

QuestTM



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About
Your
Benefits**

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Where Next Meets Now**

2022 New Hire Benefits Guide





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Welcome

We designed this guide to help you navigate your benefits enrollment, help you to understand your benefit options, and how to use them. Simply click on the bullet below to get to the topic you want or use the icons at the top of the page. If you want to return to this page, click on the Welcome Navigation icon at the top of the page beside the Quest logo.

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Questions Regarding Benefits Or Enrollment?

Call your Human Resources Team or visit
<https://questhr.service-now.com>

Call 1-855-590-4748 for assistance or email
service@servarussystems.com if you have
technical issues during enrollment.

This guide provides a summary of the benefits and programs available to regular full- and part-time team members and spouses/domestic partners effective January 1, 2022. Please refer to the plan documents for a full summary of each benefit. If there is a discrepancy between this guide and the plan document, the plan document will prevail.

What Do I Need To Do?

All team members are required to go online and enter beneficiaries and dependent information.

Follow these easy steps to enroll or make changes to your benefits:

- Log on to our enrollment platform to enroll or make changes: quest.benelist.com
- Select “Enroll Now” to enroll and follow the prompts

Quest Employees:

Log in: QUEST plus badge number
Password: QUEST plus last 6 digits of Social Security number

One Identity Employees

Log in: ONEID plus employee ID
Password: ONEID plus last 6 digits of Social Security number

- After completing your online enrollment, be sure to print out your confirmation statement.
- Log on to **NetBenefits** at www.401k.com or call 1-800-466-2900 to participate in our 401(k) plan.

Helpful Tips

You can find your employee ID in your account in HR Central (on the @Quest landing page) by clicking the Work Info tab.

If you are enrolling dependents be prepared with your dependents' birthdays and social security numbers. You cannot enroll them without this information.

If you are not enrolling in health care benefits, please be sure to log in to provide a beneficiary for your company paid life insurance.

Questions Regarding Benefits Or Enrollment?

Call your Human Resources Team or visit <https://questhr.service-now.com>

Call 1-855-590-4748 for assistance or email service@servarussystems.com if you have technical issues during enrollment.

Beneficiary Check

Keeping your beneficiary designations up to date is important because named beneficiaries on insurance policies and retirement plans often supersede the instructions in your will. By periodically reviewing your beneficiary designations you can be confident that your assets will be distributed according to your wishes.



Family Status Changes

To make a change to your benefits during the year, you must have a change in family status (qualifying event).

Examples of qualifying events include:

- Marriage or divorce
- Birth, adoption, or change in custody of an eligible dependent
- Gaining or losing other coverage
- Unpaid leave of absence taken by you or your spouse
- Change in you or your spouse's employment from part-time to full-time, etc. that results in the gain or loss of coverage

Benefit changes must be consistent with the change in your family status, and made within 31 days of the event.

To make your qualifying change, login to quest.benelist.com using the [login instructions](#) and follow these steps:

- On the right side of your employee home page, under MY ACCOUNT, click on 'Request Family Status Change'.
- Select the qualifying event that describes your situation, enter the date of the event, your email address, and upload the supporting documentation. You can browse through a list of supporting documents and upload any document in pdf format.

- You will receive an email at the email address you provided acknowledging that a status change request has been submitted for approval.
- Your request and supporting documents will be reviewed within 24 hours and if approved, you will receive an approval email. You can then return to the enrollment page and make your changes and elect benefit plans consistent with your status change. You have 31 days from the status change date to make your changes and benefit elections.
- If your status change is rejected, you will receive a denial email explaining the reason for denial. You can then return to the enrollment page and upload new documentation. If everything is in order, you will receive an approval email and can proceed to make your changes and benefit elections.

Questions Regarding Benefits Or Enrollment?

Call your Human Resources Team or visit <https://questhr.service-now.com>

Call 1-855-590-4748 for assistance or email service@servarussystems.com if you have technical issues during enrollment.

Family Status Change Checklist

Adding Or Removing Dependents

If you are changing the number of dependents covered by your health plans, make sure you make the appropriate change to all of your health plans:

- Medical
- Dental
- Vision

How Do Those Changes Affect Your Finances?

Think about your contributions to your:

- Flexible Spending Accounts (FSA)
- Health Savings Account (HSA)
- Life Insurance You can change your contributions to your FSAs to help cover increases in health expenses not covered by your health plans or make changes associated to dependent care costs. Contribution changes to your HSA can be made anytime of year, but once you enroll in an FSA, changes can only be made if you have a qualifying event or during Open Enrollment.

A change in dependents may also mean a change in your life insurance coverage needs. You may have to provide Evidence of Insurability (EOI) ([see EOI requirements for making changes](#)).

Changing Beneficiaries?

Be sure to enter new beneficiaries and dependent information or remove them as appropriate. Named beneficiaries on insurance policies and retirement plans often supersede will instructions.

Medical

The following chart provides a general description of what is covered under the national plans. To find participating providers, visit Cigna's website at <https://hcpdirectory.cigna.com/web/public/providers>. Your ID card may be printed and viewed electronically at mycigna.com.

Plan Feature	OAP		CDHP	
Who provides care	To receive the highest level of benefits, use providers in Cigna's network.			
Annual deductible	In-network: Individual: \$1,000; Family: \$2,000	Out-of-network: Individual: \$2,000; Family: \$4,000	In-network: Individual: \$1,500; Family: \$3,000	Out-of-network: Individual: \$3,000; Family: \$6,000
Coinsurance percentage	In-network: After deductible, plan pays 75%	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges	In-network: After deductible, plan pays 90%	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges
Annual out-of-pocket maximum (covered in-network expenses apply toward the in-network out-of-pocket max., and covered out-of-network expenses count toward the out-of-network out-of-pocket max.)	In-network (includes copays): Individual: \$4,500; Family: \$9,000	Out-of-network: Individual: \$9,000; Family: \$18,000	In-network: Individual: \$5,000; Family: \$10,000 (no one individual will pay more than \$6,850)	Out-of-network: Individual: \$10,000; Family: \$20,000
Annual HSA contribution from the Company	Not Applicable		Employee Only: \$750 Employee + Dependents: \$1,500	
Preventive care	In-network: Covered at 100%	Out-of-network: Not covered	In-network: Covered at 100%	Out-of-network: Not covered
Primary care physician (PCP) office visit (general practice, internal medicine, pediatrics, OB/GYN)	In-network: \$25 copay	Out-of-network: After deductible, plan pays 50% of R&C ¹	In-network: After deductible, plan pays 90%	Out-of-network: After deductible, plan pays 50% of R&C ¹
Specialist office visit	In-network: \$60 copay per visit	Out-of-network: After deductible, plan pays 50% of R&C ¹	In-network: After deductible, plan pays 90%	Out-of-network: After deductible, plan pays 50% of R&C ¹
Urgent care	In-network: \$50 copay per visit	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges	In-network: After deductible, plan pays 90%	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges
Emergency room	In- and out-of-network: After deductible, plan pays 75%		In- and out-of-network: After deductible, plan pays 90%	
Diagnostic X-rays, PET scans and other nuclear imaging services	In-network: After deductible, plan pays 75%	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges	In-network: After deductible, plan pays 90%	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges

Note: We offer team members an Rx Incentive Program. If you participate in a chronic care management program through Cigna, you will be eligible for discounts on prescription medications that treat diabetes, hypertension and tobacco cessation. Some diabetes and hypertension drugs and supplies are available at no copay! Generic – no copay; if the drug or supply is on the formulary list, \$15 copay for one month (\$40 for 3 month supply). For tobacco cessation, you can receive Chantix at no cost. To qualify for the discount you must go through the coaching program once a year. Call Cigna at 1-800-244-6224 for more information.

Medical Continued

Plan Feature	OAP		CDHP	
Hospitalization	In-network: After deductible, plan pays 75%	Out-of-network: Subject to deductible and 50% coinsurance of R&C ¹ charges; \$200 copay per confinement	In-network: After deductible, plan pays 90%	Out-of-network: Subject to deductible and 50% coinsurance of R&C ¹ charges
Chiropractic care <i>(limited to 10 days per calendar year, combined in- and out-of-network)</i>	In-network: ... Office visit: \$60 ... Outpatient facility: After deductible, plan pays 75%	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges	In-network: After deductible, plan pays 90%	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges
Physical therapy/ occupational therapy/speech therapy <i>(120 days per year for each type, combined in- and out-of-network)</i>	In-network: ... Office visit: \$60 ... Outpatient facility: After deductible, plan pays 75%	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges	In-network: After deductible, plan pays 90%	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges
Mental health/substance abuse Outpatient	In-network: \$25 copay	Out-of-network: Plan pays 50% of R&C ¹ charges	In-network: After deductible, plan pays 90%	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges
Inpatient	In-network: After deductible, plan pays 75%	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges; \$200 copay per admission	In-network: After deductible, plan pays 90%	Out-of-network: After deductible, plan pays 50% of R&C charges
Prescription drugs Through Cigna participating pharmacies and mail-order service. Visit cigna.com (or call Cigna at 1-800-244-6224) to learn more. If you need an exception, ask your doctor to contact Cigna at 1-800-244-6224 to provide documentation that supports your need for a non-formulary drug. All specialty drugs must be filled exclusively through Accredo SP (specialty pharmacy), except for stat medications. There is no deductible requirement for preventive prescriptions on Cigna's list.	Out-of-pocket maximum: \$1,500 per person \$4,500 per family Retail (up to 31-day supply) Generic: \$10 copay Formulary brand-name: \$40 copay Non-formulary: \$100 copay Home delivery (90-day supply) Generic: \$20 copay Formulary brand-name: \$80 copay Non-formulary: \$200 copay Specialty Plan pays 70% of the cost, you pay 30% (\$300 maximum)		You pay coinsurance after you meet the plan deductible Retail or Home Delivery Generic: 10% coinsurance after the plan deductible has been met Formulary brand-name: 10% coinsurance after the plan deductible has been met Non-formulary: 10% coinsurance after the plan deductible has been met Specialty: 30% coinsurance up to a maximum of \$300, after the plan deductible has been met	



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MotivateMe® Wellness Program

A PROGRAM TO HELP YOU GET HEALTHY AND STAY HEALTHY

Healthy employees help our company stay strong, resilient, and competitive. Good health is great for you and for Quest. Through Cigna's MotivateMe Program, we're offering rewards in 2022 to motivate you to improve and maintain good health. You can earn up to \$825 in rewards.

Health Assessment

You have to complete your annual online Cigna Health Assessment at cigna.com. This is the one gatekeeper activity you must complete to redeem rewards sometime during 2022. While you must complete the health assessment to redeem rewards, you can start your wellness activities (see following page) and begin earning rewards at the beginning of the year.

You will earn \$250 for having an annual preventive physical exam or annual well-woman OB/GYN exam.

You can earn an additional \$25 for any of the following preventive care screenings:

- Mammogram
- Cervical Cancer Screening
- Prostate Cancer Screening
- Colon Cancer Screening (Colonoscopy)
- Preventive Flu Shots

The maximum amount that you can receive for preventive care (including the \$250 for the wellness exam) is \$275, but don't let that stop you from getting any additional screenings recommended by your doctor for peace of mind.

Health Coaching Goals

Employees can earn up to \$100 for health coaching goals.

Complete any of these activity goals:

- Chronic Conditions Coaching (\$50)
Make progress towards a personal health goal by talking with a Cigna health coach by phone. This goal is available only to those with a chronic condition. Call [1-800-Cigna24 \(1-800-244-6224\)](tel:1-800-Cigna24) to connect with a coach.
- Online Coaching (\$25)
Complete two different Cigna online coaching goals at \$25 each to help: manage stress, work towards lowering weight, improve your nutrition, maintain a positive mood, exercise for better health and quit tobacco.

Get Started

Visit myCigna.com and login to your account, or register for the first time with your Cigna member ID. Once you've logged in, click the "My Health" tab, and then click "Family Incentives." Once there, you can:

- View a list of eligible goals and matching rewards
- Check and track your completed goals and earned rewards
- Link to the reward redemption page to select the gift/debit card of your choice

Rewards should be earned by December 31, 2022

You can also view your incentive information by downloading the myCigna Mobile App.



-continued-

MotivateMe[®] Wellness Program Continued

EMPLOYEES CAN EARN UP TO \$300 BY COMPLETING HEALTHY ACTIVITIES

Apps & Activities makes it fun and easy to reach your health goals and earn rewards. You may personalize your path and find an integrated balance between fitness, nutrition and resilience.

Do you prefer individual or group activities or both? You can find the option that best motivates you with MotivateMe and you get to choose the pace, frequency, and time or measurement of the activity. You can even sync the Cigna app with many fitness tracking devices including Fitbit, Garmin Connect, and Jawbone Up. If you don't see a group activity that meets your needs, you can create one yourself and invite other MotivateMe members to join it.

Choose At Least One Activity

You will need to select at least one activity to get your personalized dashboard and start earning stars. Choose from activities such as:

- Running
- Swimming
- Biking
- Walking
- Working out
- Cooking healthy meals
- Eating a healthy breakfast
- Meditating, stretching, and connecting with family
- And more

Members need to earn 20 stars to earn an incentive at \$75 each. Typical completion rate is between 5-6 weeks.

Outcomes Goal

Earn \$100 by achieving a healthy Body Mass Index (BMI) of less than 30 or improve weight by 5% by December 31, 2022. BMI is a measurement of how much body fat you have in relation to the rest of your body.

Attend two EAP or Wellness webinars or recordings and earn \$25 each.

Expecting a Baby?

In addition to our core MotivateMe goals those employees or spouses expecting a baby can enroll in Cigna's maternity management program "Healthy Pregnancy Healthy Babies". Enroll during your 1st trimester to earn \$150 or during your 2nd trimester to earn \$75. You must participate in a post-partum call to complete the program.

Program Features

Get live support 24 hours a day, seven days a week. Just call the number on your Cigna ID card to:

- Talk to a health coach who can help you with everything from tips on how to handle your discomfort during pregnancy to what foods to avoid, birthing classes and maternity benefits
- Access an audio library of maternity and general health topics
- Visit [myCigna](#) for tools to help you track your pregnancy week by week, prepare for delivery, and care for your baby

Ready to get Started?

Download the Cigna Healthy Pregnancy app from the Apple or Google Play app stores.



Telemedicine

Using our Telemedicine benefit, you can avoid a trip to the doctor and speak directly with a U.S. board-certified physician over the phone or by online video chat 24 hours a day, seven days a week. Telemedicine does not replace your primary care physician. However, it is a convenient and affordable option (less than you would pay at an urgent care center or the emergency room) that allows you to talk to a doctor who can diagnose, recommend treatment, and prescribe medication when appropriate. The most frequent conditions dealt with include sinus problems, bronchitis, allergies, cold and flu symptoms, ear infections, and more. When you use your Telemedicine benefit, you'll pay a fee based on your medical plan.

- Cigna OAP members pay a \$25 copay.
- Cigna CDHP members pay 10% per visit after they meet their deductible.

How to Access Telemedicine

Cigna members use:

- MD Live — Call 1-888-726-3171 or visit mdliveforcigna.com

Nurseline

Call Cigna's Nurseline to speak with a licensed nurse who can help you determine if you need to go to a doctor or can manage your health issue with over-the-counter options. Nurseline nurses also provide advice on managing chronic conditions. To reach the Nurseline, call 1-800-244-6224.

Call Cigna Advocacy

Think of Cigna as your benefits concierge. Call, email or go online to obtain help with claims, finding appropriate doctors or facilities, and understanding all of your benefits and perks. Visit cigna.com or call 1-800-244-6224 for more information.

Medical Pricing Transparency Tool

Make more informed decisions with detailed cost estimates for medical services in your area by using Health Cost Estimator. Visit mycigna.com or call 1-800-244-6224 to learn how.

Hinge Health

Hinge Health's exercise therapy program designed to address chronic back, knee, hip, neck, or shoulder pain is free to employees and dependents 18 and older enrolled in a Cigna medical plan through Quest Software.

What does the program include?

1. Personalized exercise therapy to improve strength and mobility.
2. 1-on-1 health coaching to provide motivation and support via text, email, or phone.
3. Interactive education to teach you how to manage your specific condition, treatment options, and more.
4. The Hinge Health kit which includes a free tablet and wearable motion sensors that give you live feedback during exercises.



How do I apply?

Take a short online questionnaire at hingehealth.com/questsoftware-oe, telling us about your pain. No referral or diagnosis needed from a doctor.

Critical Illness Plan

Critical Illness Insurance is an optional policy that provides a cash benefit when a Covered Person is diagnosed with a covered critical illness or event after the coverage is in effect. Critical Illness is meant as a supplement to your medical plan, not an alternative. You may choose to enroll at one of three benefit amount levels: \$10,000; \$20,000; or \$30,000. If you purchase Spouse coverage, the benefit is paid at 50% of the employee level or 25% for Child(ren) coverage. Some covered illnesses and corresponding benefits are:

Covered Condition	Initial Benefit Amount %	Recurrence Benefit Amount %
Invasive Cancer	100%	100%
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Multiple Sclerosis	25%	Not Available
Major Organ Failure	100%	100%

The plan includes a wellness benefit that pays a once per year benefit of \$75 for routine gynecological exams, general health exams, mammography, and certain blood tests.

Hospital Care Plan

Hospital Care Insurance is an optional policy that provides a cash benefit when a Covered Person incurs a hospital stay resulting from a covered injury or illness. A Hospital Care policy is meant as a supplement to your medical plan, not an alternative. Hospital Care Coverage provides the following hospitalization benefits:

- Hospital admission plan benefit \$1,000 (limited to one day every 90 days)
- Hospital chronic condition admission benefit \$50 (limited to one day every 90 days)
- Hospital stay benefit \$100 (limited to 30 days every 90 days)
- Hospital Intensive Care Unit (ICU) stay benefit \$200 (limited to 30 days every 90 days)

Voluntary Accident Plan

Voluntary Accident Insurance is available for you and your family. It pays you for treatments or injuries resulting from a covered accident. These benefits are meant to offset some of the out-of-pocket expenses associated with an accident, such as: rehabilitation, child care, travel, and other out-of-pocket expenses. Some benefits include:

- \$1,000 hospital admission benefit
- \$200 per day hospital stay benefit
- \$200 emergency room benefit
- \$400 ground ambulance benefit
- \$200-\$8,000 per covered surgically-repaired fracture
- \$200-\$6,000 per covered surgically-repaired fracture

The plan includes a wellness benefit that pays a \$50 per day benefit for routine gynecological exams, general health exams, mammography, and certain blood tests.



Health Savings Account (HSA) and Flexible Spending Accounts (FSA)

TAKE ADVANTAGE OF PRE-TAX SAVINGS VEHICLES TO PAY FOR QUALIFIED EXPENSES

The HSA and FSA offer a way to save pre-tax money for certain health, medical, and day care expenses. Our HSA is managed by Cigna and the FSA plan is managed by WageWorks. If you enroll, a debit card will be mailed to you shortly after enrollment.

HSA

If you enrolled in the CDHP, you have access to a tax-free HSA. You can use your HSA to help pay your deductible and other out-of-pocket health care expenses for you and your IRS qualified dependents.

- Each year, the Company contributes \$750 for employee only plan participants and \$1,500 for employee plus one or more dependents. This is prorated for new hires based on hire date
- 2022 annual IRS contribution limits to an HSA for employee and employer contributions combined are \$3,650 per individual and \$7,300 per family. These limits include the Company's annual HSA contributions.
- You may contribute up to \$2,900 for the employee only plan or up to \$5,800 for employee plus one or more dependents. Contributions are deducted equally per paycheck.
- Starting in the year in which you turn age 55, you can also make up to an extra \$1,000 annual catch-up contribution.

The HSA account is yours. Your balance rolls over each year and if you change employers, your account goes with you.

FSAs

We offer FSA plans to help you better manage some of your expenses. For more information, visit **WageWorks'** website at [wageworks.com](https://www.wageworks.com).

Health Care FSA	<ul style="list-style-type: none">• The Health Care FSA allows you to set aside before-tax money — up to \$2,750 per calendar year. You and your dependents can use it to pay for out-of-pocket eligible health care expenses that are not covered or are only partially covered under your medical, dental or vision coverage.• You can carry over an account balance of up to \$550 from one year to the next. Any funds in excess of \$550 will be forfeited at the end of each calendar year.
Dependent Care (Day Care) FSA	<ul style="list-style-type: none">• The Dependent Care (Day Care) FSA allows you to set aside up to \$5,000 of before-tax money to pay for certain dependent day care expenses if you (or you and your spouse) need these services so you can work, look for work or attend school.• If you contribute to the Dependent Care (Day Care) FSA in 2021 eligible expenses incurred through March 15, 2022 can be reimbursed from any unused amounts remaining in your account from 2022• Claims must be submitted by April 30, 2023.

If you have an HSA, you cannot have a regular Health Care FSA, but you can elect a limited purpose Health Care FSA that can be used for dental and vision expenses only, until you meet your medical plan deductible.

Dental

Our dental plan is offered through Delta Dental of CA. Our plan provider network is broken into two tiers: PPO and Premier. The PPO network provides greater discounts. For more detailed information, visit Delta Dental's website at deltadentalins.com.

Plan Feature	Delta Dental	
Who provides care	You can select any dentist of your choice. To receive the plan's highest level of benefits and pay the lowest out-of-pocket costs, use a Delta Dental network dentist	
Annual deductible (does not apply to preventive services)	In-network: \$50 individual; \$150 family	Out-of-network: \$75 individual; \$225 family
Annual maximum benefit	\$1,500 per person Annual maximum applies for all services except orthodontia, where a separate lifetime maximum applies.	
Preventive services (exams, cleanings, X-rays)	In-network: 100% covered	Out-of-network: Plan pays 100% of R&C ¹ charges
Basic services (fillings, extractions, most oral surgery)	In-network: After deductible, plan pays 80%	Out-of-network: After deductible, plan pays 70% of R&C ¹ charges
Major services (crowns, bridges, dentures, implants, root canals)	In-network: After deductible, plan pays 50%	Out-of-network: After deductible, plan pays 50% of R&C ¹ charges
Orthodontia	In-network: After \$50 deductible specific to orthodontia, plan pays 50%. A separate \$1,500 per person lifetime maximum benefit applies to all orthodontia services. The amount due for anyone who has already started a treatment plan will be prorated based on the remaining amount for this course of treatment.	Out-of-network: After \$50 deductible specific to orthodontia, plan pays 50% of R&C ¹ charges. A separate \$1,500 per person lifetime maximum benefit applies to all orthodontia services. The amount due for anyone who has already started a treatment plan will be prorated based on the remaining amount for this course of treatment.

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Vision

Our vision plan is offered through Vision Service Plan (VSP). For more detailed information, visit VSP's website at vsp.com.

Plan Feature	VSP	
Who provides care	You can select any vision provider of your choice. To receive the plan's highest level of benefits and pay the lowest out-of-pocket costs, use a VSP network provider.	
Annual deductible	None	
WellVision Exam® Limited to one exam per calendar year	In-network: \$10 copay	Out-of-network: After \$10 copay, plan pays up to \$43 allowance
Lenses Limited to one set per calendar year Single vision lenses	In-network: \$25 copay	Out-of-network: After \$25 copay, plan pays up to \$30 allowance
Bifocal lenses	In-network: \$25 copay	Out-of-network: After \$25 copay, plan pays up to \$45 allowance
Trifocal lenses	In-network: \$25 copay	Out-of-network: After \$25 copay, plan pays up to \$62 allowance
Frame benefits Limited to one set of frames every other calendar year	In-network: After \$25 copay, plan pays up to \$130 allowance	Out-of-network: After \$25 copay, plan pays up to \$47 allowance
Contact lenses Medically necessary Elective	Limit once every plan year instead of lenses and frames In-network: After \$25 copay, plan pays 100% In-network: No copay. Plan pays up to \$120 allowance	Out-of-network: After \$25 copay, plan pays up to \$210 allowance Out-of-network: No copay. Plan pays up to \$105 allowance

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Basic Life And Accidental Death And Dismemberment

Our Group Life benefits are offered through Prudential. For more detailed information, visit prudential.com/mybenefits. The Company provides eligible employees with life insurance coverage and Accidental Death and Dismemberment (AD&D) insurance equal to 1 times the amount of benefits-eligible earnings, up to a maximum of \$1,000,000.

Supplemental Life Insurance

You may purchase additional coverage to provide financial protection for your family in the case of unforeseen events.

Coverage available			
Basic Term Life and AD&D	Supplemental Life Insurance	Spouse/Domestic Partner Term Life	Child Term Life
1x benefits-eligible earnings, rounded to the next higher \$1,000 Maximum coverage: \$1,000,000 All coverage is guaranteed You are automatically enrolled Includes matching AD&D benefit	Elect from 1 to 8x benefits-eligible earnings, rounded to the next higher \$1,000 Maximum coverage: \$3,000,000 Guarantee issue: the lesser of 3x eligible earnings or \$500,000	Elect from .5x to 3x the team member's benefits-eligible earnings, Minimum coverage: \$5,000 Maximum coverage: \$500,000 Guarantee issue: the lesser of .5x eligible earnings or \$30,000	Elect \$5,000, \$10,000, or \$15,000 Children are eligible from after birth to age 26 Coverage is guaranteed if elected during your initial eligibility or after a qualifying life event Guarantee issue: \$15,000

Evidence of Insurability (EOI)

If enrolling when first eligible within the specified period of your date of hire or the occurrence of a life event, you can elect up to the lesser of 3.0 times your covered annual earnings or \$500,000, without providing proof of good health to Prudential. All other elections or enrolling after the enrollment period will require proof of good health satisfactory to Prudential for all coverage amounts.

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Short-Term Disability

The Company pays 100 percent of the cost for Short-Term Disability (STD) insurance through Prudential, which provides continuation of your pay for approved disabilities resulting from a non-work-related illness or injury. You are automatically enrolled in STD at no cost to you.

Plan Feature	Team Members
Total benefits	... 180 total days per incident (including the 7-day elimination period) ... Up to 173 days at 100% of your daily benefits-eligible earnings after your elimination period
Elimination period before benefits begin	7 consecutive calendar days

Long-Term Disability

The Long-Term Disability (LTD) Program through Prudential provides a monthly benefit to qualifying team members who are totally disabled because of an illness or injury. Since the company pays a portion of your LTD premiums, that portion of your LTD benefits will be taxable to you.

If you do not elect LTD within 31 days from your initial eligibility, you are subject to meeting the EOI requirements during annual Open Enrollment.

Plan Feature	
Total benefits	... 60% of your eligible monthly earnings from all sources of benefit payments, up to a maximum monthly benefit of \$10,000 ... The company-paid portion of your LTD Program benefit payments is taxable to you in the year of receipt
Waiting period before benefits begin	180 days of STD benefits, including the 7-day elimination period

Report a Disability or Leave of Absence

To report a disability, inform your manager and submit an HR Ticket at <https://questhr.service-now.com> with your manager's approval.

Retirement Savings Plan

Our 401(k) retirement plan is administered by Fidelity. You may contribute from 1% to 50% of your eligible pay to your 401(k) account in 2022, up to a maximum of \$19,500 if you are under 50 years old and an additional \$6,500 catch up contribution if you are 50 years of age or older.

Remember, a key to growing your savings is to increase your contributions each year. The extra money you save today could make a big difference in helping you achieve the retirement you envision.

Log on to NetBenefits at 401k.com to register or call 1-800-466-2900.

- On NetBenefits, you can:
 - **Review your account balances.** Access investment option descriptions.
 - **Enroll in the Plan.** Research investment performance.
 - **Request changes to your account.** Request a loan or distribution.
 - **Confirm your beneficiaries.**
- Investment fund management services are offered to assist you with the investment management of your account.

PERIODICALLY REVIEW YOUR INVESTMENT ALLOCATIONS

Choosing the right mix of investments and how to manage them is key to help protect and grow your savings. Consider the amount of experience, time, and interest you have to manage your investments.

For a fee, Fidelity's professionals evaluate the investment options available based on your risk profile and invests your account to align with the model portfolio and provides ongoing management of your account.

For an additional fee, Fidelity's professionals evaluate the investment options available in your plan and identify a model portfolio of investments appropriate for an investor like you. The service then invests your account to align with this model portfolio and provides ongoing management of your account to address changes in the markets, your plan's investment lineup, and changes in your personal or financial situation.

To see if Fidelity® Portfolio Advisory Service at Work is right for you, log onto 401k.com to learn more and enroll in the service or call 1-866-811-6041.



Work Life Benefits

Vacation

The Company pays for vacation time based on the following career levels and years of service (*years of service includes time with Dell*):

Career levels IA-IH and MA-MC	Career levels II-IJ and MD-ME	Career levels IK-IL and EF-EI
1-5 years 80 hours (10 days)	1-9 years 120 hours (15 days)	0+ years 160 hours (20 days)
5+ years 120 hours (15 days)	9+ years 160 hours (20 days)	
9+ years 160 hours (20 days)		

The Company wants you to use your time off. You must use all your vacation time during the year — time off does not carry over (unless required by law).

Personal Business Allowance

Personal Business Allowance (PBA) is a paid time-off benefit that is available when an eligible team member needs to be away from work for personal reasons such as: illness of team member or team member's dependent, medical appointments, legal assistance, etc. The company allows for up to 80 hours (10 days) per year.

Holidays

The Company provides 11 paid designated holidays per year for eligible team members who work more than 25 hours per week.

Leave of Absence

To report a leave of absence, inform your manager and submit an HR Ticket at questhr.service-now.com with your manager's approval.

In accordance with state and federal legislation, the Company accommodates the following:

- Family and Medical Leave Act (FMLA) leave
- Military Leave of Absence

Commuter Benefits

Our commuter benefits program allows you to set aside before-tax money through payroll deductions to pay for transit passes and parking costs associated with commuting to work. You save money because you don't pay taxes on your contributions. You can set aside a maximum of \$270 a month for transit expenses and \$270 a month for parking expenses.

The commuter program is administered by WageWorks and is available anywhere in the U.S. and on any U.S. transit system. All it takes is a quick online order to get your transit pass delivered to your home every month and to set up direct parking payments.

Unlike other pretax benefit programs, commuter benefits do not require an annual election, so you can sign up, make changes or cancel at any time. For more information or to enroll, call 1-877-924-3967. You must enroll by the 10th of the month to start deductions for the following month.

Discounts and Rewards Program

Quest partners with BenefitHub to provide employees with a comprehensive one-stop-shop website for all things benefits. The site hosts plan summaries and certificates, federal programs links, and carrier contact information. Employees can also take advantage of the exclusive discounts and rewards section, which provides deals on everything from home items to travel. Enter your zip code to check out local deals or visit the "Pay Over Time" section to find a program that fits your needs. You can access the BenefitHub website by visiting quest.benefithub.com.

Educational Assistance

You may be able to receive reimbursement for expenses related to formal education (in support of your Quest career path) at accredited schools, colleges, and universities. For more information, contact Human Resources.



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RATES

Voluntary Legal Plan

You may choose to enroll in our Voluntary Legal Plan through MetLife. When you elect coverage, you have access to unlimited telephone and office consultations for eligible services including:

- Estate Planning
- Family Law
- Financial Matters
- Real Estate Matters

The cost of the plan is \$18 per month, which is deducted from your paycheck on a post-tax basis.

Voluntary Identity Theft Protection Plan

You may purchase the Voluntary Identity Theft Protection plan through LifeLock for you and your family. LifeLock monitors:

- Your credit score
- Bank account changes
- The black market for trading of your personal information

LifeLock will provide you with assistance in the event you lose your wallet, identification, or credit cards. They will send you real-time alerts via email, phone, app, or text. [Click to view rates.](#)

Employee Assistance Program

Through our Employee Assistance Program (EAP) with ComPsych, you and your family members are allowed five confidential counseling sessions per incident per year at no cost to you. You also have 24/7 access to information on stress management, parenting, elder care, weight loss, communication skills, depression, and so much more. You even get a no-cost initial consultation with a legal professional.

Long-Term Care with Universal Life

Universal Life Insurance

Trustmark Universal Life is two-in-one security. It combines permanent life insurance with benefits that can help with the high costs of long-term care services. It helps protect your family from the financial impact of losing a loved one or needing extended care. You select a benefit amount that works for you. The rate you pay is based on the issue age at enrollment, it doesn't increase as long as you hold the policy.

Universal LifeEvents Insurance

The Universal LifeEvents option adjusts to your changing needs as you age. For the same rate as Universal Life, it provides a higher death benefit during your working years, when you may need the protection most. The death benefit then reduces to one third after age 70 or after 15 years (whichever is longer), when financial needs are typically lower. However, the higher benefits for long-term care do not reduce and they continue for the life of the policy, to help meet one's greater need for long-term care in retirement.

Living Benefits*

Long-Term Care Benefit (LTC) pays 4% of your death benefit for up to 25 months for home healthcare, assisted living, nursing home care and adult day care. To receive benefits, you must meet Conditions of Eligibility for Benefits. Note: the LTC benefit does not reduce at age 70.

Benefit Restoration restores the death benefit that is reduced to pay for LTC, so your family receives the full death benefit amount when they need it most.

*Benefits may not be available in all states or may be named differently. Your policy will contain complete details and provisions of coverage.

Contributions Per Pay Period

Medical

Medical – Cigna OAP Plan (PPO)	Salary Under \$60,000	Salary Over \$60,000
Employee Only	\$79.18	\$93.57
Employee + Spouse / DP	\$233.93	\$269.92
Employee + Child(ren)	\$187.14	\$215.93
Employee + Family	\$321.75	\$371.25

Medical – Cigna CDHP (HSA)		
Employee Only	\$36.03	\$48.03
Employee + Spouse / DP	\$120.08	\$150.10
Employee + Child(ren)	\$96.06	\$120.08
Employee + Family	\$168.12	\$210.14

Imputed Income For Medical With Domestic Partner Coverage

Cigna OAP Under \$60,000 Salary	Imputed Income Per Pay Period	Cigna OAP Over \$60,000 Salary	Imputed Income Per Pay Period	Cigna OAP Under \$60,000 Salary	Imputed Income Per Pay Period	Cigna OAP Over \$60,000 Salary	Imputed Income Per Pay Period
To Add DP		To Add DP		To Add DP		To Add DP	
Employee Only + DP	\$288.47	Employee Only + DP	\$266.87	Employee Only + DP	\$288.47	Employee Only + DP	\$266.87
Employee + Child(ren) + DP	\$308.60	Employee + Child(ren) + DP	\$287.89	Employee + Child(ren) + DP	\$308.60	Employee + Child(ren) + DP	\$287.89
To Add DP and Children of DP		To Add DP and Children of DP		To Add DP and Children of DP		To Add DP and Children of DP	
Employee Only + DP and Child(ren) of DP	\$477.99	Employee Only + DP and Child(ren) of DP	\$442.88	Employee Only + DP and Child(ren) of DP	\$477.99	Employee Only + DP and Child(ren) of DP	\$442.88
Employee + Child(ren) + DP and Child(ren) of DP	\$585.95	Employee + Child(ren) + DP and Child(ren) of DP	\$565.24	Employee + Child(ren) + DP and Child(ren) of DP	\$585.95	Employee + Child(ren) + DP and Child(ren) of DP	\$565.24
To Children of DP (Plan Permitting)		To Children of DP (Plan Permitting)		To Children of DP (Plan Permitting)		To Children of DP (Plan Permitting)	
Employee Only + Children of DP	\$187.51	Employee Only + Children of DP	\$173.11	Employee Only + Children of DP	\$187.51	Employee Only + Children of DP	\$173.11
Employee + Child(ren) and Child(ren) of DP	\$295.47	Employee + Child(ren) and Child(ren) of DP	\$295.47	Employee + Child(ren) and Child(ren) of DP	\$295.47	Employee + Child(ren) and Child(ren) of DP	\$295.47

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Contributions Per Pay Period

Dental

Delta Dental	
Employee Only	\$6.62
Employee + Spouse / DP	\$14.90
Employee + Child(ren)	\$14.90
Employee + Family	\$20.73

Imputed Income For Dental With Domestic Partner Coverage

Dental	Imputed Income Per Pay Period
To Add DP	
Employee Only + DP	\$16.47
Employee + Child(ren) + DP	\$18.92
To Add DP and Children of DP	
Employee Only + DP and Child(ren) of DP	\$28.08
Employee + Child(ren) + DP and Child(ren) of DP	\$36.36
To Children of DP (Plan Permitting)	
Employee Only + Children of DP	\$16.47
Employee + Child(ren) and Child(ren) of DP	\$24.75

Vision

VSP	
Employee Only	\$0.80
Employee + Spouse / DP	\$2.82
Employee + Child(ren)	\$3.01
Employee + Family	\$4.81

Imputed Income For Vision With Domestic Partner Coverage

VSP	Imputed Income Per Pay Period
To Add DP	
Employee Only + DP	\$0.92
Employee + Child(ren) + DP	\$1.14
To Add DP and Children of DP	
Employee Only + DP and Child(ren) of DP	\$3.09
Employee + Child(ren) + DP and Child(ren) of DP	\$5.30
To Children of DP (Plan Permitting)	
Employee Only + Children of DP	\$1.13
Employee + Child(ren) and Child(ren) of DP	\$3.34

Biweekly Voluntary Life

Voluntary Life - Employee	Non-Tobacco Users	Tobacco Users
Rates per \$1,000 of employee coverage		
Under age 25	\$0.011	\$0.013
25 – 29	\$0.012	\$0.017
30 – 34	\$0.015	\$0.022
35 – 39	\$0.019	\$0.025
40 – 44	\$0.023	\$0.030
45 – 49	\$0.038	\$0.048
50 – 54	\$0.061	\$0.077
55 – 59	\$0.111	\$0.141
60 – 64	\$0.153	\$0.183
65 – 69	\$0.238	\$0.352
70 – 74	\$0.405	\$0.572
75 – 79	\$0.664	\$0.690
Over age 80	\$0.845	\$0.845

Voluntary Life - Spouse	Non-Tobacco Users	Tobacco Users
Rates per \$1,000 of spouse coverage		
Under age 25	\$0.013	\$0.017
25 – 29	\$0.014	\$0.021
30 – 34	\$0.019	\$0.028
35 – 39	\$0.024	\$0.032
40 – 44	\$0.030	\$0.037
45 – 49	\$0.048	\$0.061
50 – 54	\$0.076	\$0.096
55 – 59	\$0.140	\$0.177
60 – 64	\$0.192	\$0.230
65 – 69	\$0.298	\$0.443
70 – 74	\$0.510	\$0.719
75 – 79	\$0.834	\$0.866
Over age 80	\$0.908	\$0.908

Voluntary Life - Child(ren)
Rate per \$1,000 of coverage
\$0.028

Long-Term Care

For rates please contact LTC Solutions at 877-286-2852.

Long-Term Disability

Rate per \$100 of coverage
\$0.103

Voluntary ID Theft

	Monthly Rates
Employee	\$13.99
Employee + Spouse/DP	\$27.98
Employee + Child(ren)	\$27.98
Employee + Family	\$27.98

Voluntary Legal Plan

	Monthly Rates
Employee Only	\$18.00



Biweekly Critical Illness Contributions

Employee Coverage Level	\$10,000	\$20,000	\$30,000
Under age 25	\$1.56	\$3.12	\$4.68
25 – 29	\$1.68	\$3.36	\$5.04
30 – 34	\$2.10	\$4.19	\$6.29
35 – 39	\$2.77	\$5.54	\$8.31
40 – 44	\$3.32	\$6.65	\$9.97
45 – 49	\$4.91	\$9.81	\$14.72
50 – 54	\$7.08	\$14.16	\$21.24
55 – 59	\$9.95	\$19.90	\$29.85
60 – 64	\$12.48	\$24.97	\$37.45
65 – 69	\$14.77	\$29.54	\$44.31
70 – 74	\$20.24	\$40.49	\$60.73
75 – 79	\$25.99	\$51.98	\$77.97
80-84	\$31.86	\$63.71	\$95.57
85 +	\$43.32	\$86.64	\$129.96

Spouse Coverage Level	\$5,000	\$10,000	\$15,000
Under age 25	\$0.90	\$1.80	\$2.71
25 – 29	\$1.02	\$2.03	\$3.05
30 – 34	\$1.28	\$2.56	\$3.84
35 – 39	\$1.76	\$3.52	\$5.28
40 – 44	\$2.32	\$4.63	\$6.95
45 – 49	\$3.11	\$6.22	\$9.33
50 – 54	\$4.16	\$8.33	\$12.49
55 – 59	\$5.49	\$10.98	\$16.47
60 – 64	\$6.79	\$13.57	\$20.36
65 – 69	\$8.17	\$16.34	\$24.51
70 – 74	\$10.98	\$21.97	\$32.95
75 – 79	\$14.34	\$28.68	\$43.03
80-84	\$17.54	\$35.08	\$52.62
85 +	\$23.75	\$47.49	\$71.24

Voluntary Hospital Care

	Per Pay Period
Employee Only	\$5.40
Employee + Spouse / DP	\$12.12
Employee + Child(ren)	\$9.97
Employee + Family	\$16.45

Voluntary Accident

	Per Pay Period
Employee	\$7.85
Employee + Spouse/DP	\$12.50
Employee + Child(ren)	\$16.13
Employee + Family	\$20.78

Benefit/Plan	Group	Website	Phone
Advocacy			
Human Resources	Quest Software	https://questhr.service-now.com	
Cigna	Cigna	cigna.com	800-244-6224
Enrollment Center			
Servarus	Quest Software	email: service@servarussystems.com	855-590-4748
Medical and Prescription Drug			
Cigna	3341305	cigna.com	888-806-5042 (pre-enrollment) 800-244-6224 (post-enrollment)
Health Savings Account			
HSA Bank		hsabank.com	800-357-6246
Telemedicine			
Cigna MD Live	3341305	MDliveforcigna.com	888-726-3171
Nurseline			
Cigna	3341305	N/A	800-244-6224
Chronic Care Solutions			
Cigna	3341305	mycigna.com	800-244-6224
Pricing Transparency Tools			
Cigna	3341305	mycigna.com	800-244-6224
EAP			
ComPsych	Quest Software	https://www.advantageengagement.com/1074/login_company.php Username: quest Password: demo	800-346-0110
Dental			
Delta Dental	15598	deltadentalins.com	800-765-6003
Vision			
VSP	30028624	vsp.com	800-877-7195
401(k) Plan			
Fidelity	93547	401k.com	800-466-2900



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LIFE AND
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WORK LIFE
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RATES

Benefit/Plan	Group	Website	Phone
Basic Life & AD&D			
Prudential	52711	prudential.com/mybenefits	877-367-7781
Commuter & Bicycle Benefits			
WageWorks	Quest Software	wageworks.com	877-924-3967
Critical Illness			
Cigna	Quest Software	cigna.com	800-754-3207
FSA Administration			
WageWorks	Quest Software	wageworks.com	877-924-3967
Hospital Indemnity			
Cigna	Quest Software	cigna.com	800-754-3207
Long-Term Care			
LTC Solutions	Quest Software	N/A	877-286-2852
Long-Term Disability			
Prudential	52711	prudential.com/mybenefits	877-367-7781
Leave Administration			
Prudential	52711	prudential.com/mybenefits	877-367-7781
Personal Travel Assistance			
Prudential	52711	medassist-usa@axa-assistance.us	800-565-9320
Short-Term Disability			
Prudential	52711	prudential.com/mybenefits	877-367-7781
Voluntary Accident Plan			
Cigna	AI960793	cigna.com	800-754-3207
Voluntary Employee & Dependent Life			
Prudential	52711	prudential.com/mybenefits	877-367-7781
Voluntary Identity Theft			
LifeLock	E0007225	lifelock.com	800-607-9174
Voluntary Legal Plan			
MetLife	Quest Software	info.legalplans.com	800-821-6400

Annual Notices

Women's Health & Cancer Rights Act Notices

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 states 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 lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Cigna OAP Plan: \$1,000 individual/\$2,000 family in-network deductible;
 \$2,000 individual/\$4,000 family out-network deductible;
 \$4,500 individual/\$9,000 family in-network out of pocket maximum;
 \$9,000 individual/\$18,000 family in-network out of pocket maximum

Cigna HDHP HSA Plan: \$1,500 individual/\$3,000 family in-network deductible;
 \$3,000 individual/\$6,000 family out-network deductible;
 \$5,000 individual/\$10,000 family in-network out of pocket maximum;
 \$10,000 individual/\$20,000 family in-network out of pocket maximum

If you would like more information on WHCRA benefits, contact your plan administrator at <https://questhr.service-now.com> or email Benefits@Quest.com

Go to:
Notice
Regarding
Wellness

Go to:
Premium
Assistance
and CHIP

Go to:
HIPAA
Loss of
Coverage

Go to:
Prescription
Drug Coverage
Medicare

Go to:
Creditable
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Notice



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Annual Notices Continued

Notice Regarding Wellness Program

MotiveMe Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or “HRA” that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of up to \$225 for completing annual preventative physical exams or annual well-woman OB/GYN exams and \$100 for achieving health-coaching goals. Although you are not required to complete the HRA, only employees who do so will receive MotivateMe Wellness Program incentives.

Additional incentives of up to \$450 may be available for employees who participate in certain health-related activities running, swimming, biking, walking, working out, cooking healthy meals, eating a healthy breakfast and many more activities listed on the MotiveMe Wellness program APP. An additional \$50 incentive is available for achieving a healthy Body Mass Index (BMI) of less than 30 or improve weight by 5%. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting <https://questhr.service-now.com> or email Benefits@Quest.com.

Wellness Program – Notice of Alternative Standard

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at <https://questhr.service-now.com> or email Benefits@Quest.com and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Annual Notices Continued

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 October 15, 2021. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program

Website: <http://dhcs.ca.gov/hipp>

Phone: 916-440-5676

Email: hipp@dhcs.ca.gov

Annual Notices Continued

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

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

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

IOWA – Medicaid and CHIP (Hawki) Medicaid Website:

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

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

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

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>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: <https://www.maine.gov/dhhs/ofl/applications-forms>

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofl/applications-forms>

Phone: -800-977-6740

TTY: Maine relay 711

Annual Notices Continued

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>

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

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

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

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

Annual Notices Continued

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

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

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>

Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

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 October 15, 2021, 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



WELCOME
NAVIGATION



MEDICAL



DENTAL



VISION



LIFE AND
DISABILITY



WORK LIFE
BALANCE



RATES

Annual Notices Continued

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.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebssa.opr@dol.gov and reference the OMB Control Number 1210-0137.



Annual Notices Continued

HIPAA Special Enrollment Rights

Quest Software, Inc. Initial Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Quest Software, Inc. Health & Welfare Group Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children’s Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact <https://questhr.service-now.com> or email Benefits@Quest.com.



Annual Notices Continued

Important Notice from Quest Software Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Quest Software Inc. about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Quest Software Inc. has determined that the prescription drug coverage offered by Cigna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Quest Software Inc. coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Quest Software Inc. coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Quest Software Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.



Annual Notices Continued

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Quest Software Inc. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).



Annual Notices Continued

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 21, 2022
Name of Sender: CJ Gregorios
Address: 4 Polaris Way
Aliso Viejo, CA 92656
Phone Number: 949-754-9664

Subject: Important Benefit Disclosures under ERISA

Dear Participants in the Quest Software, Inc Health & Welfare Plan:

As a Participant in the Quest Software, Inc Health & Welfare Plan, you are entitled to receive certain information about our benefits as required by the Employee Retirement Income Security Act of 1974 (ERISA). Quest Software, Inc. intends to provide this information to you by electronic delivery. Included are the following:

- Summary Plan Description
- Summaries of Material Modification
- Summaries of Benefits and Coverage
- Summary Annual Reports
- Annual Notices

To access these documents, please visit the Benefits page on @Quest (<https://prodcloudoutlook.sharepoint.com/HR/Benefits/US/Pages/Default.aspx>)

If you cannot access these documents via the website, please contact Human Resources at <https://questhr.service-now.com> or email Benefits@Quest.com.

You have a right to receive a paper version of any electronically transmitted document at no charge. Please contact Human Resources at <https://questhr.service-now.com> or email Benefits@Quest.com to obtain a paper copy.