BENEFITS
AT A GLANCE

BENEFITS AT A GLANCE

WELCOME! We are pleased you decided to join our team, and we look forward to working with you.

One way we can show our appreciation for your contribution to our success is to offer you a comprehensive benefits package that meets your needs and the needs of your family.

Mission Support Alliance, LLC (MSA) offers you the flexibility to choose from a list of plans and options, the specific benefits that work best for your situation.

Depending on the particular plan and/or level of coverage you elect, the company may pay the full cost of the benefit, may share the cost with you or the total cost may be paid by you. It's an approach to benefits that supports Section 125 of the Internal Revenue Code, which allows you to get directly involved in designing your own benefits program.

MSA Benefits Overview

Included in the package are:

- ***Health Care Benefits***
  MSA pays the major share of the cost of the health plans, including medical, vision and dental coverage for you and your family.
- ***Flexible Spending Accounts (FSA)***
  Two FSA's, Health Care and Dependent Care, allow you to set aside money on a pre-tax basis for the purpose of paying for IRS-allowable, unreimbursed health care and/or dependent care expenses.
- ***Life & Disability Plans***
  MSA offers insurance plan options to help replace income for you and your survivors in the event of illness, injury or death.
- ***Retirement Plan***
  Our 401(k) savings plan provides a vehicle for you to build a solid financial future. In addition to your contribution, the company makes an automatic contribution to your account each pay period.
- ***Paid Time Off***
  You will accrue hours in your Personal Time Bank that can be used for vacation, holidays, sick or personal time off. Additionally, there is paid time off for jury duty, bereavement and military leave.
- ***Additional Benefits***
  The company provides an Employee Assistance Program (EAP) and a Voluntary Legal Plan.

Plan Year

The Plan year will begin on January 1 and end on December 31 each year. In the fall, you will have the opportunity to change your medical, dental and FSA elections for the upcoming plan year.

Eligibility

Regular full-time employees who work a minimum of 40 hours per week and regular part-time employees who are regularly scheduled to work 20 hours or more per week are eligible to participate in the MSA benefit plans.

Eligibility begins on your first day of work or when you first become eligible and ends immediately on termination or when you are no longer eligible.

Dependent Coverage

In addition to electing coverage for yourself, you can elect to cover eligible dependents. For medical and dental plans, your eligible dependents include your legal spouse or domestic partner (if certain criteria are met). In addition, eligible children for medical includes married or unmarried children under the age of 26, if coverage not available through another group plan. Eligible dependents for dental are unmarried children to age 26. For Supplemental Life & Personal Accident Insurance, dependents include your legal spouse, domestic partner and children up to age 19 (up to age 25 if full-time student).

Changing Your Benefits

The Internal Revenue Service (IRS) states that employees enrolled in pre-tax benefit plans may only make benefit elections once a year. As such, your health care benefit choices are binding until the next open enrollment. The following special circumstances are the ONLY reasons you may change your benefits during the plan year:

- Marriage
- Birth, adoption or placement for adoption of an eligible child
- Divorce, legal separation or annulment
- Loss of spouse's job or change in work status where coverage is maintained through the spouse's plan
- A significant change in your or your spouse's health coverage attributable to your spouse's employment
- Death of a spouse or dependent
- Loss of dependent status
- Becoming eligible for Medicare, Medicaid, or a state Children's Health Insurance Program (CHIP) during the year
- Receiving a Qualified Medical Child Support Order (QMCSO)

These special circumstances often referred to as "Qualifying Life Events" or life event changes, will allow you to make changes at any time during the year in which they occur. For any allowable change, you must notify Human Resources of the event and provide the requested documents within 31 days of the event to avoid a lapse in coverage. Changes that are requested due to a "change of mind" or financial hardship without a Qualifying Life Event, are not allowed until the next annual open enrollment period.

Medical Benefits

Coverage choice, cost and convenience are factors each of us considers important when selecting a medical plan. You may choose between two Group Health medical plans, whichever one best meets your needs and the needs of your family. The plans cover the same types of services, but differ in how they share costs with you and how they provide access to care. Each option is summarized below and within the Medical Plan Summary on the following page.

Option 1 – Group Health HMO Plan

This plan incorporates a specific network of physicians, hospitals and other health care providers into a single service organization. The plan covers preventive care, outpatient care, hospitalization, vision care and prescription drugs. You will be required to select a primary care physician (PCP) who will be responsible for coordinating all of your healthcare needs and providing you with referrals. This plan covers most medically necessary services at 100% or requires you to pay a small co-pay. However, benefits are not available for services obtained outside of the network.

Option 2– Group Health Options Plan

This plan provides you with added flexibility when seeking covered medical services by allowing you to receive care within or outside of the network. You will be required to elect a primary care physician (PCP), and you will maximize your coverage by having care provided or referred by your PCP. You will also have the freedom to self-refer your care without consulting/receiving a referral from your PCP to both in-network and out-of-network providers. However, self-referring your care results in lower benefit levels and higher out-of-pocket costs.

Medical Plan Summary

Benefit	Group Health Options: In-Network	Group Health Options: Out-of-Network	Group Health HMO: In-Network Only
Plan Deductible per Calendar Year (PCY)	Individual deductible: $1,000 Family deductible: $3,000	Shared with in-network	No annual deductible
Plan Coinsurance	Plan pays 90%, you pay 10%	Plan pays 80%, you pay 20%	No plan coinsurance
Pre-existing Condition Waiting Period	Not applicable	Not applicable	Not applicable
Out-of-Pocket Limit	Individual out-of-pocket limit: $2,000 Family out-of-pocket limit: $6,000	Shared with in-network	Individual out-of-pocket limit: $2,000 Family out-of-pocket limit: $4,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Outpatient Services Office visits	$25 co-pay; deductible and coinsurance do not apply	$25 co-pay; deductible and coinsurance do not apply	$20 co-pay
Hospital Services	Inpatient services: $200 co-pay, per admit; deductible and coinsurance apply Outpatient surgery: $25 co-pay; deductible and coinsurance do not apply	Inpatient services: $200 co-pay, per admit; deductible and coinsurance apply Outpatient surgery: $25 co-pay; deductible and coinsurance do not apply	Inpatient services: $200 co-pay per admit Outpatient surgery: $20 co-pay
Prescription Drugs	Formulary generic/formulary brand/non-formulary $10/$20/$40 co-pay	Formulary generic/formulary brand/non-formulary $15/$25/$45 co-pay	Formulary generic/formulary brand/non-formulary $10/$20/$40 co-pay
Prescription Mail Order	2x prescription cost share per 90 day supply	Not covered	2x prescription cost share per 90 day supply
Acupuncture	Self-referral up to 8 visits per medical diagnosis PCY; additional visits when approved by plan; $25 co-pay; deductible and coinsurance do not apply	$25 co-pay; deductible and coinsurance do not apply	Self-referral up to 8 visits per medical diagnosis PCY; additional visits when approved by plan; $20 co-pay
Ambulance Services	20% coinsurance	Same as in-network	20% coinsurance
Chemical Dependency	Outpatient: $25 co-pay; deductible and coinsurance do not apply Inpatient: $200 co-pay per admit; deductible and coinsurance apply	Outpatient: $25 co-pay; deductible and coinsurance do not apply Inpatient: $200 co-pay per admit; deductible and coinsurance apply	Outpatient: $20 co-pay Inpatient: $200 co-pay per admit

Medical Plan Summary

Benefit	Group Health Options: In-Network	Group Health Options: Out-of-Network	Group Health HMO: In-Network Only
Devices, Equipment and Supplies (DME)	Covered at 50%	Covered at 50%	Covered at 50%
Diagnostic Lab and X-ray Services	Outpatient: Covered in full Inpatient: Deductible and coinsurance apply	Outpatient: Covered in full Inpatient: Deductible and coinsurance apply	Covered in full
Emergency Services Co-pay waived if admitted	$100 co-pay; deductible and coinsurance apply	$150 co-pay; deductible and coinsurance apply	$75 co-pay at designated facility; $125 co-pay at non-designated facility
Growth Hormone	Covered at pharmacy cost share	Covered at pharmacy cost share	Covered at pharmacy cost share
Hearing Exams Routine	$25 co-pay; deductible and coinsurance do not apply	$25 co-pay; deductible and coinsurance do not apply	$20 co-pay
Hearing Hardware	Not covered	Not covered	Not covered
Home Health	Up to 130 visits PCY covered in full	Visit limit shared with in-network; deductible and coinsurance apply	Covered in full; no visit limit
Infertility Services	Not covered	Not covered	Not covered
Manipulative Therapy	Self-referral up to 10 visits PCY; $25 co-pay; deductible and coinsurance do not apply	Visit limit shared with in-network; $25 co-pay; deductible and coinsurance do not apply	Self-referral up to 10 visits PCY; $20 co-pay
Maternity Services	Outpatient: $25 co-pay; deductible and coinsurance do not apply Inpatient: $200 co-pay per admit; deductible and coinsurance apply	Outpatient: $25 co-pay; deductible and coinsurance do not apply Inpatient: $200 co-pay per admit; deductible and coinsurance apply	Outpatient: $20 co-pay Inpatient: $200 co-pay per admit
Mental Health	Outpatient: $25 co-pay; deductible and coinsurance do not apply Inpatient: $200 co-pay per admit; deductible and coinsurance apply	Outpatient: $25 co-pay; deductible and coinsurance do not apply Inpatient: $200 co-pay per admit; deductible and coinsurance apply	Outpatient: $20 co-pay Inpatient: $200 co-pay per admit

Medical Plan Summary

Benefit	Group Health Options In-Network	Group Health Options Out-of-Network	Group Health HMO In-Network Only
Naturopathy	Self-referral up to 3 visits per medical diagnosis PCY; additional visits when approved by plan; $25 co-pay; deductible and coinsurance do not apply	$25 co-pay; deductible and coinsurance do not apply	Self-referral up to 3 visits per medical diagnosis PCY; additional visits when approved by plan, $20 co-pay
Obesity-Related Surgery When medically necessary and authorized lifetime max	Not covered	Not covered	Not covered
Organ Transplants Donor search and harvest	Outpatient: $25 co-pay; deductible and coinsurance do not apply Inpatient: $200 co-pay per admit; deductible and coinsurance apply	Outpatient: $25 co-pay; deductible and coinsurance do not apply Inpatient: $200 co-pay per admit; deductible and coinsurance apply	Outpatient: $20 co-pay Inpatient: $200 co-pay per admit
Preventive Care Well care physicals, immunizations, Pap smear exams, mammograms	Covered in full	$25 co-pay; deductible and coinsurance do not apply	Covered in full
Rehabilitation Services Occupational speech, physical-including massage; rehab visits are a total of combined therapy visits PCY	Outpatient: 60 visits PCY; $25 co-pay; deductible and coinsurance do not apply Inpatient: 60 days PCY; $200 co-pay per admit; deductible and coinsurance apply	Outpatient: visit limits shared with in-network; $25 co-pay; deductible and coinsurance do not apply Inpatient: day limits shared with in-network; $200 co-pay per admit; deductible and coinsurance apply	Outpatient: 60 visits PCY; $20 co-pay Inpatient: 60 days PCY; $200 co-pay per admit
Skilled Nursing Facility PCY	Up to 60 days; deductible and coinsurance apply	Days shared with in-network; deductible and coinsurance apply	Covered in full up to 60 days
Sterilization Vasectomy, tubal ligation	Outpatient: $25 co-pay; deductible and coinsurance do not apply Inpatient: $200 co-pay per admit; deductible and coinsurance apply	Outpatient: $25 co-pay; deductible and coinsurance do not apply Inpatient: $200 co-pay per admit; deductible and coinsurance apply	Outpatient: $20 co-pay Inpatient: $200 co-pay per admit

Medical Plan Summary

Benefit	Group Health Options In-Network	Group Health Options Out-of-Network	Group Health HMO In-Network Only
Temporomandibular Joint (TMJ) Services	$1,000 PCY; $5,000 lifetime max Outpatient: $25 co-pay; deductible and coinsurance do not apply Inpatient: $200 co-pay per admit; deductible and coinsurance apply	Shared with in-network Outpatient: $25 co-pay; deductible and coinsurance do not apply Inpatient: $200 co-pay per admit; deductible and coinsurance apply	$1,000 PCY; $5,000 lifetime max Outpatient: $20 co-pay Inpatient: $200 co-pay per admit
Tobacco Cessation See pharmacy benefit for associated drug coverage	Free & Clear Program – covered in full	Not covered	Free & Clear Program – covered in full
Vision Care Routine vision exam, 1 visit every 12 months; no limit for medically necessary eye visits	$25 co-pay; deductible and coinsurance waived	$25 co-pay; deductible and coinsurance waived	$20 co-pay
Optical Hardware Lenses, including contact lenses and frames	$150 per 24 months; Not subject to deductible or coinsurance	Shared with in-network	$150 per 24 months

Dental Benefits

The company offers two levels of dental coverage through Delta Dental of Washington. Your dental coverage costs are shared with the company. The level of coverage you select will depend on the level of treatment you and your family require. The plan provides coverage for Preventive/Diagnostic Services, Basic Services, Major Services and Orthodontia. It gives you the freedom to receive care from a participating Delta PPO Network, Delta Premier Network dentist or from any dentist of your choosing. Services provided by Delta Dental PPO or Premier dentists are based upon a negotiated fee schedule. This means if you incur any out-of-pocket costs, they will be based on the Delta negotiated fees and not the dentist's actual charge. However, if you choose to go to an out-of-network dentist, not only will you pay your share of coinsurance and/or deductible, you may also pay the balance bill—the difference between what Delta says is the reasonable and customary cost and what the dentist actually charges. It is further incentive for you to use participating dentists.

Dental Plan Summary

Basic	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Dentists may NOT balance bill.	Dentists may NOT balance bill.	Dentists may balance bill.
Class I - Diagnostic & Preventive Exams, prophylaxis, fluoride, x-rays, sealants	80%	80%	80%
Class II - Restorative Restorations, endodontics, periodontics, oral surgery	80%	80%	80%
Class III – Major Crowns, dentures, partials, bridges, implants	50%	50%	50%
Annual Maximum	$1,000	$1,000	$1,000
Annual Deductible Per person – **waived for Class I** Family maximum	No deductible	$50 $150	$50 $150
Orthodontia Benefit – Adult & Children Coinsurance level Lifetime maximum	Not covered	Not covered	Not covered
TMJ Plan B – Surgical & NonSurgical Coinsurance level Annual maximum Lifetime maximum	50% $1,000 $5,000	50% $1,000 $5,000	50% $1,000 $5,000

Dental Plan Summary

Buy-up	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Dentists may NOT balance bill.	Dentists may NOT balance bill.	Dentists may balance bill.
Class I - Diagnostic & Preventive Exams, prophylaxis, fluoride, x-rays, sealants	100%	100%	100%
Class II - Restorative Restorations, endodontics, periodontics, oral surgery	80%	80%	80%
Class III – Major Crowns, dentures, partials, bridges, implants	50%	50%	50%
Annual Maximum	$1,500	$1,500	$1,500
Annual Deductible Per Person – **waived for Class I** Family maximum	No deductible	$50 $150	$50 $150
Orthodontia Benefit – Adult & Children Coinsurance level Lifetime maximum	50% $1,000	50% $1,000	50% $1,000
TMJ Plan B – Surgical & NonSurgical Coinsurance level Annual maximum Lifetime maximum	50% $1,000 $5,000	50% $1,000 $5,000	50% $1,000 $5,000

Flexible Spending Accounts—FSAs

MSA allows you to redirect a portion of your pay through payroll deduction to a Health Care and/or Dependent Care FSA. The FSAs are managed by UnitedHealthcare. The money is deducted from your pay on a pre-tax basis, which means it is deducted from your pay before Federal and Social Security taxes are calculated. Because you do not pay taxes on the money that goes into your FSA(s), you decrease your taxable income and potentially increase your spendable income.

Each pay period money accumulates in an FSA based on the elections you have made. If you have not used all of the money in your FSA by the end of the plan year, federal law requires that you forfeit the balance. With a Health Care FSA, you can begin to use all or some of the total amount elected as soon as the plan year begins. With a Dependent Care FSA, you will be reimbursed only for dependent care services that you have already funded in your account. If you submit a claim for an amount that exceeds your account balance, you will be reimbursed on a pay period basis until you have made enough additional contributions to cover the expenses.

- ***Health Care FSA***
  You may deposit up to $2,500 per plan year into a Health Care FSA. These pre-tax funds may be used to pay for IRS-allowed health care expenses not covered by your medical and/or dental plans. These expenses include deductibles, co-payments, coinsurance and vision and hearing care expenses.
- ***Dependent Care FSA***
  You may deposit up to $5,000 per plan year ($2,500 if you are married and both you and your spouse elect the benefit) into a Dependent Care FSA. Eligible expenses include, but are not limited to, payments to daycare centers, preschool costs (up to, but not including, kindergarten), after school care an elderly care.

Life and Disability Plans (provided by CIGNA)

Life and Disability plans are an important part of your financial security and that of your family's.

- ***Basic Life and Accidental Death & Dismemberment Insurance (for you)***
  MSA will pay for a $50,000 benefit for Basic Life and a $50,000 benefit for AD&D Insurance.
- ***Voluntary Life Insurance (for you and your family)***
  The cost of this coverage is fully paid by you. You may choose from the following options:
  - **Employee Options**
    Five options to choose from (or no coverage): **1x, 2x, 3x, 4x** or **5x** your annual base salary to a maximum of **$500,000.** You will be required to submit Evidence of Insurability/health questionnaire if you elect **3x, 4x** or **5x** options or if your total benefit amount exceeds **$300,000**
  - **Spouse/Child Options**
    Five options to choose from (or no coverage): Spouse amounts: **$10,000-$50,000** and Child Amounts: **$2,000-$10,000**
- ***Personal Accident Insurance (for you and your family)***
  The cost is fully paid by you. You may choose from the following:
  - **Employee Options**
    Five options (or no coverage): **1x, 2x, 3x, 4x, 5x** annual base salary
  - **Dependent Options**
    Spouse: 10 options or no coverage: **$10,000 - $100,000**
    Children: 1 option or no coverage: **$10,000**
- ***Business Travel Insurance (for you)***
  MSA will pay for protection from financial hardship in the event of death or an accident that causes dismemberment (as defined by the insurance company) while traveling on company business. The benefit is 2x annual earnings up to a maximum of $500,000.
- ***Short-Term Disability (for you)***
  Short-Term Disability benefits replace a portion of your income when you are unable to work due to an off-the-job injury or illness. The company will pay for a weekly benefit of 66 2/3% of annual base pay up to a maximum of $1,500 per week for a maximum of 26 weeks.
- ***Long-Term Disability (for you)***
  The cost of this coverage is fully paid by you. If you remain disabled for 180 consecutive calendar days due to any one disability, injury or illness, you will be eligible to apply for Long-Term Disability benefits. You may choose from two options:

  Option 1: **50%** of your base monthly salary to a maximum monthly benefit of $8,333 or

  Option 2: **60%** of your base monthly salary to a maximum monthly benefit of $10,000

NOTE: It is important that you elect Voluntary Life, Dependent Life and/or Long-Term Disability at hire. If you do not elect these plans today, you must complete and pass Evidence of Insurability before you can elect these plans in the future.

Retirement Plan

The Defined Contribution 401(k) Plan is a valuable benefit that rewards your long-term MSA employment and helps you prepare for a solid financial future.

- ***Company Contribution:*** MSA will contribute 3% of your base pay to the 401(k) plan regardless of how much you elect to contribute to the plan.
- ***Eligibility:*** You are immediately eligible to participate in the plan as of your date of hire.
- ***Employee Contributions:*** Pre-tax contributions (deferrals) are allowed as well as pre-tax catch up deferrals for participants age 50 and older. The maximum contributions are determined by the IRS on a yearly basis. In addition, after tax-contributions are allowed.
- ***Vesting:*** You are immediately 100% vested in contributions.
- ***Investment Options:*** You decide how the company contributions and your contributions will be invested. A diversified line up of investment funds are available through The Vanguard Group.
- ***Loans:*** Permitted
- ***Hardship and In-service Withdrawals:*** Permitted
- ***Rollovers:*** Permitted

Additional Benefits

- ***Employee Assistance Program (EAP)***
  The EAP is available to all employees and their dependents. The program is provided at no cost to you, and offers confidential counseling and other tools and resources to help manage the stress and strain of balancing personal needs with work responsibilities. The EAP can provide assistance with relationship problems, substance abuse, stress, grief, emotional difficulties and much more. The services and resources are available through United Behavioral Health.
- ***Voluntary Legal Plan***
  Coverage is provided by Countrywide Pre-Paid Legal Services, Inc. The cost of this coverage is fully paid by you. This plan provides affordable access to legal assistance. Some of the matters that you might seek legal assistance for include wills and trusts, legal documents review, advice on government programs, legal letters and phone calls, consumer protection and warranty problems and identity theft protection and assistance.

About this Document: Benefits-at-a-Glance

Benefits-At-A-Glance describes the highlights of the MSA benefits in non-technical language. Your specific rights to benefits under the plan are governed solely and in every respect by the official documents and not the information contained in Benefits-At-A-Glance.

If there is any discrepancy between the description of the program as contained within Benefits-At-A-Glance and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for more detailed plan information. Any of these benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by MSA.

Mission Support Alliance, LLC Market Based Benefit Plan is treating this plan as a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Mission Support Alliance, LLC Market Based Benefits Plans PO BOX 650 MSIN: H2-24 Richland, WA 99352. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Paid Time-Off

MSA wants you to have a job and a life, too. You will have a Personal Time Bank that includes time-off for:

- ***Vacation (unless a Wage Determination prevails)***
  - Less than 4 years service: 2 weeks (80 hours)/year
  - 4-19 years: 3 weeks (120 hours)/year
  - 19+ years: 4 weeks (160 hours)/year
- ***Holidays***
  - 10 days (80 hours): New Years Day, President's Day, Memorial Day, July 4, Labor Day, Thanksgiving Day, day after Thanksgiving, December 24, Christmas Day plus 1 floating holiday determined annually
- ***Personal Illness:***
  - Exempt: 5 days (40 hours)/year
  - Salaried Non-exempt: 7 days (56 hours)/year

An employee may accumulate up to a maximum of 400 PTB hours. In addition to the time-off in your Personal Time Bank, pay will continue for:

- **Jury Duty:** A regular employee called for jury duty will receive full salary, less shift differential if applicable, during the period required to be absent from work.
- **Death in immediate family:** Up to 5 days
- **Short-Term Military Duty:** Up to 13 days differential pay per year

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