



# EMPLOYEE BENEFITS GUIDE

May 1, 2021 – April 30, 2022



# PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY

Digital Prospectors Corp. strives each year to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefit Guide.

This guide will outline all of the different benefits Digital Prospectors Corporation provides, so that you can identify which offerings are best for you and your family.

Elections you make during this time will become effective the first of the month following your Start Date. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to Human Resources.

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# WHO IS ELIGIBLE?

All regular full-time employees at Digital Prospectors Corporation are eligible. In most cases, coverage is available for you, your legal spouse, and/or dependent children.

Note: proof of dependent eligibility (e.g., marriage and/or birth certificates) might be required during annual dependent audits.

# HOW AND WHEN TO ENROLL

Are you ready to enroll? Once your On-Boarding Specialist gives you the green light, login to [www.workforcenow.adp.com](http://www.workforcenow.adp.com) > Benefits > Enrollments and pick the plans you want as well as adding any dependents and beneficiaries that may be applicable. Please have your elections completed before your start date and feel free to reach out to Human Resources ([hr@digitalprospectors.com](mailto:hr@digitalprospectors.com)) should you have any questions.

# HOW TO MAKE CHANGES

Deductions for Medical Insurance and Dependent Care Assistance Program (DCAP) will be made on a pre-tax basis by default, which means you save federal, state, and social security taxes on premiums paid. You cannot change pre-tax elections during the year unless you experience a qualified change in status. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

If you do not want your premiums deducted on a pre-tax basis, you may sign a Section 125 waiver form. This selection will be able to be changed annually during our Open Enrollment Period, should you choose.

Tax Implications of Covering an Ex-Spouse: Benefit contributions are made on a pre-tax basis by default. The IRS allows pre-tax contributions for employees and their eligible dependents. In most cases the IRS does not recognize ex-spouses as tax dependents. If you are covering an ex-spouse on our plan, please contact Human Resources so we may provide you with more information on the taxability of the benefit.

# MEDICAL

## POS Open Access 1:3

	In Network	Out of Network
<b>Annual Deductible:</b>		
<i>Individual</i>	\$1,000	\$3,000
<i>Family</i>	\$3,000	\$9,000
<b>Out of Pocket Maximum:</b>		
<i>Individual</i>	\$6,500	\$6,500
<i>Family</i>	\$13,000	\$13,000
<b>Professional Services:</b>		
<i>Routine/Preventive</i>	No Charge	50% after deductible
<i>Office Visit - PCP</i>	\$20 copay	50% after deductible
<i>Office Visit - Specialist</i>	\$20 copay	50% after deductible
<i>Chiropractor Copay</i>	\$20 copay (12 Visits)	50% after deductible
<i>Diagnostic Lab &amp; X-Ray</i>	No Charge after deductible Select Providers: No Charge	50% after deductible
<i>Hi-tech Imaging (CT, MRI, PET, etc.)</i>	\$250 Copay after deductible	50% after deductible
<b>Emergency Services:</b>		
<i>Emergency Room Copay</i>	\$100 copay	
<i>Urgent Care</i>	\$20 copay	50% after deductible
<b>Hospital Services:</b>		
<i>Inpatient Hospital</i>	No charge after deductible	50% after deductible
<i>Ambulatory Day Surgery</i>	\$250 Copay after deductible Select Providers: \$125 Copay	50% after deductible
<b>Prescription Drugs:</b>		
<i>Retail (30 Day)</i>	\$5/\$15/\$30/\$50	\$5/\$15/\$30/\$50
<i>Mail Order (90 Day)</i>	\$10/\$30/\$60/\$100	\$10/\$30/\$60/\$100

See final SBCs for full benefit details

## Cost to You

<b>EMPLOYEE BIWEEKLY DEDUCTIONS</b>				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
<b>POS \$1K/\$3K</b>	\$0.00	\$232.41	\$239.08	\$611.00

# MEDICAL

## POS Open Access 2:6

	In Network	Out of Network
<b>Annual Deductible:</b>		
<i>Individual</i>	\$2,000	\$6,000
<i>Family</i>	\$6,000	\$12,000
<b>Out of Pocket Maximum:</b>		
<i>Individual</i>	\$6,500	\$10,000
<i>Family</i>	\$13,000	\$20,000
<b>Professional Services:</b>		
<i>Routine/Preventive</i>	No Charge	50% after deductible
<i>Office Visit - PCP</i>	\$25 copay	50% after deductible
<i>Office Visit - Specialist</i>	\$50 copay	50% after deductible
<i>Chiropractor Copay</i>	\$25 copay (12 Visits)	50% after deductible
<i>Diagnostic Lab &amp; X-Ray</i>	No Charge after deductible Select Providers: No Charge	50% after deductible
<i>Hi-tech Imaging (CT, MRI, PET, etc.)</i>	\$250 Copay after deductible	50% after deductible
<b>Emergency Services:</b>		
<i>Emergency Room Copay</i>	\$250 per Visit after deductible	
<i>Urgent Care</i>	Retail Clinic \$25 copay; Free Standing \$50 copay	50% after deductible
<b>Hospital Services:</b>		
<i>Inpatient Hospital</i>	No charge after deductible	50% after deductible
<i>Ambulatory Day Surgery</i>	\$250 Copay after deductible Select Providers: \$125 Copay	50% after deductible
<b>Prescription Drugs:</b>		
<i>Retail (30 Day)</i>	\$5/\$15/\$30/\$50	\$5/\$15/\$30/\$50
<i>Mail Order (90 Day)</i>	\$10/\$30/\$60/\$100	\$10/\$30/\$60/\$100

See final SBCs for full benefit details

## Cost to You

<b>EMPLOYEE BIWEEKLY DEDUCTIONS</b>				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
<b>POS \$2K/\$6K</b>	\$0.00	\$188.08	\$194.33	\$542.87

# MEDICAL

## POS Open Access H.S.A

	In Network	Out of Network
<b>Annual Deductible:</b>		
<i>Individual</i>	\$3,000	\$6,000
<i>Family</i>	\$6,000	\$12,000
<b>Out of Pocket Maximum:</b>		
<i>Individual</i>	\$6,500	\$6,500
<i>Family</i>	\$13,000	\$13,000
<b>Professional Services:</b>		
<i>Routine/Preventive</i>	No Charge	40% after deductible
<i>Office Visit - PCP</i>	20% after deductible	40% after deductible
<i>Office Visit - Specialist</i>	20% after deductible	40% after deductible
<i>Chiropractor Copay</i>	20% after deductible (12 Visits)	40% after deductible
<i>Diagnostic Lab &amp; X-Ray</i>	20% after deductible	40% after deductible
<i>Hi-tech Imaging (CT, MRI, PET, etc.)</i>	20% after deductible	40% after deductible
<b>Emergency Services:</b>		
<i>Emergency Room Copay</i>	20% after deductible	
<i>Urgent Care</i>	20% after deductible	40% after deductible
<b>Hospital Services:</b>		
<i>Inpatient Hospital</i>	20% after deductible	40% after deductible
<i>Ambulatory Day Surgery</i>	20% after deductible	40% after deductible
<b>Prescription Drugs:</b>		
<i>Retail (30 Day)</i>	20% Copay	20% Copay
<i>Mail Order (90 Day)</i>	20% Copay	20% Copay

See final SBCs for full benefit details

## Cost to You

<b>EMPLOYEE BIWEEKLY DEDUCTIONS</b>				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
<b>HDHP</b>	\$0.00	\$104.61	\$110.47	\$415.21

# DENTAL

In addition to protecting your smile, dental insurance helps pay for dental care and includes coverage for regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

## High Plan

Coverage Type	High Plan	
	In Network	Out of Network
Type 1 – Preventative Services	100%	100%
Type 2 – Basic Services	80%	80%
Type 3 – Major Services	50%	50%
Type 4 – Orthodontia (to age 19)	60%	60%
Deductible: Per Member	\$25 (Applies to type II & III services only)	
Deductible: Per Family	\$75 (Applies to type II & III services only)	
Calendar Year Max Benefits	\$1,500 per member	
Lifetime Orthodontia Max (to age 19)	\$1,500 per member	

*\*Limitations may apply, see summary for benefits full details.*

## Cost to You-

EMPLOYEE BIWEEKLY DEDUCTIONS				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
High	\$0.00	\$0.00	\$0.00	\$0.00

# DENTAL

## Low Plan

Coverage Type	Low Plan	
	In Network	Out of Network
Type 1 – Preventative Services	100%	100%
Type 2 – Basic Services	80%	80%
Type 3 – Major Services	50%	50%
Type 4 – Orthodontia (to age 19)	Not Covered	Not Covered
Deductible: Per Member	\$25 (Applies to type II & III services only)	
Deductible: Per Family	\$75 (Applies to type II & III services only)	
Calendar Year Max Benefits	\$1,500 per member	
Lifetime Orthodontia Max (to age 19)	Not Covered	

*See summary for benefits full details.*

## Cost to You-

EMPLOYEE BIWEEKLY DEDUCTIONS				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
Low	\$0.00	\$0.00	\$0.00	\$0.00



# VISION

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all of these activities depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Digital Prospectors Corporations' vision insurance entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

Frequency		Vision through VSP Choice Network	
Exam		Once every 12 months	
Lenses or Contact Lenses		Once every 12 months	
Frame		Once every 24 months	
Frequency Period		Begins January 1 (Calendar Year Basis)	
Vision Care Service		In-Network Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary		\$20 Copay	Up to \$39
Frames		\$150 Allowance, then 20% off balance	Up to \$46
Standard Lenses			
Single Vision		\$20 Copay	Up to \$23
Lined Bifocal		\$20 Copay	Up to \$37
Lined Trifocal		\$20 Copay	Up to \$49
Lenticular		\$20 Copay	Up to \$64
Standard Progressives		\$55 Copay	N/A
Contact Lenses			
Elective		\$150 Allowance	Up to \$100
Medically Necessary		No Charge	Up to \$210

See Summary of Benefits for full benefit details once registered in ADP.

[www.workforcenow.adp.com](http://www.workforcenow.adp.com) > Quick Links > Benefit Summaries

## Cost to You-

EMPLOYEE TYPICAL BI-WEEKLY DEDUCTIONS				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
Vision	\$0.00	\$0.00	\$0.00	\$0.00

# DISABILITY INCOME BENEFITS

Digital Prospectors Corporation provides employees, who are fully-benefited and regularly scheduled to work 40 or more hours a week, with short-term and long-term disability benefits. Without disability coverage, you and your family may struggle to get by if you miss work due to an injury or illness. With that being stated, we want to do everything we can to protect you; that is why Digital Prospectors Corporation pays for the full cost of the short-term and long-term disability insurance for employees that chose to be fully-benefited.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

## Short-Term Disability

For approved, non-work-related disabilities employees receive 60% of their pay up to a weekly maximum of \$2,000 for up to 13 weeks. Benefits begin on the 8<sup>th</sup> day for an accident and illness. Benefits received are taxable as income.

*See Summary of Benefits for full benefit details once registered in ADP.*

[www.workforcenow.adp.com](http://www.workforcenow.adp.com) > Quick Links > Benefit Summaries

## Long-Term Disability

Our Long-Term Disability Insurance plan is in place to protect a portion of our employee's income in the event of an extended disability of more than 90 days. Long-term disability coverage provides 60% of income up to \$10,000 per month for the shorter of the term of the disability or until Age 65 (see schedule on Certificate of Coverage). Please note, the pre-existing limitation on this plan is 3/12. This means that if you have received treatment within the 3 months prior to your effective date and you become disabled within your first 12 months of coverage by the same cause for which you received treatment for, no benefits are payable for that disability. Benefits received are taxable as income.

*See Summary of Benefits for full benefit details once registered in ADP.*

[www.workforcenow.adp.com](http://www.workforcenow.adp.com) > Quick Links > Benefit Summaries

# BASIC LIFE/AD&D INSURANCE

Employees who fully-benefited and are regularly scheduled to work at least 40 hours per week are eligible for coverage under our Life & Accidental Death and Dismemberment (AD&D) insurance plan through Guardian.

Life and AD&D insurance can help provide for your loved ones if something were to happen to you. The coverage is \$50,000, decreasing after age 65. Digital Prospectors Corp. pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums.

It is important that you have up-to-date beneficiary information on file for this coverage. Please update all beneficiary information directly in ADP.

# VOL. LIFE/AD&D INSURANCE

Employees who are fully-benefited and regularly scheduled to work at least 40 hours per week are eligible for coverage under the Digital Prospectors Corporation Voluntary Life & Accidental Death and Dismemberment (AD&D) insurance plan through Guardian.

Voluntary Life and AD&D insurance can help provide additional coverage for your family if something were to happen.

- For you, the coverage is available in \$10,000 increments up to a maximum of \$300,000.
- For your spouse, the coverage is available in \$5,000 increments up to a maximum of \$150,000 or up to 100% of the employee's election.
- For your dependent children 14 days to age 26, the coverage is available in \$1,000 increments to a maximum \$10,000.

The employee pays the full cost of this benefit at the discounted rates through Digital Prospectors' Group Plan.

Bi-Weekly Premium of Voluntary Life and AD&D		
Age	Employee Cost per \$10,000 Unit	Spouse Cost per \$10,000 Unit
<30	\$0.41	\$0.41
30-34	\$0.43	\$0.43
35-39	\$0.50	\$0.50
40-44	\$0.64	\$0.64
45-49	\$0.95	\$0.95
50-54	\$1.44	\$1.44
55-59	\$2.17	\$2.17
60-64	\$2.93	\$2.93
65-69*	\$4.74	\$4.74
Child(ren) per \$5,000 Unit		\$0.40

\*Benefit Reductions apply

See *Summary of Benefits* for full benefit details once registered in ADP.  
[www.workforcenow.adp.com](http://www.workforcenow.adp.com) > Quick Links > Benefit Summaries

# ACCIDENT INSURANCE

Whether it's a sports injury, a slip or a fall, a cut or a sprain, millions of people make a trip to the ER or to their doctors because of an accident. While medical insurance provides most of the coverage in these cases, there are out-of-pocket costs for copays and deductibles – and that's where Accident Insurance can help. Full-Time employees can enjoy this Voluntary Benefit.

Examples	Plan Benefits
<b>Accident Coverage Type</b>	Off Job
<b>Accidental Death and Dismemberment</b>	Employee: \$10,000 Spouse: \$5,000 Child: \$5,000
<b>Emergency Room Treatment</b>	\$150
<b>Hospital Admission</b>	\$750
<b>Hospital Confinement</b>	\$150/day - up to 1 year
<b>Laceration</b>	Up to \$300
<b>Fracture</b>	Up to \$4,000
<b>Portability</b>	You have the right to retain this benefits if you leave the company or become benefit ineligible.

See Summary of Benefits for full benefit details once registered in ADP.  
[www.workforcenow.adp.com](http://www.workforcenow.adp.com) > Quick Links > Benefit Summaries

EMPLOYEE BI-WEEKLY DEDUCTIONS				
	Employee	Employee + Spouse	Employee + Child(ren)	Family
<b>Accident</b>	\$4.29	\$7.25	\$7.79	\$10.75

# CRITICAL ILLNESS INSURANCE

For Full-Time employees, Critical Illness Insurance pays you a lump-sum amount if you or a family member experiences a major health issue such as cancer, a heart attack, or a stroke.

	Benefit Highlights
<b>Employee Benefit</b>	Lump sum benefit of \$5,000 to \$25,000 in \$5,000 increments. <u>Guarantee Issue:</u> Less than 70 up to \$20,000
<b>Spouse Benefit</b>	Lump sum benefit of \$2,500 to \$12,500 in \$2,500 increments up to 50% of the employee's benefit. <u>Guarantee Issue:</u> Less than 70 up to \$10,000
<b>Child Benefit</b>	25% of the employee's benefit. <u>Guarantee Issue:</u> All Amounts
<b>Covered Conditions</b>	Cancer, Heart Attack, Stroke, Heart Failure, Organ Failure, Kidney Failure, ALS, Alzheimer's Disease, Huntington's Disease, Multiple Sclerosis, Parkinson's Disease, & Severe Burns
<b>Pre-Existing Condition</b>	6 months prior, 6 months after
<b>Portability</b>	You have the right to retain this benefits if you leave the company or become benefit ineligible.
<b>Payroll Deductions</b>	As rates are based on age and the coverage selected, please see the benefit summary for more details.

## EMPLOYEE BI-WEEKLY DEDUCTIONS

EMPLOYEE + CHILD	<30	30-39	40-49	50-59	60-69	70+
\$5,000.00	\$1.82	\$2.56	\$4.92	\$9.21	\$14.31	\$27.53
\$10,000.00	\$3.65	\$5.12	\$9.83	\$18.42	\$28.62	\$55.06
\$15,000.00	\$5.47	\$7.69	\$14.75	\$27.62	\$42.92	\$82.59
\$20,000.00	\$7.29	\$10.25	\$19.66	\$36.83	\$57.23	\$110.12
\$25,000.00	\$9.12	\$12.81	\$24.58	\$46.04	\$71.54	\$137.65
SPOUSE						
\$2,500.00	\$0.91	\$1.28	\$2.46	\$4.61	\$7.15	\$13.77
\$5,000.00	\$1.82	\$2.56	\$4.92	\$9.21	\$14.31	\$27.53
\$7,500.00	\$2.74	\$3.84	\$7.38	\$13.81	\$21.46	\$41.30
\$10,000.00	\$3.65	\$5.12	\$9.83	\$18.42	\$28.62	\$55.06
\$12,500.00	\$4.56	\$6.41	\$12.29	\$23.02	\$35.77	\$68.83

See Summary of Benefits for full benefit details once registered in ADP.

[www.workforcenow.adp.com](http://www.workforcenow.adp.com) > Quick Links > Benefit Summaries

# DEPENDENT CARE ASSISTANCE PROGRAM

The BASE Dependent Care Assistance Plan, also known as a Dependent Care FSA, is a plan established by Digital Prospectors Corporation that allows employees to set aside money from each paycheck on a pre-tax basis to pay for qualifying dependent care expenses such as daycare, preschool, before & after school care, elder care, and any other IRS-Approved care..

## How does it work?

The plan allows you to set aside a specified amount of pre-tax dollars from each paycheck to pay for qualifying dependent care expenses. Elected funds are available once they have been accrued from your paycheck. If you are unable to utilize the amount specified for dependent care expenses you will forfeit the remaining funds elected.

## What are the Benefits?

- **Peace of Mind** – You can continue to work, and still have peace of mind that they have established funds to help pay for the cost of dependent care expenses.
- **Increased Take-Home Pay** – Since these funds are transferred your wages on a pre-tax basis, you save federal, state, Social Security, and Medicare taxes. By setting aside these dollars pre-tax, you are able to increase your take-home pay.

## Dependent Care Assistance Plan Example

- Gross Annual Pay: \$30,000
- Monthly Out-Of-Pocket Dependent Care Expenses: \$420

	<u>Without Cafeteria Plan</u>	<u>With Cafeteria Plan</u>
<b>Gross Paycheck</b>	\$30,000.00	\$30,000.00
<b>Dependent Care</b>	\$0.00	\$5,000.00
<b>Taxable Earnings</b>	\$30,000.00	\$25,000.00
<b>*Taxes</b>	\$8,295.00	\$6,912.50
	<b>Annual Savings</b>	\$1,382.50
	<b>Monthly Savings</b>	\$115.21

# COMMUTER BENEFIT

The WageWorks Commuter program is a pre-tax benefit that can save you up to a third of what you pay for parking and public transit – that includes train, subway, bus, ferry and eligible vanpool – as part of your daily commute to work.

## Save Money

- Save an average of 30% on public transit and parking
- Sign up any time to start saving – there’s no “use it or lose it” as long as you remain employed by your current employer
- Decide how much to contribute (up to the \$270 monthly maximum for transit and eligible vanpools **and** \$270 per month for qualified parking)
  - Funds are moved from your paycheck and added to your account before taxes are deducted
  - As soon as funds are available in your account, you can start using them for qualified commuting expenses
  - You can pause, cancel, or change contributions to your account at any time

## Easier to Pay

- Public Transit Options
  - Have monthly transit passes or tickets mailed to your home
  - Load funds onto your smart card
- Parking Options
  - Send payments directly to your parking provider
  - Get reimbursed for eligible commuting expenses you pay out of pocket

## Eligible Commuter Expenses

- |                           |   |             |
|---------------------------|---|-------------|
| • Bus                     | • Parking at or near public transportation to get to work | • Streetcar |
| • Ferry                   |   | • Subway    |
| • Parking at or near work |   | • Train     |
|                           |   | • Vanpool   |

## EZ Receipts

- The EZ Receipts mobile app lets you check your balances, submit claims, snap photos of receipts and manage your account from anywhere.
  - Snap and submit photos of your receipts, making it easy to verify transactions later
  - File claims, view transactions and check account balances on the go
  - Sign up for email and text alerts to stay on top of everything

# QUESTIONS/ANSWERS

## **HOW DO I CHANGE OR CONFIRM MY BENEFITS?**

- You must login to your ADP portal to choose your benefit elections electronically. You will receive a confirmation email from ADP and once reviewed and approved by Human Resources, you should be able to view your benefits in ADP.

## **WHEN ARE BENEFIT ELECTIONS DUE?**

- Before your start date.

## **WHAT IS A DEDUCTIBLE?**

- The amount you owe for health care services before Harvard Pilgrim begins to pay.

## **HOW DO I KNOW WHAT SERVICES ARE SUBJECT TO THE DEDUCTIBLE?**

- See your Summary of Benefits and Coverage (SBC) and Benefit Summary.

## **WHAT HAPPENS WHEN I SATISFY MY DEDUCTIBLE?**

- Once you have satisfied your deductible most services are either covered in full by Harvard Pilgrim, or covered in full after a copay.

## **WHAT IS AN OUT-OF-POCKET MAX?**

- The out-of-pocket max is protection for you. It is a cap on what you will pay during the policy period (May 1 – April 30).

## **WHAT HAPPENS IF I REACH THE OUT-OF-POCKET MAX?**

- If you reach the out-of-pocket max Harvard Pilgrim will cover 100% of covered services for the rest of the year.



# CONTACTS

Medical	Harvard Pilgrim Health Care Member Services: 1-888-333-4742 <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
Dental and Vision	Guardian Member Services: 1-888-482-7342 <a href="http://www.guardianlife.com">www.guardianlife.com</a>
Voluntary Life and AD&D	Guardian Member Services: 1-888-482-7342 <a href="http://www.guardianlife.com">www.guardianlife.com</a>
Accident and Critical Illness	Guardian Member Services: 1-888-482-7342 <a href="http://www.guardianlife.com">www.guardianlife.com</a>
Dependent Care Assistance Program	BASE Member Services: 1-888-386-9680 <a href="http://www.BASEonline.com">www.BASEonline.com</a>
Commuter Benefits	WageWorks Member Services: 1-877-924-3967 <a href="http://www.wageworks.com/mycommute">www.wageworks.com/mycommute</a>
Human Resources Contact	Sabrina Dugas <a href="mailto:sdugas@digitalprospectors.com">sdugas@digitalprospectors.com</a> or <a href="mailto:hr@digitalprospectors.com">hr@digitalprospectors.com</a>