

Your insurance benefits are an important part of your overall compensation. This overview was designed to answer some of the basic questions you may have about your insurance benefits.

## Eligibility

You are eligible for Medical insurance benefits if you work an average of 30 or more hours per week. You are eligible for Dental, Life, Short-term Disability, Long-term Disability, Vision and other voluntary benefits if you work 40+ hours/week. You are eligible for benefits on the first of the month after date of hire. If hired on the first of the month, you are eligible on date of hire. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life event:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

## Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck. The amount deducted will depend on the plan you select and if you choose to cover eligible family members.

## Contacts

Coverage	Contact	Phone	Website
Medical	RIPPLING PEO		Rippling.com
Dental	Guardian	1-800-541-7846	GuardianLife.com
Life & Disability	Guardian	Life and AD&D—1-800-525-4542 STD—1-800-268-2525 LTD—1-800-538-4583	GuardianLife.com
Voluntary Benefits	Voya	1-800-584-6001	Voya.com
Human Resources			humanresources@networkats.com

Medical

We are proud to offer you the ability to choose your own medical coverage through Rippling PEO.

The employee benefit package is offered through the Rippling PEO benefit platform with several different plan options for you to choose from. The platform includes links with Plan Summaries and information for you to compare and decide the best option for you. If you choose to enroll in a High Deductible Health Plan (HDHP) with a Health Savings Account,

ATS will contribute \$50 per month towards your Health Savings Account if enrolled as an Individual or \$100 per month if enrolled with family member (s). If you elect to also make your own contributions, they will be reflected in your health savings account on a monthly basis.

Dental



Following is a high-level overview of the coverage available.

Guardian Dental Benefits	DPPO Plan	
	In-Network	Out-of-Network
Deductible (per calendar year)		
Individual	\$50	\$50
Family	\$150	\$150
Benefit Maximum (per calendar year; preventive, basic and major services combined)		
Individual	\$1,500 Plus Maximum Rollover	
Covered Services		
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia	50%	50%
Orthodontia lifetime maximum	\$1,500	

## Life & Disability Coverage



Employer pays 100% of the premium for:

Basic Life	Benefit Maximum	Qualifications
1x Salary	\$250,000	
Short-Term Disability		
60% of Salary	\$2,500/ week	Starts day 8 of Injury or Illness 12 week duration
Long-Term Disability		
60% of Salary	\$12,000/ month	Starts day 91 of Injury or Illness Pre-existing condition limitation applies

## Voluntary Benefits

Voluntary Benefits	
Guardian	Vision
	Supplemental Life for you, your spouse and your children
Voya	Hospital Indemnity
Voya	Critical Illness
Voya	Accident Insurance

You pay for the Voluntary Benefits  
based on your selected plans.

**Disclaimer:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

**Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.

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