



# 2026

## OPEN ENROLLMENT BENEFITS GUIDE

Open Enrollment: November 3, 2025-November 14, 2025

**Lockstep**<sup>7</sup>  
TECHNOLOGY GROUP

Provided to you by:



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# INTRODUCTION AND ELIGIBILITY

## Introduction to the Guide

At **Lockstep Technology Group**, we know how important it is to have a comprehensive and competitive benefits package. Our benefit offerings provide protection, peace of mind, and savings. Whether healthcare or income protection, we have you covered.

This guide provides a general overview of your benefit options and enrollment information to help you select the coverage that's right for you and your eligible dependents.

## Who is Eligible?

If you're a full-time permanent employee at **Lockstep Technology Group**, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work an average of 30 or more hours per week.

Eligible dependents may also be enrolled for coverage. Eligible dependents include:

- ▶ Your legal spouse
- ▶ Your legal domestic partner
- ▶ Your child under age 26, regardless of marital or student status. This includes your natural child, legally adopted child or stepchild
- ▶ Your child of any age who is medically certified as disabled and dependent on you for support and maintenance

## Domestic Partner Coverage

You may cover your domestic partner for certain benefits. A domestic partner must be at least 18 years of age, and you must have resided in the same household for at least 6 months. Please note, coverage for domestic partners is paid by the employee on a post-tax basis.

## Making Changes for Qualifying Life Events

Whether you are a newly hired employee or a current employee, the elections you make during annual open enrollment will remain in effect until **Lockstep Technology Group's** next open enrollment period, unless you have a qualifying life event (as defined by the IRS) that allows a mid-year plan change. These qualifying life events include (but are not limited to):

- ▶ Change in marital status, including marriage, legal separation, or divorce
- ▶ Birth of a baby, adoption of a child, or placement of a child with you for legal adoption
- ▶ Death of a dependent
- ▶ Eligible dependent(s) gains or loses eligibility due to a change in employment status
- ▶ Eligible dependent child(ren) no longer meets the eligibility requirements.
- ▶ You or your dependent becomes entitled to, or loses, Medicare or Medicaid coverage

If you experience a qualifying life event and choose to make changes to your benefits, do so by logging into **Paylocity** within 30 days of the status change. If you do not submit the benefits change and necessary documentation in the required timeframe, your coverage will remain unchanged for the remainder of the plan year. **Note: The benefit changes you make must be consistent with the life event.**



# HOW TO ENROLL IN BENEFITS

**ALL EMPLOYEES are required to access Paylocity to enroll or waive benefits.**

- ▶ Take time to read the entire benefits guide to educate yourself and family members on your options
- ▶ Decide on your benefits with your family, if necessary, prior to starting the enrollment process
- ▶ Gather all Social Security Numbers and dates of birth for you, any covered dependents, and elected beneficiaries

## How to Enroll?

1. Review this Benefit Guide
2. Log into <https://access.paylocity.com/> via your browser, then:
  - a. **Enroll, Re-elect, or Waive** coverages
  - b. **Choose contribution amounts for:** Health Savings Account (HSA) and Flexible Spending Account (FSA)
  - c. In addition, you may:
    - i. Add or drop dependents from your coverage
    - ii. Change medical plan
    - iii. Enroll in dental, vision, voluntary life, accident, critical illness, or hospital indemnity coverages
3. Review all elections and submit.



## What if I don't enroll during Open Enrollment?

- **You will not have coverage effective January 1, 2026**
- Your HSA, FSA, and Dependent Care FSA contributions will stop December 31, 2025

**\*Please know that you will not be able to change your elections until the next open enrollment period unless you have a qualifying life event.\***

## Questions?

If you have questions during the enrollment process, please contact Jay Merrett with Human Resources at [HR@lockstepgroup.com](mailto:HR@lockstepgroup.com). You may also access detailed plan information by accessing [www.lockstepbenefits.net](http://www.lockstepbenefits.net).

## 2026 OPEN ENROLLMENT

November 3<sup>rd</sup> – November 14<sup>th</sup>





# BENEFITS SUMMARY

| Benefit                           | Optional or Automatic                                                       | Coverage                                                                                                                                                                                                                                                                                                    |
|-----------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical                           | <b>Optional</b><br>You and <b>Lockstep Technology Group</b> share the cost  | <b>Lockstep Technology Group</b> offers two plans through <b>Surest</b> and <b>UnitedHealthcare</b> , including one High-Deductible Health Plan (HDHP) that qualifies for a Health Savings Account (HSA) and one Preferred Provider Organization plan (PPO). Both plans use the <b>Choice Plus</b> network. |
| Health Savings Account (HSA)      | <b>Optional</b><br>You and <b>Lockstep Technology Group</b> both contribute | If you elect to participate in an HSA Qualified HDHP, you can contribute pre-tax dollars to use for eligible health care expenses. <b>Lockstep Technology Group</b> also contributes to your HSA. <b>You must open an account through Paylocity.</b>                                                        |
| Dental                            | <b>Optional</b><br>You and <b>Lockstep Technology Group</b> share the cost  | <b>Lockstep Technology Group</b> offers a dental plan through <b>UnitedHealthcare</b> .                                                                                                                                                                                                                     |
| Vision                            | <b>Optional</b><br>You and <b>Lockstep Technology Group</b> share the cost  | <b>Lockstep Technology Group</b> offers a vision plan through <b>UnitedHealthcare</b> .                                                                                                                                                                                                                     |
| Flexible Spending Account (FSA)   | <b>Optional</b><br>You contribute                                           | You may elect an FSA to set aside pre-tax dollars to be used for a variety of eligible healthcare and dependent care expenses.                                                                                                                                                                              |
| Accident                          | <b>Optional</b><br>You pay the cost                                         | Accident coverage pays cash benefits for specific injuries related to accidents for enrolled family members.                                                                                                                                                                                                |
| Critical Illness                  | <b>Optional</b><br>You pay the cost                                         | You may elect Critical Illness in \$10,000 increments to a maximum of \$20,000. Benefits are paid out for specific medical conditions. You may also purchase coverage for your spouse and child(ren).                                                                                                       |
| Basic Life / AD&D                 | <b>Automatic</b><br><b>Lockstep Technology Group</b> pays the cost          | <b>Lockstep Technology Group</b> pays for basic life and AD&D in the amount of \$25,000.                                                                                                                                                                                                                    |
| Voluntary Life                    | <b>Optional</b><br>You pay the cost                                         | You may elect life insurance in \$10,000 increments to a maximum of \$300,000. You may also purchase life insurance for your spouse and child(ren).                                                                                                                                                         |
| Short-Term Disability (STD)       | <b>Automatic</b><br><b>Lockstep Technology Group</b> pays the cost          | <b>Lockstep Technology Group</b> pays for short-term disability coverage in the amount of 60% of your annual base salary to a weekly maximum of \$2,600.                                                                                                                                                    |
| Long-Term Disability (LTD)        | <b>Automatic</b><br><b>Lockstep Technology Group</b> pays the cost          | <b>Lockstep Technology Group</b> pays for long-term disability coverage in the amount of 60% of your annual base salary to a monthly maximum of \$10,000.                                                                                                                                                   |
| 401 (k)                           | <b>Optional</b><br>You and <b>Lockstep Technology Group</b> share the cost  | You may elect to contribute towards a 401(k)-retirement savings plan. <b>Lockstep Technology Group</b> matches 50% up to 8% of compensation.                                                                                                                                                                |
| Employee Assistance Program (EAP) | <b>Automatic</b><br><b>Lockstep Technology Group</b> pays the cost          | <b>Lockstep Technology Group</b> pays for an employee assistance program that assists employees and their families on a variety of topics.                                                                                                                                                                  |



# HEALTH INSURANCE GLOSSARY

Health insurance can be complicated and overwhelming at times. Understanding your costs and benefits becomes much easier once you can make sense of the terminology. Below is a list of frequently used health insurance terms and their definitions.

## Copayment

A copayment, or copay, is a fixed amount you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

## Deductible

A deductible is the amount you owe for health care services each year before the insurance company begins to pay. The deductible may not apply to all services, such as preventive care. Please note that there are separate in-network and out-of-network deductibles.

## Coinsurance

Coinsurance is your share of the costs of a covered health care service calculated as a percentage of the allowed amount for the service. Coinsurance is typically paid after you have met your deductible.

## Out-of-Pocket Maximum (OOPM)

An OOPM is the most you should have to pay for your health care during a year, excluding the monthly premium. It protects you from very high medical expenses. After you reach the annual OOPM, your health insurance or plan begins to pay 100% of the allowed amount for covered health care services or items for the rest of the year. Copayments, deductibles, and coinsurance accumulate toward your OOPM. Please note that there are separate in-network and out-of-network OOPM's.

## Preventive Care

Preventive care is medical checkups and tests, immunizations and counseling services used to prevent chronic illnesses from occurring. Under the provisions of the Affordable Care Act (ACA) **Lockstep Technology Group's** health insurance policies must cover various preventive services for men, women, and children without sharing the cost for these services through coinsurance, deductibles, or copayments.

## Annual Limit

The annual limit is a cap on the benefits your insurance company will pay in a given year while you are enrolled in a particular health insurance plan. These caps are sometimes placed on particular services. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the year.





# MEDICAL PLANS

You may choose from two medical plans administered by **Surest** or **UnitedHealthcare**. One option is a High-Deductible Health Plan (HDHP) with the option of establishing a Health Savings Account (HSA), and the other option is a Preferred Provider Organization (PPO) plan.

The Surest plan offered does not have a deductible associated with its plan design. This is an innovative copay-based plan that simplifies the member billing experience and encourages members to use online resources to research quality providers and the cost of tests, procedures, and office visits. Utilizing these online resources will provide you with the cost of your visit or procedure prior to it being scheduled! Pricing for procedures and tests will include the costs of other necessary services such as labs, x-rays, and anesthesia. This plan allows you to shop by the quality of providers and facilities. Lower copays are an indication of higher-value care that is based on quality, efficiency, and overall effectiveness of the provider or facility. The plan offers the ability to seek services from in-network or out-of-network providers. It utilizes the **Choice Plus network**, which is a large national network.

The plan offered through UnitedHealthcare is a Health Savings Account (HSA) High-Deductible Health plan. This plan encourages you to seek care from in-network providers, which provide a higher level of benefit. You may choose to use out-of-network providers, but if you do, your benefits will be reduced, and your out-of-pocket expenses will increase. When utilizing out-of-network providers, you may be balanced billed for any charges over what is considered the allowed amount. This plan also utilizes the **Choice Plus network**.

The following pages provide a summary of the main features of the medical benefit options. Visit [www.myuhc.com](http://www.myuhc.com) for detailed benefit and claims information or to obtain a list of participating physicians. All plans provide out-of-network coverage; please refer to the Summary of Benefits and Coverage for additional information. You will receive the lowest costs by using in-network benefits.





# MEDICAL PLANS

|                                                                     | UHC HSA               | Surest \$5,000 PPO     |
|---------------------------------------------------------------------|-----------------------|------------------------|
| Medical Key Features                                                | In-Network<br>You Pay | In-Network<br>You Pay  |
| <b>Annual Deductible</b><br><i>(Based on Calendar Year)</i>         | *Embedded             | *Embedded              |
| Individual / Family                                                 | \$5,000 / \$10,000    | \$0 / \$0              |
| <b>Coinsurance</b>                                                  | 0%                    | 0%                     |
| <b>Out-of-Pocket Maximum</b>                                        |                       |                        |
| Individual / Family                                                 | \$6,900 / \$13,800    | \$5,000 / \$10,000     |
| <b>Physician Services</b>                                           |                       |                        |
| Office Visit                                                        | Deductible            | \$20-\$105 copay       |
| Specialist Visit                                                    | Deductible            | \$20-\$105 copay       |
| <b>Preventive Care</b>                                              | 100% covered          | 100% covered           |
| <b>Lab and X-Ray Services</b>                                       | Deductible            | \$20-\$1,050 copay     |
| <b>Inpatient Hospital Services</b>                                  | Deductible            | \$200-\$3,000 copay    |
| <b>Urgent Care</b>                                                  | Deductible            | \$60 copay             |
| <b>Emergency Room</b>                                               | Deductible            | \$600 copay            |
| <b>Prescription Drugs</b>                                           |                       |                        |
| Retail (30-day supply)                                              | Deductible            | \$10 / \$35 / \$70     |
| Mail Order (90-day supply)                                          | Deductible            | \$25 / \$87.50 / \$175 |
| Mail Order (Specialty)                                              | Deductible            | \$10 / \$100 / \$200   |
| <b>Semi-Monthly Employee Payroll Contributions (24 Pay Periods)</b> |                       |                        |
| Employee Only                                                       | \$32.75               | \$80.61                |
| Employee + Spouse                                                   | \$112.28              | \$236.39               |
| Employee + Child(ren)                                               | \$103.86              | \$221.32               |
| Family                                                              | \$181.34              | \$372.47               |

\*There is an individual deductible limit within the family deductible

## Prescription Drugs

The Prescription Drug List that will be utilized is the Advantage Tier-3 plan. Members can search coverage for specific drugs by utilizing the below link and then selecting Advantage Tier-3 from the Standard Drug Lists.

[www.uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists](http://www.uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists)

**\*\*Medical plan Deductibles, Out-of-Pocket Maximums, and benefit limits accumulate on a calendar year basis and reset on January 1<sup>st</sup> of each year\*\***







Employees can obtain an overview of **Sarest** and how the medical plan works by utilizing the QR code below. Please note, there is a specific QR code and link for your **Sarest** plan. Within the Sarest site, employees can learn more about **Sarest's** model of offering lower prices tied to higher-value care, review specific benefit details, and search for providers and costs.



Scan the QR code or visit  
[surest.com/plan?accesscode=FIGA25268Alt1&slide=1](https://surest.com/plan?accesscode=FIGA25268Alt1&slide=1).



## Key takeaways of the Sarest plan



Complete medical coverage—from \$0 preventive care to emergency care



See actual prices (not estimates) in advance



Large national network of doctors, hospitals, and clinics



\$0 deductible and no coinsurance

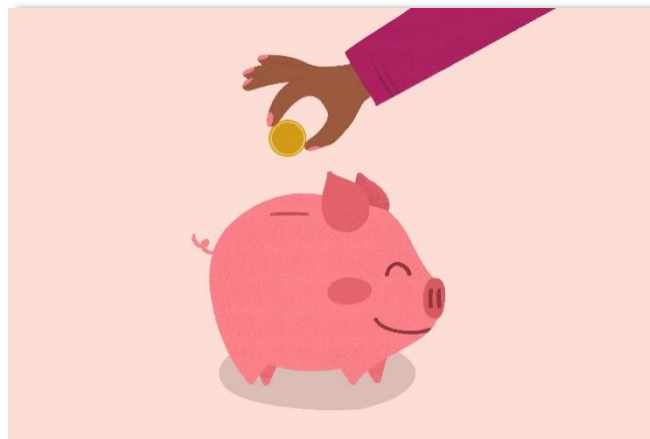
**sarest**<sup>TM</sup>  
A UnitedHealthcare Company



# MAXIMIZING YOUR MEDICAL BENEFITS

**Lockstep Technology Group's** goal is to ensure that our employees are educated on their medical benefits. In addition to this, we also want to ensure that our employees are educated consumers and understand how to maximize your benefits to obtain lower out-of-pocket costs, while still receiving quality care. Below is a list of options that employees can take to help minimize their out-of-pocket costs. If you have any questions, please contact your Human Resources team.

- Utilization of in-network providers limits your out-of-pocket expenses due to the contracts that these providers and facilities have with **Surest** or **UnitedHealthcare**. You will also receive the highest level of coverage under your in-network benefits. Search for in-network providers and facilities by registering and logging in to your **Surest** or **UnitedHealthcare** account via [www.myuhc.com](http://www.myuhc.com).
- Utilization of telehealth visits are not only convenient for you and your family, but they cost less than a visit to your provider's office. Telehealth visits can be utilized for common illnesses and conditions such as the flu, sinus infections, skin irritations/rashes, earaches, and bronchitis. Please note that telehealth visits should **not** be utilized for emergency and life-threatening conditions. If you or a family member experience an emergency or life-threatening condition, you should visit the nearest ER.
- Using a freestanding imaging center for an MRI, CT scan, or X-Ray is less expensive than seeking these services in a hospital setting. The average national cost of hospital-based imaging services is almost three times the cost of receiving the same services at freestanding imaging centers or a physician's office. You receive the same service at a lower cost!
- Utilization of mail order pharmacy is not only convenient but can save you money versus filling your prescription at a retail pharmacy. Your prescriptions will be delivered safely to your home and cost less! Visit [www.myuhc.com](http://www.myuhc.com) for assistance regarding how to begin or transfer a current mail order prescription.
- Utilization of generic medications instead of name-brand medications will cost less under your plan. If your doctor prescribes you a name-brand medication, inquire if a generic is available.
- Visit manufacturer sites for high-cost and specialty drugs to research if they offer a Savings Card program. These programs can significantly lower your cost if you qualify for the program.





# Health Savings Account (HSA)

## Advantages of a High-Deductible Health Plan and Health Savings Accounts

If you're enrolled in the **UHC HSA** plan—the High-Deductible Health Plan (HDHP)—you're eligible to contribute on a pretax basis to a Health Savings Account (HSA). The **Surest \$5,000 PPO** is **not** eligible for the HSA.

**A Higher Deductible and a Lower Premium:** Traditional co-payment plans typically have a lower deductible and higher premiums, so you pay more up front and less when you need care. HDHPs have the opposite—a higher deductible but lower premiums.

**A Health Savings Account (HSA):** You open an HSA which is a personal bank account that you own. **Lockstep Technology Group** uses **Paylocity** to manage HSA's. Here are some advantages of an HSA:

- ▶ **Get triple tax advantages:** (1) Contribute pre-tax dollars (2) Grow your account tax-free (3) Use your HSA to pay for eligible health care expenses tax-free.
- ▶ **Use it today or save for tomorrow.** Your HSA is an account in your name; you own it, and you decide how to get the most from it. Lose the worry of having to spend it all before the end of the year. With the HSA, the balance rolls over year after year so you can let it grow over time. As the account grows, you also have investment options in mutual funds like an IRA.
- ▶ **You own the money in the HSA.** There is no “use it or lose it” rule. If you choose to leave the company or switch health care plans, you keep the money. This includes employer contributions!
- ▶ **It's convenient.** Contributions are automatically deducted from your paycheck. You can change or stop contributions at any time.

### 2026 HSA Limits

- \$4,400 for individuals
- \$8,750 for family
- \$1,000 catch-up contributions for individuals who are 55 or older

### 2026 Employer HSA Contribution

- \$25 per pay period for employee only coverage
- \$50 per pay period for dependent coverage



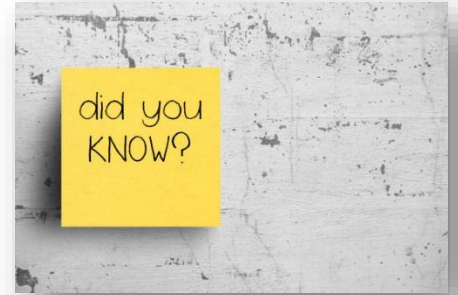
Employer Contribution to YOUR health savings account!

**\*Above annual limits are inclusive of both employee and employer contributions**



# Health Savings Accounts (HSA)

You can use your HSA to pay for a wide range of IRS-qualified medical expenses for yourself, your spouse, or tax dependents. An IRS-qualified medical expense is defined as an expense that pays for healthcare services, equipment, or medications. Funds used to pay for IRS-qualified medical expenses are always tax-free. HSA funds can be used to reimburse yourself for past medical expenses if the expense was incurred after your HSA was established. While you do not need to submit any receipts to **Paylocity**, you must save your bills and receipts for tax purposes.



## Examples of IRS qualified medical expenses:

- ▶ Acupuncture
- ▶ Ambulance
- ▶ Annual Physical Examination
- ▶ Bandages
- ▶ Birth Control Pills, contraceptive devices
- ▶ Body Scan
- ▶ Breast Pumps and Supplies
- ▶ Breast Reconstruction Surgery
- ▶ Chiropractor
- ▶ Contact Lenses
- ▶ Crutches
- ▶ Dental Treatment
- ▶ Diagnostic Devices
- ▶ Disabled Dependent Care Expenses

- ▶ Eye Exam
- ▶ Eyeglasses
- ▶ Eye Surgery
- ▶ Hearing Aids
- ▶ Home Care
- ▶ Hospital Services
- ▶ Laboratory Fees
- ▶ Lactation Expenses
- ▶ Learning Disability
- ▶ Long-Term Care
- ▶ Medicines
- ▶ Nursing Home
- ▶ Nursing Services
- ▶ Optometrist
- ▶ Oxygen
- ▶ Physical Examination

- ▶ Pregnancy Test Kit
- ▶ Prosthesis
- ▶ Psychiatric Care
- ▶ Special Education
- ▶ Sterilization
- ▶ Stop-Smoking Programs
- ▶ Surgery
- ▶ Transplants
- ▶ Vasectomy
- ▶ Vision Correction Surgery
- ▶ Weight-Loss Program
- ▶ Wheelchair
- ▶ X-Ray Fees

## Ineligible medical expenses may include:

- ✗ Baby Sitting, Childcare, and Nursing Services for a Normal, Healthy Baby
- ✗ Controlled Substances
- ✗ Cosmetic Surgery
- ✗ Dancing Lessons
- ✗ Diaper Service
- ✗ Electrolysis or Hair Removal
- ✗ Flexible Spending Account

- ✗ Funeral Expenses
- ✗ Future Medical Care
- ✗ Hair Transplant
- ✗ Health Club Dues
- ✗ Health Coverage Tax Credit
- ✗ Health Savings Accounts
- ✗ Household Help
- ✗ Illegal Operations and Treatments

- ✗ Maternity Clothes
- ✗ Medicines and Drugs from Other Countries
- ✗ Nutritional Supplements
- ✗ Personal Use Items
- ✗ Swimming Lessons
- ✗ Teeth Whitening
- ✗ Veterinary Fees

**This list is not all-inclusive; additional expenses may qualify, and the items listed above are subject to change in accordance with IRS regulations. For more information or clarification on individual list items, refer to [Publication 502](#) or consult a tax professional.**

**HSA State Taxation:** Please be advised that some states and municipalities may apply different tax rules to HSA contributions. Please contact your local tax authority or consult with a tax advisor to confirm the details for your location.





# DENTAL PLAN



Dental coverage is important to your overall health and wellness. You have the option to enroll in dental coverage through **UnitedHealthcare** for yourself and your family. The dental plan features a network of dentists and specialists who have agreed to provide services at a discounted price.

If you choose to go to a dentist out of the network, you may be balanced billed for any charges over what is considered “reasonable and customary”. The great thing about **UnitedHealthcare** is that the reimbursement for what is considered reasonable and customary is in the 90<sup>th</sup> percentile of fees charged in your area. This helps minimize any balancing billing, but remember that the best way to maximize the benefit is by visiting an in-network dentist.

The information below is a summary of coverage only. You may go online at [www.myuhc.com](http://www.myuhc.com) to search for providers, view ID cards, and access claims data.

|                                                                              | Dental               |                      |
|------------------------------------------------------------------------------|----------------------|----------------------|
| Key Features                                                                 | In-Network           | Out-of-Network       |
| <b>Calendar Year Deductible</b><br>Individual / Family                       | \$50 / \$150         | \$50 / \$150         |
| <b>Calendar Year Maximum Benefit</b>                                         | \$1,500              | \$1,500              |
| <b>Services</b>                                                              |                      |                      |
| <b>Preventative &amp; Diagnostic Services</b><br>(Deductible does not apply) | Covered at 100%      | Covered at 100%      |
| <b>Basic Services</b>                                                        | 20% after deductible | 20% after deductible |
| <b>Major Services</b>                                                        | 50% after deductible | 50% after deductible |
| <b>Orthodontia</b>                                                           |                      |                      |
| Appliances and related services                                              | 50%                  | 50%                  |
| Lifetime maximum                                                             | \$1,500              | \$1,500              |
| Age Limitation                                                               | 19                   | 19                   |
| <b>Semi-Monthly Employee Payroll Contributions (24 Pay Periods)</b>          |                      |                      |
| <b>Employee Only</b>                                                         | \$1.41               |                      |
| <b>Employee + Spouse</b>                                                     | \$5.53               |                      |
| <b>Employee + Child(ren)</b>                                                 | \$8.44               |                      |
| <b>Family</b>                                                                | \$13.36              |                      |



# VISION PLAN

Vision coverage is through **UnitedHealthcare** and provides an extensive network of vision optometrists and ophthalmologists. Go to [www.myuhcvision.com](http://www.myuhcvision.com) for a list of participating providers. Please note, ID cards are not required for services and vision providers can verify coverage by providing your Social Security Number.

| Vision                                                                         |                                                |                                      |
|--------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------|
| Key Features                                                                   | In-Network                                     | Out-of-Network<br>(By Reimbursement) |
| <b>Exam</b><br>(Once every 12 months)                                          | \$10 copay                                     | Up to \$40                           |
| <b>Lenses</b><br>(One pair every 12 months)                                    |                                                |                                      |
| Single                                                                         | \$25 copay                                     | Up to \$40                           |
| Bifocal                                                                        | \$25 copay                                     | Up to \$60                           |
| Trifocal                                                                       | \$25 copay                                     | Up to \$80                           |
| <b>Standard Frames</b><br>(One pair every 12 months)                           | \$25 copay + \$150 allowance + 30% off balance | Up to \$45                           |
| <b>Contact Lenses (12-month supply)</b><br><i>In lieu of frames and lenses</i> |                                                |                                      |
| Elective Contact Lens Fitting and Evaluation                                   | \$30 allowance                                 | No reimbursement                     |
| Conventional                                                                   | \$150 allowance                                | Up to \$105                          |
| Medically Necessary                                                            | \$25 copay                                     | Up to \$210                          |
| Semi-Monthly Employee Payroll Contributions (24 Pay Periods)                   |                                                |                                      |
| <b>Employee Only</b>                                                           | <b>\$0.25</b>                                  |                                      |
| <b>Employee + Spouse</b>                                                       | <b>\$1.08</b>                                  |                                      |
| <b>Employee + Child(ren)</b>                                                   | <b>\$1.17</b>                                  |                                      |
| <b>Family</b>                                                                  | <b>\$2.35</b>                                  |                                      |



# FLEXIBLE SPENDING ACCOUNT



An FSA allows you to place money in a tax-sheltered, short-term account for use in paying approved healthcare or dependent care expenses. Enrollment occurs before the beginning of each plan year, or for new employees, during your initial enrollment period. **You must enroll each year** to participate in the Healthcare and Dependent Care Spending Accounts. The amount you designate will be taken from your paycheck in equal amounts throughout the plan year. Keep your receipts and Explanations of Benefits (EOBs) in the event **Paylocity** or the IRS requests additional information on your transactions.

## General Purpose Health Care FSA

- Contribution Limit: **\$3,400**
- If you had an FSA plan last year and want to enroll again, you **DO NOT** need to get a new FSA card. Your funds will be reloaded on the same card. Please do not discard.
- General Purpose Health Care FSA is for those **NOT enrolled in the UHC HSA plan** or having a regular PPO plan elsewhere. This includes any non-Lockstep Technology Group plan you may be enrolled under. You are eligible to contribute to an FSA and use the funds for medical, dental, and vision expenses not covered by the plan.
- The General Purpose Health Care FSA contribution will be deducted from your paycheck over the course of the year. Since you pay no taxes on the money placed in the FSA, you effectively adjust your annual taxable salary.
- **Contributions are available the first day of the new plan year**

## Limited Purpose Health Care FSA

- Contribution Limit: **\$3,400**
- If you had an FSA plan last year and want to enroll again, you **DO NOT** need to get a new FSA card. Your funds will be reloaded on the same card. Please do not discard.
- Limited Purpose Health Care FSA is for those **enrolled in the UHC HSA plan.** You are eligible to contribute to an FSA and use the funds for **only dental and vision** expenses not covered by the plan.
- The Limited Purpose Health Care FSA contribution will be deducted from your paycheck over the course of the year. Since you pay no taxes on the money placed in the FSA, you effectively adjust your annual taxable salary.
- **Contributions are available the first day of the new plan year**

## Dependent Care FSA

- Contribution Limit:
  - **\$7,500** if you are a single employee or married filing jointly
  - **\$3,750** if you are married and filing separately
  - **Money is available as contributed via your payroll deductions**

**IMPORTANT:** Elections cannot be changed during the plan year unless you have a qualified change in family status like birth, death, marriage, or divorce. **Unused General Purpose FSA and Limited Purpose FSA amounts in excess of \$680 will be forfeited**, so plan carefully before making your elections.

**Have questions?** Contact Paylocity at (800) 631-3539 | [batinfo@paylocity.com](mailto:batinfo@paylocity.com)



# ACCIDENT PLAN

A single accident can put the brakes on your active lifestyle. While your medical insurance will cover some expenses if you are injured or disabled, it may not cover all of your deductibles, copays, coinsurance, treatments, and other costs, including transportation. Accident insurance helps deliver financial security for the unexpected, protecting you and your budgets against unforeseen expenses if an accidental injury is suffered. Employees can use the cash benefits from this coverage to help meet copayments and other expenses while they recover or any other way they see fit. This accident benefit is completely voluntary, and employees are 100% responsible for the cost of this coverage.



This is just a summary; refer to the full benefit summary or certificate for additional details. The accident plan is administered through **UnitedHealthcare**.

| Accident                                                     |                                                                                                                                                                                                                 |              |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Occurrence                                                   | Benefit                                                                                                                                                                                                         |              |
| Coma                                                         | \$15,000                                                                                                                                                                                                        |              |
| Concussion                                                   | \$500                                                                                                                                                                                                           |              |
| Emergency Dental Work                                        |                                                                                                                                                                                                                 |              |
| Crown                                                        | \$200                                                                                                                                                                                                           |              |
| Extraction                                                   | \$100                                                                                                                                                                                                           |              |
| Occurrence                                                   | Surgical                                                                                                                                                                                                        | Non-Surgical |
| Dislocations                                                 |                                                                                                                                                                                                                 |              |
| Hip                                                          | \$7,500                                                                                                                                                                                                         | \$3,750      |
| Knee Cap                                                     | \$3,750                                                                                                                                                                                                         | \$1,875      |
| Elbow, Hand, Wrist                                           | \$1,500                                                                                                                                                                                                         | \$750        |
| Fracture                                                     |                                                                                                                                                                                                                 |              |
| Hip                                                          | \$10,000                                                                                                                                                                                                        | \$5,000      |
| Leg (Top of tibia to ankle joint)                            | \$5,000                                                                                                                                                                                                         | \$2,500      |
| Ankle, Collarbone, Elbow, Wrist                              | \$2,000                                                                                                                                                                                                         | \$1,000      |
| Additional Benefits                                          |                                                                                                                                                                                                                 |              |
| Wellness Benefit                                             | \$50 benefit payable to any covered person on your plan one time each calendar year, once you provide proof of an eligible wellness exam or health screening test. Children are excluded from Wellness benefit. |              |
| Semi-Monthly Employee Payroll Contributions (24 Pay Periods) |                                                                                                                                                                                                                 |              |
| Employee Only                                                | \$3.45                                                                                                                                                                                                          |              |
| Employee + Spouse                                            | \$5.52                                                                                                                                                                                                          |              |
| Employee + Child(ren)                                        | \$6.63                                                                                                                                                                                                          |              |
| Family                                                       | \$10.31                                                                                                                                                                                                         |              |



# CRITICAL ILLNESS PLAN



Consider coverage that helps protect you, your family, and your assets in the event of a critical illness. Critical illness coverage offers specialized benefits to supplement other health insurance when you and your family may be most vulnerable during the working years. Benefit payments can assist in covering a variety of expenses associated with a critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, rehabilitation, and other expenses.

You may purchase critical illness coverage for yourself in increments of \$10,000. Your spouse can elect coverage in increments of \$5,000, and child(ren) will be covered at 25% of your elected benefit. In order to purchase critical illness coverage for either your spouse or child(ren), you must enroll in coverage yourself.

Please see the benefit summary or certificate for detailed coverage information, including conditions that pay a percentage of the elected benefit, conditions that pay a specific dollar amount, and specific conditions covered under the plan. Costs for critical illness coverage are paid by you and will reflect within **Paylocity**. Please note that spouse rates are based off the employee's age. The critical illness plan is administered through **UnitedHealthcare**.

You may elect up to the guaranteed issue amounts as a newly eligible employee. **The guaranteed issue is the amount that can be selected without having to complete an Evidence of Insurability form (EOI).**

| Critical Illness         |                                                                                                                                                                              |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Coverage Information     |                                                                                                                                                                              |
| Employee Benefit Amount  | Option 1: \$10,000; Option 2: \$20,000                                                                                                                                       |
| Employee Guarantee Issue | \$20,000                                                                                                                                                                     |
| Spouse Benefit Amount    | Option 1: \$5,000; Option 2: \$10,000; Not to exceed 100% of employee's benefit                                                                                              |
| Spouse Guarantee Issue   | \$10,000                                                                                                                                                                     |
| Child Benefit Amount     | 25% of employee's benefit                                                                                                                                                    |
| Wellness Benefit         | \$50 benefit payable to any covered employee or spouse on your plan one time each calendar year once you provide proof of an eligible wellness exam or health screening test |





# HOSPITAL INDEMNITY PLAN

Hospital indemnity insurance works to complement your medical insurance by providing a cash payout for stays at the hospital. This plan will pay out a lump sum of monies for claims related to hospital admissions and hospital confinements. This can also be used in conjunction with the accident and/or critical illness insurance that **Lockstep Technology Group** offers. Please note that hospital indemnity insurance is a supplement to a health insurance plan and is **not a substitute** for major medical care.

The following charts provide a summary of the main features of the hospital indemnity insurance. Please see the certificate for more detailed benefit information as the benefits below have a maximum number of days that will be paid per plan year. The hospital indemnity plan is administered through **UnitedHealthcare**.



| Hospital Indemnity                                           |                                                                                                                                                                                                                |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Occurrence                                                   | Benefit                                                                                                                                                                                                        |
| Hospital Admission<br>(1 day per plan year)                  | \$1,000                                                                                                                                                                                                        |
| Hospital Confinement<br>(Up to 364 days per plan year)       | \$150 per day                                                                                                                                                                                                  |
| ICU Admission<br>(1 day per plan year)                       | \$1,000                                                                                                                                                                                                        |
| ICU Confinement<br>(Up to 364 days per plan year)            | \$150 per day                                                                                                                                                                                                  |
| Wellness Benefit                                             | \$50 benefit payable to any covered person on your plan one time each calendar year once you provide proof of an eligible wellness exam or health screening test. Children are excluded from Wellness benefit. |
| Semi-Monthly Employee Payroll Contributions (24 Pay Periods) |                                                                                                                                                                                                                |
| Employee Only                                                | \$5.57                                                                                                                                                                                                         |
| Employee + Spouse                                            | \$12.04                                                                                                                                                                                                        |
| Employee + Child(ren)                                        | \$10.30                                                                                                                                                                                                        |
| Family                                                       | \$17.78                                                                                                                                                                                                        |



## BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) COVERAGE (100% EMPLOYER PAID)

**Lockstep Technology Group** provides all eligible employees with a **\$25,000 basic life and AD&D benefit** through **UnitedHealthcare**. If you suffer a covered loss due to an accident, AD&D coverage pays you a portion of the full benefit, as specified in the policy.

## VOLUNTARY LIFE COVERAGE



You can purchase voluntary life insurance for yourself, your spouse, and your child(ren). Life insurance is about more than paying for memorial services—it's about making sure your family can maintain its standard of living if something happens to you. How much your family needs depends on your personal situation (other income, monthly expenses, short and long-term debt such as credit card or mortgage expenses, etc.).

You may purchase voluntary life coverage for yourself in increments of \$10,000 and your spouse in increments of \$5,000. To purchase supplemental coverage for either your spouse or child(ren), you must enroll in employee coverage. In addition, your elected spouse cannot exceed 100% of the elected employee coverage. You are responsible for 100% of the cost of this coverage.

You may elect up to the guaranteed issue amounts if you are a newly eligible employee. Employees currently enrolled may elect an additional \$10,000 in coverage for themselves and \$5,000 for an enrolled spouse if the requested coverage does not exceed the guaranteed issue amount. **The guaranteed issue is the amount that can be elected without having to complete an Evidence of Insurability form (EOI). If you enroll in coverage after your newly eligible period, an EOI will be required.**

Below is an overview of how much coverage can be purchased for you and your family, including the guaranteed issue.

|                  | Employee   | Spouse    | Child(ren) |
|------------------|------------|-----------|------------|
| Minimum          | \$10,000   | \$5,000   | \$5,000    |
| Maximum          | \$500,000* | \$100,000 | \$10,000   |
| Guaranteed Issue | \$150,000  | \$30,000  | \$10,000   |

*\*Not to exceed 5 times basic annual earnings*

Spouse premiums are based on the employee's age as of the effective date of coverage and are subject to increases as the employee enters the next age band of rates.



# DISABILITY

## SHORT-TERM DISABILITY (STD)

If you become disabled and cannot work, no benefit becomes more important to your financial security than disability income protection. Disability coverage provides income protection in the event you experience a non-occupational injury or illness that prevents you from working. You have access to Short-Term Disability (STD) insurance through **UnitedHealthcare**. If you aren't able to work after 14 consecutive days of disability due to an eligible accident or illness, **this benefit will pay 60% of your weekly pay up to a maximum benefit of \$2,600 per week**, for a maximum of 11 weeks. **Lockstep Technology Group** pays 100% of this coverage.

## LONG-TERM DISABILITY (LTD)

Long-Term Disability insurance is available if you are unable to work for a much longer period of time, 90 consecutive days, and is available through **UnitedHealthcare**. **This benefit pays 60% of your monthly pay up to a maximum benefit of \$10,000 per month**, up until your **Social Security Normal Retirement Age with a reducing benefit duration**. The LTD policy also includes a pre-existing clause. Any illness or injury in the 3 months prior to your effective date will not be approved for payment for the first 12 months you are covered under the policy. **Lockstep Technology Group** pays 100% of this coverage.





# UHC MOBILE APP

## Get the most out of your benefits

Register for your personalized website on [myuhc.com](https://myuhc.com)<sup>®</sup> and download the UnitedHealthcare<sup>®</sup> app. These digital tools are designed to help you understand your benefits and make informed decisions about your care.

- Find care and compare costs for providers and services in your network
- Check your plan balances, view your claims and access your health plan ID card
- Access wellness programs and view clinical recommendations
- 24/7 Virtual Visits – Connect with providers by phone or video\* to discuss common medical conditions and get prescriptions,\*\* if needed
- View your health care financial account(s) such as HSA, FSA or HRA
- Compare prescription costs and order refills



**Download the app**

Available for iPhone and Android

\*Data rates may apply.

\*\*Certain prescriptions may not be available, and other restrictions may apply.  
continued

## Register today



Scan the QR code or go to [myuhc.com](https://myuhc.com) and click **Register Now**  
See next page for registration steps

**United  
Healthcare**

## How to register

- 1** Go to [myuhc.com](https://myuhc.com) or download the UnitedHealthcare app and click **Register Now**
- 2** Complete the required fields and create your username/password
- 3** Enter your contact information and security questions
- 4** Agree to the terms and conditions and select your email preferences
- 5** Go paperless—from your account settings, choose paperless in your communication preferences



## Go paperless

- Less paper, less clutter
- Get your required communications online





# EMPLOYEE ASSISTANCE PROGRAM

**Lockstep Technology Group** offers an Employee Assistance Program (EAP) through **UnitedHealthcare**. EAPs offer emotional assistance to employees and family members 24 hours a day, 365 days a year. Sessions are completely confidential, so nothing is reported back to your employer.



Health Management | Member Assistance Program



**Your well-being  
is what matters most**

Medical issues can take a toll on your work and home life. To help you through difficult times, the UnitedHealthcare Member Assistance Program (MAP) provides you and your family personal and confidential support, 24 hours a day, 7 days a week.

## The help you may need, at no extra cost

- **Unlimited phone access to master's-level specialists** – 24/7
- **Up to 3 referrals for face-to-face counseling sessions\*** – Our national network includes 218,000 clinicians<sup>1</sup>
- **Help dial down possible symptoms of stress, anxiety and depression** – Self Care by AbleTo is an app that offers techniques and coping tools, community support and guided journeys
- **One legal consultation for 30 minutes** – Meet with an attorney by phone or in person, and you can retain an attorney for ongoing services at a 25% discounted rate\*\*
- **A 30- to 60-minute financial consultation** – Discuss estate taxes and other financial matters with credentialed financial professionals
- **Access to [liveandworkwell.com](https://liveandworkwell.com)** – Easily, securely find a provider and work-life resources, confidentially connect to expert guidance and explore thousands of articles

Maintaining your privacy and confidentiality is of the utmost importance. All records, referrals and evaluations are kept private and confidential in accordance with federal and state laws.



Call 1-877-660-3806, TTY 711

## Access your MAP benefit today

Call **1-877-660-3806**, TTY **7 11**.  
Translators are available for non-English speakers.

Visit [liveandworkwell.com](https://liveandworkwell.com).  
Enter anonymously using access code **FP3EAP**.

## Join Self Care

Go to [liveandworkwell.com](https://liveandworkwell.com) and select the Self Care tile to get started.

\*There is no charge for referrals or for seeing a clinician within our network for up to 3 visits per issue.  
\*\*Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare, its affiliates or any entity through which the caller is receiving services directly or indirectly.  
continued

**United  
Healthcare**





# HAUSER PERKS DISCOUNT

As an employee of **Lockstep Technology Group**, we are proud to offer you the following benefits at no cost to you through our partnership with our broker Hauser. Hauser Perks is a website that allows you to obtain a discount on a variety of travel services such as hotels, rental cars, flights, and theme parks. See details below regarding accessing the Hauser Perks website.

**save where you...**



Up to 50% off hotels at over 850K properties worldwide



Deals on car rentals, flights, and destination activities



Discounts at your favorite local spots and national brands on food, shopping, movies, and more



Discounted tickets to major theme parks like Disney, Universal, Busch Gardens, Sesame Place, and more

## Sign Up or Sign In to Get Your Deals

Save up to 50% with our private discount network where you live work, and travel.

To search, book, and save, visit  
[thehausergroup.accessperks.com](https://thehausergroup.accessperks.com)  
and register with code  
**HAUSERPERKS** or call  
**877-428-4585**



"This experience is great! There is such a wide variety of choices to receive discounts from."

– PATRICIA J.





# CONTACTS

| Benefit Plan                      | Carrier                    | Phone Number                                 | Website                                                                                                                         |
|-----------------------------------|----------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Medical                           | Surest or UnitedHealthcare | Surest: (866) 683-6440<br>UHC:(888) 842-4571 | Surest: <a href="https://benefits.surest.com">benefits.surest.com</a><br>UHC: <a href="https://www.myuhc.com">www.myuhc.com</a> |
| Health Savings Account (HSA)      | Paylocity                  | (800) 631-3539                               | <a href="mailto:batinfo@paylocity.com">batinfo@paylocity.com</a>                                                                |
| Dental                            | UnitedHealthcare           | (888) 679-8925                               | <a href="https://www.myuhc.com">www.myuhc.com</a>                                                                               |
| Vision                            | UnitedHealthcare           | (800) 638-3120                               | <a href="https://www.myuhcvision.com">www.myuhcvision.com</a>                                                                   |
| Flexible Spending Account         | Paylocity                  | (800) 631-3539                               | <a href="mailto:batinfo@paylocity.com">batinfo@paylocity.com</a>                                                                |
| Accident                          | UnitedHealthcare           | (888) 299-2070                               | <a href="https://www.myuhcfp.com">www.myuhcfp.com</a>                                                                           |
| Critical Illness                  | UnitedHealthcare           | (888) 299-2070                               | <a href="https://www.myuhcfp.com">www.myuhcfp.com</a>                                                                           |
| Hospital Indemnity                | UnitedHealthcare           | (888) 299-2070                               | <a href="https://www.myuhcfp.com">www.myuhcfp.com</a>                                                                           |
| Life Insurance                    | UnitedHealthcare           | (888) 299-2070                               | <a href="https://www.myuhcfp.com">www.myuhcfp.com</a>                                                                           |
| Disability                        | UnitedHealthcare           | (888) 299-2070                               | <a href="https://www.myuhcfp.com">www.myuhcfp.com</a>                                                                           |
| Employee Assistance Program (EAP) | UnitedHealthcare           | (877) 660-3806                               | <a href="https://www.liveandworkwell.com">www.liveandworkwell.com</a><br>Access Code: FP3EAP                                    |
| HR Team                           | Title                      | Phone Number                                 | Email Address                                                                                                                   |
| Jay Merrett                       | Human Resources            | (817) 291-2855                               | <a href="mailto:HR@lockstepgroup.com">HR@lockstepgroup.com</a>                                                                  |
| Hauser Team                       | Title                      | Phone Number                                 | Email Address                                                                                                                   |
| Krista Westfall                   | Benefit Analyst            | (513) 936-7344                               | <a href="mailto:kwestfall@thehausergroup.com">kwestfall@thehausergroup.com</a>                                                  |
| Anna Yakaboski                    | Client Executive           | (318) 548-6272                               | <a href="mailto:ayakaboski@thehausergroup.com">ayakaboski@thehausergroup.com</a>                                                |

This guide gives a brief overview of the benefits available to you. For plan details, including covered expenses, exclusions, and limitations, please refer to the applicable Summary Plan Description (SPD), Certificate of Coverage, or plan document for each plan. These documents can be found on the Benefits Website. If any information in this benefits guide conflicts with the plan documents and insurance policies, those plan documents and policies will govern. Lockstep Technology Group reserves the right to amend, modify or terminate these plans at any time. This Benefits Guide does not constitute a contract of employment.