

EMPLOYEE BENEFITS GUIDE

Plan Year Term May 1, 2023 - April 30, 2024



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Digital Prospectors Corporation strives each year to provide you and your family with a comprehensive and valuable benefit package.

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.

This guide is provided for your convenience and is for informational purposes only. Digital Prospectors Corporation is not responsible for errors, omissions, or changes initiated by Digital Prospectors Corporation or a Third Party. If there is a discrepancy between the information in this pamphlet and the official plan documents, the plan documents will always govern. This guide is not a contract and does not intend to create contractual obligations of any kind.



Introduction and Eligibility

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) may be required during annual dependent audits.

HOW AND WHEN TO ENROLL

Are you ready to enroll? Once you have completed the majority of the onboarding process, you will receive a Checklist from Paycom instructing you to login to Paycom and make elections.

Once logged-in, employees should have a notification bell to complete benefit elections. This pop-up will remain during the enrollment time period until you have elected. You can also navigate to Benefits > 2023 Benefits Enrollment. to enroll.

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.



On your interactive benefits journey, make sure to look for this icon. This icon indicates that there is a Carrier-provided educational video available to help you better understand your benefits.

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.

Digital Prospectors offers a comprehensive medical package through Harvard Pilgrim Health Care (HPHC). There are three different plan options so that you can select a plan that best suit your needs. All three options use HPHC's Point of Service (POS) Open Access network.

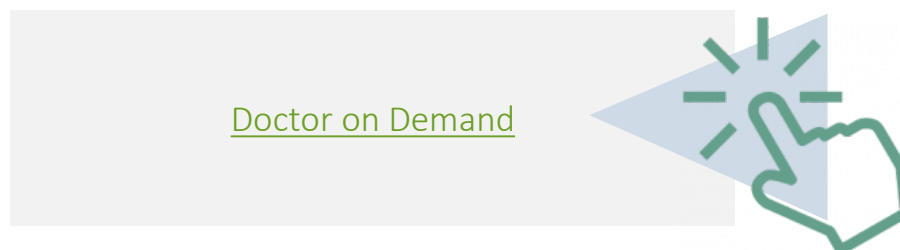
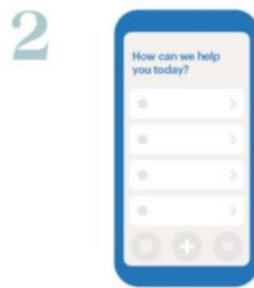
With the POS Open Access plans members may seek services from in-network and out-of-network providers. Utilizing an in-network provider offers an enriched benefits and lower out-of-pocket expenses. If an out-of-network provider is selected, the member may be responsible for charges above the usual and customary limit.

For members residing in the New England area (New Hampshire, Massachusetts, Maine, Connecticut or Rhode Island) you are required to designate a Primary Care Provider (PCP) when you enroll in the plan. You are not required to obtain referrals to see a Specialist. For employees outside of New England, the Employee will utilize the United Healthcare Network.

TeleHealth with Doctor on Demand

When you or your dependents need urgent care, use Telehealth virtual care services provided by Doctor On Demand to save time and money. Connect with a US board certified doctor 24/7 via your smartphone, tablet, computer, or app from anywhere in the world*

In addition to Urgent Care, Doctor on Demand offers Behavioral Health with urgent mental health needs or for non-urgent needs you can make an appointment to be seen within a few days



Behavioral Health Resources

Talkspace connects you to a dedicated, licensed therapist in your state via private messaging or live video. Regularly message your therapist via text, voice or video as life happens — anytime, anywhere.

Sanvello is a powerful online tool that offers clinical techniques to help dial down the symptoms of stress, anxiety and depression — anywhere, anytime. Plus, you can get complimentary access to the premium version when you register using your Harvard Pilgrim ID number.

[HPHC Behavioral Health](#)



Lifestyle Management Coaching

HPHC's certified lifestyle management coaches will help you set realistic health goals, identify and address any barriers, and keep track of your progress. Best of all, this no-cost service is available to any Harvard Pilgrim member age 18 or older.

[HPHC Health Coaching](#)



Fitness Reimbursement

HPHC will reimburse you for fees you pay toward a fitness facility or other qualified membership — up to \$150 per individual plan and up to \$300 per family plan per year. To qualify, your membership must be active for at least four months in the calendar year. Reimbursement amounts may vary for some plans; please ask your employer for more details.

[Fitness Reimbursement](#)



Harvard Pilgrim
Health Care

Medical Coverage – POS Open Access 1:3



| MEDICAL PLAN HIGHLIGHTS | In-Network | Out-of-Network |
|--|---|----------------------|
| Deductible | | |
| Individual | \$1,000 | \$3,000 |
| Family | \$3,000 | \$9,000 |
| Out-of-Pocket Maximum <i>(Includes deductibles and copays)</i> | | |
| Individual | \$6,500 | |
| Family | \$13,000 | |
| Professional Services | | |
| Office Visit Copayment <i>(PCP/Specialist)</i> | PCP: \$20 Co-Pay Specialist: \$20 Co-Pay | 50% After Deductible |
| Urgent Care Copayment | \$20 Co-Pay | 50% After Deductible |
| Emergency Room Visit | \$100 Co-Pay | |
| Diagnostic Lab & X-Ray | No Charge After Deductible | 50% After Deductible |
| Hi-Tech Imaging (CT, MRI, PET, Etc) | \$250 Co-Pay After Deductible | 50% After Deductible |
| Hospital/Surgical Services | | |
| Inpatient Hospital Expenses | No Charge After Deductible | 50% After Deductible |
| Outpatient Surgery | \$250 Co-Pay After Deductible Select Providers: \$125 Co-Pay | 50% After Deductible |
| Prescription Drugs | | |
| Retail (30 Day) | \$5/\$15/\$30/\$50 | \$5/\$15/\$30/\$50 |
| Mail Order (90 Day) | \$10/\$30/\$60/\$100 | \$10/\$30/\$60/\$100 |

Please see the Summary of Benefits and Coverages (SBC) for full details

Medical Coverage – POS Open Access 2:6



| MEDICAL PLAN HIGHLIGHTS | In-Network | Out-of-Network |
|--|---|----------------------|
| Calendar Year | | |
| Individual | \$2,000 | \$6,000 |
| Family | \$6,000 | \$12,000 |
| Out-of-Pocket Maximum <i>(Includes deductibles and copays)</i> | | |
| Individual | \$6,500 | \$10,000 |
| Family | \$13,000 | \$20,000 |
| Professional Services | | |
| Office Visit Copayment <i>(PCP/Specialist)</i> | PCP: \$25 Co-Pay Specialist: \$50 Co-Pay | 50% After Deductible |
| Urgent Care Copayment | \$50 Co-pay | 50% After Deductible |
| Emergency Room Visit | \$250 Copay After Deductible | |
| Diagnostic Lab & X-Ray | No Charge After Deductible Select Providers: No Charge | 50% After Deductible |
| Hi-Tech Imaging (CT, MRI, PET, Etc) | \$250 Co-Pay After Deductible | 50% After Deductible |
| Hospital/Surgical Services | | |
| Inpatient Hospital Expenses | No Charge After Deductible | 50% After Deductible |
| Outpatient Surgery | \$250 Copay After Deductible Select Providers: \$125 Copay | 50% After Deductible |
| Prescription Drugs | | |
| Retail (30 Day) | \$5/\$15/\$30/\$50 | \$5/\$15/\$30/\$50 |
| Mail Order (90 Day) | \$10/\$30/\$60/\$100 | \$10/\$30/\$60/\$100 |

Please see the Summary of Benefits and Coverages (SBC) for full details

Medical Coverage – POS Open Access HSA



| MEDICAL PLAN HIGHLIGHTS | In-Network | Out-of-Network |
|--|---|----------------------|
| Deductible | | |
| Individual | \$3,000 | \$6,000 |
| Family | \$6,000 | \$12,000 |
| Out-of-Pocket Maximum (Includes deductibles and copays) | | |
| Individual | \$6,500 | |
| Family | \$13,000 | |
| Professional Services | | |
| Office Visit Copayment (PCP/Specialist) | PCP: 20% After Deductible Specialist: 20% After Deductible | 40% After Deductible |
| Urgent Care Copayment | 20% After Deductible | 50% After Deductible |
| Emergency Room Visit | 40% After Deductible | |
| Diagnostic Lab & X-Ray | 20% After Deductible | 40% After Deductible |
| Hi-Tech Imaging (CT, MRI, PET, Etc) | 20% After Deductible | 40% After Deductible |
| Hospital/Surgical Services | | |
| Inpatient Hospital Expenses | 20% After Deductible | 40% After Deductible |
| Outpatient Surgery | 20% After Deductible | 40% After Deductible |
| Prescription Drugs | | |
| Retail (30 Day) | 20% After Deductible | 40% After Deductible |
| Mail Order (90 Day) | 20% After Deductible | 40% After Deductible |

Please see the Summary of Benefits and Coverages (SBC) for full details

Dental Insurance

Employees have the choice between two plan options, one with orthodontic services for children the other option does not include orthodontic services. Each plan has a Rollover feature. The dental network used is **DentalGuard Preferred**. Both plan options give you the flexibility to see both in-network or out-of-network providers.



Digital Prospectors pays 100% of the cost of the dental benefit for its employees and their dependents.

Dental Plan with Child Orthodontia

| | In-Network | Out-of-Network |
|--|--|----------------|
| Deductible (Calendar Year) | | |
| Individual | \$25 (Applies to Basic & Major Services Only) | |
| Family | \$75 (Applies to \$25 (Applies to Basic & Major Services Only) | |
| Preventive Services | 100% | 100% |
| Basic Services | 80% | 80% |
| Major Services | 50% | 50% |
| Orthodontia Services | 60% | 60% |
| Orthodontia Lifetime Maximum | \$1,500 | \$1,500 |
| Calendar Year Maximum – 1st year of coverage | \$1,500 | \$1,500 |

Dental Plan without Child Orthodontia

| | In-Network | Out-of-Network |
|--|--|----------------|
| Deductible (Calendar Year) | | |
| Individual | \$25 (Applies to Basic & Major Services Only) | |
| Family | \$75 (Applies to \$25 (Applies to Basic & Major Services Only) | |
| Preventive Services | 100% | 100% |
| Basic Services | 80% | 80% |
| Major Services | 50% | 50% |
| Orthodontia Services | Not Covered | Not Covered |
| Orthodontia Lifetime Maximum | Not Covered | Not Covered |
| Calendar Year Maximum – 1st year of coverage | \$1,500 | \$1,500 |

Please see the Summary for Benefits full details



Vision

The Guardian Vision plan provides coverage for vision hardware (glasses or contact lenses) and exams. The **VSP Choice Network** is used for this benefit. The Vision plan allows you to use in-network or out-of-network providers.



Digital Prospectors pays 100% of the cost for Vision plan for its employees and their dependents.

| Frequency | | |
|---------------------------------|---------------------------------------|------------------------------|
| Exam | | Once every 12 months |
| Lenses or Contact Lenses | | Once every 12 months |
| Frame | | Once every 24 months |
| 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 |

Please see the Summary for Benefits full details



Life and Disability Benefits

Digital Prospectors Corporation provides employees, who are fully-benefited and regularly scheduled to work 40 or more hours a week with Basic Life and AD&D insurance, Short-Term-Disability, and Long-Term-Disability benefits.

Digital Prospectors pays 100% of the cost for these benefits.

Basic Life and AD&D

Flat \$50,000 Benefit, this benefit reduces starting at age 65

Guaranteed Issue for \$50,000

Please make sure that your Beneficiary information is up to date. This can be found on Paycom.

Short-Term Disability (STD)

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 8th day for an accident and illness. Benefits received are taxable as income. STD benefits coordinate with any state mandated disability benefits.

Long-Term Disability (LTD)

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.



Voluntary Life and Disability Options

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. You can purchase coverage for yourself, spouse or child(ren).

Employees pay 100% of the cost through post-tax payroll deductions.

Election Options

| | Employee | Spouse | Child(ren) |
|------------------|---------------------------|----------------------------|------------|
| Increments | \$10,000 | \$5,000 | \$5,000 |
| Maximum | \$300,000 | \$150,000 | \$10,000 |
| Guaranteed Issue | Age 65 or Less: \$150,000 | Age 65 or Less \$25,000 | \$10,000 |

[Learn About Life Insurance](#)



Accident Insurance

Employees who are regularly scheduled to work at least 40 hours per week are eligible for coverage under the Digital Prospectors Corporation Voluntary Accident insurance plan through Guardian. You can purchase coverage for yourself, spouse or child(ren).

Employees pay 100% of the cost through post-tax payroll deductions.

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

Please see the Summary for Benefits full details



WATCH VIDEO: Accident Insurance

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



[WATCH VIDEO: Critical Illness Insurance](#)

Dependent Care and Commuter/Transit Flex Spending Account (FSA)



What are the Benefits of an FSA?

- It saves you money
- It's a tax-saver. Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- It is flexible. You can use your FSA funds at any time, even if it's the beginning of the year.

You cannot stockpile money in your FSA. Any money that you do not use within the plan year will be forfeited. You should only contribute the amount of money you expect to pay out of pocket for the plan year May 1, 2023 – April 30, 2024.

What is a Dependent Care FSA?

Dependent Care Accounts allow you to set aside, tax-free, up to \$5,000 (or \$2,500 if married and filing separately) for eligible dependent care expenses for children under the age of 13 or for children who are physically or mentally incapable of self-care. In some cases, monies can be used for elder care. This benefit can only be used if you and your spouse (if you are married) are – working, looking for work, or attending school full time.

What is a Commuter/Parking FSA?

London Health will be the new vendor for the commuter program. The Commuter/Parking FSA 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. You can contribute up to \$300 per month for each account. You can change your balance month to month and your balance will rollover each month.

401(k) Retirement Savings

Digital Prospectors Corporation offers a Safe Harbor 401(k) and Roth 401(k) to all employees. The plan is 100% employee paid through a payroll deduction on a pre-tax basis or post-tax for the Roth 401(k).

Digital Prospectors Corporation currently offers up to a 4% Company Match. Your contributions and company match are immediately vested.

| Your Contribution | Our Match |
|-------------------|-----------|
| 1% | 1% |
| 2% | 2% |
| 3% | 3% |
| 4% | 3.5% |
| 5% | 4% |

You can enroll after your first paycheck by registering at www.mykplan.com
Passcode – digtprosp-ESS

You Decide: Roth or Traditional 401(k)

| | Traditional 401(k) | Roth 401(k) |
|----------------------------------|---|--|
| Employee Contributions | Before-tax dollars | After-tax dollars |
| Account Growth (earnings) | Tax-deferred until distribution | Tax-free at distribution (if distribution is qualified) |
| Federal Tax | Reduces current taxable income by contribution amount | Contribution is taxable in current year |
| | Taxes paid at withdrawal | No taxes due on qualified withdrawals* |
| Distributions | Please see the Plan Information section at the back of this guide for more details. | Tax-free, provided you meet the plan requirements as detailed in the Plan Information section located at the back of this guide. |

*Tax law requirements must be met.



Medical Insurance Terms

Coinsurance

Coinsurance is the percentage of the medical services you are responsible to pay after the deductible has been met. Once you have met your deductible for the plan year, you pay the coinsurance amount up to the out-of-pocket maximum.

Copay

A fee you pay every time you get medical care or a prescription. Copays can vary based on where you get care.

Deductible

A deductible is the amount of money you must pay before the plan begins paying benefits for specified services. Deductibles do not apply to all services- see summary plan description for application.

Embedded Deductible

Plan begins paying benefits that require cost sharing for the first family member who meets the per-person deductible. Once one or more of the remaining family members meet the family deductible the plan pays benefits for all covered family members.

Explanation of Healthcare Benefits (EOB)

A letter you receive after getting care that shows costs, the amount the health plan is expected to pay and the amount you are expected to pay. You do not pay anything when you receive an EOB.

Non-Embedded Deductible

When the family deductible is met the plan begins sharing costs for each member. The deductible can be met by one or combination of family members.

Out-of-Pocket Maximum

The out-of-pocket maximum is the maximum amount you will pay, inclusive of copayments/coinsurance and deductibles for covered services, in a plan year. Once you have reached the out-of-pocket maximum during a policy year the plan pays any remaining eligible services at 100%.

Premium

Your regular payment to your health plan. Generally, a higher premium means lower monthly out-of-pocket costs, and a lower premium means higher out-of-pocket costs. Your premium does not count towards your deductible or out-of-pocket maximum.



Plan Milestones and Stages

1. When your plan begins, you're in the first stage. You pay for all your covered medical costs until you hit the **deductible**.
2. After hitting your deductible, you enter the next stage. You now pay only a percentage of your medical costs and the health plan pays the rest. This is the **coinsurance** stage of your plan.
3. The coinsurance stage lasts until you reach the **out-of-pocket** maximum. At that point, the plan starts paying for all covered medical costs for the rest of the plan year.



This Benefit Guide provides a brief description of plan benefits. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents in Paycom under the Benefit Form and Links page. If any conflict arises between this Guide and any plan provisions, the terms of the actual plan document or other applicable documents will govern in all cases. Benefits are subject to modification at any time.