



2021-2022

Benefits Enrollment Guide



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Enrollment Checklist

Use this checklist to help you through the enrollment process. SUMMIT Engineering, Laboratory & Testing, Inc.'s annual enrollment period is November 1, 2021 - November 8, 2021. Changes are effective on December 1, 2021.

Before Enrollment:

Before enrollment begins, take the time to educate yourself on all of the benefit options that are available to you. SUMMIT provides a variety of tools and resources to help you make your benefit decisions. You will receive an e-mail from Paycom notifying you that Open Enrollment has begun and the deadline for completing your enrollment. Please print a copy of your elections and save for your records.

- Review this 2021-2022 Benefits Guide carefully as you consider your plan choices.

During Enrollment:

- Actively enroll between November 1, 2021 — November 8, 2021.
- Select your beneficiary(ies). If you already have a beneficiary(ies) listed, please be sure they are up to date.
- Once you have completed your enrollment online, save or print a copy of your confirmation, review it for accuracy, and retain it for your records. The Benefits Department will not mail confirmations to your home address, so this is your only record of your enrollment.

After Enrollment:

- Verify your 2021-2022 benefits elections after December 1, 2021, by visiting Self-Service online at www.paycom.com. If you notice any errors, notify Emily Sauser (esauser@summit-companies.com) at (704) 504-1717. After December 31, 2021, most elections cannot be changed except within 31 days of a family status change.



Important Reminders for New Hires

Before Enrollment:

- Before enrollment begins, take the time to educate yourself on all of the benefit options that are available to you. Review this Benefits Guide carefully as you consider your plan choices.
- If you are electing to cover your dependents on your medical, dental or vision benefits, proof of dependent eligibility may be required.

During Enrollment:

- Be sure to make your elections within 5 days after your eligibility date. If you do not make elections, then you may not be able to enroll until the next open enrollment period.

After Enrollment:

- Medical coverage: If you elect coverage for the first time, you will receive an ID card in the mail that you should use for all medical and prescription services.
- Your ID card contains important information about you, your employer group and the benefits to which you are entitled. Always remember to carry your ID card with you, present it when receiving health care services or supplies, and make sure your provider always has an updated copy of your ID card.
- Dental coverage: If you elect coverage for the first time, you will receive a dental id card with the employee's name only on the card. Dependent names will not be on the dental id card. Be sure to give this to your provider at time of service.
- Vision coverage: If you elect coverage, you will not receive an ID card.

General:

- The plan year is December 1 through November 30.
- Our health care plans are pre-tax, which means you save money, and you can only make future changes to your elections during Open Enrollment or if you have a qualifying life event. Choose your new-hire and or open enrollment elections carefully.
- As long as you enroll within 30 days of your eligibility date, new hires are not required to provide proof of good health to enroll in Voluntary Life or Disability Insurance, if available.

Eligibility & Enrollment

SUMMIT is proud to offer a comprehensive program of benefits to service the diverse needs of our workforce, and we are committed to continually enhancing and expanding our offerings. The information in this document is meant to familiarize you with the benefits and programs currently in place. The benefits you elect will be effective December 1, 2021. Please remember that this guide is not intended to cover all provisions of all plans, but rather is a quick reference to help answer most of your questions. Please see each benefit’s Summary Plan Description for complete details of the benefits.

Am I Eligible?

Eligibility and required contributions for these benefits and programs depend on both your employee classification and whether you elect to extend coverage to your dependents.

Dependents eligible for coverage under the plans include:

- Your legal spouse
- Your domestic partner
- Your dependent child(ren) up to age 26, regardless of full-time student status or marital status
- Your unmarried children of any age who are incapable of self-support due to mental or physical disability and who are totally dependent on you

Once eligible, you will enroll in benefits using the online portal through Paycom.com.

Qualifying Life Events (QLE)

Once you have made your benefit elections and your enrollment is closed, you cannot make changes until the next open enrollment period unless you experience a QLE such as:

- Marriage, divorce or legal separation
- Birth, adoption or placement for adoption
- Change in child’s dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan
- Gain or loss of eligibility for CHIP or Medicare*

*You have 30 days from the date of the QLE to notify Human Resources and provide appropriate documentation to change your benefits. The exception to this rule is in the case of CHIP or Medicare benefits which allow a 60-day notification period.

Please note: Not every QLE permits a change in benefit plan elections. A change in election is permitted only when it is determined that the QLE affects eligibility for coverage of the employee, a spouse or a dependent under a benefit plan and in accordance with Section 125 regulations.

Plan	Employment Status	New Hire Waiting Period
Medical & Prescription	Full-time, actively at work and scheduled to work 30+ hours per week	Benefits are effective the first day of the month following the date of hire
Dental		
Vision		
Basic & Voluntary Life		
Short-Term & Long-Term Disability		

Medical Insurance– HDHP/HSA Plan

SUMMIT’s medical and prescription drug insurance is provided through United Healthcare effective December 1, 2021. Below is a brief summary of the High Deductible Health Plan (HDHP). If you elect this plan option, you may also participate and contribute to a Health Savings Account (HSA). In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency room visits.

United Healthcare HDHP/HSA Plan		
Services	In-Network	Out-of-Network
Plan Year Deductible Individual / Family	\$3,000 / \$6,000	\$10,000 / \$20,000
Plan Year Out-of-Pocket Maximum Individual / Family	\$6,000 / \$12,000 (includes deductible)	\$15,000 / \$30,000 (includes deductible)
Coinsurance	0%	30%
Preventive Care Services *	100% covered, no charge	Not Covered
Primary Care Office Visit	100% after deductible	30% after deductible
Specialist Office Visit	\$50 copay after deductible	30% after deductible
Virtual Visits	100% after deductible	N/A
Urgent Care Facility	\$50 copay after deductible	30% after deductible
Emergency Room	\$500 copay after deductible	
Inpatient Services	\$500 per stay after deductible	30% after deductible
Outpatient Services	\$250**/\$500** copay after deductible	30% after deductible
Prescription Drugs		
- Tier 1	\$0 copay after deductible	\$0 copay after deductible
- Tier 2	\$50 copay after deductible	\$50 copay after deductible
- Tier 3	\$75 copay after deductible	\$75 copay after deductible
- Tier 4	\$150 copay after deductible	\$150 copay after deductible

*You can find a list of preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>. When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

Medical Insurance– PPO Plan

SUMMIT’s medical and prescription drug insurance is provided through United Healthcare effective December 1, 2021. Below is a brief summary of the PPO Plan. In order to make the best use of your benefits and out-of-pocket expenses, we strongly encourage the use of in-network providers, Tier 1 drugs whenever possible, and Urgent Care facilities instead of Emergency room visits.

United Healthcare PPO Plan		
Services	In-Network	Out-of-Network
Plan Year Deductible Individual / Family	\$3,000/ \$6,000	\$10,000 / \$20,000
Plan Year Out-of-Pocket Maximum Individual / Family	\$6,500 / \$13,000 (includes deductible)	\$15,000 / \$30,000 (includes deductible)
Coinsurance	30%	50%
Preventive Care Services*	100% covered, no charge	Not Covered
Primary Care Office Visit	\$35 copay	50% after deductible
Specialist Office Visit	\$60/\$90 copay	50% after deductible
Virtual Visits	\$0 copay	N/A
Urgent Care Facility	\$90 copay	50% after deductible
Emergency Room	30% after deductible	30% after deductible
Outpatient Services**	30% after deductible	50% after deductible
Inpatient Services	30% after deductible	50% after deductible
Prescription Drugs - Tier 1 - Tier 2 - Tier 3 - Tier 4	\$10 copay 100% to a maximum of \$100 100% to a maximum of \$150 100% to a maximum of \$250	\$10 copay 100% to a maximum of \$100 100% to a maximum of \$150 100% to a maximum of \$250

*You can find a list of preventive services at <https://www.healthcare.gov/coverage/preventive-care-benefits/>. When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

**A \$500 deductible per occurrence applies to out-patient services provided at a hospital-based surgical or diagnostic center.

Health Savings Account (HSA)

If you enroll in a High Deductible Health Plan (HDHP), you should consider contributing to the Health Savings Account administered by Optum Bank. With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged. This plan is not available for those enrolled in a PPO Plan.

Why have an HSA?

- If you elect a High Deductible Health Plan (HDHP) and select an HSA, the Company will contribute \$504.00 to your HSA annually
- Contributions are tax deductible
- Withdrawals to pay for eligible expenses are never taxed
- Accumulated interest earnings are tax deferred, and if used to pay eligible expenses, are tax free
- Money not used at year end 'rolls over' for use the next year
- The balance in your HSA account can be invested

Eligibility Requirements:

- Must be enrolled in a High Deductible Health Plan (HDHP)
- Must not be enrolled in Medicare
- Must not be covered by other medical insurance(s) such as a Health Care FSA, HRA and other 'first dollar' coverage
- Must not have received VA medical benefits at any time in the past three months
- May not be claimed as a dependent on another individual's tax return

Health Savings Account (HSA)			
Coverage Level	SUMMIT Annual Contribution	IRS Contribution Limits	HSA Catch-Up Contribution
Individual Coverage	\$700.00	\$3,550	\$1,000
Family Coverage	\$700.00	\$7,100	\$1,000

All HSA participants will receive an HSA debit card from Optum Bank. Your HSA card can be used to pay for qualified medical expenses billed from an insurance company, a physician's office and pharmacies. Transactions with your HSA debit card are secure and will only work to purchase eligible and authorized items*.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

The Optum HSA Rollover form can be found at [https://www.optumbank.com/content/dam/optum3/optumbank3/resources/pdf/HSA-Rollover Transfer Form.pdf](https://www.optumbank.com/content/dam/optum3/optumbank3/resources/pdf/HSA-Rollover%20Transfer%20Form.pdf)

*Optum Bank assesses a \$3.00 per month maintenance fee for HSA balances under \$3,000.



Dental Insurance

SUMMIT's dental plan will be administered by United Healthcare effective December 1, 2021. You may continue to seek treatment from the dentist of your choice, but you will always realize your biggest savings by visiting in-network providers whenever possible. The chart below provides a summary of your dental benefits.

Dental Plan		
Services	In-Network	Out-of-Network
Annual Deductible Individual / Family	\$50 / \$150	\$50 / \$150
Calendar Year Maximum	\$1,000	\$1,000
Preventive Services (Covered services include oral exams, cleanings and x-rays)	Covered at 100%, not subject to deductible	Covered at 100%, not subject to deductible*
Basic Services	Covered at 100% after deductible	20% after deductible*
Major Services	60% after deductible	50% after deductible*
Rollover Benefit	If a covered person has claims for covered dental care services in a calendar year of less than \$500, an additional \$250 will be added to the Maximum Benefit in the next calendar year.	
Child Orthodontia up to age 19	50% with a lifetime maximum of \$1,000	50% with a lifetime maximum of \$1,000

*Out-of-Network claims will be paid at 90% of Usual & Customary. Usual & Customary charges are based on prevailing cost of services within geographic areas for the insurance company.



Vision Insurance

SUMMIT’s vision plan is administered by United Healthcare, utilizing the United Healthcare network of providers. You may seek treatment from the eye doctor of your choice, but you will realize your biggest savings by visiting in-network providers whenever possible. Please see the summary below for an outline of covered services.

Vision Plan		
Services	In-Network	Out-of-Network*
Eye Exam	\$10 copay	Up to \$40
Lenses - Single - Lined Bifocal - Lined Trifocal - Lenticular	\$25 copay \$25 copay \$25 copay \$25 copay	Up to \$40 Up to \$60 Up to \$80 Up to \$80
Frames	\$25 copay and \$150 allowance	Up to \$45
Contact Lenses - Elective - Medically Necessary	\$25 copay and \$150 allowance \$25 copay, then covered in full	Up to \$150 Up to \$210
Frequency - Exam - Lenses - Contacts - Frames	Based on Date of Service 12 months 12 months 12 months 24 months	

*Out-of-network amounts are reimbursed to member.



Life and AD&D Insurance

Basic Life Insurance

SUMMIT provides full-time employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance administered through United Healthcare. Please remember to review and update your beneficiary designation annually.

Benefit	Basic Life and AD&D Insurance
Employee Life	\$40,000
Basic AD&D Amount	Matches Employee Life amount
Reduction	65% at age 70 45% at age 75

Voluntary Life and AD&D Insurance

SUMMIT is offering employees, who would like to supplement their Basic Term Life and AD&D insurance benefits, the opportunity to purchase additional coverage through United Healthcare. You may purchase coverage for yourself, your spouse and your dependents in the amounts shown in the table below. Please note, you must elect Voluntary Life for yourself in order to enroll your spouse and/or eligible dependents.

If you are currently participating, you may increase your benefit election during this open enrollment period. If you did not enroll in the past, this is also your opportunity to enroll. Evidence of Insurability (EOI) will be required. If you are a new hire, still in your new hire waiting period, you may elect up to the guarantee issue amount without providing EOI. All amounts over the guarantee issue amount must be approved by United Healthcare and may be denied.

Benefit	Voluntary Life Insurance
Employee	\$10,000 increments up to the lesser of 5x annual earnings or \$500,000
Employee Guarantee Issue Amount	\$150,000
Spouse	\$5,000 increments up to the lesser of 100% of employee amount or \$100,000
Spouse Guarantee Issue Amount	\$30,000
Dependent Child	\$1,000—birth to 6 months \$2,500, \$5,000, \$7,500, \$10,000 —age 19 or 26 if student

Voluntary Life Insurance	
Employee Age	Monthly Premiums (per \$1,000)
< 29	\$0.072
30-34	\$0.079
35-39	\$0.114
40-44	\$0.178
45-49	\$0.294
50-54	\$0.467
55-59	\$0.722
60-64	\$1.113
65-69	\$1.816
70-74	\$3.036
75+	\$3.036
AD&D per \$1,000	\$0.018
Child Rate per \$1,000	\$0.20

Short-Term Disability

Short-Term Disability

SUMMIT provides eligible full-time employees with Short-Term Disability income benefits administered by United Healthcare. There is **no cost to you** for this coverage. Short-Term Disability income benefits are provided in the event that an employee becomes disabled for more than the period outlined below due to a non-work related injury or illness. The details of the Short-Term Disability plan are shown below.

Benefit Detail	Short-Term Disability
Waiting Period	0 days for an injury, 7 days for an illness
Benefits Duration	13 weeks
Benefit Percentage	60% of weekly income
Maximum Benefit	\$600 per week
Pre-Existing Conditions	Pre-existing conditions may not be covered by this plan



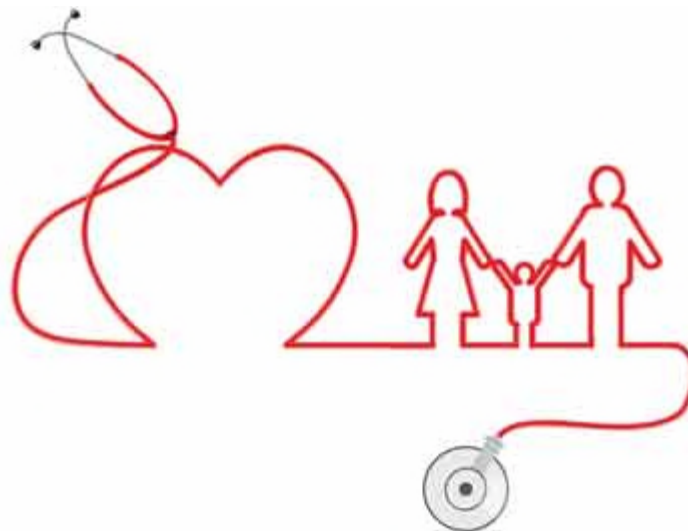
Long-Term Disability Benefits

Long-Term Disability

SUMMIT provides eligible full-time employees with Long-Term Disability income benefits administered by United Healthcare. There is **no cost to you** for this coverage. In the event you become disabled due to a qualified non-work related injury or illness, Long-Term Disability income benefits are there to help provide a source of income. The details of the Long-Term Disability plan are shown below.

Benefit Detail	Long-Term Disability
Waiting Period	90 days
Benefits Duration	Benefits are paid to the later of age 65 or Social Security Normal Retirement Age (SSNRA)
Benefit Percentage	60% of monthly income
Maximum Benefit	\$6,000 per month
Definition of Disability	24 months own occupation, thereafter any occupation
Pre-Existing Conditions	Pre-existing conditions may not be covered by this plan

**A pre-existing condition is a condition, regardless of cause, for which a medical device, diagnosis, care or treatment was recommended or received in the 3 months prior to your enrollment date. The plan will not pay benefits for any pre-existing conditions that result in disability during your first 12 consecutive months of coverage.*



Cost of Coverage

United Healthcare Medical– HDHP/HSA Plan	Bi-Weekly Deduction — Per Pay Period
Employee Only	\$0
Employee + Spouse	\$200.00
Employee + Child(ren)	\$75.00
Family	\$400.00

United Healthcare Medical– PPO Plan	Bi-Weekly Deduction—Per Pay Period
Employee Only	\$30.00
Employee + Spouse	\$225.00
Employee + Child(ren)	\$150.00
Family	\$450.00

United Healthcare Dental Plan	Bi-Weekly Deduction—Per Pay Period
Employee Only	\$13.10
Employee + Spouse	\$28.59
Employee + Child(ren)	\$34.41
Family	\$52.59

United Healthcare Vision Plan	Bi-Weekly Deduction—Per Pay Period
Employee Only	\$3.20
Employee + Spouse	\$7.02
Employee + Child(ren)	\$7.66
Family	\$12.38

Terminology Tip Sheet

Affordable Care Act (ACA): The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Maximum: Total dollar amount a plan pays during a calendar year toward the covered expenses of each person enrolled.

Out-of-Pocket Maximum: The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

Coinsurance: A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

Copayment: A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

Deductible: Total dollar amount, based on the allowed amount, you must pay out of pocket for covered medical expenses each calendar year before the plan pays for most services. The deductible does not apply to network preventive care if any services where you pay a copayment rather than coinsurance. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

Brand Formulary Drugs: The brand formulary is an approved, recommended list of brand-name medications. Drugs on this list are available to you at a lower cost than drugs that do not appear on this preferred list.

Generic Drugs: These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs: Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Non-Formulary Drugs: These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

Specialty Drugs: Prescription medications that require special handling, administration or monitoring. These drugs may be used to treat complex, chronic and often costly conditions.

Portability: An employee carries or 'ports' his/her current Group Life coverage after employment ends, without having to answer any medical questions. Portability is for an employee who is leaving his/her job and still wants to maintain the protection that life insurance provides.

Primary Care Physician (PCP): The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Network: A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre-determined rates when servicing members.

Qualifying Event: An occurrence that qualifies the subscriber to make an insurance coverage change outside of Open Enrollment.

Contact Information

Service	Vendor	Phone Number	Website
Human Resources	Emily Sauser	704-504-1717	esausser@summit-companies.com
Medical Plan or Prescription Drugs	United Healthcare	866-633-2446	www.myuhc.com
Health Savings Account (HSA)	Optum Bank	866-234-8913	www.optumbank.com
Dental	United Healthcare	877-816-3596	www.myuhc.com
Vision	United Healthcare	866-633-2446	www.uhcvision.com
Life or Disability	United Healthcare	888-299-2070	www.myuhc.com

The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.

