

Benefits Overview - 2018

Welcome to your career with SSI



Eligibility. Benefits are available to all full-time employees working a minimum of 30 hours a week. You will be able to revisit your benefit elections each year during open enrollment, and you may also make changes within 30 days of an IRS Qualified Life Event, such as marriage, divorce, birth, adoption, death of your spouse or child, change in coverage due to termination or commencement of your spouse's employment, change of employment status from part-time to full-time or vice versa for you or your spouse, etc.

Dependents. You may elect coverage for eligible dependents, which include the following:

- A spouse to whom you are legally married (you may not enroll a spouse from whom you are divorced),
- Children (regardless of student or marital status) up to the age of 26, and
- Domestic partners (domestic partners and their children up to the age 26 are eligible for medical, dental and vision coverage only).

Coverage Begins.

Type of Coverage	Coverage Begins
Medical	1 st of the month following 30 days of employment
Dental	1 st of the month following 2 months of employment
Vision	1 st of the month following 30 days of employment
Life & Disability	1 st of the month following 30 days of employment
Flexible Spending Account Health Care Account Dependent Care Account	1 st of the month following 30 days of employment Date of hire

Medical Care. SSI offers a choice of medical plans including Blue Shield PPO and HMO and Kaiser Gold Plan for certain service areas in California.

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KAISER PERMANENTE HMO Medical Plan (California Employees)

You must live in a Kaiser service area to enroll

BENEFIT DESCRIPTION	GOLD 80 HMO 0/25 + Child Dental
Annual Deductible	None
Annual Max Out-of-Pocket Costs	\$6,000 Individual \$12,000 Family
Dr. Office Visits	\$25 PCP/ \$55 Specialist
Inpatient Hospital Services	\$655 copay per day 5-day max
Outpatient Surgery	\$655 copay
Emergency Room	\$340 copay
Urgent Care	\$25 copay
Preventative Care	Covered 100%
Diagnostic Lab & X-ray	\$35 - \$55 copay
Physical, Occupational, and Speech Therapy	\$25 copay
PRESCRIPTION DRUGS	
RX Annual Deductible	None
Generic (30-day supply)	\$15 copay
Brand (30-day supply)	\$55 copay
Specialty Drugs	20% up to \$250 max

Please refer to your Summary of Benefits for detailed benefit information and exclusions.

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Blue Shield Medical Plans

BENEFIT DESCRIPTION	Gold Access+ HMO 500/35	Gold Full PPO 0/20	PLATINUM Full PPO 0/10
Annual Deductible	\$500 Individual \$1,000 Family	None	None
Annual Out-of-Pocket Max	\$5,600 Individual \$11,200 Family	\$6,400 Individual \$12,800 Family	\$3,300 Individual \$6,600 Family
Dr. Office Visits	\$35 PCP/ \$55 Specialist	\$20 PCP/ \$50 Specialist	\$10 PCP/ \$25 Specialist
Inpatient Hospital Services	20% after deductible	30%	10%
Outpatient Surgery	\$300 copay	30%	10%
Emergency Room	\$250 copay	\$250 copay + 30%	\$100 copay + 10%
Urgent Care	\$35 copay	\$20 copay	\$10 copay
Preventative Care	Covered 100%	Covered 100%	Covered 100%
Diagnostic Lab & X-ray	\$35 - \$50 copay	30%	10%
Physical, Occupational, and Speech Therapy	\$50 copay (ded waived)	30%	10%
PRESCRIPTION DRUGS			
RX Annual Deductible	None	None	None
Tier 1	\$25 copay	\$15 copay	\$5 copay
Tier 2	\$60 copay	\$40 copay	\$30 copay
Tier 3	\$100 copay	\$60 copay	\$50 copay
Tier 4 (Specialty)	20% up to \$500 max	30% up to \$250 max	30% up to \$250 max

Benefits above show In-network only.

Please refer to your Summary of Benefits for detailed benefit information, Out-of-network reimbursements and exclusions.

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Your share of the medical premium per paycheck will be:

Your biweekly medical premium	Kaiser HMO	Blue Shield HMO	Blue Shield Gold PPO	Blue Shield Platinum PPO
Employee only	\$58.65	\$73.27	\$87.89	\$252.50
Employee + spouse/domestic partner	\$219.88	\$252.04	\$284.20	\$402.65
Employee + children	\$179.90	\$206.22	\$232.53	\$424.05
Family	\$309.84	\$355.15	\$400.46	\$566.46

Dental Care. SSI offers a choice of two dental plans both through United Concordia. One is a basic PPO plan and the other an enhanced plan. Both plans offer both in-network and out-of-network providers.

UNITED CONCORDIA DENTAL

BENEFIT DESCRIPTION Advantage Plus Dental Network	Basic Low Option	Enhanced High Option
Annual Deductible (Individual/ Family)	\$50/\$150	\$50/\$150
Annual Benefit Max	\$1,500	\$2,500
Oral Exams Bitewing X-rays Cleanings Sealants	Covered 100%	Covered 100%
Periodontal Amalgam & Composite Fillings Simple Extractions Root Canal General Anesthesia	You pay 20%	You pay 20%
Crowns/Bridges/Dentures Surgical Extractions/Implants	You pay 50%*	You pay 50%*
Orthodontia	Not Covered	\$1,000 (up to age 19)**

* 6 month waiting period **12 month waiting period

Please refer to your Summary of Benefits for detailed benefit information, Out-of-network reimbursements and exclusions.

To locate a participating dentist near you, go to: www.unitedconcordia.com or call 1-800-332-0366.

CONTACT HUMAN RESOURCES WITH ANY QUESTIONS. (760) 658-6601 OR BMELSON@SYNECSOLU.COM

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Your share of the dental premium *per paycheck* will be:

Your biweekly dental premium	Basic Plan	Enhanced Plan
Employee only	\$9.99	\$12.39
Employee + spouse/domestic partner	\$21.40	\$26.48
Employee + children	\$20.09	\$31.22
Family	\$34.05	\$48.29

Vision Care. The plan is provided by EyeMed. Offers both in-network and out-of-network providers.

EYEMED VISION PLAN

BENEFIT DESCRIPTION	In-Network- you pay...	Out-of-Network – EyeMed pays...
Well Vision Eye Exam (Once every 12 months)	\$10 Copay	Up to \$35
Frames (Once every 24 months)	Up to \$130 allowance + 20% savings off balance	Up to \$65
Lenses (Single, Bifocal, Trifocal) (Once every 24 months)	Covered 100%	Up to \$74
Contact Lenses (Once every 24 months)	Medically Necessary – \$0 Disposable/ Conventional Up to \$130 allowance 15% off balance over allowance	Medically Necessary – Up to \$200 Disposable/ Conventional – Up to \$104

Please refer to your Summary of Benefits for detailed benefit information, discounts and exclusions.

To locate a participating dentist near you, go to: www.eyemed.com or call 1-866-299-1358.

Your share of the vision care premium *per paycheck* will be:

Level of Coverage	Amount
Employee Only	\$2
Employee Plus Spouse	\$3
Employee Plus Child(ren)	\$3
Family	\$4

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Basic Term Life and Accidental Death & Dismemberment Insurance. This plan is offered through CIGNA. Coverage is for the employee only and premiums are paid fully by SSI. Your coverage is \$25,000. If you were to pass away in an accident, your benefit amount doubles to \$50,000 to your beneficiary.

Optional Life and Accidental Death & Dismemberment Insurance. Also offered through CIGNA, this option allows you to purchase additional life insurance in guaranteed amounts for yourself, your spouse, and your covered dependent children, if elected within 30 days of your date of hire. Your premium will be deducted from your biweekly paycheck. You may elect optional life insurance in an amount of \$10,000 to \$250,000 or 5x annual earnings, whichever is less in increments of \$10,000. If you choose an optional life benefit amount of more than \$100,000, you will need to have an Evidence of Insurability approved by CIGNA. Your optional life benefit amount will be limited up to \$100,000 if it's not approved by CIGNA. You may purchase coverage for your spouse at 50% of the employee's benefit amount to a maximum of \$50,000. Coverage for your spouse of more than \$25,000 would require an Evidence of Insurability approved by CIGNA. You may purchase coverage for your children in increments of \$1,000, up to a maximum of \$10,000 (\$500 max for children under 6 months old).

Optional Accidental Death & Dismemberment Insurance is available to all employees and their spouses who elect Optional Life; amount is the same as the elected Optional Life amount.

Age banded rates apply for this Optional Life and Accidental Death & Dismemberment Insurance. Ask Human Resources for additional information and rates.

Disability Insurance. Offered through CIGNA and is paid 100% by SSI.

Type	Coverage
Short-Term Disability	<ul style="list-style-type: none">Disability payment begins 8th day following the accident or onset of illness60% of pre-disability weekly salary to a maximum of \$1,500Payable for up to 26 weeksPremiums are paid by the company

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Type	Coverage
Long-Term Disability	<ul style="list-style-type: none">Disability payment begins 180 days following the accident or onset of illness60% of pre-disability monthly salary to a maximum of \$6,000 per month, until you can return to work or reach normal Social Security Retirement agePremiums are paid by the company

Flexible Spending Accounts. Offered through WageWorks/CONEXIS, Flexible Spending Accounts (FSA) allow you to use pre-tax dollars for eligible medical expenses not covered by medical plans, as well as for certain qualified dependent care. FSAs lower your taxable income, and employees may elect one or more of the following account types:

- Medical FSA can be elected for amounts up to \$2,500 per year with a minimum of \$500 per year. Coverage begins 1st of the month following 30 days of employment.
- Dependent Care FSA can be elected for amounts up to \$5,000 per year, or \$2,500 per year if married and filing separately. Coverage begins upon date of hire.

401(k) Retirement Plan. Our plan is administered by MassMutual. MassMutual offers a variety of investment accounts. You are eligible to participate in the plan on the first of the month following your hire date. You may defer 1% to 75% of your annual compensation to a maximum of \$18,000. If you are or will be 50 years of age during the plan year, you have the option of deferring an additional \$6,000 as the "catch-up" contribution. SSI will match dollar for dollar to a maximum of up to 3% of your elective contributions. The company pays the match at the end of the plan year. The vesting schedule for the company match is as follows:

Years of Vesting Service	Vesting %
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

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Personal Paid Time Off. Employees accrue Paid Time Off (PTO) on a bi-weekly basis based on years of service:

Years of service	PTO in hours	PTO in days
0 to 5	120	15
6 to 15	160	20
16	200	25

Holidays. SSI offers ten paid holidays

Subject to applicable law, regular full-time employees are given ten holidays off with pay each year.

- Ten designated holidays: New Year's Day, Martin Luther King Jr. Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Columbus Day*, Veterans Day*, Thanksgiving Day, Christmas Day

* Variable as designated by the Company

Educational Reimbursement. You are encouraged to increase your job-related educational and professional qualifications by participating in the Educational Reimbursement Program. To be eligible, you must have completed six months of service with SSI, you must be a regular, full-time employee when you enroll and when you complete the course. The course must have direct relevance and benefit to your job. Maximum reimbursement is \$3,000 per fiscal year (July thru June) and the grade in the class must be a B or better. Human Resources can provide details on the necessary forms and approvals needed before you begin your class.

Life Assistance Program (LAP). Life is full of challenges and sometimes balancing out is difficult. SSI is proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families provided by CIGNA. The LAP is provided at no cost to you and can help with many issues.

Additional Value Benefits. SSI also offers the following additional benefits thru CIGNA at no cost to the employee: CIGNAssurance Program for Beneficiaries, Will Preparation Program, Identify Theft Program, Health Rewards Discount Program, Secure Travel Assistance, and My Secure Advantage (money coaching).

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Fitness Reimbursement Program. In an effort to improve the health, wellness, and fitness of our employees, SSI offers a voluntary benefit program. The company will help pay for weight management programs, gym memberships, and other fitness classes/services from approved vendors. The company will contribute up to \$25 per month (or up to \$300 per year) for each employee. Please check with Human Resources for how to participate in this program.

Changes to Benefits During the Year. You may change most health and welfare benefits ONLY during Open Enrollment. However, if you have a "qualifying event" during the year, you may make benefit changes related to that event. It's your responsibility to update your benefit elections with Human Resources within 30 days of the qualifying event; otherwise, changes must wait until the next Open Enrollment period or another qualifying event. Qualifying events include:

- Marriage
- Divorce
- Birth, adoption, or placement for adoption of an eligible child
- Death of your spouse or covered dependent
- Change in your or your spouse's work status that affects benefits eligibility
- Change in residence or work site that affects your eligibility for coverage
- A significant change in your or your spouse's health coverage attributable to your spouse's employment
- A change in your child's eligibility for benefits
- Becoming eligible for Medicare or Medicaid during the year
- Becoming eligible for domestic partner status in accordance with the requirements outlined in the Company's Domestic Partner Affidavit
- Dissolution of a domestic partner relationship
- Loss of Medicaid or CHIP (Children's Health Insurance Program) coverage
- Eligibility for Medicaid or CHIP premium assistance toward coverage under the group health plan

This benefits summary is for informational purposes only and applies to personnel who regularly work at least 30 hours a week. SSI reserves the right to terminate or modify benefits currently offered at any time. The terms of the insurance policies and company plans take precedence over the information contained in this summary.