

TEAM®



2021
Employee
Benefits

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We all work together to make TEAM a success, and our teamwork extends to your benefits. Your health and well-being are important to us, so we provide benefit options to make your and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2021 benefits from A to Z. If you have questions, your Human Resources department is here to help.

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Eligibility & Enrollment

TEAM offers a variety of benefits to support your and your family's needs. Choose options that cover what's important to your unique lifestyle.

Eligibility

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.

When Does Coverage Begin?

If you are electing benefits for Open Enrollment then your new coverage will begin on January 1.

If you are a new hire, you must enroll in benefits within 60 days of your date of hire. Your coverage will begin the first of the month following continuous employment. **If you do not enroll within 60 days of your date of hire, then 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.

Eligible Dependents

Dependents eligible for coverage in the TEAM benefits plans include:

- ▶ Your legal spouse or domestic partner.
- ▶ Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, children who are the subject of a Qualified Medical Child Support Order (QMCSO) issued to you and children for whom legal guardianship has been awarded to you or your spouse).
- ▶ 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.

Verification of dependent eligibility is required upon enrollment.



Thoughts & Tips: You cannot change your benefit selections during the plan year unless you have a qualifying life event, such as marriage and/or the birth or adoption of a child.

Enroll now. You've got one shot!

What are Qualifying Life Events?

Most people know you can change your benefits when you start a new job or during Open Enrollment. But did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying Life Events (QLEs) determined by the IRS could allow you to enroll in health insurance or change your elections outside of the annual time.

Common qualifying events include:

A change in your legal marital status (marriage, divorce or legal separation)

A change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)

A change in your spouse's employment status (resulting in a loss or gain of coverage)

A change in your employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility

Entitlement to Medicare or Medicaid

Eligibility for coverage through the Marketplace

Changes in your address or location that may affect the coverage for which you are eligible

Some lesser-known qualifying events are:

Turning 26 and losing coverage through a parent's plan

Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Death in the family (leading to change in dependents or loss of coverage)



When a Qualifying Life Event occurs, you have **31 days** to request changes to your coverage. Keep in mind your change in coverage must be consistent with your change in status.

Questions regarding specific life events and your ability to request changes should be directed to TEAM's Human Resources. Don't miss out on a chance to update your benefits!



Preparing For Enrollment

As a committed partner in your health, TEAM absorbs a significant amount of your benefit costs. Your contributions for medical, dental and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Please note that employee contributions vary depending on level of coverage. Typically, the more coverage you have, the higher your portion.

Enrollment Checklist



Update your personal information.

If you've experienced a qualifying life event in the last year, you may need to change your elections or update your details.



Double-check covered and restricted medications.

If you make any changes to your plan, consider how it affects your prescription coverage.



Review available plans' deductibles.

Take a look at your options – if you foresee a lot of medical needs this year, you might want a lower deductible. If not, you could switch to a higher deductible and enjoy lower premiums.



Consider your HSA.

A HSA can help cover healthcare costs including dental and vision services and prescriptions. TEAM will provide an employer contribution to your HSA, if you elect the CDHP. You can also contribute money of your own to help with some of the unexpected out-of-pocket medical expenses.



Check to see if your pharmacy is in-network.

Going in-network often saves you money. Check for any plan changes to make sure your favorite pharmacy is still your best bet and is covered in-network.

You may select any combination of medical, dental and/or vision plan coverage. For example, you could select medical coverage for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible employee of TEAM, must elect coverage for yourself in order to elect any dependent coverage.





Medical Benefits

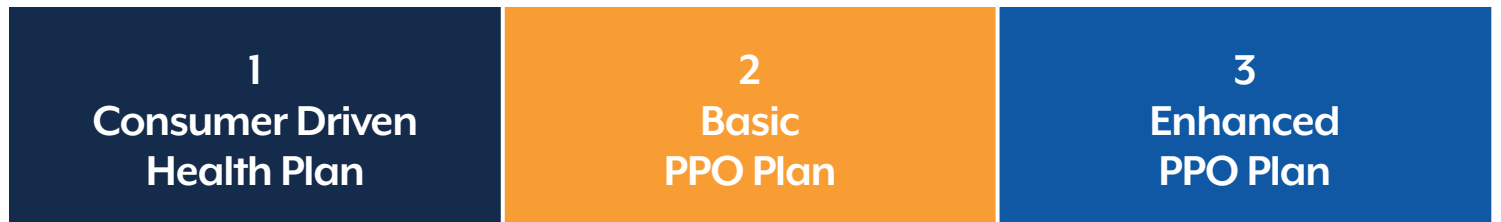
Medical benefits are provided through Blue Cross Blue Shield of Texas (BCBSTX). Choose the plan that works best for your life. Consider the physician networks, premiums and out-of-pocket costs for each plan. Keep in mind your choice is effective for the entire 2021 plan year, unless you have a qualifying life event.

How to Find a Provider

Visit bcbstx.com or call Customer Care at 800-521-2227 for a current list of BCBSTX network providers.

You have the option to choose from 3 medical plans administered by Blue Cross Blue Shield of Texas (BCBSTX)

If you live in California you will also have the option of an HMO plan through Kaiser.



How to Pick a Plan

How does a PPO (Preferred Provider Organization) work?



You'll pay more in premiums out of your paycheck, but perhaps less at the time of service.



You're able to choose from a network of providers who offer a fixed copay for services.



If you expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.

How does a CDHP (Consumer Driven Health Plan) work?



You'll pay less in premiums. (Think less money from your paycheck.)



You'll pay for the full cost of non-preventive medical services until you reach your deductible.



You can also use a Health Savings Account in conjunction. TEAM will provide an employer contribution to your HSA account.



If you expect to mostly use preventive care (which is covered), this plan could be for you.



Thoughts & Tips: Most preventive care offered by an in-network physician is covered at 100%.

Medical Plan Summary

This chart summarizes the 2021 medical coverage provided by BCBSTX. All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to limitations as determined by the plan.

	CDHP		BASIC PPO		ENHANCED PPO	
2021 HEALTH SAVINGS ACCOUNT (HSA) CONTRIBUTION FROM TEAM						
EMPLOYEE ONLY OR EMPLOYEE AND SPOUSE	\$1,000		No Contribution		No Contribution	
EMPLOYEE AND CHILDREN OR FAMILY	\$2,000					
ANNUAL DEDUCTIBLE						
	IN-NETWORK	OUT-OF-NETWORK ³	IN-NETWORK	OUT-OF-NETWORK ³	IN-NETWORK	OUT-OF-NETWORK ³
INDIVIDUAL	\$2,500	\$6,250	\$2,000	\$5,000	\$1,000	\$2,500
FAMILY	\$5,000 ²	\$12,500 ²	\$6,000	\$15,000	\$3,000	\$7,500
COINSURANCE (YOU PAY)	20%*	50%*	30%*	60%*	20%*	40%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)⁷						
INDIVIDUAL	\$4,000	\$12,500	\$6,000	\$12,000	\$3,500	\$7,500
FAMILY	\$8,000	\$25,000	\$12,000	\$24,000	\$10,500	\$20,000
COPAYS/COINSURANCE						
PREVENTIVE CARE	No Charge	50%*	No Charge	60%*	No Charge	40%*
BLUE DISTINCTION PROVIDER	20%*	50%*	\$25	60%*	\$25	40%*
PRIMARY CARE	20%*	50%*	\$40	60%*	\$35	40%*
VIRTUAL VISITS WITH MDLIVE ¹	20%*	N/A	\$30	N/A	\$25	N/A
SPECIALTY CARE	20%*	50%*	\$50	60%*	\$45	40%*
EMERGENCY ROOM ⁶	20%*		30%*		\$250 copay (waived if admitted)	
URGENT CARE	20%*	50%*	\$35	60%*	\$35	40%*
INPATIENT HOSPITAL ⁴	20%*	50%* ⁵	\$250 + 30%*	\$500 + 60%* ⁵	20%*	\$500 + 40%* ⁵
OUTPATIENT SURGERY	20%*	50%*	30%*	60%*	20%*	40%*

*After Deductible

¹Virtual visits with regular providers are at normal copay levels

²The CDHP has an aggregate deductible, meaning the entire family deductible must be paid out-of-pocket before the plan pays for services for any family member. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan.

³If you use an out-of-network provider, you are responsible for any charges above the reasonable and customary limit.

⁴Inpatient Hospital: Pre-certification required.

⁵Inpatient Hospital Out-of-Network: You pay a \$350 penalty if you fail to pre-certify your hospital stay

⁶Care Coordination must be notified within 2 days. Coverage for true emergencies only.

⁷Expenses 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.

New BCBSTX Programs

Livongo

Livongo, brought to you by BCBSTX, helps you stay on top of your health. Programs include Diabetes Management and Blood Pressure Management through personalized support for all your health needs.

Modern Diabetes Program Benefits

- ▶ Get advanced meters, unlimited strips, lancets and on-demand coaching.

Better Blood Pressure Simplified

The Livongo for Hypertension program offers a simple, advanced blood pressure monitor combined with the power of personalized coaching 100% paid for by your employer.

To Learn More About Livongo and Get Started

- ▶ Text "GO BCBSTX" to 85240 to learn more & join.
- ▶ You can also join by visiting join.livongo.com/BCBSTX/register or by calling 800-945-4355 and use registration code: BCBSTX.

Hinge Health

As a member of BCBSTX, you get access to a new innovative digital program for chronic back, knee, hip, shoulder and neck pain at no cost to you. This program, provided by Hinge Health, includes:

- ▶ A tablet computer and wearable sensors
- ▶ Unlimited one-on-one health coaching
- ▶ Personalized exercise therapy

Over 30,000 participants have enrolled in their programs so far and cut their pain by over 60%!

Questions?

- ▶ Call the number on the back of your member ID card.
- ▶ Learn more at hingehealth.com



Airrosti

Airrosti

Airrosti provides highly effective, personalized care for acute and chronic musculoskeletal pain and conditions. Each Airrosti treatment plan, in-person or virtual, includes:

- ▶ Thorough assessments and orthopedic testing to provide an accurate diagnosis and injury education.
- ▶ Conservative manual treatment to restore function, increase mobility and reduce pain.
- ▶ Personalized, active rehab and at-home exercises designed to speed recovery and prevent future injuries.

The goal is to give patients a quick and safe return to activity.

Airrosti proudly offers two convenient, highly effective care options to help you live life pain free. Experience the Airrosti difference with:

- ▶ **Expert diagnosis.** Your provider will perform a thorough orthopedic and functional evaluation to accurately diagnose your injury and develop your targeted care plan.
- ▶ **Effective care.** Airrosti's safe and efficient care results in increased strength, function and range of motion, as well as dramatic decrease in pain.
- ▶ **Personalized Plan.** You will receive a customized exercise and recovery plan designed to target the source of your plan and speed recovery.

Pain Airrosti Treats

Below are some common injuries our doctors treat on a daily basis:

- ▶ Hip
- ▶ Back
- ▶ Neck
- ▶ Shoulder
- ▶ Foot
- ▶ Plus more!



- ▶ 99.6% Patient Satisfaction
- ▶ 15,000+ Physician-recommended surgeries avoided
- ▶ 88.3% Injury resolution
- ▶ 43% Reduction in cost

In-Person and Virtual Care Options – Choose Your Path to Recovery

In-Clinic Care

- ▶ 250+ locations in TX, WA, OH, and VA
- ▶ One full hour of one-on-one care
- ▶ Evidence-based manual therapy to eliminate pain and restore function
- ▶ Active care exercises to speed recovery

Virtual Care

- ▶ Connect remotely with an Airrosti provider for video consultations and guided prescriptions.
- ▶ Receive an Airrosti Remote Recovery Kit with tools to perform self-myofascial release and eliminate pain.
- ▶ Video check-ins and unlimited in-app messaging give you access to clinical support anywhere, anytime.

Call 800-404-6050 to begin your recovery plan.





Medical Benefits

Kaiser HMO Plan (California Only)

If you live in California, you also have the option to elect the Kaiser HMO Plan.

You must use in-network doctors to receive benefits. There are no out-of-network benefits except for urgent care and emergencies. You will have set copays for services and there is no deductible to meet. To find a provider, visit kp.org or call 800-464-4000.

KAISER HMO	
ANNUAL DEDUCTIBLE	
	IN-NETWORK ONLY
INDIVIDUAL	\$0
FAMILY	\$0
CALENDAR YEAR OUT-OF-POCKET MAXIMUM*	
INDIVIDUAL	\$1,500
FAMILY	\$3,000
WHAT YOU PAY	
PREVENTIVE CARE**	\$0
OFFICE VISITS	\$20 copay
EMERGENCY ROOM	\$100 (waived if admitted); Ambulance \$50 copay
X-RAYS AND LAB TEST	\$0
INPATIENT HOSPITAL	\$0
OUTPATIENT SURGERY	\$20 copay

*Expenses that count toward meeting your out-of-pocket maximum include medical plan copays, prescription drug copays and coinsurance.
 **Plan pays 100% for preventive care based on Kaiser's preventive care guidelines.





Medical Benefit Premiums

Paycheck Costs

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly or semi-monthly contributions.

CONTRIBUTIONS	CDHP		BASIC PPO		ENHANCED PPO	
	BI-WEEKLY	SEMI-MONTHLY	BI-WEEKLY	SEMI-MONTHLY	BI-WEEKLY	SEMI-MONTHLY
EMPLOYEE ONLY	\$22.15	\$24.00	\$34.62	\$37.50	\$92.31	\$100.00
EMPLOYEE + SPOUSE	\$137.08	\$148.50	\$188.31	\$204.00	\$342.00	\$370.50
EMPLOYEE + CHILD(REN)	\$120.00	\$130.00	\$153.69	\$166.50	\$279.23	\$302.50
EMPLOYEE + FAMILY	\$184.62	\$200.00	\$258.46	\$280.00	\$467.08	\$506.00

CONTRIBUTIONS	KAISER HMO	
	BI-WEEKLY	SEMI-MONTHLY
EMPLOYEE ONLY	\$44.31	\$48.00
EMPLOYEE + SPOUSE	\$210.46	\$228.00
EMPLOYEE + CHILD(REN)	\$191.54	\$207.50
EMPLOYEE + FAMILY	\$287.08	\$311.00

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 enroll in a smoking cessation program. 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.

MDLIVE*

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 a copay. To use MDLive, visit members.mdlive.com/bcbstx or call 888-680-8646.

*Available if enrolled in the BCBSTX CDHP or PPO



Out-of-Pocket Costs

Know Before You Go: Paying for Services

Deductible

The amount you must pay for covered services before your insurance starts paying its portion.



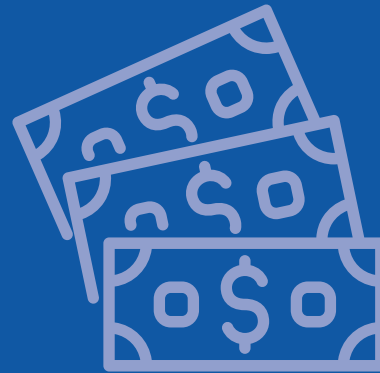
Up to Deductible



You Pay 100%

Copay

The fixed amount you pay for healthcare services at the time you receive them.



Coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.



% You Pay



% Plan Pays

Up to the Out-of-Pocket Maximum

After Deductible is reached

Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.



After Out-of-Pocket Maximum is Reached

Plan Pays 100% Through End of Plan Year





Preventive Care

Most health plans are required to cover a set of preventive services — at no cost to you!

Screening tests and routine checkups are considered preventive, which means they're often paid at 100%. Keep up to date with your primary care physician to save time and money and keep yourself healthier in the long run. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Wellness visits, physicals and standard immunizations



Anemia screenings, breastfeeding support and pumps for pregnant and nursing women



Screenings for blood pressure, cancer, cholesterol, depression, obesity and diabetes



Iron supplements (for children ages 6 to 12 months at risk for anemia)



Pediatric screenings for hearing, vision, obesity and developmental disorders



Take advantage of these covered services. However, remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. This means if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

Healthcare Cost Transparency

With options like Consumer-Driven Health Plans and Flexible Spending Accounts, your healthcare spending is in your control. But with so many providers and varying costs for services, how do you decide where to go? Healthcare cost transparency tools are online services available through most health insurance carriers that allow consumers to compare costs for medical services, from prescriptions to major surgeries, to make choices easier. To learn more, visit bcbstx.com or kp.org.

Rising Costs of Healthcare

The cost of healthcare in the U.S. has been steadily growing each year. Why? Some of the factors include an aging population, increased demand for care (resulting in higher prices for premiums and prescription drugs) and an increase in chronic illnesses. **TEAM wants to help keep you healthy, so we do what we can to keep your healthcare costs reasonable.** Make sure you're informed about your options so you can make the best healthcare choices for you and your family. Placing an importance on preventive care, making healthy choices, and managing costs will help keep your health — and wallet — in control in the long run.



Where To Go For Care

You think you may be sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new medication, but the pharmacy is closed. Instead of immediately choosing an expensive trip to the emergency room or relying on questionable information from the internet, take a look below at various care centers and resources and the types of care they provide.



PRIMARY CARE CENTER



NURSE LINE



TELEMEDICINE

When would I use this?

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

What type of care would they provide?*

- ▶ Routine checkups
- ▶ Immunizations
- ▶ Preventive services
- ▶ Manage your general health

What are the costs and time considerations?***

- ▶ Often requires a copay and/or coinsurance
- ▶ Normally requires an appointment
- ▶ Usually little wait time with scheduled appointment

When would I use this?

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

What type of care would they provide?*

Answers to questions regarding:

- ▶ Symptoms
- ▶ Medications and side effects
- ▶ Self-care home treatments
- ▶ When to seek care

What are the costs and time considerations?***

- ▶ Nurse lines are usually available 24 hours a day, 7 days a week.
- ▶ This service is usually free as part of your medical insurance.

When would I use this?

You need care for minor illnesses and ailments, but would prefer not to leave home. These services are available by phone and online (via webcam).

What type of care would they provide?*

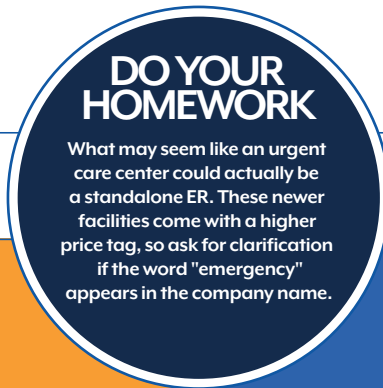
- ▶ Cold & flu symptoms
- ▶ Allergies
- ▶ Bronchitis
- ▶ Urinary tract infection
- ▶ Sinus problems

What are the costs and time considerations?***

- ▶ There is usually a first-time consultation fee and a flat fee or copay for any visit thereafter.
- ▶ Access to care is usually immediate. Some states may not allow for prescriptions through telemedicine or virtual visits.



URGENT CARE CENTER



EMERGENCY ROOM

When would I use this?

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

What type of care would they provide?*

- ▶ Strains, sprains
- ▶ Minor broken bones (e.g., finger)
- ▶ Minor infections
- ▶ Minor burns
- ▶ X-rays

What are the costs and time considerations?***

- ▶ Often requires a copay and/or coinsurance that is usually higher than an office visit
- ▶ Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first

What are the costs and time considerations?***

- ▶ Often requires a much higher copay and/or coinsurance
- ▶ Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first

When would I use this?

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

What type of care would they provide?*

- ▶ Heavy bleeding
- ▶ Chest pain
- ▶ Major burns
- ▶ Spinal injuries
- ▶ Severe head injury
- ▶ Broken bones

*This is a sample list of services and may not be all-inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.



Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through ExpressScripts (BCBSTX) and Kaiser. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Formulary Brand, Non-Formulary Brand or Specialty.

	CDHP	BASIC PPO	ENHANCED PPO
	IN-NETWORK	IN-NETWORK	IN-NETWORK
RX DEDUCTIBLE	Combined with Medical	\$100	None
RETAIL RX (30-DAY SUPPLY)			
GENERIC	20%*	\$10	\$10
FORMULARY BRAND**	20%*	\$40	\$40
NON-FORMULARY BRAND	20%*	\$60	\$60
SPECIALTY	20%*	\$250	\$250
MAIL ORDER RX (30-DAY SUPPLY)			
GENERIC	20%*	\$20	\$20
FORMULARY BRAND**	20%*	\$80	\$80
NON-FORMULARY BRAND	20%*	\$120	\$120
SPECIALTY	20%*	\$500	\$500

*After Deductible

**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.

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.

	KAISER HMO (CALIFORNIA ONLY)
	IN-NETWORK ONLY
RX DEDUCTIBLE	None
RETAIL RX (30-DAY SUPPLY)	
GENERIC	\$10
FORMULARY BRAND	\$20
SPECIALTY	20% (\$200 maximum)
MAIL ORDER RX (UP TO 100-DAY SUPPLY)	
GENERIC	\$20
FORMULARY BRAND	\$40

Generic Drugs

Looking to save money on medication costs? You've most likely heard that generic prescription drugs are a more affordable option, so here's the skinny: Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety and strength. Because they are the same medicine, generic drugs are just as effective as brand-name drugs and undergo the same rigid FDA standards. But on average, **a generic version costs 80% to 85% less than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Note: Apps such as GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. If you use these tools, make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. As a result, if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.



Health Savings Account

Need funds to help cover out-of-pocket healthcare expenses? Consider a Health Savings Account (HSA). A HSA is a personal healthcare bank account used to pay for qualified medical expenses and funded by you, and in some cases your employer too. HSA contributions and withdrawals for qualified healthcare expenses are tax free. You must be enrolled in a CDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not currently enrolled in a CDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

HSA Bank will issue you a debit card, giving you direct access to your account balance. Use your debit card to pay for qualified medical expenses, with no need to submit receipts for reimbursement. You must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, over-the-counter medications and more. Check out IRS Publication 502 on www.irs.gov for a complete list of eligible expenses.

Eligibility

You are eligible to contribute to a HSA if:

- ▶ You are enrolled in a HSA-eligible Consumer-Driven Health Plan.
- ▶ You are not covered by your spouse's non-CDHP health plan.
- ▶ Your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- ▶ You are not eligible to be claimed as a dependent on someone else's tax return.
- ▶ You are not enrolled in Medicare or TRICARE.
- ▶ You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Tax-free Interest

Employer Contributions
(pre-tax)

Voluntary Contributions

HSA

Tax-free Payments
(for qualified medical expenses)



Your Money. Your Account.

Your HSA is a personal bank account that you own and administer. It's up to you how much you contribute, when to use the money for medical services, and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year-over-year to use in retirement. HSA funds are also portable if you change plans. There are no vesting requirements or forfeiture provisions.

How to Enroll

To enroll in the company-sponsored HSA, you must elect the CDHP with TEAM. Complete all HSA enrollment materials and designate the amount to contribute on a pre-tax basis. TEAM will establish a HSA account in your name and send in your contribution once bank account information has been provided and verified.

Plan. Spend. Save.

Contributions to a HSA can be made through payroll deduction on a pre-tax basis when you open an account with HSA Bank.

The money in this account (including interest and investment earnings) grows tax free. When the funds are used for qualified medical expenses, they are spent tax free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.



Thoughts & Tips: It's up to you how much to contribute to your HSA. Buying a new house or sending a kid to college? You can contribute less this year. Paid off your student loans or got a new job? Stash the annual max in your account.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2021, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$3,600
FAMILY	\$7,200
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

TEAM provides a HSA employer contribution that will be deposited bi-annually with a proration for new hires.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE ONLY OR EMPLOYEE + SPOUSE	\$1,000
EMPLOYEE + CHILDREN OR FAMILY	\$2,000

HSA contributions in excess of the IRS annual contribution limits (\$3,600 for individual coverage and \$7,200 for family coverage for 2021) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- ▶ Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed from your HSA.
- ▶ Leave the excess contributions in your HSA and pay 6% excise tax on excess contributions. Next year consider contributing less than the annual limit to your HSA to make up for the excess contribution during the previous year.

The TEAM HSA is established with HSA Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit hsabank.com.



Flexible Spending Accounts

Flex your spending power! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$2,750 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, over-the-counter medications, etc.) with pre-tax dollars, reducing your taxable income and increasing your take-home pay. You can even pay for eligible expenses with a FSA debit card at the same time you receive them without waiting for reimbursement.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — whether or not you elect any other benefits. You can set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

- ▶ With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.
- ▶ Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the principal place of residence as the employee for more than half the year may be a qualifying individual.
- ▶ Expenses are reimbursable if the provider is not your dependent.
- ▶ You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Examples of eligible dependent care expenses include:

- ▶ In-home babysitting services (not provided by a tax dependent)
- ▶ Care of a preschool child by a licensed nursery or day care provider
- ▶ Before- and after-school care
- ▶ Day camp
- ▶ In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

How to Use the Account

You can use your FSA debit card at doctor and dentist offices, pharmacies and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you attempt to use the card at an ineligible location.

Once you incur an eligible expense, submit a claim form along with the required documentation. Contact HSA Bank with reimbursement questions. If you need to submit a receipt, you will be notified by HSA Bank. Always retain a receipt for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Without proof that an expense was valid, your card could be turned off and your expense deemed taxable.

General Rules and Restrictions

The IRS has the following rules and restrictions for Healthcare and Dependent Care FSAs:

- ▶ Expenses must be incurred during the 2021 plan year.
- ▶ Dollars cannot be transferred between FSAs.
- ▶ You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- ▶ You must “use it or lose it” — any unused funds will be forfeited.
- ▶ Up to \$500 may be rolled over to the next plan year at the end of 2021 for Healthcare FSAs.
- ▶ You cannot change your FSA election in the middle of the plan year unless you experience a qualifying life event.
- ▶ Those considered highly compensated employees (family gross earnings were \$125,000 or more last year) may have different FSA contribution limits. Visit [irs.gov](https://www.irs.gov) for more information.



Supplemental Health Benefits

TEAM offers several ways for you to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and is offered at discounted group rates.

Accident Coverage

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident Coverage, available through MetLife, provides benefits for you and your covered family members if you have expenses related to an accidental injury. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you to use as you wish.

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).

*Health screening benefit not available in all states.

The Accident insurance plan pays cash benefits to help with costs associated with out-of-pocket expenses and bills in the event of a covered accident:

- ▶ Emergency treatment
- ▶ Hospital Admission
- ▶ Intensive care unit
- ▶ Ambulance transportation

2021 ACCIDENT RATES		
	EMPLOYEE BI-WEEKLY COST	EMPLOYEE SEMI-MONTHLY COST
EMPLOYEE ONLY	\$4.55	\$4.93
EMPLOYEE + SPOUSE	\$9.09	\$9.85
EMPLOYEE + CHILD(REN)	\$10.36	\$11.23
EMPLOYEE + FAMILY	\$12.82	\$13.89



Critical Illness Coverage

Critical Illness coverage through MetLife pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home healthcare costs or any of your regular household expenses.

Covered Benefits

(Paid at 100% of your elected benefit amount unless otherwise noted):

- ▶ Heart Attack
- ▶ Stroke
- ▶ Coronary Artery Bypass (25%)
- ▶ Invasive Cancer
- ▶ Carcinoma in Situ (25%)
- ▶ Skin Cancer (10%)
- ▶ Benign Brain Tumor
- ▶ End Stage Renal Failure
- ▶ Major Organ Failure
- ▶ Alzheimer's Disease
- ▶ Coma
- ▶ Complete Blindness
- ▶ Complete Loss of Hearing
- ▶ Infectious Disease
- ▶ Amyotrophic Lateral Sclerosis (ALS)
- ▶ Multiple Sclerosis
- ▶ Occupational HIV
- ▶ Parkinson's Disease
- ▶ Permanent Paralysis

Plan Highlights

- ▶ Guaranteed Issue Coverage (no medical questions)
 - Employee: \$10,000 or \$20,000
 - Spouse: \$10,000 or \$20,000
 - Child(ren): \$5,000 or \$10,000
- ▶ Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion; however, your date of diagnosis must be on or after the effective date of your policy for benefits to be paid.
- ▶ Wellness Benefit: A \$100 wellness benefit is payable for each covered member for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy or stress test (\$25 benefit per child, max \$100 for all children).
- ▶ Rates are based on your age and benefit amount and will be calculated for you when you go online for enrollment. Rates for this plan are grouped in five-year increments and are subject to increase each time you enter a new age-band.

2021 CRITICAL ILLNESS RATES MONTHLY PREMIUM FOR \$1,000 OF COVERAGE^{1,2}

ATTAINED AGE	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
<25	\$0.53	\$1.06	\$0.99	\$1.52
25-29	\$0.55	\$1.09	\$1.00	\$1.55
30-34	\$0.66	\$1.28	\$1.11	\$1.74
35-39	\$0.83	\$1.60	\$1.29	\$2.05
40-44	\$1.16	\$2.18	\$1.62	\$2.64
45-49	\$1.64	\$3.03	\$2.10	\$3.49
50-54	\$2.39	\$4.22	\$2.85	\$4.68
55-59	\$3.40	\$5.80	\$3.86	\$6.25
60-64	\$4.80	\$7.99	\$5.26	\$8.45
65-69	\$7.07	\$11.49	\$7.53	\$11.95
70+	\$9.65	\$16.02	\$10.11	\$16.48

¹Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts
²Premiums are 100% employee-paid.





Dental Benefits

Brushing your teeth and flossing are great, but don't forget to visit the dentist too! TEAM offers affordable plan options for routine care and beyond. Coverage is available from BCBSTX.

Network Dentists

If you use a dentist who doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit BCBSTX at bcbstx.com.

Dental Premiums

Premium contributions for dental are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly or semi-monthly premium.

Dental Plan Summary

This chart summarizes the 2021 dental coverage provided by BCBSTX.

		BI-WEEKLY	SEMI-MONTHLY
CONTRIBUTIONS			
	EMPLOYEE ONLY	\$12.13	\$13.15
	EMPLOYEE + SPOUSE	\$25.59	\$27.73
	EMPLOYEE + CHILD(REN)	\$30.57	\$33.12
	EMPLOYEE + FAMILY	\$44.04	\$47.71
IN-NETWORK			
ANNUAL DEDUCTIBLE			
	INDIVIDUAL	\$100	
	FAMILY	\$300	
ANNUAL MAXIMUM			
	PER PERSON	\$1,500	
COVERED SERVICES			
	PREVENTIVE SERVICES** Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	\$0, no deductible	
	BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	20% after deductible*	
	MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	50% after deductible*	
	ORTHODONTICS Adults & Dependent Child(ren) to Age 19	50% after deductible*	

*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.
**Routine exams, cleanings and X-rays are 2 per calendar year.



Thoughts & Tips: Only 60% of adults ages 20 to 64 have been to the dentist in the past year. Take advantage of your dental coverage to keep your smile healthy.



Vision Benefits

Don't wear glasses? Even you shouldn't skip an annual eye exam! TEAM provides you and your family access to quality vision care with a comprehensive vision benefit through BCBSTX (EyeMed Network).

Vision Premiums

Premium contributions for vision are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly or semi-monthly premium.

Vision Plan Summary

This chart summarizes the 2021 vision coverage provided by BCBSTX (EyeMed Network).

		BI-WEEKLY	SEMI-MONTHLY	
MONTHLY CONTRIBUTIONS				
	EMPLOYEE ONLY	\$3.13	\$3.40	
	EMPLOYEE + SPOUSE	\$6.27	\$6.80	
	EMPLOYEE + CHILD(REN)	\$6.59	\$7.14	
	EMPLOYEE + FAMILY	\$9.17	\$9.94	
		IN-NETWORK	OUT-OF-NETWORK ¹	FREQUENCY
EXAMS				
	COPAY	\$10	All amounts over \$40	Calendar Year
LENSES³				
	SINGLE VISION	\$20 copay	All amounts over \$40	Calendar Year
	BIFOCAL	\$20 copay	All amounts over \$60	
	TRIFOCAL	\$20 copay	All amounts over \$80	
	LENTICULAR	\$20 copay	All amounts over \$80	
CONTACTS (IN LIEU OF LENSES AND FRAMES)				
	FITTING AND EVALUATION	You get a 15% discount	No discount	Calendar Year
	ELECTIVE	\$0, then all amounts over \$150 ⁴	All amounts over \$150	
	MEDICALLY NECESSARY	\$0 (must get prior approval)	All amounts over \$210	
FRAMES				
	COPAY	\$0, then all amounts over \$200 ²	All amounts over \$45	Calendar Year

¹When 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.

²You get a 20% discount on all amounts over the plan allowance.

³The 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.

⁴You get a 15% discount on all amounts over the plan allowance.



Thoughts & Tips: More than 150 million Americans use corrective eyewear to compensate for refractive errors.



Survivor Benefits

It's difficult to think about what would happen if something ever happened to you, but it's important to have a plan in place to make sure your family is provided for. Survivor benefits provide financial protection and security in the event of an absence or unexpected event. Securing Life insurance now ensures your family will be protected for the future.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

TEAM provides employees with Basic Life and AD&D insurance as part of your basic coverage through Prudential, which guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death.

Your Basic Life and AD&D insurance benefit is 1x your annual earnings, up to \$750,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you elect to waive other coverage.



What's a beneficiary?

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life offered by TEAM. You receive the benefit payment for a dependent's death under the Prudential insurance.

Name a primary and contingent beneficiary to make your intentions clear. Make sure to indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18. If you need assistance, contact Human Resources or your own legal counsel.

Voluntary Life and AD&D Insurance

Life and AD&D benefits are an important part of your family's financial security. The basic benefits provided to you by TEAM may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	1x your annual earnings, up to \$750,000
WHO PAYS	TEAM
BENEFITS PAYABLE	Upon death or accidental death and dismemberment of employee
MAXIMUM BENEFIT	\$750,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE	
COVERAGE AMOUNT	Increments of \$10,000 up to 4x your annual earnings
WHO PAYS	Employee
BENEFITS PAYABLE	Upon death of employee
MAXIMUM BENEFIT	\$750,000
VOLUNTARY SPOUSE LIFE	
COVERAGE AMOUNT	\$5,000 – \$200,000; in increments of \$5,000, up to 100% of Employee's Voluntary Life insurance coverage
WHO PAYS	Employee
BENEFITS PAYABLE	Upon death of spouse
MAXIMUM BENEFIT	\$200,000
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT	\$10,000
WHO PAYS	Employee
BENEFITS PAYABLE	Upon death of child
MAXIMUM BENEFIT	\$10,000
VOLUNTARY AD&D	
COVERAGE AMOUNT	Employee: \$10,000 - \$750,000, in increments of \$10,000; amounts over \$150,000 cannot exceed 10x your annual earnings For your family: Your spouse and children are covered as a percentage of your coverage. » Spouse only: 100% of your coverage, up to \$500,000 » Children only: 15% of your coverage, up to \$75,000 » Spouse and children: – Spouse: 50% of your coverage, up to \$250,000 – Children: 15% of your coverage, up to \$75,000
WHO PAYS	Employee
BENEFITS PAYABLE	Upon accidental death and dismemberment of employee, spouse or child

Evidence of Insurability (EOI) is a statement of health that insurance companies may require before insurance will be effective. If you are required to provide EOI, your enrollment must be approved by the insurer before your coverage is effective. As a new hire, you will need to provide EOI if you elect coverage above the guaranteed issue amount of \$250,000 for yourself or \$50,000 for your spouse. Any increase of coverage after your new hire event, such as a qualified life event, will require EOI.



Survivor Benefits

VOLUNTARY LIFE INSURANCE			
RATES/\$1,000 (MONTHLY) BASED ON EMPLOYEE AGE			
AGE (AS OF JANUARY 1, 2021)	EMPLOYEE	AGE (AS OF JANUARY 1, 2021)	SPOUSE
<25	\$0.06	<25	\$0.04
25-29	\$0.06	25-29	\$0.04
30-34	\$0.08	30-34	\$0.05
35-39	\$0.09	35-39	\$0.07
40-44	\$0.14	40-44	\$0.09
45-49	\$0.21	45-49	\$0.13
50-54	\$0.37	50-54	\$0.20
55-59	\$0.67	55-59	\$0.30
60-64	\$0.86	60-64	\$0.51
65-69	\$1.33	65-69	\$0.86
70 and older	\$2.04	70 and older	\$1.47

VOLUNTARY CHILD LIFE INSURANCE	
MONTHLY COST FOR \$10,000	
\$0.90	

VOLUNTARY AD&D INSURANCE	
MONTHLY COST PER \$1,000	
Employee	\$0.025
Family	\$0.036

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:				
\$	÷ 1,000 =	\$	x Age Based Rate =	\$
Benefit Elected				Monthly Premium



Income Protection

Maintaining your quality of life counts on your income. TEAM offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or until you reach retirement age.

Basic Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available at no cost. STD insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	60%
ELIMINATION PERIOD	7 days Illness 1 day Accident
MAXIMUM BENEFIT PERIOD	26 weeks

Basic Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available at no cost. LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	\$15,000 for salaried employees and \$4,000 for hourly employees
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

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

Buy-Up Short Term Disability (STD) Insurance

Buy-Up Short Term Disability (STD) benefits are available for purchase on a voluntary basis. STD insurance replaces 75% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	75%
ELIMINATION PERIOD	7 days Illness 1 day Accident
MAXIMUM BENEFIT PERIOD	26 weeks

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.



Thoughts & Tips: Nearly 6% of working Americans will experience a short term disability due to illness, injury or pregnancy on average every year.



Retirement Planning

Whether you're just starting out in your career or you've been in the workforce for years, it's always a good time to plan for retirement.

Contributing to a 401(k) account now can help keep you financially secure later in life. The TEAM 401(k) plan provides you with the tools and flexibility you need to prepare.

PLAN AT A GLANCE	
PLAN NAME	Team, Inc. Salary Deferral Plan and Trust
RECORDKEEPER	Fidelity
WEBSITE	netbenefits.com
ELIGIBILITY	After you have been full-time active employee for at least 30 days
COMPANY MATCH	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%.

What is a 401(k)? This employer-sponsored retirement account can help build and create choices for your future self by saving money — tax free — from your paycheck. Due to the value of compounding interest, the sooner you participate in a 401(k), the better.

Eligible employees can invest for retirement while receiving certain tax advantages. Administrative and record-keeping services for this plan are provided by Fidelity. You may start making pre-tax contributions into the plan after you have been full-time active employee for at least 30 days.

Pre-tax vs. Roth 401(k): What's the difference? If you contribute to your 401(k) pre-tax, your contributions will be taken out before taxes each pay period. However, you'll have to pay taxes on the funds when you withdraw them during retirement. If you choose the available Roth 401(k), contributions will be deducted from your paycheck after taxes — so you won't pay taxes when you withdraw during retirement. Once you retire, you might be in a higher tax bracket, so contributing after taxes now could save you money in the long run.

Contributing to the Plan

The deferred contribution limit set annually by the IRS is \$19,500 for 2021.

If you are age 50 or older this calendar year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$6,500 for 2021 — for a combined total contribution allowance of \$26,000. See your plan administrator for details.

Think you might be getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Benefits Department know how much you contributed at your previous employer so that can be factored in.



Thoughts & Tips: When you retire, you'll need at least 70% of your pre-retirement earnings to maintain your standard of living. Social Security retirement benefits typically replace only about 40%, so start building that nest egg now.



How Much Should I Be Saving?

Industry standards suggest saving, at a minimum, 12% to 15% of your income, inclusive of TEAM's generous matching contribution. If you cannot afford to save that much right now, at least make sure to be saving up to the matching amount so you are not leaving free money behind.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. All changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

Think you might be getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Fidelity at 800-355-5097 for details.

Regardless of which retirement account you choose or how much you contribute, it's important to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and rack up penalties from the IRS.

Investing in the Plan

It's up to you how to invest the assets in your account. The TEAM 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, refer to your 401(k) Enrollment Guide or visit netbenefits.com.

Vesting

The term "vested" refers to how much of your 401(k) funds you can take with you if or when you leave TEAM. With our vesting schedule, each year you'll own a greater percentage of the company's matching contributions. You vest in TEAM's contributions on a 5-year/20% graded vesting schedule. You are always 100% vested in your own contributions.



Additional Benefits

TEAM cares about you and wants you to succeed in all aspects of life, so we offer a variety of additional benefits to help make your day-to-day easier.

Employee Assistance Program

We know life is complicated, and sometimes we all just need a little help. Our Employee Assistance Program (EAP) helps manage your and your family's total health, including mental, emotional and physical. And it comes at no cost to you — whether you're enrolled in a company-sponsored medical plan or not.

Through this program, you have access to mental health assistance and legal and financial help from a number of professionals. You have 24-hour access to helpful resources by phone, and the EAP benefit includes three face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with TEAM. You may access information, benefits, educational materials and more either by phone at 866-248-4094 or online at liveandworkwell.com.

The Program provides referrals to help with:

- ▶ Emotional health and well-being
- ▶ Alcohol or drug dependency
- ▶ Marriage or family relationship problems
- ▶ Job pressures
- ▶ Stress, anxiety, depression
- ▶ Grief and loss
- ▶ Financial or legal advice

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, traveling, 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.

- ▶ Target
- ▶ Home Depot
- ▶ Best Buy
- ▶ Hello Fresh
- ▶ Petplan Pet Insurance
- ▶ Carvana
- ▶ Omaha Steaks
- ▶ Godiva Chocolatier

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 will get 24/7 access to doctors, hospitals, pharmacies and other services.

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

Legal Coverage

You can purchase affordable Legal coverage through Hyatt Legal Plans. You will 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 service, such as living trusts and wills
- ▶ Traffic and criminal matters, including traffic tickets and juvenile court defense
- ▶ Financial services such as debt collections, 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 deductions, copays or claim forms. Plus, when you enroll in Legal coverage, you automatically get credit monitoring from all three credit bureaus.

You can elect Legal coverage during Open Enrollment or within 60 days of your date of hire. **Learn more at legalplans.com.**



Additional Benefits

What is Torchlight?

Torchlight is the only solution that provides real-time access to strategies and solutions that address the everyday needs and challenges of raising children, especially in these unprecedented times.

How to get started?

Getting started is easy. Simply create a profile for your child or ask a question; then explore a wide range of topics like learning disabilities, ADHD, screen time, special education, friendship and social skills, anxiety, depression and more.

How does it work?

Based on the profile or question, you get real-time access to tools and a variety of resources, including an Ask-the-Expert forum. Or jump right to scheduling a live session with an expert.

How can it help?

Torchlight offers accessible caregiving solutions informed by data and built for better results. With a user-friendly digital platform and team of expert advisors, they go beyond traditional caregiving benefits.

The Bottom-Line Benefit

Torchlight's decision-support tools, caregiving knowledge base, and human expertise all come together to help reduce stress and enhance outcomes for caregivers. With costs covered through your employer, you can enjoy unlimited access across a continuum of service.

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).

SurgeryPlus™

The SurgeryPlus benefit is a supplemental benefit offered by TEAM for planned, non-emergency surgeries that provides a personalized concierge experience through a dedicated Care Advocate as well as access to quality care through a network of credentialed health care providers. By using the SurgeryPlus benefit, you may be able to save money through reduced financial responsibility.

When you call SurgeryPlus, a Care Advocate will help you find a surgeon that meets the rigorous SurgeryPlus credentialing standards, schedule your appointments, coordinate logistics such as medical record transfers and any necessary travel arrangements and ensure you have access to the best information as you make decisions about your care. Covered procedure categories include (but are not limited to) orthopedics, spine, general surgery, gynecology, ear nose and throat, GI, cardiac and pain management.

You must be enrolled in one of the medical plans offered by Blue Cross Blue Shield of Texas to use this benefit. For more information and for the full list of available surgeries offered under the SurgeryPlus benefit, visit TeamInc.SurgeryPlus.com.





Glossary

Balance Billing – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Consumer-Driven Health Plan (CDHP) – A plan option that provides choice, flexibility and control over healthcare spending. Most preventive care is covered at 100% with in-network providers, there are no copays and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.

Copay – The fixed amount, as determined by your insurance plan, you pay for healthcare services received.

Deductible – The amount you owe for healthcare services before your health insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer’s tax-free dollars to pay for qualified medical expenses. You must be enrolled in a CDHP to open a HSA. Funds contributed to a HSA roll over from year to year and the account is portable, so if you change jobs your account goes with you.

Network – A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- ▶ **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- ▶ **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.

- ▶ **Non-Participating** – Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage, make changes or decline coverage.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a 12-month period) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred or specialty.

- ▶ **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- ▶ **Preferred Drugs** – Brand-name drugs on your provider’s approved list (available online).
- ▶ **Non-Preferred Drugs** – Brand-name drugs not on your provider’s list of approved drugs. These drugs are typically newer and have higher copayments.
- ▶ **Specialty Drugs** – Prescription medications used to treat complex, chronic and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- ▶ **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- ▶ **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – Also known as the UCR (Usual, Customary, and Reasonable) amount. The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, your insurance carrier provides you with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.



Notes



Important Contacts

MEDICAL

Blue Cross Blue Shield of Texas
800-521-2227
bcbstx.com

Kaiser
800-464-4000
kp.org

PHARMACY

ExpressScripts (BCBS of Texas)
855-778-1495
express-scripts.com/teaminc

SUPPLEMENTAL HEALTH (Accident, Critical Illness)

MetLife
800-438-6388

DENTAL

BCBSTX
800-521-2227
bcbstx.com

VISION

BCBSTX (EyeMed Network)
855-556-8796
eyemedvisioncare.com/bcbstxvis

HEALTH SAVINGS ACCOUNT

HSA Bank
844-650-8936
hsabank.com

FLEXIBLE SPENDING ACCOUNT

HSA Bank
844-650-8936
hsabank.com

LIFE AND AD&D

Prudential
800-524-0542
Policy #: 52630

DISABILITY

Lincoln Financial
888-408-7300
MyLincolnPortal.com
Company Code: TEAM

RETIREMENT

Fidelity
800-835-5097
netbenefits.com

EMPLOYEE ASSISTANCE PROGRAM

Optum
866-248-4094
liveandworkwell.com
Access Code: TEAM

TRAVEL ASSISTANCE

AXA Assistance USA
Within the U.S.: 800-565-9320
Outside the U.S.: 312-935-3654

LEGAL COVERAGE

MetLife Legal Plans
legalplans.com

CAREGIVER RESOURCES

Torchlight
teaminc.torchlight.care

HOME AND AUTO INSURANCE

MetLife
800-GET-MET8 (800-438-6388)

SURGERYPLUS

TeamInc.SurgeryPlus.com
Email: TeamInc@SurgeryPlus.com

TEAM HUMAN RESOURCES

13131 Dairy Ashford Road, Ste. 600
Sugar Land, TX 77478
281-388-5539

