

2021 Employee Benefits



IMPORTANT CONTACTS

COVERAGE	CONTACT
MEDICAL & PHARMACY	UnitedHealthcare 866-633-2446 www.myuhc.com Policy #: 0703971
HEALTH SAVINGS ACCOUNT	Optum Bank 800-791-9361 www.optumbank.com
VIRTUAL VISITS	UnitedHealthcare www.myuhc.com
DENTAL	UnitedHealthcare 877-816-3596 www.myuhcdental.com Policy #: 0703971
VISION	UnitedHealthcare 800-638-3120 www.myuhcvision.com Policy #: 0703971
LIFE AND AD&D	Cigna 888-842-4462 www.mycigna.com
DISABILITY	Cigna 888-842-4462 www.mycigna.com
RETIREMENT	Wells Fargo 800-728-3123 www.wellsfargo.com
EMPLOYEE ASSISTANCE PROGRAM	United Healthcare Core EAP 888-887-4114 <i>*Must be enrolled in Argos medical plan</i>
LIFE ASSISTANCE PROGRAM	Cigna 800-538-3543 www.cignabehavioral.com/cgi
ARGOS BENEFITS DEPARTMENT	3015 Windward Plaza, Ste. 300 Alpharetta, GA 30005 678-368-4300 Benefits@argos-us.com

ENROLLMENT INSTRUCTIONS

All hourly and salary employee benefits are effective on your first day of employment. **Both Hourly and Salary employees must enroll in benefits within 30 days of employment.**

1. Log into SmartBen at <http://argos-us.smartben.net>

- Username: Social Security Number ex: 123456789 (no dashes).
- Password: Date of Birth (mmddyyyy) ex: 06101964 (include eight digit date, no dashes).

Passwords will be reset to DOB prior to Open Enrollment.

2. Click Begin Enrollment and then Annual Enrollment

3. To Elect Benefits:

- Review/add spouse, dependent or beneficiary, click Manage People on the bottom right corner of the page.
- Click the appropriate box to add a Spouse, Dependent and/or Beneficiary. Complete the information required, and hit Save at the bottom. Click Close.
- Click Manage Benefits.
- Select a plan by clicking on the plan name (e.g., medical); Select your coverage level (e.g., employee and children); Click Select, then click Continue.
- Assign coverage to spouse/dependent by checking the box next to their name; if dropping a spouse/dependent from coverage, you must uncheck the box next to their name.
- Click Continue. Repeat this process for each benefit.

4. Once your selections are completed, each benefit selected will have a green light. Click the button labeled Elect & Continue. If you need to go back to benefit elections, click on Return to Lights. Click Continue to review elections; after reviewing, click Continue.

5. The screen will show a message stating that you have successfully completed the enrollment process! Select Print for a copy of your Confirmation Statement.



ELIGIBILITY & ENROLLMENT

You're a valued member of Argos, and your health and well-being are important to us. We are proud to provide you and your dependents with valuable and significant benefits. This guide is an overview of the benefits available to you and their impact on your hard-earned compensation. Please read it carefully in order to make the best choices for you and your family in the 2021 plan year and consult your HR representative with any questions.

When Does Coverage Begin?

Benefits for hourly and salary employees are effective on the first day of employment. For qualified life events (QLE), benefits are effective on the date of the event. Employees are required to update their benefits via SmartBen and submit supporting documentation to the Benefits Department.

Eligible Dependents

Dependents eligible for coverage in the Argos 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, and children for whom legal guardianship has been awarded to you or your spouse).
- ◀ Dependent children, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return, and is approved by your medical plan to continue coverage past age 26.

Verification of dependent eligibility will be required upon enrollment. You will receive a verification packet from Alight in the mail. Please see the Dependent Verification Matrix on page 9.

Things to Consider

Take the following situations into account before you enroll to make sure you have the right coverage.

- ◀ Does your spouse have benefits coverage available through his/her employer?
- ◀ Did you get married, divorced or have a baby recently? If so, do you need to add or remove any dependent(s) and/or update your beneficiary designation?
- ◀ Did any of your covered children reach their 26th birthday this year? If so, they are no longer eligible for benefits unless they meet specific criteria. Additional details can be found in the Eligible Dependents section of this guide.

Qualifying Life Events

When one of the following events occurs, you have 30 days from the date of the event to notify the Benefits Department and/or request changes to your coverage.

- ◀ Change in your legal marital status (marriage, divorce or legal separation).
- ◀ Change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent).
- ◀ Change in your spouse's employment status (resulting in a loss or gain of coverage).
- ◀ 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. (NOTE: If you drop below 30 hours per week you may be able to extend your coverage due to Affordable Care Act requirements).
- ◀ Entitlement to Medicare or Medicaid.

Your change in coverage must be consistent with your change in status. Please direct questions regarding specific life events and your ability to request changes to the Benefits Department.

Preparing to Enroll

Argos provides its employees the best coverage possible. As a committed partner in your health, Argos will be absorbing a significant amount of the costs. Your share of the contributions for medical, dental and vision benefits is deducted on a pre-tax basis, which lessens your tax liability. Please note that employee contributions for medical, dental and vision coverage vary depending on the level of coverage you select. In general, the more coverage you have, the higher your contribution will be.

Keep in mind that you may select any combination of medical, dental and/or vision plan coverage categories. 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 Argos, must elect coverage for yourself in order to elect any dependent coverage. Be sure to have the Social Security numbers and birth dates for any eligible dependent(s) that you plan to enroll.



MEDICAL BENEFITS

Our medical coverage helps you maintain your well-being through preventive care and access to an extensive network of providers, as well as prescription medication. Medical benefits are offered through UnitedHealthcare.

Medical Premiums

Premium contributions for medical will be deducted from your paycheck on a pre-tax basis. Your level of coverage will determine your contributions.

How to Find a Provider

To see a current list of UnitedHealthcare network providers, visit www.myuhc.com or call Customer Care at 866-633-2446 for assistance.

Medical Plan Summary

The chart on the next page gives a summary of the 2021 medical coverage provided by UnitedHealthcare. 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 Reasonable and Customary (R&C) limitations.

Preventive Care

Argos' health plans cover a set of preventive services — such as shots and screening tests — at no cost to you. Work with your Primary Care Physician to stay up to date on preventive services — identifying and treating illnesses early will save you time and money and promote a healthy lifestyle in the long run! You can find a list of covered preventive services in your plan documents.

Urgent Care Centers vs. Freestanding Emergency Rooms

Freestanding emergency rooms may look a lot like urgent care centers, but the costs and services can be drastically different. In general, consider an urgent care center as an extension of your primary care physician, while freestanding emergency rooms should be used for health conditions that require a high level of care. Research the options in your area and determine which ones are covered by your insurance plan's network; note that balance billing may apply. Choosing an urgent care center for everyday health concerns rather than an ER could save you hundreds of dollars.

Virtual Visits

A virtual visit with UnitedHealthcare lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes, and doctors can write a prescription (in participating states), if needed, that you can pick up at your local pharmacy.

Conditions Commonly Treated Through a Virtual Visit

- ◀ Bladder/Urinary tract infection
- ◀ Bronchitis
- ◀ Cold/flu
- ◀ Diarrhea
- ◀ Fever
- ◀ Migraine/Headaches
- ◀ Pink eye
- ◀ Rash
- ◀ Sinus problems
- ◀ Sore throat
- ◀ Stomach ache

Access Virtual Visits

Go to www.myuhc.com to request a virtual visit. After you register and add your UHC medical card information into the system, you will then enter a virtual waiting room.

During your visit, you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

Use virtual visits when:

- ◀ Your doctor is not available
- ◀ You become ill while traveling
- ◀ You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:

- ◀ Anything requiring an exam or test
- ◀ Complex or chronic conditions
- ◀ Injuries requiring bandaging or sprains/broken bones

Real Appeal

Real Appeal® is a weight loss program that's customized to what works for you. With Real Appeal, you get professional weight loss coaching from a Transformation Coach who leads your weekly online group sessions. You will also receive a Success Kit containing step-by-step guides, workout DVDs, gear, delicious recipes, healthy kitchen cooking tools and more after your first group session. Real Appeal is available to you at no additional cost as part of the medical plan. Enroll today at enroll.realappeal.com.



HEALTH SAVINGS ACCOUNT

Take charge of your healthcare spending with a Health Savings Account (HSA). Contributions to an HSA are **TAX FREE** and withdrawals for qualified medical expenses are tax free.

Your HSA can be used for qualified expenses, including those of your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not enrolled in an HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified medical expenses. Eligible expenses include doctors' office visits, eye exams, prescription expenses, laser eye surgery and more. IRS Publication 502 provides a complete list of eligible expenses and can be found on www.irs.gov.

Eligibility

You are eligible to open and fund an HSA if:

- You are enrolled in Argos Plan B, an HSA eligible High Deductible Health Plan (HDHP).
- You are not covered by your spouse's non-HDHP 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.)

Individually Owned Account

You own and administer your Health Savings Account. You determine how much you'll contribute to the account, when to use the money to pay for qualified medical expenses, and when to reimburse yourself. HSAs allow you to save and roll over money if you do not spend it in the calendar year. The money in this account is portable, even if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

You must elect Plan B with Argos. You will need to complete all HSA enrollment materials and designate the amount to contribute on a pre-tax basis. You can contribute a fixed dollar amount from your paycheck that will be transferred into your HSA account. Argos will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified. Argos will make a yearly contribution to your HSA even if you elect NOT to contribute.

Maximize Your Tax Savings

Contributions to an HSA are tax free. The money in this account (including interest and investment earnings) grows tax-free. As long as the funds are used to pay 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.

HSA Funding Limits

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts. For 2021, contributions (**which include any employer contribution**) are limited to the following:

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

Argos will provide an HSA employer contribution that will be deposited into your personal Health Savings Account. Employees enrolled in Argos Plan B can elect to contribute to their HSA account via payroll deductions. To make employee contributions, please log into SmartBen. Under the Plan B section, you will need to add an annualized amount to the HSA section. By doing so, the system will provide you with the per payroll deduction amount.

DO NOT list the amount you want withheld from each check.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE ONLY	\$250
ALL OTHER TIERS	\$500

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.

The Argos HSA will be established with Optum Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact the Benefits Department. Once you receive your HSA card please contact Optum Bank via the number on the card to open your account.

	PLAN A		PLAN B		PLAN C (EMPLOYEE ONLY)	
CONTRIBUTIONS						
	WEEKLY	SEMI-MONTHLY	WEEKLY	SEMI-MONTHLY	WEEKLY	SEMI-MONTHLY
EMPLOYEE ONLY	\$43.12	\$93.43	\$27.74	\$60.10	\$19.49	\$42.23
EMPLOYEE + SPOUSE	\$85.99	\$186.31	\$63.80	\$138.23	N/A	N/A
EMPLOYEE + CHILD(REN)	\$78.42	\$169.92	\$48.67	\$105.45	N/A	N/A
EMPLOYEE + FAMILY	\$133.90	\$290.12	\$81.95	\$177.57	N/A	N/A

	PLAN A		PLAN B		PLAN C (EMPLOYEE ONLY)
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
CALENDAR YEAR DEDUCTIBLE					
INDIVIDUAL	\$850	\$1,700	\$1,750	\$3,500	\$4,000
FAMILY	\$1,700	\$3,400	\$3,500	\$7,000	N/A
HSA EMPLOYER CONTRIBUTION	N/A		\$250 Individual / \$500 Family		N/A
COINSURANCE (MEMBER)	20%*	40%*	20%*	50%*	20%*

CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)					
INDIVIDUAL	\$3,500	\$7,000	\$3,500	\$7,000	\$6,500
FAMILY	\$7,000	\$14,000	\$7,000	\$14,000	N/A

COPAYS/COINSURANCE (EMPLOYEE PAYS)					
PREVENTIVE CARE	\$0	Not Covered	\$0	Not Covered	\$0
PRIMARY CARE	\$30	40%*	20%*	50%*	\$40
SPECIALISTS	\$40	40%*	20%*	50%*	\$50
EMERGENCY ROOM	20% after \$200		20%*		20%* after \$250
URGENT CARE COPAY	\$50	40%*	20%*	50%*	\$50
INPATIENT HOSPITAL SERVICES	20%*	40%*	20%*	50%*	20%*
OUTPATIENT SURGERY	20%*	40%*	20%*	50%*	20%*

*After Deductible

How the Plan A Deductible Works: The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount.

How the Plan B Deductible Works: Each covered individual is not required to meet the individual deductible. Plan B has an aggregate deductible, meaning the family deductible amount will include all combined eligible expenses that you and your covered dependents incur. The family deductible amount may be satisfied by one member or a combination of two or more members covered under your medical plan.

How the Plan C Deductible Works: The individual deductible amount must be met before co-insurance coverage is applied.

Please Note: Spousal Surcharge, Tobacco Surcharge and/or Wellness Credit may be applied to your premium contributions when applicable.



PHARMACY BENEFITS

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through UnitedHealthcare. That means you will only have one ID card for both medical care and prescriptions. You may find information on your benefits coverage and search for network pharmacies by logging on to www.myuhc.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. All products on the list are assigned as generic, preferred, non-preferred or specialty.

	PLAN A		PLAN B		PLAN C
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
30-DAY RETAIL RX					
GENERIC	\$10	Not Covered	20%*	Not Covered	\$10
PREFERRED	\$30	Not Covered	20%*	Not Covered	20%*
NON-PREFERRED	\$60	Not Covered	20%*	Not Covered	20%*
SPECIALTY	\$150	Not Covered	20%*	Not Covered	20%*
90-DAY MAIL ORDER RX (VISIT WWW.MYUHC.COM)					
GENERIC	\$20	Not Covered	20%*	Not Covered	\$20
PREFERRED	\$60	Not Covered	20%*	Not Covered	20%*
NON-PREFERRED	\$120	Not Covered	20%*	Not Covered	20%*
SPECIALTY**	\$150	Not Covered	20%*	Not Covered	20%*

*After Deductible

**You may only be allowed to fill a 30-day supply.

Q&A: GENERIC DRUGS

What is a generic drug?

Generic drugs are copies of brand-name drugs that have exactly the same dosage, intended use, effects, side effects, route of administration, risks, safety and strength as the original drug. In other words, their pharmacological effects are exactly the same as those of their brand-name counterparts. On average, the cost of a generic drug is 80% to 85% lower than the brand-name equivalent.

Are generic drugs as effective as brand-name drugs?

Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used. FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs.

What standards do generic drugs have to meet?

Health professionals and consumers can be assured that FDA approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:

- ◀ Contain the same active ingredients as the innovator drug (inactive ingredients may vary)
- ◀ Be identical in strength, dosage form, and route of administration
- ◀ Have the same use indications
- ◀ Be bioequivalent
- ◀ Meet the same batch requirements for identity, strength, purity, and quality
- ◀ Be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products

Is there a generic equivalent for my brand-name drug?

To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov to view a catalog of FDA-approved drug products, as well as drug labeling information.



DENTAL BENEFITS

Regular dental checkups do more for your well-being than just preserve a healthy smile. Argos's dental coverage will provide you and your family affordable options for overall health. Coverage is available from UnitedHealthcare.

Dental Premiums & Plan Summary

Premium contributions for dental will be deducted from your paycheck on a pre-tax basis. Your tier of coverage will determine your premium. Dental plan benefits are available to you on a voluntary basis. The chart below gives a summary of the 2021 dental coverage provided by UnitedHealthcare. All out-of-network services are subject to Reasonable and Customary (R&C) limitations.

ARGOS DENTAL PLAN		
	WEEKLY	SEMI-MONTHLY
CONTRIBUTIONS		
EMPLOYEE ONLY	\$6.12	\$13.26
EMPLOYEE + SPOUSE	\$12.24	\$26.53
EMPLOYEE + CHILD(REN)	\$9.79	\$21.22
EMPLOYEE + FAMILY	\$14.69	\$31.83
IN-NETWORK/OUT-OF-NETWORK		
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	\$50	
FAMILY	\$150	
CALENDAR YEAR MAXIMUM		
PER PERSON	\$1,500	
COVERED SERVICES		
PREVENTIVE SERVICES	Plan pays 100%	
BASIC SERVICES	Plan pays 80%*	
MAJOR SERVICES	Plan pays 60%*	
ORTHODONTICS	Plan pays 60%*	
ORTHODONTIC LIFETIME MAXIMUM	\$2,500 (Dependent children up to age 26)	

*After Deductible

Network Dentists

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

Look!

As many as 120 systemic diseases can be visible in your mouth. Regular checkups can reveal the signs of diseases before they even cross your mind.



VISION BENEFITS

Even those with perfect eyesight should have their vision checked on a regular basis. To ensure that you and your family have access to quality vision care, Argos offers a comprehensive vision benefit provided by UnitedHealthcare.

Vision Premiums & Plan Summary

Premium contributions for vision will be deducted from your paycheck on a pre-tax basis. Your tier of coverage will determine your premium. The chart below gives a summary of the 2021 vision coverage provided by UnitedHealthcare. All out-of-network services are subject to Reasonable and Customary (R&C) limitations.

ARGOS VISION PLAN		
	WEEKLY	SEMI-MONTHLY
CONTRIBUTIONS		
EMPLOYEE ONLY	\$1.76	\$3.82
EMPLOYEE + SPOUSE	\$3.53	\$7.65
EMPLOYEE + CHILD(REN)	\$2.94	\$6.37
EMPLOYEE + FAMILY	\$4.41	\$9.55
	IN-NETWORK	OUT-OF-NETWORK
COVERED MATERIALS		
LENSES		
SINGLE VISION LENSES	\$25 copay	Plan reimburses up to \$50
BIFOCAL LENSES	\$25 copay	Plan reimburses up to \$60
TRIFOCAL LENSES	\$25 copay	Plan reimburses up to \$80
FRAMES		
RETAIL FRAME EQUIVALENT	\$25 copay ; Allowance of \$150	Plan reimburses up to \$50
CONTACT LENSES		
NECESSARY	\$25 copay	Plan reimburses up to \$210
ELECTIVE	\$25 copay	Plan reimburses up to \$150
COPAYS		
EXAMINATION	\$10 copay	Plan reimburses up to \$45
MATERIALS	\$25 copay	Reimbursement varies
BENEFIT FREQUENCY		
EXAMINATION	Every 12 months	
LENSES	Every 12 months	
FRAMES	Every 12 months	
CONTACTS (in lieu of Lenses and Frames)	Every 12 months in lieu of eyeglasses	

Look!

Eye doctors are often the first healthcare professionals to detect chronic systemic diseases such as high blood pressure and diabetes.



ALIGHT DEPENDENT VERIFICATION MATRIX

If you enroll a Spouse and/or Child(ren) into Argos coverage, you are required to complete the Argos Dependent Verification process from our third party administrator, Alight. You will receive a packet in the mail 2 to 3 weeks after you have enrolled your dependents to the address we have on file. Please see the matrix below to ensure the proper documents are submitted.

	ELIGIBILITY CRITERIA	DOCUMENTS REQUIRED FOR VERIFICATION
SPOUSE	The person is currently your legal spouse (of the same or opposite sex <u>excluding</u> Common Law).	A copy of your marriage license AND One form of dated (within 6 months) documentation establishing current marital status such as: a joint household bill, joint bank/credit account, joint mortgage or lease, or front page of your 2019 jointly filed federal tax return (with blacked out financial information) or front page of your individually filed federal tax returns both showing common current address.
DOMESTIC PARTNER	The person is currently your Domestic Partner (of the same or opposite sex) AND Resides with you on a full time basis.	A copy of a notarized affidavit of domestic partnership which can be obtained by contacting Alight Solutions AND One form of dated (within 6 months) documentation establishing current partnership status such as: a joint household bill, joint bank/credit account, joint mortgage or lease, front page of both 2019 federal tax returns showing current common address (with blacked out financial information), assignment of durable power of attorney, or designation as a beneficiary of life insurance or retirement plan.
NATURAL BORN CHILD	Your natural born child AND Under age 26.	A copy of the child's state certified birth certificate naming you as the child's parent
NATURAL BORN CHILD At least 26 Disabled	Your unmarried natural born child AND The child is at least 26 years old AND A child who is physically or mentally incapable of self-support AND The incapacity occurred before age 26 as an eligible covered dependent.	A copy of the child's state certified birth certificate naming you as the child's parent AND Statement of Disability verified by insurance provider must be on file with Human Resources
STEPCHILD	Your Stepchild AND Under age 26	Verification of Spouse (See Spouse) AND A copy of the child's state certified birth certificate naming your spouse as the child's parent.
STEPCHILD At least 26 Disabled	Your unmarried Stepchild BUT The child is at least 26 years old AND A child who is physically or mentally incapable of self-support AND The incapacity occurred before age 26 as an eligible covered dependent	Verification of Spouse (See Spouse) AND A copy of the child's state certified birth certificate naming your spouse as the child's parent. AND Statement of Disability verified by insurance provider must be on file with Human Resources



EMPLOYER AND EMPLOYEE LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) GROUP INSURANCE

It's not always easy to talk with your family about how they'll be provided for if you weren't around, but it's an important conversation to have. Life and AD&D benefits provide financial assistance in an absence and can help you plan for the unexpected. If you secure Life insurance now, chances are you can take comfort in knowing that those who depend on you will be provided for.

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

Life and AD&D benefits are essential to your family's financial security. Basic Life and AD&D benefits are provided to you as a part of your basic coverage. Argos provides employees with Basic Life and AD&D insurance through Cigna, 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:

- ◀ 2x annual base salary

If you are a full-time employee, you automatically receive Life and AD&D insurance even if you elect to waive other coverage.

Please note: If you are a Union Employee, your Collective Bargaining Agreement takes precedence over the benefit coverage information provided in this guide.

What is a Beneficiary for Life Insurance?

A beneficiary is the person or entity you name in a life insurance policy to receive a monetary payout in the event of your death. Your beneficiary can be: one or more people, the trustee of a trust you've set up, a charity, or your estate. Life insurance benefit payments include Basic Life provided by Argos USA, as well as Voluntary Spouse and/or Child Life that you enroll in.

It is important to name a primary and secondary beneficiary, to make your intentions clear. You will need to provide your beneficiaries' 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 a beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches the age of 18. A trustee or guardian will need to be court appointed to receive the money. Beneficiaries for life insurance policies are set up and maintained in SmartBen.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in percentages. If you need assistance, contact the Benefits Department or your own legal counsel.



Look!

Your beneficiary doesn't have to be a person. A trust, or a legal agreement that lets you place property under the control of a trust manager, can be named the beneficiary. The beneficiary can also be a charity or simply your estate.

Life and AD&D Group Insurance

Eligible employees may purchase Voluntary Group Life and AD&D Insurance for themselves and their families. Premiums are paid through payroll deductions. **Please Note:** If you are a Union Employee, your Collective Bargaining Agreement takes precedence over the benefit coverage information provided in this guide.

BASIC LIFE/AD&D GROUP INSURANCE

COVERAGE AMOUNT	2x annual base salary*
WHO PAYS	Argos
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

VOLUNTARY EMPLOYEE LIFE GROUP INSURANCE

COVERAGE AMOUNT	Increments of \$5,000
WHO PAYS	Employee
EVIDENCE OF INSURABILITY (EOI) REQUIRED	As a New Hire, EOI is not required unless requested amount is above guaranteed issue of \$400,000. Outside of new hire, EOI is not required for any amount up to \$100,000.

VOLUNTARY SPOUSE LIFE GROUP INSURANCE

COVERAGE AMOUNT	50% of employee's amount up to the maximum of \$75,000
WHO PAYS	Employee
EVIDENCE OF INSURABILITY (EOI) REQUIRED	EOI is required when enrolling outside of new hire event and for amounts above the guarantee issue of \$25,000.

VOLUNTARY CHILD LIFE GROUP INSURANCE

COVERAGE AMOUNT	10% of employee's amount up to the maximum of \$25,000
WHO PAYS	Employee
EVIDENCE OF INSURABILITY (EOI) REQUIRED	N/A

VOLUNTARY EMPLOYEE AD&D GROUP INSURANCE

COVERAGE AMOUNT	\$50,000; \$100,000; \$200,000; \$300,000; or \$500,000
WHO PAYS	Employee





ADDITIONAL BENEFITS

Argos knows the value of well-rounded, balanced employees, which is why we offer a variety of additional benefits to help manage life's daily stresses.

Disability Benefits

Disability insurance replaces a portion of your income if you cannot work because of a non-work-related injury or illness. Argos pays the cost to provide employees with both short term and long term disability benefits. For more information regarding starting a short term disability claim, Family Medical Leave or to report a disability, contact Cigna at 888-842-4462 and notify your supervisor. **Please note:** If you are a Union Employee, your Collective Bargaining Agreement takes precedence over the benefit coverage information provided in this guide.

Life Assistance Program

Argos cares about you and your family's total health management — mental, emotional and physical. For that reason, we provide an Employee Assistance Program (EAP) at no cost to you.

Whether you are interested in work/life resources, mental health assistance, or legal and financial advice, the EAP service can connect you and members of your household with a variety of professionals. With just one phone call, at any hour of the day or night, you can have access to helpful resources. 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 Argos. You may also access information, benefits, educational materials and more either by phone at 800-538-3543 or online at www.cignabehavioral.com/cgi.

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

Retirement Planning

401(K) RETIREMENT SAVINGS PLAN

Argos provides you with an easy way to save for retirement through the 401(k) plan. You will receive an informational enrollment kit detailing the Argos 401(k) program design from Wells Fargo prior to your eligibility date. **Please note:** If you are a Union Employee, your Collective Bargaining Agreement takes precedence over the benefit coverage information provided in this guide.

What is a Beneficiary for 401(k)?

A beneficiary is the person or entity you name on your 401(k) account in the event of your death. Your beneficiary can be: one or more people, the trustee of a trust you've set up, a charity or your estate. If you are married, federal law states that your spouse is automatically the primary beneficiary of your 401(k) account. However, you should provide their full name, Social Security number and date of birth. You may include contingent beneficiaries as well. **Domestic partners are not automatic beneficiaries.** They will need to be named as your beneficiary. In the event that no beneficiary is on file, the Argos 401(k) provider will designate beneficiaries in the following manner: Surviving spouse, children in equal shares, surviving parents in equal shares and then your estate. Please note that 401(k) plans **will not transfer money to a minor.** A trustee or guardian will need to be court appointed to receive the money. Beneficiaries for 401(k) accounts are set up and maintained with the Argos 401(k) provider.

