:

Your Employer Representative

Shanna Dick, (304) 839-5006

or by mail at 1100 N. Glebe Road, Ste 1010, Arlington, VA 22201

The following notices are included in this communication in this order:

- WHCRA Notice (Women's Health and Cancer Rights Act)
- Patient Protection Choice of Providers
- HIPAA Special Enrollment Rights Notice

NOTICE OF RIGHTS UNDER THE WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your Employer Representative for more information.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits, under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductible and co-insurance particulars that are applicable to other medical and surgical benefits provided under this Plan. MBL Technologies, Inc. has provided the detailed information regarding deductible and co-insurance for MBL Technologies, Inc. Group Health Plan. For more information or to get a copy of the Summary Plan Description containing these details contact your Employer Representative.

PATIENT PROTECTION CHOICE OF PROVIDERS

In cases where the Group Health Plan allows or required a participant to designate a primary care provider, the participant has the right to designate any primary care provider who participates in the network and who is available to accept the participant or participant's family members.

Until you make this designation, MBL Technologies, Inc. Group Health may designate a primary care provider automatically. For information on how to select a primary care provider, and for a list of the participating primary care providers, you can contact your Employer Representative.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the MBL Technologies, Inc. Group Health Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact your Employer Representative.

Required Federal Notices

HIPAA SPECIAL ENROLLMENT RIGHTS NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Employer Representative.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor

At www.askebsa.dol.gov or call 1-866-444-EBSA(3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility—

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

Required Federal Notices

GEORGIA – Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
INDIANA – Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	MINNESOTA – Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	MISSOURI – Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	MONTANA – Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov
KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.asp x Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	NEBRASKA – Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid Website: www.medicicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	NEVADA – Medicaid Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	NEW HAMPSHIRE – Medicaid Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218

Required Federal Notices

NEW JERSEY – Medicaid and CHIP Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	SOUTH DAKOTA - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK – Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	TEXAS – Medicaid Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	UTAH – Medicaid and CHIP Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	VERMONT– Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	VIRGINIA – Medicaid and CHIP Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	WASHINGTON – Medicaid Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	WEST VIRGINIA – Medicaid and CHIP Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	WISCONSIN – Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820	WYOMING – Medicaid Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub.L.104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C.3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C.3512.

