



**TEAM**®

# Your 2020 Benefits Guide

YOUR BENEFITS @WORK

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## SUMMARY PLAN DESCRIPTIONS AND SUMMARY OF BENEFITS AND COVERAGE

These legally required documents provide information about your health benefit plans. To view them, log on to Workday. On your desktop or mobile device, visit [myapps.microsoft.com](https://myapps.microsoft.com) to locate the Workday app. Then click on the Workday icon.

# ELIGIBILITY AND ENROLLMENT

Take a look at who you can cover and how to enroll.

## WHO YOU CAN COVER

You can enroll in TEAM benefits if you're a regular, full-time employee who is U.S.-based and U.S.-paid and consistently works at least 30 hours per week. The benefits you select during Open Enrollment will be effective the following January 1.

If you enroll for coverage, you can also enroll the following dependents:

- Your legal spouse or domestic partner
- Your children up to age 26, regardless of student status, including:
  - » Natural children, stepchildren, legally adopted children and children placed with you for adoption
  - » Children who are the subject of a Qualified Medical Child Support Order (QMCSO) issued to you
  - » Children for whom you or your spouse are the legal guardian
- Your disabled children of any age, if unmarried and mentally or physically handicapped, incapable of self-care, incapable of self-sustaining employment (if disabled before age 26) and enrolled in the plan prior to age 26

## COVERAGE LEVELS

The medical/prescription drug, dental and vision plans each require a separate election. You can participate in any, all or none of the plans. For each plan, you can choose to cover:

- Employee only
- Employee and children
- Employee and spouse
- Family

## HOW TO ENROLL

You enroll in or make changes to your TEAM benefits on the Workday Benefits Enrollment portal. It's quick, accessible and easy to use. You don't need to be at work or on a TEAM computer to enroll. Follow the instructions below.

1. The link to log on to Workday can be found at **myapps.microsoft.com**. You will need 2 things:
  - Access to a computer or mobile device with Internet
  - TEAM IT log-in credentials
2. Enter your credentials.
3. In your Message Inbox, click on the enrollment event.
4. Follow the prompts to begin enrollment.
5. Enter new dependent information or review current information.
6. Select from the plans and coverages.
7. Assign beneficiaries.
8. Review the choices you've made.
9. Submit your elections.
10. Print your on-screen confirmation statement for your reference.

## IF YOU'RE A NEW EMPLOYEE

You must enroll for your benefits within **60 days** of your date of hire. This includes Medical, Dental, Vision, Reimbursement Accounts, Life Insurance, Accidental Death & Dismemberment (AD&D) Insurance, Short-Term Disability (STD) Buy-Up and Voluntary Insurance benefits. Your coverage will begin the first of the month following continuous employment. **If you don't enroll within 60 days of your date of hire, you will not have any coverage.** You won't be able to enroll until the next Open Enrollment unless you have a qualifying life event change.

### NO ENROLLMENT = NO BENEFITS!

Open Enrollment is **November 1-29, 2019**. You must enroll if you want benefits for 2020. If you don't enroll during this time, you won't have any benefits for 2020 (except for company-paid Life and AD&D Insurance and Disability benefits). Your 2019 benefits will **not** carry over.



## CHOOSE CAREFULLY!

Make sure you choose your benefits carefully! Outside of Open Enrollment, you can only make changes during the year if you experience a qualifying life event change. These changes include:

- Marriage, divorce, legal separation or annulment
- Birth, adoption or permanent legal guardianship of a child
- Death of a spouse or child
- Loss of spouse's or child's coverage under another health plan
- A qualified court order that makes you legally responsible for a child's health care coverage
- A spouse or child becoming ineligible for coverage

You have **31 days** from your qualifying life event change to make changes in Workday. You'll need to submit documentation to support the change (such as a marriage or birth certificate).



# MEDICAL

You can choose from three plans, all administered by Blue Cross Blue Shield of Texas (BCBS of TX)\*:

\* If you live in California, you also have a Health Maintenance Option (HMO) available. Please see page 7 for details.

**1**

**Consumer-Driven Health Plan (CDHP)**

**2**

**Basic Preferred Provider Organization (PPO)**

**3**

**Enhanced Preferred Provider Organization (PPO)**



## HOW ARE THE PLANS ALIKE?

### CDHP, Basic PPO and Enhanced PPO

- **Cover the same services**, such as doctor's office visits, hospitalization, emergency room care and prescription drugs.
- Pay 100% for **in-network preventive care**.
- **Let you see any doctor but offer savings** when you use Blue Cross Blue Shield in-network doctors.

## HOW ARE THE PLANS DIFFERENT?

### CDHP

- **No copays with this plan.** You pay the contracted, negotiated rate of care (except for in-network preventive care) until you meet the deductible. After you meet the deductible, you and the plan share the cost of care.
- **Company-funded HSA** to help you pay for care; you can add money of your own, too.
- **Lowest paycheck contributions** of all three plans, but you'll have to meet **higher deductibles**.

Consider the CDHP if you want lower paycheck contributions and the tax advantages of an HSA. (See page 11 for more details on the HSA.)

### Basic PPO and Enhanced PPO

- **Copays** for some services such as doctor's office visits; for other services such as hospitalization, you must **meet the deductible** and then **you and the plan share costs** (coinsurance).
- **Lower deductibles** than the CDHP, so your **paycheck contributions are higher**. (See the chart on page 6 to compare the Basic PPO and Enhanced PPO benefits.)
- **No company-funded** Health Savings Account (HSA).

Consider a PPO if you're willing to have higher paycheck contributions in exchange for more predictable costs.



## PREVENTIVE CARE @WORK

Preventive care can help spot health problems before they become big issues. TEAM covers preventive care at 100%! You pay nothing when you visit an in-network doctor. Covered services include routine physicals, well-woman exams, well-baby exams, blood pressure checks, cholesterol tests and cancer screenings.





## HOW THE PLANS WORK

Take a look at how the CDHP and PPOs work.

### CDHP

#### FIRST, SET UP YOUR HSA.

The company adds money to your account: **\$1,000 for employee-only** or **employee and spouse coverage** or **\$2,000 for employee and children** or **family coverage**. You can contribute pre-tax money of your own, too.

#### THEN, PAY TOWARD YOUR DEDUCTIBLE.

You pay 100% of the cost for medical care and prescription drugs (except for in-network preventive care) until you meet your deductible. You can use your HSA to help you pay for care before you have to dip into your own pocket.

#### NEXT, SHARE COSTS WITH THE PLAN.

Once you meet your deductible, you'll share costs with the plan – using money from your HSA or wallet – until you meet the out-of-pocket maximum.

#### FINALLY, THE PLAN PAYS THE REST.

If you reach your out-of-pocket maximum, the plan will pay 100% of your eligible expenses for the rest of the plan year.

### Basic PPO and Enhanced PPO

These plans don't have an HSA, so you don't receive any extra money from TEAM.

#### FIRST, YOU PAY FOR CARE.

You pay copays for doctor's office visits and prescription drugs. You don't have to meet the deductible for these services. Copays do not count toward your deductible but do count toward your out-of-pocket maximum.

#### THEN, SHARE COSTS WITH THE PLAN.

For other services, such as hospitalization, you must meet your deductible before the plan shares costs.

#### FINALLY, THE PLAN PAYS THE REST.

If you reach your out-of-pocket maximum, the plan will pay 100% of your eligible expenses for the rest of the plan year.

## MEDICAL PLANS AT A GLANCE

With all three plans, you can see any provider. But if you visit an in-network provider, you'll get services at the lower negotiated rate. If you use an out-of-network provider, you'll get a lower level of coverage and your costs will be higher. Find an in-network provider by visiting [bcbstx.com](http://bcbstx.com) or calling **800-521-2227**.

Here's a look at what you'll pay when you need care.

	CDHP		Basic PPO		Enhanced PPO	
	In-network	Out-of-network <sup>1</sup>	In-network	Out-of-network <sup>1</sup>	In-network	Out-of-network <sup>1</sup>
<b>2020 Health Savings Account (HSA) Contribution from TEAM</b>						
Employee only or employee and spouse	\$1,000		No contribution		No contribution	
Employee and children or family	\$2,000					
<b>Deductible</b> <i>(The amount you must pay before the plan will pay benefits for some services. Amounts you pay toward the deductible count toward your out-of-pocket maximum.)</i>						
Employee only	\$2,000	\$5,000	\$1,500	\$2,000	\$750	\$900
Family	\$4,000	\$10,000	\$4,500	\$6,000	\$2,250	\$2,700
<b>What you pay</b>						
Preventive care <sup>2</sup>	\$0	50% after deductible	\$0	60% after deductible	\$0	40% after deductible
Office visits	20% after deductible	50% after deductible	\$15 copay for Blue Distinction provider \$30 copay for primary care physician (PCP) \$40 copay for specialist \$35 copay for urgent care	60% after deductible	\$15 copay for Blue Distinction provider \$25 copay for primary care physician (PCP) \$35 copay for specialist \$35 copay for urgent care	40% after deductible
Virtual visits	20% after deductible	N/A	\$30 copay	N/A	\$25 copay	N/A
Maternity care	20% after deductible	50% after deductible	\$30 PCP copay/ \$40 specialist copay, then 30% of remaining eligible expenses after deductible	60% after deductible	\$25 PCP copay/ \$35 specialist copay, then 20% of remaining eligible expenses after deductible	40% after deductible
Inpatient hospital <sup>3</sup>	20% after deductible	50% after deductible <sup>4</sup>	\$250 copay per admission, then 30% after deductible	\$500 copay per admission, then 60% after deductible <sup>4</sup>	20% after deductible	\$500 copay per admission, then 40% after deductible <sup>4</sup>
Outpatient surgery	20% after deductible	50% after deductible	30% after deductible	60% after deductible	20% after deductible	40% after deductible
Emergency care <sup>5</sup>	20% after deductible		30% after deductible		\$250 copay (waived if admitted)	
<b>Out-of-pocket maximum<sup>6</sup></b> <i>(The maximum amount you will have to pay out of pocket for the plan year. If you reach this limit, the plan will pay 100% of your eligible expenses for the rest of the plan year.)</i>						
Employee only	\$3,500	\$10,000	\$6,000	\$12,000	\$3,500	\$7,500
Family	\$7,000	\$20,000	\$12,000	\$24,000	\$10,500	\$20,000

<sup>1</sup> If you use an out-of-network provider, you are responsible for any charges above the reasonable and customary limit.

<sup>2</sup> Plan pays 100% for in-network preventive care based on Blue Cross Blue Shield's preventive care guidelines.

<sup>3</sup> Pre-certification required.

<sup>4</sup> You pay a \$350 penalty if you fail to pre-certify your hospital stay.

<sup>5</sup> Care Coordination must be notified within 2 days. Coverage for true emergencies only.

<sup>6</sup> Expenses that count toward meeting your out-of-pocket maximum include medical plan coinsurance and copays, prescription drug coinsurance and copays and amounts you pay toward the deductible. Amounts above the reasonable and customary charge for out-of-network care do not count toward your out-of-pocket maximum.

## KAISER HMO AT A GLANCE (CALIFORNIA ONLY)

If you live in California, you have another medical option available: the Kaiser HMO.

With this plan, you must use in-network doctors to receive benefits — there is no out-of-network coverage except for urgent care and emergencies. You pay set copays for services, and there's no deductible to meet. To find a provider, visit [kp.org](http://kp.org) or call **800-464-4000**.

Kaiser HMO (California only)	
In-network only	
<b>Deductible</b>	
Employee only	\$0
Family	\$0
<b>What you pay</b>	
Preventive care <sup>1</sup>	\$0
Office visits	\$20 copay
X-rays and lab tests	\$0
Inpatient hospital	\$0
Outpatient surgery	\$20 copay
Emergency care	<b>ER visit:</b> \$100 copay (waived if admitted) <b>Ambulance:</b> \$50 copay
<b>Out-of-pocket maximum<sup>2</sup></b> <i>(The maximum amount you will have to pay out of pocket for the plan year. If you reach this limit, the plan will pay 100% of your eligible expenses for the rest of the plan year.)</i>	
Employee only	\$1,500
Family	\$3,000

<sup>1</sup> Plan pays 100% for preventive care based on Kaiser's preventive care guidelines.

<sup>2</sup> Expenses that count toward meeting your out-of-pocket maximum include medical plan copays and prescription drug copays and coinsurance.





## CDHP AND PPO PAYCHECK COSTS

Here are your premium costs for the CDHP and PPOs.

	CDHP		Basic PPO		Enhanced PPO	
	Bi-weekly	Monthly	Bi-weekly	Monthly	Bi-weekly	Monthly
Employee only	\$22.15	\$48.00	\$34.62	\$75.00	\$92.31	\$200.00
Employee and children	\$120.00	\$260.00	\$153.69	\$333.00	\$279.23	\$605.00
Employee and spouse	\$137.08	\$297.00	\$188.31	\$408.00	\$342.00	\$741.00
Family	\$184.62	\$400.00	\$258.46	\$560.00	\$467.08	\$1,012.00

## KAISER HMO PAYCHECK COSTS (CALIFORNIA ONLY)

Here are your premium costs for the Kaiser HMO.

	Kaiser HMO	
	Bi-weekly	Monthly
Employee only	\$44.31	\$96.00
Employee and children	\$191.54	\$415.00
Employee and spouse	\$210.46	\$456.00
Family	\$287.08	\$622.00

## TOBACCO SURCHARGE

If you use tobacco products (cigarettes, chew and/or electronic cigarettes), you'll pay an additional \$125 per month for your medical benefits. This surcharge will be waived if you're participating in a smoking cessation program at the time you enroll. For more information on the smoking cessation program, contact Blue Cross Blue Shield at **866-412-8795**.

## SPOUSAL SURCHARGE

If your spouse has other coverage available through his or her employer and you enroll your spouse in a TEAM medical plan, you'll pay a spousal surcharge of \$150 per month.

### 24/7 CARE@WORK\*

Talk to a doctor 24/7 from your computer, smartphone or tablet. MDLive doctors can answer your questions, make a diagnosis and even prescribe basic medications (subject to availability by state). You and your covered family members can use this benefit if you're enrolled in a TEAM medical plan. For the CDHP, you'll pay 20% after the deductible. For the PPO plans, you'll pay your PCP copay. To use MDLive, visit **[members.mdlive.com/bcbstx](https://members.mdlive.com/bcbstx)** or call **888-680-8646**.

\* Available if enrolled in BCBS of TX CDHP or PPO





# PRESCRIPTION DRUGS

When you enroll in the BCBS of TX CDHP or a PPO, you automatically receive prescription drug benefits through Express Scripts. Kaiser HMO prescription drug benefits are provided through Kaiser.

## HOW THE PLANS WORK (CDHP AND PPOs ONLY)

### Short-Term Prescriptions

For short-term prescriptions, you can fill your prescriptions through retail pharmacies. Find the nearest pharmacy by visiting [express-scripts.com/teaminc](https://www.express-scripts.com/teaminc) or calling **855-778-1495**.

### Long-Term Prescriptions

Maintenance drugs are drugs you take for long-term or chronic conditions, such as blood pressure medication. All TEAM medical plans offer savings when you get 90-day supplies of these medications.

You have two ways to get your prescriptions:

- Take advantage of home delivery from the Express Scripts Pharmacy. Your medications will be delivered directly to you with free standard shipping. To get started, visit [express-scripts.com/teaminc](https://www.express-scripts.com/teaminc) or call **855-778-1495**.
- Pick up your prescriptions at a nearby preferred pharmacy with the Smart 90 Program. Find one near you by visiting [express-scripts.com/teaminc](https://www.express-scripts.com/teaminc).

You'll be allowed two 30-day fills of a maintenance medication from a retail pharmacy. After that, if you get a 30-day fill or use a non-preferred pharmacy, you'll have to pay the full retail cost.

Here's a step-by-step look at how the plans work.

CDHP	Basic PPO	Enhanced PPO
First, if you haven't met your medical plan deductible, you pay the full retail cost of your prescription. You can use your HSA to help you pay.	First, you meet a separate \$100 prescription drug deductible.	There's no deductible to meet.
Then, after you meet the deductible, you and the plan share costs.	Then, after you meet this separate deductible, you pay copays for your prescriptions.	First, you pay copays for your prescriptions.
Finally, if you reach your medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.	Finally, if you reach your medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.	Finally, if you reach your medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription drug expenses for the rest of the plan year.

## CDHP AND PPO PRESCRIPTION DRUGS AT A GLANCE

Here's what you pay when you get a prescription filled.

	CDHP		Basic PPO		Enhanced PPO	
	Retail (30-day supply)	Home Delivery Service/Preferred Pharmacy (90-day supply)	Retail (30-day supply)	Home Delivery Service/Preferred Pharmacy (90-day supply)	Retail (30-day supply)	Home Delivery Service/Preferred Pharmacy (90-day supply)
<b>Prescription drug deductible</b>	Combined with medical: \$2,000 individual \$4,000 family		\$100		None	
<b>Generic</b>	20% after deductible		\$10 copay	\$20 copay	\$10 copay	\$20 copay
<b>Formulary brand<sup>1</sup></b>	20% after deductible		\$40 copay	\$80 copay	\$40 copay	\$80 copay
<b>Non-formulary brand</b>	20% after deductible		\$60 copay	\$120 copay	\$60 copay	\$120 copay
<b>Specialty</b>	20% after deductible		\$250 copay	\$500 copay	\$250 copay	\$500 copay
<b>Out-of-pocket maximum</b>	Combined with medical: \$3,500 individual \$7,000 family		Combined with medical: \$6,000 individual \$12,000 family		Combined with medical: \$3,500 individual \$10,500 family	

<sup>1</sup> The formulary drug list is updated annually, and medications may be added or removed. Before you fill a prescription, view the list or talk with your pharmacist to be sure you are getting a formulary brand or a generic option, if available.

## KAISER HMO PRESCRIPTION DRUG BENEFITS AT A GLANCE (CALIFORNIA ONLY)

Prescription drug benefits are provided by the HMO. Here's what you pay when you need a prescription filled. For more details, visit [kp.org](http://kp.org) or call **800-464-4000**.

	Kaiser HMO (California only)	
	Retail (Up to 30-day supply)	Mail-Order (Up to 100-day supply)
<b>Prescription drug deductible</b>	None	
<b>Generic</b>	\$10 copay	\$20 copay
<b>Brand-name</b>	\$20 copay	\$40 copay
<b>Specialty</b>	20% (\$200 maximum)	N/A
<b>Out-of-pocket maximum</b>	<b>Combined with medical:</b> \$1,500 individual \$3,000 family	

### MONEY-SAVING TIPS@WORK

When your doctor prescribes a medication, make sure you ask if there's a generic available. Generic drugs use the same active ingredients as brand-name equivalents but cost about 30–60% less. If there's no generic available, check to see if the medication is on the preferred drug list.

Another way to save: shop around. Pharmacies charge different amounts for drugs, and the costs can vary widely. Use [goodrx.com](http://goodrx.com) to get cost estimates before you fill your prescription.





# HEALTH SAVINGS ACCOUNT (HSA)

After you enroll in the CDHP, you'll need to open an HSA to receive the company contributions and make your own pre-tax contributions. Your HSA is managed by HSA Bank. You cannot open an HSA if you enroll in the Basic PPO or Enhanced PPO.

## HOW IT WORKS

### SET UP YOUR ACCOUNT.

Go to Workday to sign up. Already enrolled in an HSA? You're all set—you'll keep using the same account.

### START WITH MONEY FROM TEAM.

The company will add money to your account. You'll receive **\$1,000 for employee-only** or **employee and spouse coverage** or **\$2,000 for employee and children** or **family coverage**. You'll receive half of the company contribution when you receive your first paycheck in January and the other half with your first paycheck in July. You must be employed by the company on both of those dates to receive the full company contribution.

### ADD MONEY OF YOUR OWN.

When you open your HSA, you decide how much (if any) you want to contribute, up to IRS limits. You can contribute up to **\$3,550 for employee-only coverage** or **\$7,100 for any level of family coverage**, minus any contributions made by TEAM. If you'll be age 55 by December 31, 2020, you can contribute an additional \$1,000. Your contributions are taken out of your paycheck before taxes. You can change your contributions at any time during the year in Workday.

### PAY FOR HEALTH CARE.

HSA dollars can be used anytime — now or down the road. When you have an eligible health care expense, you can pay for it from your HSA with no taxes taken out. Or, you can pay out of pocket and leave your untaxed HSA dollars invested. Make sure to keep copies of your bills and receipts in case the IRS asks you to prove that an expense is eligible for reimbursement.

### INVEST THE MONEY FOR THE FUTURE.

You can invest the money in your account. Think of it as a savings plan for health care. In fact, you can keep on investing right into retirement to pay for health care when you'll probably need it most. You can invest your HSA in a wide variety of options, including mutual funds, stocks and bonds. There is no tax on HSA interest or investment growth. There are fees for investments or trades. For more information, visit [hsabank.com](https://hsabank.com) or call **855-731-5220**.

## WHAT EXPENSES ARE ELIGIBLE?

You can use your HSA money to pay for eligible expenses for you, your spouse and your tax dependents (including your children up to age 19, or age 24 if a full-time student), whether or not they're enrolled in a medical plan. (While the TEAM medical plans cover eligible children up to age 26, the IRS has different rules for HSAs.)

Eligible expenses include:

- Medical deductibles and expenses
- Dental deductibles and expenses
- Office visits (in-network and out-of-network)
- Vision expenses, such as eye exams, glasses and contacts
- Prescription drug expenses
- Over-the-counter medications, but only if you have a doctor's prescription
- Over-the-counter medical supplies, such as bandages, diabetic supplies and contact lens solution (no prescription needed)

For a complete list of covered expenses, visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502).

## PAYING FOR CARE

**You must have the funds available in your HSA before you can use them.** If you pay out of pocket now, you can reimburse yourself from your HSA later, when the funds are available.

You can use the debit card that you'll receive to pay for care, or you can pay out of pocket and fill out a form to be reimbursed.



## TRIPLE TAX ADVANTAGES@WORK

With the HSA, you get pre-tax savings, tax-free earnings and tax-free withdrawals. (Keep in mind that any HSA money you spend on ineligible expenses is taxable, and you may pay a 20% tax penalty.) Plus, there's no use-it-or-lose it rule. The money in your account rolls over from year to year, and it's yours to keep, even if you leave the company. This includes TEAM's contributions and any interest from earnings.

# DENTAL

The Dental PPO, administered by Blue Cross Blue Shield of Texas (BCBS of TX), provides coverage for preventive treatment, basic care, major care and orthodontia.

## DENTAL PLAN AT A GLANCE

Here's a look at your dental benefits. You can see any provider, but you'll save money if you use Blue Cross Blue Shield in-network providers. Find one by visiting [bcbstx.com](http://bcbstx.com) or calling **800-521-2227**.

Dental PPO	
<b>Deductible</b> <i>(The amount you must pay before the plan begins paying benefits for non-preventive care.)</i>	
Individual	\$100
Family	\$300
<b>You pay</b>	
<b>Preventive:</b> <sup>1</sup> Routine exams, cleanings and X-rays	\$0, no deductible <sup>2</sup>
<b>Basic:</b> Fillings, extractions, oral surgery	20% after deductible <sup>2</sup>
<b>Major:</b> Crowns, inlays and onlays, implants, fixed bridge restorations, dentures	50% after deductible <sup>2</sup>
<b>Orthodontia:</b> Adults and children up to age 19	50% after deductible <sup>2</sup>
<b>Annual maximum</b> <i>(The most the plan will pay in a calendar year.)</i>	
Per person	\$1,500
<b>Orthodontia lifetime maximum</b> <i>(The most the plan will pay for orthodontia per lifetime.)</i>	
Per person	\$1,500

<sup>1</sup> Routine exams, cleanings and X-rays are 2 per calendar year.

<sup>2</sup> Out-of-network benefits are paid according to a "reasonable and customary" schedule. If you use an out-of-network dentist, you could receive an additional bill for the difference between what the plan pays and what the dentist charges.

## PAYCHECK COSTS

Here are your premium costs for the Dental PPO.

	Dental PPO	
	Bi-weekly	Monthly
Employee only	\$11.65	\$25.25
Employee and children	\$29.36	\$63.62
Employee and spouse	\$24.59	\$53.27
Family	\$42.30	\$91.65



# VISION

Vision coverage is offered through BCBS of TX/EyeMed. The Vision Plan covers routine exams, lenses and frames, and contacts.

## VISION PLAN AT A GLANCE

Here's a look at what's covered and what you pay. You can see any provider, but you'll save money when you use BCBS of TX/EyeMed in-network providers. Find an in-network provider by calling **855-556-8796** or visit [eyemedvisioncare.com/bcbstxvis](http://eyemedvisioncare.com/bcbstxvis).

Vision Plan		
	In-network	Out-of-network <sup>1</sup>
<b>You pay</b>		
<b>Exam with dilation</b> <i>(Once per calendar year)</i>	\$10 copay	All amounts over \$40
<b>Frames</b> <i>(Once per calendar year)</i>	\$0, then all amounts over \$200 <sup>2</sup>	All amounts over \$45
<b>Lenses<sup>3</sup></b> <i>(Once per calendar year)</i>		
<b>Single vision</b>	\$20 copay	All amounts over \$40
<b>Bifocal</b>	\$20 copay	All amounts over \$60
<b>Trifocal</b>	\$20 copay	All amounts over \$80
<b>Lenticular</b>	\$20 copay	All amounts over \$80
<b>Contact Lenses</b> <i>(in lieu of eyeglasses; once per calendar year)</i>		
<b>Standard contact lens fit and follow-up</b>	You get a 15% discount	No discount
<b>Visually required contacts</b>	\$0 (must get prior approval)	All amounts over \$210
<b>Conventional or disposable contacts</b>	\$0, then all amounts over \$150 <sup>4</sup>	All amounts over \$150

<sup>1</sup> When you use an out-of-network provider, you must pay the cost up-front and then file a claim to be reimbursed up to the out-of-network allowance.

<sup>2</sup> You get a 20% discount on all amounts over the plan allowance.

<sup>3</sup> The plan will pay 100% for polycarbonate lenses, scratch-resistant coating, UV coating and tinting. There is an additional charge for some lens options such as some anti-reflective coatings, some progressive lenses, polarized lenses and photochromic lenses.

<sup>4</sup> You get a 15% discount on all amounts over the plan allowance.

## PAYCHECK COSTS

Here are your premium costs for the Vision Plan.

Vision Plan		
	Bi-weekly	Monthly
<b>Employee only</b>	\$3.13	\$6.79
<b>Employee and children</b>	\$6.59	\$14.27
<b>Employee and spouse</b>	\$6.27	\$13.59
<b>Family</b>	\$9.17	\$19.87

# REIMBURSEMENT ACCOUNTS

TEAM offers two Reimbursement Accounts (FSAs), both administered by HSA Bank:

**1**

**Health Care  
Reimbursement Account (FSA)**

**2**

**Dependent Care  
Reimbursement Account (FSA)**



## HOW THESE ACCOUNTS WORK

- Decide how much to contribute.
  - » **Health Care Reimbursement Account:** Up to **\$2,700** a year
  - » **Dependent Care Reimbursement Account:** Up to **\$5,000** a year (\$2,500 if you are married but file separate tax returns)
- Your contributions come out of your paycheck before taxes.
- Pay for eligible expenses.
  - » **Health Care Reimbursement Account:** Use your debit card to pay for care. You have access to the full amount you contribute for the year up-front.
  - » **Dependent Care Reimbursement Account:** Use your debit card to pay for care if funds are available. You can also pay the expense up-front and then file a claim for reimbursement. You must have the money in your account before you can receive reimbursement.
- Make sure to keep your receipts in case you need to verify your purchase.
- Use it or lose it! Unlike the HSA, you lose any Reimbursement Account money you don't use by **December 31, 2020**. You have until **March 31, 2021**, to request reimbursement and file claims for 2020 expenses. Any remaining amount will be forfeited. **For the Health Care Reimbursement Account only, you can roll over \$500 of unused funds to the next year.**
- The money in your Reimbursement Account does not earn interest, and you can't take it with you if you leave the company.

## REIMBURSEMENT ACCOUNTS AT A GLANCE

	Health Care Reimbursement Account	Dependent Care Reimbursement Account
<b>Who can use it</b>	If you are not enrolled in the CDHP or you are not eligible for a Health Savings Account (HSA)	If you have dependent care expenses so you (and your spouse, if married) can work, look for work or attend school full time
<b>How much you can add</b>	Up to \$2,700 a year	Up to \$5,000 a year (\$2,500 if you are married but file separate tax returns)
<b>Whose expenses are eligible</b>	Yours, your spouse's and your eligible dependents'	Your children under age 13 who qualify as dependents on your federal tax return, a spouse or unmarried child of any age who is physically or mentally incapable of self-support, and other family members who are physically or mentally incapable of self-support, who live with you for more than half the year and who qualify as dependents on your federal tax return
<b>What you can use it for</b>	Eligible medical, prescription drug, dental and vision expenses	Eligible dependent care expenses such as licensed nursery schools, licensed day care centers for children and disabled dependents, after-school care and services from a care provider (must be age 19 or older and not claimed as a dependent on your federal tax return)

### DOUBLE TAX ADVANTAGES@WORK

Your contributions are made on a pre-tax basis. And when you use the money to pay for eligible expenses, your withdrawals are tax-free.



# LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

To protect your family, TEAM offers these benefits through Prudential:

1

## Basic Life Insurance

(TEAM pays the cost of this coverage.)

2

## Optional Life Insurance

(You pay the cost of this coverage.)

3

## Basic AD&D

(TEAM pays the cost of this coverage.)

4

## Optional AD&D

(You pay the cost of this coverage.)



## LIFE INSURANCE

Life Insurance pays a benefit if you or a covered family member dies. TEAM pays 100% of the cost for Basic Life Insurance for you. You can also purchase Optional Life Insurance for yourself, your spouse and your children. You pay for Optional Life Insurance with after-tax dollars.

## AD&D INSURANCE

AD&D Insurance pays a benefit if you die or suffer a serious injury due to an accident. TEAM pays 100% of the cost of Basic AD&D Insurance for you. You pay the full cost of any Optional AD&D coverage you purchase with after-tax dollars. You can elect employee-only coverage or family coverage.

# LIFE AND AD&D BENEFITS AT A GLANCE

Benefit	Amount
<b>Basic Life Insurance</b> (paid by TEAM)	<b>For you:</b> 1x your annual earnings, up to \$750,000
<b>Optional Life Insurance</b> (paid by you)	<p><b>For you:</b> \$10,000–\$750,000, in increments of \$10,000, up to 4x your annual earnings</p> <p><b>For your spouse:</b> \$5,000–\$200,000, in increments of \$5,000, up to 100% of your Optional Life Insurance coverage</p> <p><b>For your children:</b> \$10,000</p>
<b>Basic AD&amp;D Insurance</b> (paid by TEAM)	<b>For you:</b> 1x your annual earnings, up to \$750,000
<b>Optional AD&amp;D Insurance</b> (paid by you)	<p><b>For you:</b> \$10,000–\$750,000, in increments of \$10,000; amounts over \$150,000 cannot exceed 10x your annual earnings</p> <p><b>For your family:</b> Your spouse and children are covered as a percentage of your coverage</p> <ul style="list-style-type: none"> <li>• Spouse only: 100% of your coverage</li> <li>• Children only: 15% of your coverage</li> <li>• Spouse and children:               <ul style="list-style-type: none"> <li>» Spouse: 50% of your coverage</li> <li>» Children: 15% of your coverage</li> </ul> </li> </ul>

## Know the Terms

- **Annual earnings** means base salary excluding bonuses, overtime or other extraordinary pay.
- **Evidence of insurability (EOI)** is a statement of health that insurance companies may require before insurance will be effective. You will need to provide EOI if you enroll more than 60 days after your date of hire, or if you elect coverage of more than \$250,000 for yourself or \$50,000 for your spouse. If you are required to provide EOI, your enrollment must be approved by the insurer before your coverage is effective.
- A **beneficiary** is the person that you designate to receive your benefits. You must elect a beneficiary to receive your Life and AD&D benefits. You can fill out or update your beneficiary form by logging in to Workday.



### 100%-PAID BASIC AD&D@WORK

TEAM pays 100% of the cost of Basic Life and Basic AD&D for you.

## YOUR PAYCHECK COSTS

### Optional Life Insurance for You and Your Spouse

Optional Life Insurance costs for you and your spouse are based on the amount of coverage selected, as well as your (the employee's) age. Coverage costs will change on your (the employee's) birthday.

Age	Monthly Cost per \$1,000 for You	Monthly Cost per \$1,000 for Your Spouse
<25	\$0.06	\$0.04
25–29	\$0.06	\$0.04
30–34	\$0.08	\$0.05
35–39	\$0.09	\$0.07
40–44	\$0.14	\$0.09
45–49	\$0.21	\$0.13
50–54	\$0.37	\$0.20
55–59	\$0.67	\$0.30
60–64	\$0.86	\$0.51
65–69	\$1.33	\$0.86
70 and older	\$2.04	\$1.47

### Child Life Insurance

Coverage Amount	Monthly Cost
\$10,000	\$0.90

### Voluntary AD&D Insurance

Coverage Category	Monthly Cost per \$1,000
Employee Only	\$0.025
Family	\$0.036

#### FIGURE OUT YOUR COSTS

Here's how to figure out your Life and AD&D Insurance costs.

1. Amount of insurance desired ÷ \$1,000 = Units of coverage
2. Units of coverage x cost = Monthly cost

Here's an example. You are 35 years old and want to elect \$100,000 in Optional Life.

1.  $\$100,000 \div \$1,000 = 100$
2.  $100 \times \$0.09 = \$9.00$  per month

# DISABILITY

You have two types of disability coverage provided through Lincoln Financial:

1

Short-Term Disability  
(STD)

2

Long-Term Disability  
(LTD)



## SHORT-TERM DISABILITY (STD)

STD replaces a portion of your pay if a non-work-related illness (including pregnancy) or injury prevents you from working for a short period of time. The plan replaces a portion of your earnings until you are no longer disabled or until you reach the maximum benefit period. TEAM provides Basic STD at no cost to you. You can also purchase STD Buy-Up for additional protection.

## LONG-TERM DISABILITY (LTD)

LTD replaces a portion of your pay if a non-work-related illness or injury prevents you from working for a long period of time. The plan replaces a portion of your earnings until you are no longer disabled or until you reach the maximum benefit period. TEAM pays the full cost of LTD coverage for you.

If you're a salaried employee, you're eligible for LTD on the first of the month following your hire date. If you're an hourly employee, you're eligible after 12 months of continuous employment.



## DISABILITY BENEFITS AT A GLANCE

Disability benefits must be approved by TEAM's leave administrator, Lincoln Financial.

	Basic STD	STD Buy-Up	LTD
Benefits begin ...	<b>Illness:</b> After 7 days (on 8th day of disability) <b>Accident:</b> On your first day of disability	<b>Illness:</b> After 7 days (on 8th day of disability) <b>Accident:</b> On your first day of disability	After 180 days of approved disability
Plan pays <sup>1</sup> ...	60% of base salary	75% of base salary	<b>Salaried:</b> 60% of your base salary, up to \$15,000 per month <b>Hourly:</b> 60% of your base salary, up to \$4,000 per month
Benefits continue ...	Up to 26 weeks	Up to 26 weeks	Generally, until you reach age 65 or are no longer disabled
Cost of coverage paid by ...	TEAM	You	TEAM

<sup>1</sup> Disability benefits may be offset by other disability income you receive, such as Workers' Compensation, Social Security, state or federal disability benefits and/or loss of income payments under mandatory no-fault insurance plans.

## PAYCHECK COSTS

TEAM pays the full cost of Basic STD and LTD. You pay the cost if you elect STD Buy-Up. The cost is \$0.20 per \$10 of base salary. You pay the difference in percentage of income between Basic STD and STD Buy-Up. You'll see your cost for STD Buy-Up when you complete the online enrollment process.

Here's an example of what you would pay for STD Buy-Up if your base salary is \$40,000.

- Basic STD Plan: Replaces 60% of \$40,000 or \$24,000
- STD Buy-Up Plan: Replaces 75% of \$40,000 or \$30,000
- \$30,000 – \$24,000 = \$6,000
- \$6,000 ÷ \$10 = \$600
- \$600 x \$0.20 = \$120 (annual cost)
- \$120 ÷ 26 pay periods = \$4.62 bi-weekly cost

## HOW TO REPORT A CLAIM

If you expect to be out of work for a short period of time due to illness or injury, contact Lincoln Financial at **888-408-7300**. A Lincoln Financial claim professional will verify your eligibility and start the claim process.

You may also be able to take a Family and Medical Leave (FMLA) if your disability qualifies. FMLA provides up to 12 weeks, in any 12 months of unpaid, job-protected leave for certain situations, such as the birth of a child or if you have a serious medical condition. To file a request for an FMLA leave, contact Lincoln Financial at **888-408-7300**.



### 100%-PAID DISABILITY BENEFITS@WORK

TEAM pays 100% of the cost for Basic STD and LTD.



# ADDITIONAL BENEFITS

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

TEAM's EAP, provided by Optum, provides confidential support for everyday challenges and for more serious problems. It's available around the clock anytime you need it. You can get help with a wide variety of issues, including:

- Depression, anxiety and stress
- Marriage and relationships
- Parenting skills
- Relationship problems
- Money management and legal information

You can get up to three free face-to-face counseling sessions per year for every member in your household. To contact the EAP, call **866-248-4094** or visit **liveandworkwell.com** and use access code: TEAM.

## TORCHLIGHT

TEAM is proud to support working families by offering free, unlimited access to Torchlight. Torchlight is an online platform designed for modern caregivers to help with child care and elder care needs.

Visit **teaminc.torchlight.care** to find:

- **eGuides & Toolkits** — Step-by-step tutorials with personalized recommendations and toolkits.
- **Multimedia** — Live and on-demand webinars and podcasts.
- **Daily Management** — Recordkeeping for storing, organizing, tracking and sharing information.
- **Expert Advising** — 1:1 high-touch, action-oriented and interactive sessions with a caregiving expert.
- **Ask-the-Expert Forum** — Knowledge base of questions answered by a team of caregiving experts.
- **Team Sharing** — Ability to share and coordinate with family members and care teams.

## PERKS AT WORK DISCOUNT PROGRAM

As a TEAM employee, you have access to the Perks at Work platform, which includes 30,000 national and local employee discounts on dining, travel, retail stores and more. The site provides best-in-market pricing and ONECart technology to allow easy price comparison and seamless checkout. Log in, do your shopping and then get WOW points to redeem on future purchases. To get started, visit [perksatwork.com](https://perksatwork.com).

## 401(K) RETIREMENT SAVINGS PROGRAM

Saving for the future is important. That's why TEAM offers the TEAM, Inc. Salary Deferral Plan and Trust. You are eligible for the plan if you're a U.S.-based and U.S.-paid (excluding Puerto Rico) regular, full-time active employee who has been continuously employed for at least 30 days. As a new hire, you'll be automatically enrolled at a 6% contribution rate with a 1% annual auto-increase (up to a maximum contribution of 10%) unless you opt out.

Here are some plan features:

- You can contribute up to 75% of your eligible compensation, up to IRS limits.
- If you will be age 50 or older in 2020, you can make an additional catch-up contribution of up to \$6,000. You must notify the Benefits Department each year if you want to make a catch-up contribution.
- TEAM helps you save by contributing a 50% match on up to 6% of your eligible earnings. For example, if you contribute 6%, TEAM will match 3%.
- You vest in TEAM's contributions on a 5-year/20% graded vesting schedule. You are always 100% vested in your own contributions.
- The plan offers both pre-tax and Roth deferral options.
- You can choose to invest your money among several different mutual fund options, including TEAM, Inc. common stock.

For more information, contact Fidelity at **800-835-5097** or visit [netbenefits.com](https://netbenefits.com). For plan fund information, contact Morgan Stanley at **504-587-9631**.



## TRAVEL ASSISTANCE

TEAM offers global travel assistance through AXA Assistance USA as part of your Basic Life Insurance benefits.

If you or your dependents have a medical emergency when traveling internationally or domestically more than 100 miles away from home, contact AXA Assistance. You'll get 24/7 access to doctors, hospitals, pharmacies and other services.

For help, call **800-565-9320**. If you're outside the U.S., call **312-935-3654** (place a collect call). AXA Assistance will help you find the resources you need and even coordinate with your medical plan.

## LEGAL COVERAGE

You can purchase affordable Legal coverage through Hyatt Legal Plans. You'll get full service on a variety of personal legal matters and access to attorneys in person, by phone, email or mobile app.

The plan covers:

- Family law matters, such as adoptions and premarital agreements
- Estate planning services, such as living trusts and wills
- Traffic and criminal matters, including traffic tickets and juvenile court defense
- Financial services, such as debt collection defense and consumer protection
- Real estate issues, including boundary and title disputes

You pay just \$18.50 per month through convenient paycheck deductions. When you use a plan attorney for covered services, there are no deductibles, copays or claim forms.

Plus, when you enroll for Legal coverage, you automatically get credit monitoring from all three credit bureaus. This benefit provides comprehensive fraud and credit monitoring services along with 24/7 dedicated support.

You can elect Legal coverage during Open Enrollment or within 60 days of your date of hire.

Learn more at [legalplans.com](https://www.legalplans.com).



## CRITICAL ILLNESS

Critical Illness Insurance offers supplemental medical coverage that adds an extra layer of protection for you and your family. This coverage is offered through MetLife.

If you are diagnosed with a covered illness, such as cancer, heart attack or stroke, you will receive a lump sum payment. You can use your cash benefit to help pay bills related to treatment or to help with everyday living expenses.

You can purchase coverage for yourself, your spouse and/or dependent children. You purchase Critical Illness Insurance with after-tax paycheck deductions. This means any benefits paid to you are tax-free. You can purchase either a flat \$10,000 or \$20,000 coverage amount. The plan also comes with a wellness benefit – you'll be reimbursed up to \$100 per year if you get certain covered screening tests.

For more information, call **800-GET-MET8 (800-438-6388)**.

Monthly Cost Per \$1,000				
Age	Employee Only	Employee + Children	Employee + Spouse	Employee + Spouse/Children
<25	\$0.53	\$0.99	\$1.06	\$1.52
25–29	\$0.55	\$1.00	\$1.09	\$1.55
30–34	\$0.66	\$1.11	\$1.28	\$1.74
35–39	\$0.83	\$1.29	\$1.60	\$2.05
40–44	\$1.16	\$1.62	\$2.18	\$2.64
45–49	\$1.64	\$2.10	\$3.03	\$3.49
50–54	\$2.39	\$2.85	\$4.22	\$4.68
55–59	\$3.40	\$3.86	\$5.80	\$6.25
60–64	\$4.80	\$5.26	\$7.99	\$8.45
65–69	\$7.07	\$7.53	\$11.49	\$11.95
70+	\$9.65	\$10.11	\$16.02	\$16.48

### FIGURE OUT YOUR COSTS

Here's how to figure out your Critical Illness Insurance costs.

1. Amount of insurance desired ÷ 1,000 = Units of coverage
2. Units of coverage x cost = Monthly cost

Here's an example. You are 35 years old and want to elect \$20,000 for yourself.

1.  $\$20,000 \div \$1,000 = 20$
2.  $20 \times \$0.83 = \$16.60$  per month

Note: Final rates may vary slightly due to rounding.

## ACCIDENT INSURANCE

Accident Insurance, provided through MetLife, pays a cash benefit directly to you when you or a covered family member is injured in a covered accident — on or off the job. The benefit pays specified amounts for out-of-pocket expenses and bills that your medical plan may not cover, such as ambulance rides and lodging for a family member.\*

There's a health screening benefit, too.\* The plan will pay you \$50 each year for one covered health screening, such as a physical exam, blood chemistry panel or complete blood count (CBC).

You can purchase coverage for yourself, your spouse and/or dependent children. You purchase Accident Insurance with post-tax paycheck deductions. This means any benefits paid to you are tax-free. For more information, call **800-GET-MET8 (800-438-6388)**.

Here are your costs for coverage:

Accident Insurance		
	Bi-weekly	Monthly
Employee only	\$4.55	\$9.85
Employee + children	\$10.36	\$22.45
Employee + spouse	\$9.09	\$19.70
Employee + spouse/children	\$12.82	\$27.77

## AUTO AND HOME INSURANCE

Purchase Auto and Home Insurance through MetLife and you can receive hundreds of dollars in savings, along with special group discounts:

- Save up to an additional 10% right away with the welcome discount for new members.
- Qualify for a group discount of up to 15% off your policy.
- Save more with the superior driver discount.
- Pay with convenient automatic deduction.
- Receive extra savings if you've been with your company a long time.
- Make the most of multi-policy savings when you insure both your home and auto with MetLife Auto & Home.

In addition to Auto and Home Insurance, MetLife offers a variety of other policies including boat, condo, renter's, motor home and motorcycle.

Coverage is 100% portable, so even if you change jobs you can take your policy with you.

Get a free quote by calling **800-GET-MET8 (800-438-6388)**.

\* Lodging benefit and health screening benefit not available in all states.



# CONTACTS

Benefit	Contact Info
<b>Benefit Questions or Concerns</b>	
TEAM Employee Hotline	833-TEAM-RPT option 6 Benefits@teaminc.com
<b>Enrolling In or Changing Your Benefits</b>	
Workday	Visit <a href="https://myapps.microsoft.com">myapps.microsoft.com</a> to locate the Workday app. Then click on the Workday icon.
<b>Medical</b>	
Blue Cross Blue Shield of TX (CDHP and PPOs)	800-521-2227 bcbstx.com
Kaiser (HMO; California only)	800-464-4000 kp.org
<b>Prescription Drugs</b>	
Express Scripts (BCBS of TX CDHP and PPOs)	855-778-1495 express-scripts.com/teaminc
Kaiser (HMO; California only)	800-464-4000 kp.org
<b>Health Savings Account (HSA)</b>	
HSA Bank	855-731-5220 hsabank.com
<b>Dental</b>	
Blue Cross Blue Shield of TX	800-521-2227 bcbstx.com
<b>Vision</b>	
BCBS of TX/EyeMed	855-556-8796 eyemedvisioncare.com/bcbstxvis
<b>Reimbursement Accounts (FSAs)</b>	
HSA Bank	844-650-8936 hsabank.com
<b>Life Insurance and AD&amp;D Insurance</b>	
Prudential	800-524-0542 Policy number: 52630
<b>Disability and FMLA</b>	
Lincoln Financial	888-408-7300 MyLincolnPortal.com (Company code: TEAM)
<b>Employee Assistance Program (EAP)</b>	
Optum	866-248-4094 liveandworkwell.com (Access code: TEAM)
<b>401(k) Retirement Plan</b>	
Fidelity (plan information)	800-835-5097 netbenefits.com
Morgan Stanley (fund information)	504-587-9631
<b>Travel Assistance</b>	
AXA Assistance USA	Within the U.S.: 800-565-9320 Outside the U.S.: 312-935-3654

# CONTACTS

Benefit	Contact Info
<b>Legal Coverage</b>	
Hyatt Legal Plans	<a href="http://legalplans.com">legalplans.com</a>
<b>Critical Illness Insurance</b>	
MetLife	800-GET-MET8 (800-438-6388)
<b>Caregiver Resources</b>	
Torchlight	<a href="http://teaminc.torchlight.care">teaminc.torchlight.care</a>
<b>Auto and Home Insurance</b>	
MetLife	800-GET-MET8 (800-438-6388)
<b>Accident Insurance</b>	
MetLife	800-GET-MET8 (800-438-6388)





This brochure is a Summary of Material Modifications (SMM) that updates the Summary Plan Description (SPD) for the TEAM benefit programs. Keep it with your SPD for the most current information about your benefits. This guide summarizes certain provisions of the TEAM benefit programs. Every effort has been made to provide clear and accurate information. However, in the event of a discrepancy between this material and the official plan documents, the official plan documents will govern. TEAM reserves the right to change, suspend or terminate these plans at any time.