YOUR GUIDE TO EMPLOYEE BENEFITS 2020-2021





YOUR BENEFITS. YOUR CHOICES. YOUR HEALTH.

The following pages provide a summary of our benefits for Data Systems Analyst, Inc.'s plan year which begins on July 1, 2020 and ends June 30, 2021. Please read this guide carefully as you prepare to make your benefits elections.

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MEDICAL • HRA PLAN



To locate participating providers in your area, please visit www.IBX.com. For the 5-County Philadelphia area residents: search under the Personal Choice PPO Network. All Others: search under the "National Blue Card PPO" option.

	NETWORK	NON-NETWORK	
PREVENTIVE CARE Adult physical exams Well-baby care Pediatric Immunizations Annual GYN exam <i>Please see your plan summary for a full list</i>	100%, No deductible	50%, No deductible	
ANNUAL DEDUCTIBLE	Individual: \$3,000 Family: \$6,000	Family: \$10,000 Individual: \$5,000	
DSA EMPLOYER PAID HRA FUND	Individual: \$1,750 Family: \$3,500	N/A	
OUT OF POCKET MAXIMUM (includes deductible, copays & coinsurance)	Individual: \$4,000 Family: \$8,000	Individual: \$10,000 Family: \$20,000	
NET OUT OF POCKET MAXIMUM	Individual: \$2,250 Family: \$4,500	Individual: \$10,000 Family: \$20,000	
	Unlir	nited	
OUTPATIENT CARE Primary care physician office visits Specialist office visits Outpatient surgery Laboratory services Diagnostic X-ray (routine) MRI/MRA, CT/CTA/PET Scan	90% after deductible	50% after deductible	
IN-PATIENT HOSPITAL CARE	90% after deductible	50% after deductible	
EMERGENCY ROOM	90% after	90% after deductible	
URGENT CARE	90% after deductible	50% after deductible	
DURABLE MEDICAL EQUIPMENT	90% after deductible	50% after deductible	
PRESCRIPTIONS Retail Pharmacy (30-day supply) Mail Order (90-day supply)		\$20 / \$40 / \$60 copay \$40 / \$80 / \$120 copay	

Deductible first, then \$40 / \$80 / \$120 co 90% after deductible

EMPLOYEE SEMI MONTHLY CONTRIBUTIO	DNS
EMPLOYEE ONLY	\$85.06
EMPLOYEE / CHILD(REN)	\$149.92
EMPLOYEE / SPOUSE	\$196.21
EMPLOYEE / FAMILY	\$250.57

This summary is for descriptive purposes only and should not be relied upon to fully determine coverage. It is not an agreement or a contract. For more detailed information, refer to the Summary Plan Description.

Specialty Rx

HEALTH REIMBURSEMENT ACCOUNT

HOW THE HRA PLAN WORKS (IN-NETWORK)

Most preventive care screenings and services are covered in full by IBC. The deductible is also waived, but co-pays still apply for a number of medications that are deemed to be "preventive". All other medical services, including prescriptions, are subject to a plan year deductible (July 1st through June 30th) of \$3,000 per individual and no more than \$6,000 for families.

To help you budget for this expense, DSA provides you with a debit card in the amount of \$1,750 per individual (up to a maximum of \$3,500 for families). To receive DSA's full contribution, employees must be enrolled in the plan at the beginning of the plan year (July 1), otherwise the amount will be pro-rated based on the month you are enrolled in the plan.

No one member of a family will be subject to more than the individual deductible of \$3,000. However, all covered charges incurred by family members on the plan which do not exceed the individual deductible of \$3,000 will count towards the total family deductible of \$6,000.

HRA FUND

The HRA accounts are administered by Benefit Resources, Inc. (BRI) You will receive a Universal MasterCard debit card from BRI. \$1,750 will be loaded on the card for employees with single coverage; employees electing family coverage will have \$3,500 available. You may use this debit card to pay for eligible medical, prescription, dental and vision expenses. Employees may not contribute to the HRA account. However, you may contribute to your ADP Flexible Spending Account (FSA). See page 12 for details on the FSA.

YOUR SHARE OF THE OUT-OF-POCKET COSTS

If the cost of your medical care and prescriptions exceed the HRA allowance, you will be responsible for the remainder of the deductible. Once the deductible has been satisfied, you will be responsible for 10% of IBC's discounted fee for all eligible medical expenses (except prescriptions) up to the out-of-pocket limit. For prescriptions, once the deductible has been satisfied, you will be responsible for co-payments of \$20/\$40/\$60.

OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum represents the maximum cost you would be responsible for in a plan year. Under the IBC HRA plan, the maximum out-of-pocket is limited to \$4,000 / individual and \$8,000 / family and includes the deductible, coinsurance, and Rx co-payments. Since DSA provides you with an HRA fund (debit card) in the amount of \$1,750 per individual up to a maximum of \$3,500 for families, your true net out-of-pocket maximum will be less provided that you did not exhaust your HRA fund on dental or vision expenses.

FIRST-TIME BRIWEB USER?

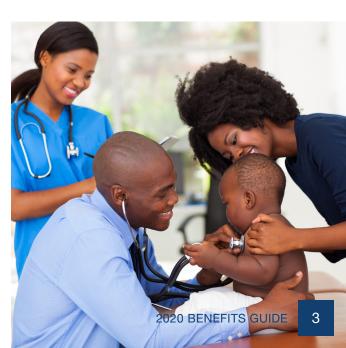
The first time you log into BRiWeb you will need to register. Have your Company Code and Member ID available:

COMPANY CODE: dsainc

MEMBER ID: This is selected by your employer and is typically a payroll ID or SSN. If you are unsure, your Benefits Administrator should be able to confirm. You will select a personalized login ID during registration for future use.







MEDICAL • HSA COMPATIBLE PLAN



To locate participating providers in your area, please visit www.IBX.com. For the 5-County Philadelphia area residents: search under the Personal Choice PPO Network. All Others: search under the "National Blue Card PPO" option.

	NETWORK	NON-NETWORK
PREVENTIVE CARE Adult physical exams Well-baby care Pediatric Immunizations Annual GYN exam <i>Please see your plan summary for a full list</i>	100%, No deductible	50%, No deductible
ANNUAL DEDUCTIBLE	Individual: \$2,500 Family: \$5,000	Family: \$5,000 Individual: \$10,000
DSA EMPLOYER PAID HSA FUND	Individual: \$1,250 Family: \$2,500	N/A
OUT OF POCKET MAXIMUM (includes deductible, copays & coinsurance)	Individual: \$4,000 Family: \$8,000	Individual: \$10,000 Family: \$20,000
NET OUT OF POCKET MAXIMUM	Individual: \$2,750 Family: \$5,500	Individual: \$8,750 Family: \$17,500
	Unlir	nited
OUTPATIENT CARE Primary care physician office visits Specialist office visits Outpatient surgery Laboratory services Diagnostic X-ray (routine) MRI/MRA, CT/CTA/PET Scan	90% after deductible	50% after deductible
IN-PATIENT HOSPITAL CARE	90% after deductible	50% after deductible
EMERGENCY ROOM	90% after deductible	
URGENT CARE	90% after deductible	50% after deductible
DURABLE MEDICAL EQUIPMENT	90% after deductible	50% after deductible
PRESCRIPTIONS Retail Pharmacy (30-day supply) Mail Order (90-day supply) Specialty Rx	Deductible first, then \$20 / \$40 / \$60 copay Deductible first, then \$40 / \$80 / \$120 copay 90% after deductible	
EMPLOYEE SEMI MONTHLY CONTRIBUTIONS		This summary is for descriptive purposes only and should not be relied upon to fully determine

EMPLOYEE SEMI MONTHLY CONTRIBUTIONS		purposes only and should not be relied upon to fully determine
EMPLOYEE ONLY	\$108.42	coverage. It is not an agreement or a contract. For more detailed information, refer to the
EMPLOYEE / CHILD(REN)	\$191.57	Summary Plan Description.
EMPLOYEE / SPOUSE	\$249.96	
EMPLOYEE / FAMILY	\$319.10	

HEALTH SAVINGS ACCOUNT

HOW THE HSA PLAN WORKS (IN-NETWORK)

Most preventive care screenings and services are covered in full by IBC. The deductible is also waived, but co-pays still apply for a number of medications that are deemed to be "preventive". All other medical services, including prescriptions, are subject to a plan year deductible (July 1st through June 30th) of \$2,500 for employees with single coverage and \$5,000 for employees who cover dependents. Under this plan, if any coverage other than single is elected, the family deductible of \$5,000 must be met before any coinsurance or any prescription copays are applicable.

HSA ACCOUNT

In order to help you budget out-of-pocket expenses under the IBC medical plan, you have the option to open a Health Savings Account (HSA) provided that you do not have any other health insurance including Medicare, TRICARE, or coverage under a spouse's plan (including an FSA).

Over the course of the plan year, DSA will make contributions into your HSA in the amount of \$1,250 for employees who enroll in single coverage and \$2,500 for those enrolled with dependent coverage. These funds will be paid on a quarterly basis. To receive DSA's full contribution, employees must be enrolled in the plan at the beginning of the plan year (July 1), otherwise the amount will be pro-rated based on the month you are enrolled in the plan. At the end of the year, any funds you have remaining in your HSA will rollover into the following year.

According to IRS regulations, the maximum contribution in 2020 (including DSA's contribution) is \$3,550 for single coverage and \$7,100 for families. (These amounts will most likely increase in 2021 as all maximums are on a calendar year basis). Individuals who are age 55 and older, are also eligible to make an additional "catch up" contribution of \$1,000 per calendar year.

YOUR SHARE OF THE OUT-OF-POCKET COSTS

Once the deductible has been satisfied, you will be responsible for 10% of IBC's discounted fee for all eligible medical expenses (except prescriptions) up to the out-of-pocket limit. For prescriptions, once the deductible has been satisfied, you will be responsible for co-payments of \$20/\$40/\$60.

OUT-OF-POCKET MAXIMUM

The out-of-pocket maximum under the IBC plan is limited to \$4,000 / single and \$8,000 / family and includes the deductible, coinsurance, and Rx co-payments. Since DSA is contributing 50% of the deductible through the HSA, your true out-of-pocket maximum is limited to \$2,750 for single coverage or \$5,500 for families.

> The Health Savings Accounts are administered by Health Equity and you will receive information directly from them regarding your account once you are enrolled in the High Deductible Health plan through Independence Blue Cross.

Employees who elect the HSA plan may enroll in a LIMITED PURPOSE FSA under which FSA dollars may be used for dental and vision expenses only-NOT MEDICAL

This description is intended to provide you with a basic overview of an HSA. Please consult your tax advisor for more details.



Health**Equity**



MEDICAL • COPAY PLAN



To locate participating providers in your area, please visit www.IBX.com. For the 5-County Philadelphia area residents: search under the Personal Choice PPO Network. All Others: search under the "National Blue Card PPO" option.

	NETWORK	NON-NETWORK
PREVENTIVE CARE Adult physical exams Well-baby care Pediatric Immunizations Annual GYN exam <i>Please see your plan summary for a full list</i>	100%, No deductible	50%, No deductible
ANNUAL DEDUCTIBLE	Individual: N/A Family: N/A	Family: \$5,000 Individual: \$10,000
OUT OF POCKET MAXIMUM (includes deductible, copays & coinsurance)	Individual: \$3,000 Family: \$6,000	Individual: \$10,000 Family: \$20,000
	Unlir	nited
OUTPATIENT CARE Primary care physician office visits Specialist office visits Outpatient surgery Laboratory services Diagnostic X-ray (routine) MRI/MRA, CT/CTA/PET Scan	\$25 copay \$50 copay \$250 copay 100% \$50 copay \$200 copay	50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible 50% after deductible
IN-PATIENT HOSPITAL CARE	\$500 copay per adm.	50% after deductible
EMERGENCY ROOM	\$200 copay	
URGENT CARE	\$75 copay	50% after deductible
DURABLE MEDICAL EQUIPMENT	50%	50% after deductible
PRESCRIPTIONS Retail Pharmacy (30-day supply) Mail Order (90-day supply) Specialty Rx	\$15 / \$40 / \$60 copay \$30 / \$80 / \$120 copay \$50 copay	
EMPLOYEE SEMI MONTHLY CONTRIBUTIONS		This summary is for descriptive purposes only and should not
EMPLOYEE ONLY	\$117.98	be relied upon to fully determine coverage. It is not an agreement or a contract. For more detailed information, refer to the
EMPLOYEE / CHILD(REN)	\$224.23	Summary Plan Description.
	¢070.00	

\$278.23

\$342.34

EMPLOYEE / SPOUSE

EMPLOYEE / FAMILY

TELEMEDICINE

TALK TO A BOARD CERTIFIED DOCTOR ANYTIME FOR FREE!

Teladoc doctors are available 24/7/365 to provide quality care through the convenience of phone or video consults. The next time you're sick, consider your options.

Teladoc doctors can treat many medical conditions, including:

- Sinus infections
- Urinary tract infections
- Pink eye
- Bronchitis
- Allergies
- Flu
- Coughs
- Ear Infections
- Upper respiratory infections
- Rashes
- Nasal congestion
- Cold & Flu

All employees should contact Teladoc to register and provide Teladoc with basic information such as:

- · Medications you are currently taking
- Contact information for your regular PCP
- · Allergic reactions to medications

Teladoc will provide access to Behavioral Health and Dermatology providers at the following member cost:

Psychiatrist (initial visit) - \$200

Psychiatrist (ongoing visit) - \$95

Psychologist, licensed clinical social worker, counselor, or therapist - \$85

Dermatology Consult - \$75 (Please note: Dermatology service uses images only. Communication with the dermatologist takes place through the message center.)



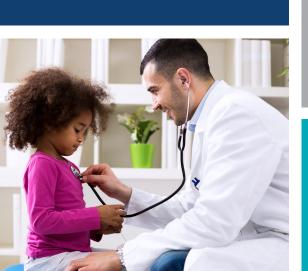
Access this benefit any of the following ways:

Teladoc.com

1-800-Teladoc

Facebook.com/Teladoc

Teladoc.com/mobile







As an Independence Blue Cross member, you're eligible for discounts on health-related products and services. For additional information on these programs and all the programs offered through IBC, visit their website at www.IBX.com.

MEMBERSHIP ADVANTAGES

FITNESS/GYM REIMBURSEMENT PROGRAM

Register with a participating fitness center, attend 120 times in a 365-day program period, and receive up to \$150.

HEALTHY WEIGHT, HEALTHY YOU

Up to \$150 reimbursement when you complete a weightloss program, such as Weight Watchers, Weight Watchers online, or a hospital-based program.

SMOKING CESSATION

Receive up to \$150 back when you complete an approved program to help you quit.

WELLNESS PROFILE

This powerful health assessment tool gives you a clear picture of what you're doing right and suggests ways to stay healthy. Just answer a few questions and you'll get information about your health including a health score based on your responses, risk reports that detail your health risks and gives you a personalized action plan, and a physician summary to take with you on your next doctor's appointment.

BLUE 365

Blue 365 provides you with value-added discounts and offers on health and wellness programs and services from leading national companies.

BABY BLUEPRINTS® MATERNITY PROGRAM

The Baby BluePrints program supports expectant mothers and promotes a healthy pregnancy throughout each trimester. Members can self-enroll by calling our 1-800-598-BABY. Upon calling, a Health Coach will explain the program to you and ask a series of questions to complete the enrollment process.

Once enrolled in the program, members will receive a welcome letter that includes a childhood immunization schedule, information on how to access educational materials on our secure member website, www.ibxpress. com, and the 1-800-598-BABY phone number for questions and support during pregnancy. In addition, high-risk members eligible for condition management will be given the name and contact information for a Health Coach.

MEMBERSHIP ADVANTAGES

COLLEGE TUITION BENEFIT

One Tuition Rewards point = \$1 guaranteed minimum reduction in full tuition.

2,000 Tuition Rewards points are given to each Independence subscriber when he or she registers an eligible student or students. Subscriber Tuition Rewards can be allocated to any registered child.

500 Tuition Rewards points are given to each child registered. Student Tuition Rewards can only be used by the specific student.

2,000 additional Tuition Rewards points are given to the subscriber annually in the month following the medical plan's renewal.

2,500 bonus Tuition Rewards® points are given to the subscriber in the month following the health plan's third renewal (4th year), for a total reward of 4,500 for that year.

As a subscriber of Independence Blue Cross

(Independence) you will earn Tuition Rewards that can be used to pay for up to one year's tuition at a SAGE Scholars' member college. There are nearly 400 private colleges and universities across the nation in the SAGE Consortium, and 80 percent of SAGE colleges have received an "America's Best" ranking by U.S. News and World Report. This valueadded benefit is being provided to you by your employer and College Tuition Benefit.

ACUPUNCTURE

Subject to your benefits, Independence Blue Cross members are covered for 18 acupuncture visits for pain management and certain other conditions:

- Headache (migraine, tension)
- Post-operative and chemotherapy-induced nausea, vomiting
- Nausea from pregnancy
- Low back pain
- Pain from osteoarthritis of knee/hip
- Chronic neck pain

Acupuncture for these conditions is available without precertification, and coverage is based on plan type: PPO members will pay specialist cost-sharing.

Learn more about your acupuncture benefits. Call 1-800-ASK-BLUE (1-800-275-2583).

HELP WITH EXPENSIVE PRESCRIPTIONS

NeedyMeds is a national non-profit organization that maintains a website of free information on programs that help people who can't afford medications and healthcare costs. This online information resource is free, easy to access and updated regularly.

NeedyMeds provides a free, discount drug card that offers discounts of up to 80% at more than 63,000 pharmacies nationwide. Anyone can use the card regardless of income level or insurance status and no registration is required. The same card can be used by friends and family members to save on prescription drugs, over-the-counter drugs and medical supplies written on a prescription form, and pet prescription drugs purchased at a pharmacy. To access this valuable site, please visit www.needymeds.org.



VOLUNTARY DENTAL



Under our dental plan, you may choose to obtain services from participating PPO providers or you may go to a dentist who is not in the Ameritas network. Keep in mind that a participating dentist has agreed to accept discounted fees whereas a non-participating provider may charge amounts that are higher than what this plan allows. You will be responsible for this balance.

Our dental plan includes Standard's Max Builder Program. Under this arrangement, as long as you see a dentist at least once in a 12-month period and do not use more than \$750 in benefits, Standard will increase your annual maximum benefit by \$400. This will occur each year you meet these requirements until you accumulate an EXTRA \$1,200 in benefits.

BENEFIT	NETWORK	NON-NETWORK
ANNUAL DEDUCTIBLE	\$50/person; Max of \$150/family (does not apply to Preventive services) per calendar year	
ANNUAL MAXIMUM BENEFIT	\$2,000/calendar year/member	
PREVENTIVE SERVICES INCLUDE: Prophylaxis (Cleanings) Oral Examinations Topical Fluoride X-rays Bitewing X-rays Sealants	100%	100%
BASIC SERVICES INCLUDE: Fillings Extractions Oral Surgery Endodontics Periodontics	90%	80%
MAJOR SERVICES INCLUDE: Repair of Bridges and Dentures Full and Partial Dentures Crowns, Inlays, Onlays	60%	50%
ORTHODONTICS (CHILD & ADULT)	50%	50%
ORTHO MAXIMUM BENEFIT	\$1,000	per lifetime
EMPLOYEE SEMI MONTHLY CONTRIBUTIONS		For a listing of participating dental providers in your area,

EMPLOYEE SEMI MONTHLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$23.46	
EMPLOYEE / DEPENDENTS	\$66.14	

dental providers in your area, please visit www.ameritas.com and search under the Classic PPO Network.

Dislcosure: Late entrant waiting periods may apply.

VOLUNTARY VISION



Our vision plan gives you the flexibility to seek treatment from any eye care provider. However, your benefits will be greater if you select a Superior Vision participating provider.

Superior Vision has contracted with individual providers as well as national and regional retail stores.

To locate participating providers, please visit www.superiorvision.com.

BENEFIT	NETWORK	NON-NETWORK
EXAM (1 PER 12 MONTHS)	\$5 copay	Up to \$44 reimbursement
CLEAR STANDARD LENSES Single Bifocal Trifocal	\$5 copay \$5 copay \$5 copay	Up to \$28 reimbursement Up to \$41 reimbursement Up to \$59 reimbursement
FRAMES (1 PER 24 MONTHS)	\$200 allowance	Up to \$94 reimbursement
CONTACTS (1 PER 12 MONTHS) Select in lieu of glasses	Up to \$200 reimbursement (standard lens fitting exam covered with \$25 copay)	Up to \$100 reimbursement (standard lens fitting exam not covered)
MEDICAL NECESSARY	Covered in Full	Up to \$210 reimbursement

EMPLOYEE SEMI MONTHLY CONTRIBUTIONS	
EMPLOYEE ONLY	\$5.05
EMPLOYEE / CHILD(REN)	\$10.09
EMPLOYEE / SPOUSE	\$11.45
FAMILY	\$17.69



FLEXIBLE SPENDING ACCOUNTS & COMMUTER BENEFIT

INFINISOURCE

A flexible spending account (FSA) allows you to set aside tax-free dollars from your pay which may be used to cover out-of-pocket health care or dependent day care expenses throughout the year. These programs allow you to pay for up to \$2,750 per plan year (July 1—June 30) in qualified medical, dental or vision expenses and \$5,000 per plan year (not to exceed \$5,000 per calendar year) on dependent care expenses on a pre-tax basis. In addition, to make this program more convenient and easy to use, all Health Care FSA participants will be issued a debit card. (Participants may roll over up to \$500 of unused healthcare funds at the end of the plan year)

Employees who elect the HRA plan may enroll in a FULL HEALTHCARE FSA.

Employees who elect the HSA plan may enroll in a LIMITED PURPOSE FSA where the FSA dollars may be used for dental and vision expenses only- NOT MEDICAL OR PRESCRIPTIONS.

The FSA plans are provided through Infinisource. These accounts are independent from insurance. You do not need to be enrolled in the DSA health benefits in order to enroll. Participants who enroll in the healthcare FSA may roll over up to \$500 if unused healthcare funds at the end of the plan year.

DEBIT CARD / OVER-THE-COUNTER ELIGIBILITY FOR REIMBURSEMENT

In response to the COVID-19 health crisis, the CARES ACT permanently reinstated the coverage of OTC (Over the Counter) drugs and medicines as eligible for reimbursements from FSAs and HSAs without the need for a prescription. Menstrual care products were also added as eligible items.

The following items are now considered eligible purchases under the FSA and HSA.

- Acid controllers
- Allergy and sinus
- Antibiotic products
- Anti-diarrhea products
- Anti-gas
- Anti-itch and insect bite
- Anti-parasitic treatments
- Baby rash ointments/creams
- Cold sore remedies
- Cough, cold and flu



COMMUTER BENEFITS

(Ride Eco & Parking Reimbursement)

Eligible expenses under this account include: mass transportation (e.g. train, subway or bus); transit via vanpooling (vehicle must seat six adults not including the driver) and at least 80% of mileage must be used to drive to and from work.

The monthly pre-tax limit is \$270. Any remaining balance at the end of the plan year is rolled over into the next plan year.

Expenses incurred by parking near your place of employment or commuter parking at or near a point of mass transit will be eligible under the parking reimbursement account. The monthly pre-tax limit on the Parking Reimbursement Account is \$270.

The Transportation benefits are administered by Benefit Resource Inc.

- Digestive aids
- Feminine anti-fungal/antiitch
- Hemorrhoidal preps
- Laxatives
- Motion sickness
- Pain relief
- Respiratory treatments
- Sleep aids and sedatives
- Stomach remedies
- Band aids
- Birth control
- Braces and supports
- Catheters
- Contact lens supplies and solutions
- Denture adhesives
- Diagnostic tests and monitors
- Elastic bandages and wraps
- First aid supplies
- Insulin and diabetic supplies
- Ostomy products

GROUP LIFE AND AD&D VOLUNTARY LIFE AND AD&D



GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Life Insurance and AD&D coverage provides important financial protection for your family in the event of your death or dismemberment. Data Systems Analysts provides eligible employees Group Life coverage in the amount of 3 times your basic annual earnings to a maximum of \$300,000. Your AD&D benefit is equal to your life benefit plus an additional \$50,000. Benefits will reduce by 35% when you attain age 70 and 50% at age 75. These benefits are underwritten by The Standard.

VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Employees have the opportunity to purchase additional life and/or accidental death and dismemberment (AD&D) insurance at group rates. In addition, If you enroll when initially eligible, you may obtain up to \$120,000 of coverage with no health questions.

- Employees may elect up to \$500,000 of coverage
- Spouses may be covered up to \$500,000
- Children (ages 6 months to 20 years) may be insured for \$5,000, \$10,000, \$15,000, or \$20,000.

If you enroll in the voluntary life insurance program when you are initially eligible for benefits as a newly hired employee, you cannot be declined for up to \$120,000 of coverage for employees and \$20,000 for spouses (provided that you are under age 60). However, if you do not enroll when you are initially eligible for benefits, you may enroll at a later date, but you will be required to complete a medical questionnaire regardless of the amount of insurance you wish to elect. The Standard will review the medical questionnaire and determine how much coverage, if any, they are willing to provide.

Employee and spouse rates are based on the insured's age band. Benefits will reduce to 60% of the original amount once you attain age 75, and reduce to 35% at age 80. Spouse coverage terminates at age 75. Please see human resources for additional information and enrollment forms.

SHORT AND LONG TERM DISABILITY

SHORT TERM DISABILITY

STD provides income replacement once you have been disabled for 7 days due to a non-work related accident or illness. The STD benefit pays 70% of base earnings up to a maximum benefit of \$3,500 per week for up to 8 weeks. The Short Term disability benefits are underwritten by The Standard and the premiums are paid by Data Systems Analysts.

LONG TERM DISABILITY

Data Systems Analysts offers a long term disability plan in the event your disability lasts beyond the duration of our short-term disability plan. Under the LTD plan, there are two options from which you may select.

Under the first option, Data Systems Analysts would pay the full cost of this coverage for you. Should you qualify for LTD benefits, you will receive 66.67% of your gross monthly earnings up to a maximum benefit of \$15,000 per month. Any benefits received would be subject to income tax.

Under the second option, you would pay the cost of this coverage on a post-tax basis through payroll deductions. The LTD plan will pay 60% of your gross monthly earnings up to a maximum benefit of \$15,000 per month. The advantage of this arrangement is that should you become disabled, the disability benefits would be income tax free.

LTD benefits may be reduced by other sources of income such as Social Security or Workers' Compensation. The maximum benefit period is determined by your age when disability begins, as follows:

AGE WHEN DISABILITY BEGINS	MAXIMUM BENEFIT PERIOD
62 OR YOUNGER	To SSNRA, or 3 1/2 years, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 1/2 years, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 OR OLDER	1 year

401(K) ACCOUNTS

Participating in the Data Systems Analysts, Inc. Cash or Deferral Plan is an easy way to save for your future—and you don't even have to sign up. **You're automatically enrolled at a contribution rate of 6% of your pay.** In the coming weeks, watch your mail for details from Vanguard, the plan record keeper, on plan features including investment options.

CONNECT WITH VANGUARD ONLINE.

Register at vanguard.com/retirement plans for 24-hour access to information about your account and your investments. You will need your plan number: 095713. To receive information and notices from Vanguard by email, sign up for e-delivery, a fast and secure way to receive your plan communications. Just log on to vanguard.com/ retirement plans, click My Profile, and change your mailing preference.

On your mobile device. Go to vanguard.com/bemobile to download the Vanguard app so you can access your account on the go.

By phone. Call 800-523-1188 to reach Vanguard's 24-hour interactive VOICE® Network.

DSA REWARD\$

"There has to be a better way." How many times have you said that to yourself while working on a project? Come up with a better way, have it approved and successfully implemented, and you will be rewarded \$500.

EMPLOYEE REFERRAL REWARD\$: Do you know someone who may be a good fit for DSA and our mission? Refer that person. If he or she is hired for a full-time position, you may be eligible for a \$1,500 - \$20,000 referral bonus reward. Amounts vary due to requirements.

INCENTIVE REWARD\$: Go the extra mile for your customer (internal or external). For your efforts, you will be rewarded a \$100 Visa gift card.

PROFESSIONAL RECOGNITION REWARD\$:

This program offers you multiple opportunities to give yourself a reward. If you are asked to speak at one of your professional organizations, get it approved by your manager and you may be eligible for a \$500 reward. Perhaps you want to write an article or a white paper based on your work. If published, you may be eligible for a \$500 reward. Due to the sensitive nature of our work, it is imperative that you get DSA's approval for any speaking engagements or publications related to your work, so be sure to speak to your manager before proceeding.

PROFESSIONAL DEVELOPMENT

RECOGNITION REWARD\$: DSA strongly endorses your continued education and attainment of certifications. In addition to assisting with the costs associated with attaining these degrees or certifications, you will be rewarded for all of your hard work:

- Earn a certification that requires testing and you will receive a \$250 reward.
- Earn an associate degree in your field and you will receive a \$500 reward.
- Earn a bachelor's or graduate degree in your field and you will receive a \$1,000 reward.

DSA GAB REWARDS

DSA is committed to recognizing employee excellence throughout the organization. Employees are eligible to nominate other employees and peers for a Going Above and Beyond Service Reward (GAB Reward) based on their work with customers, projects, and initiatives. The GAB Reward is intended to recognize and encourage employee and team efforts in service excellence. Qualifying activities include going above and beyond to meet a customer's need, completing a project requirement or meeting a deadline early, coming up with a creative solution to a complex problem, or displaying integrity and professionalism under pressure. Supervisors, peers, and customers are eligible to nominate DSA employees and teams that should be recognized for special efforts in going above and beyond in their positions and providing service and support. Nominated employees receive a \$100 Visa gift card as a GAB Reward.

GOALS FOR THE PROGRAM

The overarching goal is to highlight employees' service accomplishments and achievements that go above and beyond daily performance expectations within DSA. Additional goals include:

- Send positive messages to our employees and generate a strong system-wide commitment to service excellence.
- Make employees feel valued and reinforce the importance of excellent service and encourage teamwork.
- Provide recognition thereby increasing retention and have a positive impact on employee/customer interactions.

PET INSURANCE

Our popular My Pet Protection® plans now feature more choices and more flexibility.

- Cash back on eligible vet bills Choose from three levels of reimbursement: 90%, 70% or 50%*
- Simple pricing based on just two factors ZIP code and species of pet. We're the only company to offer this kind of pricing
- Available exclusively for employees, not to the general public. We're the only company with a dedicated product for voluntary benefits
- Same price for pets of all ages Your rate won't go up because your pet had a birthday
- Use any vet, anywhere No networks, no pre-approvals
- **Optional wellness coverage available** Includes spay/neuter, dental cleaning, exams, vaccinations and more

Nationwide[®]

HOW TO ENROLL

There are three simple ways for employees to sign up for the pet insurance voluntary benefit:

- 1. Go directly to the dedicated URL: http:// www.petinsurance.com/dsainc
- 2. Visit PetsNationwide.com and enter your company name
- Call 877-738-7874 and mention that you are an employee of Data Systems Analysts Inc to receive preferred pricing

CHOOSE THE REIMBURSEMENT LEVEL THAT FITS YOUR NEEDS

Problems such as upset stomach are among the most common reasons dogs and cats go to the vet. The average cost for this kind of visit is \$424. Here's how My Pet Protection would cover the bill.*

GET MORE-ENJOY THESE EXTRAS WHEN YOU PROTECT YOUR PET WITH A NATIONWIDE PET INSURANCE POLICY

- Unlimited, 24/7 access to a veterinary professional (\$150 value).
- Multiple-pet discounts available.
- Mobile claims submission with the free VitusVet app.
- Fast, convenient electronic claim payments.
- Access to our award-winning magazine, The Companion.
- Discounts on hand-picked pet products and services.

90% REIMBURSEMENT

You Pay: \$43 Nationwide Pays: \$381



70% REIMBURSEMENT

You Pay: \$128 Nationwide Pays: \$296



50% REIMBURSEMENT

You Pay: \$212 Nationwide Pays: \$212



2020 BENEFITS GUIDE 15

VALUE ADDED SERVICES

TRAVEL ASSISTANCE

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

You and your spouse are covered with Travel Assistance - and so are kids through age 25 - with your group insurance from Standard Insurance Company (The Standard).

Security That Travels with You

Travel Assistance is available when you travel more than 100 miles from home or internationally for up to 180 days for business or pleasure. It offers aid before and during your trip, including:

- Passport, visa, weather and currency exchange information, health hazards advice and inoculation requirements
- Emergency ticket, credit card and passport replacement, funds transfer and missing baggage
- Help replacing prescription medication or lost corrective lenses and advancing funds for emergency medical payment
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains
- Connection to medical care providers, interpreter services, a local attorney, consular office or bail bond services
- Return travel companion if travel is disrupted due to emergency transportation services or return dependent children if left unattended due to prolonged hospitalization
- Logistical arrangements for ground transportation, housing and/or evacuation in the event of a natural disaster, political unrest and social instability

CONTACT TRAVEL ASSISTANCE

866.455.9188 United States, Canada, Puerto Rio, U.S. Virgin Island and Bermuda

> +1.240.330.1380Everywhere else

ops@gga-usa.com standard.com/travel

EMPLOYEE ASSISTANCE PROGRAM (EAP)

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program (EAP) which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26) and all household members can contact master's-degreed clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three face-to-face assessment and counseling sessions per issue. EAP services can help with:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Life improvement and goal-setting
- Addictions such as alcohol and drug abuse •
- Stress or anxiety with work or family
- Financial and legal concerns
- Identity theft and fraud resolution
- Online will preparation

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit workhealthlife.com/Standard to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.



Call the Benefit Resource Center ("BRC"), We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution

- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims
- Filing claims for out-of-network services



Benefit Resource Center BRCEast@usi.com | Toll Free: 855-874-6699 Monday - Friday: 8:00 am - 5 pm ET