



2019 - 2020 BENEFIT GUIDE

Effective Date | December 1, 2019 - November 30, 2020



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The benefits offered by InquisIT, LLC are designed to provide a comprehensive package for our employees. These benefits are valuable and are provided to assist in managing the health of you and your family.

We encourage you to evaluate and select benefits that best suit the needs for you and your eligible dependents. This benefits guide highlights the many benefit options available to you and explains how to enroll in the benefits you choose. Please read this guide carefully, make your decisions, and enroll.

ELIGIBILITY

All regular, full-time employees are eligible for benefits through InquisIT, LLC. For benefits purposes only, a regular full-time employee is an employee who is scheduled to work 30 or more hours per week.

Lawful spouses and dependent children may be covered under InquisIT, LLC benefits. For a child to be considered a dependent, he or she must be less than 26 years of age regardless of student status. Stepchildren are also subject to the age limitations. A child who has a physical or mental disability may be eligible for coverage at any age with proof of disability.

Coverage is effective on the first of the month following 30 days of employment or coinciding with the first. Open enrollment takes place each year. This is the time, other than for a qualifying life event (as listed below), when you can change your benefits elections. During this period, you must determine if you want to make changes to your benefits. If you wish to do so, you must enroll and/or decline coverages for the coming year. **The effective date is December 1st.**

QUALIFYING LIFE EVENTS

- Marriage, legal separation or divorce
- Birth or adoption of a child
- Change in employment status for you or your spouse
- Change in a dependent's benefits eligibility status (i.e. a dependent's child exceeding the maximum age for coverage)
- A significant change in the cost or coverage of your spouse's benefits
- Change in place of residence causing a loss of eligibility (i.e. moving outside of the service area)
- Change in the cost of dependent care (only for the Dependent Care Spending Account)
- Loss of a dependent (death)
- Open enrollment for your spouse

If you qualify for a change in your benefits, please notify InquisIT, LLC within 30 days of the change in status. You will need to provide proof of the change.

LIFE EVENTS — WHAT YOU NEED TO KNOW

Changes happen to all of us. You may get married, have a baby, move to a new city...and each of those Life Events may impact your decisions about your employer-provided benefits.

For a list of Life Events along with things to think about and actions to take, scan the QR code to the right or visit: <http://mybenefits.nfp.com/Life-Events>





Plan Name	UHC Choice Plus POS HSA	UHC Choice Plus HMO	UHC Choice Plus POS
Plan Features	In-Network	In-Network	In-Network
Annual Deductible (Single/Family)	\$3,000/\$6,000	\$1,000/\$3,000	\$500/\$1,000
Coinsurance - Member Pays	20%	20%	10%
Annual Out-of-Pocket (Single/Family)	\$6,000/\$12,000	\$3,000/\$6,000	\$3,000/\$6,000
Primary Care Physician/Specialist	Deductible, then 20%	\$30/\$60 Copay	\$30/\$50 Copay
Preventive Services	No Charge	No Charge	No Charge
Outpatient Labs	Deductible, then 20%	No Charge	No Charge
Outpatient X-Rays	Deductible, then 20%	No Charge	No Charge
Outpatient Diagnostics	Deductible, then 20%	Deductible, then 20%	Deductible, then 10% Coinsurance
Emergency Room (waived if admitted)	Deductible, then 20%	\$250 Copay per visit	\$250 Copay per visit
Urgent Care	Deductible, then 20%	\$75 Copay per visit	\$75 Copay per visit
Inpatient Hospitalization	Deductible, then 20%	Deductible, then 20%	Deductible, then 10% Coinsurance
Outpatient Services	Deductible, then 20%	Deductible, then 20%	Deductible, then 10% Coinsurance
Pharmacy			
Deductible (Single/Family)	Integrated	None	None
Tier 1/Tier 2/Tier 3/Tier 4	\$10/\$35/\$60/N/A	\$15/\$45/\$85/\$200	\$10/\$35/\$60/N/A
Mail Order	2.5 X Retail Copays	3 X Retail Copays	2.5 X Retail Copays
Plan Features	Out-of-Network	Out-of-Network	Out-of-Network
Annual Deductible (Single/Family)	\$6,000/\$12,000	N/A	\$1,000/\$3,000
Coinsurance - Member Pays	40%	N/A	20%
Annual Out-of-Pocket (Single/Family)	\$12,000/\$24,000	N/A	\$6,000/\$12,000

To view full medical plan summaries and additional medical benefits, go to the [Online Resources](#) page.



Good dental health is important to your overall well-being. It is for this reason that we offer employees a comprehensive dental plan through Unum.

Unum		
Service	In-Network	Out-of-Network
Diagnostic & Preventative		
Exams	100%	100%
Cleanings	100%	100%
Flouride Treatments	100%	100%
X-rays	100%	100%
Sealants	100%	100%
Palliative Treatment	100%	100%
Space Maintainers	100%	100%
Basic Services		
Basic Restorative (fillings)	90%	80%
Simple Extractions	90%	80%
Endodontics	90%	80%
Repairs of Crowns, Inlays, Onlays, Bridges and Dentures	90%	80%
Surgical/Non-Surgical Periodontics	90%	80%
Complex Oral Surgery	90%	80%
Anesthesia	90%	80%
Major Services		
Crowns, Inlays and Onlays	60%	50%
Prosthetics	60%	50%
Implants	60%	60%
Diagnostic, Actice, Retention Treatment	50%	50%
Maximums & Deductibles		
Annual Plan Deductible (per person/family)	\$50/\$150	\$50/\$150
Annual Plan Maximum (per person)	\$1500	\$1500
Lifetime Othodontia*	\$1000	\$1000

* For Dependent Children up to age 19

Dependent children are covered to age 26.

Reimbursement is based on the schedule of maximum allowable charges. In-network dentists agree to accept our allowances as payment for covered services. Out-of-network dentists may bill the member for any differences between the allowance and their fee. United Concordia Dental's standard exclusions and limitations apply.

United Concordia creates out-of-network charges utilizing FAIR Health data supplemented with our charge data as appropriate. We then calculate the out-of-network charge at the 90th percentile of such data. Non-network dentists may bill the member for any difference between our allowance and their fee.

To view full dental plan summaries and additional dental benefits, go to the [Online Resources](#) page.



GVS has been trusted to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

In-network, covered-in-full benefits (after applicable copay) include a comprehensive exam, eye glasses with standard single vision, lined bifocal, or lined trifocal lenses, standard scratch-resistant coating and the frame, or contact lenses in lieu of eye glasses.

Benefits from In-Network Providers	Frequency	Co-Pay
Vision Examination -Includes Dilation	Once every 12 months	\$20.00
Eyeglass Lenses - single vision, bifocal, or trifocal in standard/basic plastic w/Standard Scratch Resistance	Once every 12 months	\$20.00
Frame –covered in full up to a \$ 130.00 retail value. Members receive 20% off balance for selection costing more than the plan allowance. Frames also available through glasses.com	Once every 12 months	N/A
Contact Lenses - in lieu of spectacle lenses (does not include fitting and follow-up)		
<ul style="list-style-type: none"> • Elective – Disposable or Conventional, covered in full up to \$ 130.00 Allowance. Conventional lenses: members receive 15% discount off balance over plan allowance. • Contacts available through contactsdirect.com • Medically Necessary – Covered in full up to \$ 250.00 	Once every 12 months	N/A

Out of Network Benefits** – If you choose to go to a non-network provider, you must pay the provider his or her full charges at the time of service. Members will be responsible for submitting a claim for reimbursement for the amount indicated in the member reimbursement schedule.



To view full vision plan summaries and additional vision benefits, go to the [Online Resources](#) page.



InquisIT, LLC offers Basic Life/AD&D, Short Term Disability and Long Term Disability coverage for eligible employees at no cost to you. Additional coverage through Voluntary Life/AD&D is available for purchase.

Basic Life/AD&D

Eligibility	All active, Full-Time Employees of the Employer regularly working a minimum of 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States excluding Owners and Executives.
Benefit Amount	1x Salary
Maximum Benefit	Lesser of 1x salary or \$150,000
Gauranteed Issue	\$150,000

Short Term Disability

Eligibility	All active, Full-Time Employees of the Employer regularly working a minimum of 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States excluding Owners and Executives.
Gross Weekly Benefit	60% of weekly covered earnings
Maximum Gross Weekly Benefit	\$1,300
Waiting Period	0 days for accident; 7 days for sickness

Long Term Disability

Eligibility	All active, Full-Time Employees of the Employer regularly working a minimum of 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States excluding Owners and Executives.
Gross Monthly Benefit	60% of monthly covered earnings
Maximum Gross Monthly Benefit	\$6,000
Waiting Period	90 days

Voluntary Life/AD&D

Eligibility	<p>You: All active, Full-time Employees of the Employer who are United States citizens or permanent resident aliens regularly working a minimum of 30 hours per week in the United States.</p> <p>Your Spouse: Is eligible as long as you apply for and are approved for coverage yourself.</p> <p>Your Child(ren): Birth to 26, as long as you apply for and are approved for coverage yourself.</p>
Benefit	Varies

**To view full life & disability plan summaries,
go to the [Online Resources](#) page.**



LEGAL RESOURCES

Legal Resources covers 100% of the attorney fees for fully covered legal services.

- General Advice and Consultation
- Family Law
- Elder Law
- Criminal Matters
- Will and Estate Planning
- Traffic Violations
- Civic Actions
- Preparation and Review of Routine Legal Documents
- Real Estate
- Consumer Relations and Credit Protection
- Identity Theft

Please visit [Employee Navigator](#) to enroll.

PET INSURANCE

My Pet Protection® is offered exclusively to employees and gives your pet superior protection at an unbeatable price. You will get 90% back on vet bills, visit any vet, same price for pets of all ages and more!

Your Nationwide pet insurance membership comes with more than just outstanding coverage and service—you'll also enjoy perks designed to save you time, money and more. To view additional discounts, [click here!](#)

To Enroll, Please [click here](#). Enter your company name, InquisIT, LLC, and complete the enrollment form

WILL PERPARATION SERVICES

Go To CignaWillCenter.com for resources and tools to help you plan and learn more about Will Preparation, Estate planning and Funeral planning. Options are available to create a Last will and testament, Living will, Power of Attorney, and medical treatment authorization for minors.

LEGAL ASSISTANCE PROGRAM

Whether your needs are big or small your Life Assistance & Work/Life Support Program is there for you. You have three face-to-face sessions with a behavioral counselor, Healthy Rewards discount program, Legal Consultation, Parenting guidance, Senior care, Financial Services and more.

IDENTITY THEFT

The Cigna ID Theft program provides you with information to protect yourself and provide step-by-step coaching to help identify and resolve ID Theft.

**To view full additional benefit summaries,
go to the [Online Resources](#) page.**

COMPANY BENEFITS

401(k) SAVINGS PLAN

InquisIT offers eligible employees a 401(k). For 2019, the pre-tax contribution limits set by the IRS are:

- \$19,500 401(k) Elective Deferrals
- \$6,000 Catch Up Contribution (aged 50 or older)

There is no vesting period for the company match.

InquisIT Company Matching Formula

There is no vesting period for the company match.

If you elect to contribute % of your salary	InquisIT will match % of your salary:
1%	1%
2%	2%
3%	3%
4%	3.5%
5%	4%

Our 401 (k) plan is administered by Principal. To get started visit www.principal.com to activate your account. Once your account is activated, you can change your contributions, manage your investment elections, or change your beneficiaries online. Our InquisIT account number is 618832.

PAID TIME OFF

Full-time and part-time benefits eligible employees are generally eligible for Paid Time Off (PTO). The InquisIT plan has a maximum accrual of 240 hours (30 days). PTO is accrued as follows:

- Date of hire to thirty-six (36) months of employment, 120 hours of PTO per year
- After thirty-six (36) months of employment, 160 hour of PTO per year
- After seventy-two (72) months of employment, 200 hours of PTO per year
- After 108 months of employment, 240 hours of PTO per year

HOLIDAY PAY

InquisIT recognizes ten (10) paid holidays per year.

New Years Day	Labor Day
Martin Luther King Jr. Day	Columbus Day
President's Day	Veterans Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

BEREAVEMENT LEAVE, JURY DUTY, AND COURT APPEARANCES

InquisIT recognizes and offers time off for Bereavement, as well as Jury Duty and Court Appearances. Employees who have obtained approval from their manager may record this time as paid time under the appropriate charge code. Please refer to our InquisIT policies for additional information on these leave benefits.

PROFESSIONAL DEVELOPMENT AND TUITION REIMBURSEMENT

InquisIT provides reimbursement assistance for eligible expenses up to an annual cap of \$5,000 to employees who successfully complete degrees, certifications, and other development programs that are job related, enhancing both their individual job skills as well as InquisIT's service competencies. Please refer to our InquisIT policies for additional information on these benefits

AFLAC INSURANCE

InquisIT offers employees additional insurance options through Aflac. Aflac offers insurance policies for Accidents, Hospitalization, or Serious Health events like a stroke or heart attack. These are all optional benefits available to employees at a savings over what you would pay as an individual using Aflac. The premiums are fully paid by the employee through payroll deductions. For more information, reach out directly to your Voluntary Benefits Client Advocate, and to enroll in any of these plans, log into your Employee Navigator account. Contact information is listed under "Key contacts" at the end of this guide. Aflac benefits may only be changed or cancelled during annual open enrollment.

To view full Aflac benefit summaries, go to the [Online Resources](#) page.



SPENDING & COMMUTER



HEALTH SAVINGS ACCOUNTS (HSA)

InquisIT contributes \$400 per year into your Health Savings Account. A health savings account (HSA) allows you to save money, pre-tax, for qualified medical expenses that you're expecting, such as contact lenses or monthly prescriptions, as well as unexpected one- for this year and the future. You must be enrolled in our qualified High Deductible Health Plan to be eligible to participate. The IRS sets the contribution maximums. Contribution Maximum: For 2019, you can contribute up to \$3,500 for single coverage or \$7,000 for a family. To view a list of eligible HSA expenses, [click here](#).

HEALTHCARE FLEXIBLE SPENDING ACCOUNTS (FSA)

A Flexible Spending Account (also known as a flexible spending arrangement) is a special account you put money into that you use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside. Contribution Maximum: \$2,700. To view a list of eligible FSA expenses, [click here](#).

DEPENDENT CARE FSA

A WageWorks® Dependent Care Flexible Spending Account (DCFSA) is a pre-tax benefit account used to pay for dependent care services, such as preschool, summer day camp, before or after school programs, and child or elder daycare. A WageWorks Dependent Care FSA is a smart, simple way to save money while taking care of your loved ones so that you can continue to work. Contribution Maximum \$5,000

LIMITED PURPOSE ACCOUNT

A Limited Purpose Account (LPFSA) is similar to a Traditional FSA, which allows you to contribute pre-tax funds towards medical expenses. This account is for members in the High Deductible Health Plan participating in the Health Savings Account and funds are specifically for dental and vision expenses only. Contribution Maximum: \$2,700

Your FSA has a \$500 rollover, which allows you to rollover funds from your Traditional FSA or Limited Purpose FSA into the next plan year.

COMMUTER BENEFITS

You can elect to have either a transit or parking account or both. Parking and Mass Transit expenses incurred by the employee for travel between their residence and work place are considered eligible.

The maximum pre-tax parking and mass transit amounts are set by the IRS annually. Employees can contribute up to \$265 per month for qualified parking expenses and up to \$265 a month for qualified mass transit expenses for 2019.

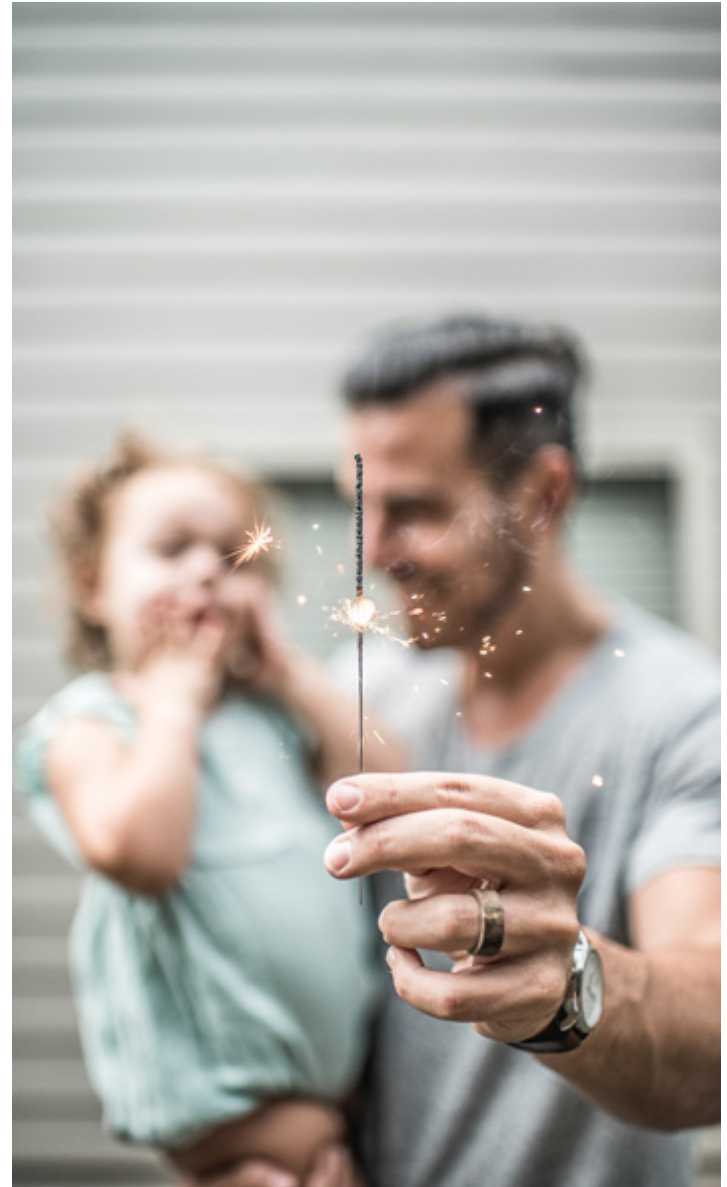


To view full flexible spending account summaries,
go to the [Online Resources](#) page.

✓ PAYROLL CONTRIBUTIONS



UnitedHealthcare POS HSA	
Employee Only	\$0.00
Employee + Child(ren)	\$147.21
Employee + Spouse	\$120.57
Family	\$197.59
UnitedHealthcare HMO	
Employee Only	\$108.96
Employee + Child(ren)	\$254.95
Employee + Spouse	\$214.18
Family	\$347.85
UnitedHealthcare POS	
Employee Only	\$220.87
Employee + Child(ren)	\$463.82
Employee + Spouse	\$379.89
Family	\$667.02
Unum PPO Dental	
Employee Only	\$7.96
Employee + Child(ren)	\$15.77
Employee + Spouse	\$16.18
Family	\$25.82
GVS PPO Vision	
Employee Only	\$0.00
Employee + Child(ren)	\$0.00
Employee + Spouse	\$0.00
Family	\$0.00
Cigna Life & Disability	
Basic Life/AD&D	100% Employer Paid
Short Term Disability	100% Employer Paid
Long Term Disability	100% Employer Paid
Cigna Voluntary Benefits	
Supplemental Life	100% Employee Paid
Additional Benefits	
Legal Resources	\$9.50
Pet Insurance	Plan Cost Varies





HAVE QUESTIONS, PROBLEMS OR CONCERNS?

Should you need any personal assistance understanding your benefits, claims or other insurance related information, the following are your carrier contact numbers and websites. There is a wealth of information regarding your plans, claims and other online resources. We recommend that your first step be to call the insurance carrier. You will need your ID number or Social Security Number along with the date of service and provider name (when applicable). If you require further assistance, please contact your Client Advocate at NFP or Human Resources. Please have the same information available when contacting NFP or Human Resources.

Medical	UnitedHealthcare	866-633-2446 www.myuhc.com
Health Savings Account	Optum Bank	800-791-9361 www.optumbank.com
Dental	Unum	888-222-2685 www.unumdental.com
Vision	Group Vision Services GVS	866-265-4626 www.gvsmd.com
Life & Disability	Cigna	800-362-4462 www.cigna.com
Life Assistance Program	Cigna	800.538.3543 www.cignabehavioral.com/cgi
Legal Resources	Legal Resources	800-728-5768 www.legalresources.com
Pet insurance	Nationwide	877-738-7874 www.petsnationwide.com
Flexible Spending Accounts Commuter & Transit Spending Accounts	WageWorks	888-990-5099 www.wageworks.com
Aflac Voluntary Benefits	AFLAC	800-992-3522 www.aflac.com
InquisIT, LLC	Human Resources	hr@inquisitllc.com
RSC	Samantha Johnson Account Manager	301-951-0070 sjohnson@ayallc.com
RSC	Shannon Quinn Account Manager	301-951-0070 squinn@ayallc.com
RSC	Laila Salaita Account Manager	301-951-0070 lsalaita@ayallc.com

This benefit brochure is only intended as a brief summary of your benefits. Please note that all Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts of the carriers. If this summary conflicts in any way with the carrier Certificate of Coverage (COC), Riders and/or Amendments, those documents shall prevail. It is highly recommended that you review the carrier COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.