

2023

Team Member Benefits Guide



The three pillars
of your benefits

Brookfield Benefits | Live Well

Evoque is committed to supporting your personal health and wellbeing. Our comprehensive benefits program is designed to meet both your individual and family needs.

LIVE WELL IN 2023

The information contained in this guide will help you select 2023 benefits for you and your family and serve as a useful reference throughout the year.

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MIND

We have designed our program to empower you and increase your peace of mind, with benefits like insurance for the unexpected, mental health programs and advocacy services to support you and your family to reduce stress.

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BODY

Physical health is central to your wellbeing. We're proud to offer affordable, high-quality health and wellness benefits for you and your family.

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FINANCIAL

Our benefits help you control your financial destiny by shielding you from high medical expenses, saving you money and providing you with tools to build a nest egg for your future.

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see [page 20](#) for more details.

Evoque reserves the right at any time, with or without advance notice, to change, modify or eliminate plans or benefits within the benefits program. Plan participants will be notified in accordance with the terms of the plans and applicable law. In the event of a discrepancy between the benefits outlined in this guide and the plan documents or insurance contracts, the plan documents and insurance contracts will govern. Any questions regarding employee benefits can be directed to the Benefits Department Inbox at HR@Evoquedcs.com. Social Security, Workers' Compensation, statutory disability benefits and unemployment insurance cover employees in the manner prescribed by law. For additional information about these benefits, please contact the Benefits Department.



Eligibility

Team Members

Unless otherwise indicated, the benefits program covers regular “full-time” team members. Full-time, as defined for purposes of benefits plan eligibility, is a standard work week of at least 30 hours. Part-time, interns, contract and temporary team members are not eligible for benefits other than those mandated by federal, state or local statute. Union team members have benefits as provided by their union’s collective bargaining agreement.

Dependents

If you are an eligible team member, you may enroll the following dependents:

- **Your spouse.**
- **Same and opposite sex domestic partners.**
- **Child under the age of 26:** Coverage for adult children can be continued until the end of the month of the child’s 26th birthday.
 - “Children” include your natural child, a legally adopted child, a stepchild, legal ward and/or a child for whom you are the proposed adoptive parent, and who is dependent upon you during the waiting period prior to the adoption period.
 - Children of domestic partners are eligible for benefits under the same conditions as children of a team member’s legal spouse. (See “**Domestic Partner Benefits**” on evoque.livewell.brookfield.com for additional information and requirements.)
 - Your children need not be financially dependent upon you for support or claimed as a dependent on your tax return, a resident of your household, enrolled as a student or unmarried.
- **Incapacitated child:** Coverage for your child who is incapable of self-sustaining employment by reason of mental illness, developmental disability or physical handicap may be continued after reaching age 26 upon approval by the insurance company. The child must have been incapacitated prior to attaining age 26 and remain in such condition after reaching that age. Proof of your child’s incapacity must be

submitted to the insurance company within 30 days of the child attaining age 26. The final decision for children under this provision rests with Aetna.

Dependents who lose eligibility due to reaching age 26 may elect to continue their coverage under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA). COBRA allows the insured and family to maintain coverage for up to 18 months (36 months for certain events, such as divorce or the death of the team member) after losing group coverage. For more information, see **“Continuation Coverage Rights Under COBRA”** on [page 20](#).

When Coverage Begins

If you are a new hire or newly benefits-eligible team member, coverage for you and your eligible, enrolled dependents begins on the first day of your employment, or benefits eligibility date, except where otherwise noted.

New Hire Enrollment

As a new team member, or newly benefits-eligible team member, you must enroll within 30 days of your eligibility date (i.e., date of hire or the effective date of a job change). For your Medical, Prescription, Vision, Dental, Flexible Spending and Voluntary Life insurance coverage, if you fail to enroll within that period, you will have to wait until the next annual Benefits Open Enrollment Period unless you have a “Qualifying Life Event Change.”

Qualifying Life Event Change

A Qualifying Life Event Change is defined by the Internal Revenue Service as:

- Change in your legal marital status (i.e., marriage, legal separation, divorce or death of your spouse)
- Birth of a child, date you adopt a child or placement for adoption
- Death or loss of eligibility of a dependent
- Change in employment status (for team member, spouse or team member’s dependent) that affects eligibility for health insurance benefits

Any benefit changes resulting from a Qualifying Life Event must be requested by the team member **within 30 days** of the event via ADP.

Benefits Open Enrollment is typically held in the fall of each year for coverage effective January 1 of the following year. For detailed information on how to enroll and all required documentation, see **“Enrolling or Changing Your Benefits”** on [page 16](#).



Medical

Evoque offers a choice of three medical plans. While the plans differ in some respects, they have one important similarity — a focus on prevention. All three plans are administered by Aetna and offer preventive care at no cost (in-network only) for prescription and vision coverage, help for plan participants managing chronic conditions and wellness-focused features. You can locate a doctor or facility through Aetna’s Find A Doctor Online Directory: www.aetna.com/docfind/home.do. Please keep in mind that the availability of any particular provider cannot be guaranteed.

Exclusive Provider Organization

With the Exclusive Provider Organization (EPO) option, you receive comprehensive coverage for a range of services. You must use in-network providers. There are no out-of-network benefits.

EPO at a Glance

- Moderate monthly contribution
- Low deductible and coinsurance
- No out-of-network benefits
- The EPO utilizes the Open Access Aetna Select network

High-Deductible Health Plan

This plan is covered in two sections, the High-Deductible Health Plan (HDHP) described on the next page and the Health Savings Account (HSA) described on [page 8](#).

The HDHP is similar to the PPO in that you have the option to choose any provider when you need care. However, in exchange for a lower per-paycheck cost, you must satisfy a higher deductible that applies to almost all health care expenses, including those for prescription drugs.

With lower premiums and an out-of-pocket cap mandated by federal law, HSA-compatible health insurance plans like the Evoque HDHP typically save money compared to a PPO for both high- and low-frequency users of health care.

HDHP at a Glance

- Lower monthly contribution

- Freedom to go out-of-network
- Participants are responsible for amounts up to deductible and out-of-network charges in excess of Aetna contracted rate
- The HDHP utilizes the Aetna Choice POS II network

Preferred Provider Organization

The Preferred Provider Organization (PPO) option offers the freedom to see any provider when you need care. When you use providers from within the Aetna PPO network, you receive benefits at the discounted network cost. If you use non-PPO providers, you will pay more for services.

PPO at a Glance

- Higher monthly contribution
- Freedom to go out-of-network
- No claim forms for in-network services
- Participants are responsible for amounts up to deductible and out-of-network charges in excess of Aetna contracted rates
- The PPO utilizes the Aetna Choice POS II network

You may be eligible to participate in a Health Savings Account. See “Health Savings Account” on [page 8](#).

Medical Plan Features

If you enrolled in an Aetna medical plan through Evoque, you have access to a wide range of additional programs and resources to support your health. Visit evoque.livewell.brookfield.com for more information about each of the following:

- **Hinge Health:** A digital exercise therapy program for back, knee, hip, neck or shoulder pain.
- **Progyny Family Building:** Support for your path to parenthood, including fertility specialists, treatments and an integrated pharmacy solution.
- **Aetna Concierge Services:** Your personal assistant for understanding your health plan.
- **Teladoc:** 24/7 non-emergency medical care by phone or video chat.
- **Aetna’s Medical Management Program:** A service to precertify certain treatments and procedures, to ensure that you receive the highest quality of care, for the right length of time, in the right setting and with the maximum available coverage.

Medical Benefits Summary and Comparison

	EPO	PPO		HDHP	
	IN-NETWORK ONLY	IN-NETWORK ONLY	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE					
INDIVIDUAL	\$750	\$500	\$1,000	\$1,675	\$3,350
FAMILY	\$1,500	\$1,000	\$2,000	\$3,350	\$6,700
	Deductible and copay amounts count toward out-of-pocket maximum	Deductible and copay amounts count toward out-of-pocket maximum		Deductible counts toward out-of-pocket maximum	
ANNUAL OUT-OF-POCKET MAXIMUM					
INDIVIDUAL	\$3,000	\$2,425	\$4,100	\$4,500	\$8,500
FAMILY	\$6,000	\$4,850	\$8,200	\$9,000	\$17,000
COINSURANCE	You pay 10%	You pay 10%	You pay 30%	You pay 10%	You pay 35%
LIFETIME MAXIMUM	Unlimited	Unlimited		Unlimited	
SERVICES					
PREVENTIVE CARE	No charge	No charge	Not covered	No charge	Deductible + 35% coinsurance
OFFICE VISITS AND SPECIALIST VISITS	\$35 copay, not subject to deductible	\$35 copay, not subject to deductible	Deductible + 30% coinsurance	Deductible + 10% coinsurance	Deductible + 35% coinsurance
DIAGNOSTIC PROCEDURES X-rays, lab work, etc.	Deductible + 10% coinsurance	Deductible + 10% coinsurance	Deductible + 30% coinsurance	Deductible + 10% coinsurance	Deductible + 35% coinsurance
EMERGENCY ROOM	\$200 copay, not subject to deductible	\$200 copay, not subject to deductible		Deductible + 10% coinsurance	
HOSPITAL AND SURGERY Inpatient and Outpatient	Deductible + 10% coinsurance	Deductible + 10% coinsurance	Deductible + 30% coinsurance	Deductible + 10% coinsurance	Deductible + 35% coinsurance
PHARMACY – RETAIL (UP TO 30-DAY SUPPLY)					
TIER 1 (GENERIC)	\$10 copay	\$10 copay	Not covered	\$10 copay	Not covered
TIER 2 (PREFERRED NAME BRAND)	\$35 copay	\$35 copay		\$30 copay	
TIER 3 (NON-PREFERRED NAME BRAND)	\$60 copay	\$60 copay		\$50 copay	
	Not subject to deductible			After deductible	
PHARMACY – MAIL ORDER (UP TO 90-DAY SUPPLY)*					
TIER 1 (GENERIC)	\$20 copay	\$20 copay	Not covered	\$20 copay	Not covered
TIER 2 (PREFERRED NAME BRAND)	\$70 copay	\$70 copay		\$60 copay	
TIER 3 (NON-PREFERRED NAME BRAND)	\$120 copay	\$120 copay		\$100 copay	
	Not subject to deductible			After deductible	

*You can also pick up mail orders at CVS Pharmacy.

SPECIALTY PHARMACY

Members enrolled in the PPO and EPO plans and taking certain specialty medications may be eligible for pharmaceutical assistance programs. CVS will reach out to you or your family member if applicable.



You Are Eligible to Open and Fund an HSA if:

- You elect the HDHP;
- You are not covered by your spouse's non-HDHP health plan or Health Care Flexible Spending Account;
- You are not eligible to be claimed as a dependent on someone else's tax return;
- You are not enrolled in Medicare; and
- You are not receiving VA benefits.

HSA participants may not contribute to the Health Care Flexible Spending Account (FSA) but are eligible to contribute to the Limited Purpose FSA, which only covers eligible dental and vision expenses. You can find more information on the FSA accounts on page 9.

Maximize Your PayFlex HSA!

Team Member Portal

- Single sign-on from Aetna
- View account balances
- Online payments and reimbursements
- Receipt storage
- Download forms
- Integrated investments
- Obtain answers to FAQs
- Video library and interactive tools
- "How to" instructions

Mobile App

- Available for Apple and Android
- View account balances and transaction history
- View, access, submit and pay claims
- Upload photo images of documentation
- FAQs and list of eligible expenses
- Tap to call PayFlex Service Center

Health Savings Account

If you elect the HDHP, you may be eligible to participate in a Health Savings Account (HSA). You can build tax-free savings for qualified current and future health care expenses. See www.irs.gov/publications for a list of qualified expenses. You can also visit www.payflex.com for helpful planning tools.

An HSA allows you to allot pre-tax dollars for current and future health care expenses. It allows you to have more control over your health care dollars and is owned by you. Health care expenses include medical, dental, vision expenses and much more. Unlike a Flexible Spending Account (FSA), funds in an HSA roll over and accumulate year over year if not spent.

The maximum contribution to an HSA plan for 2023 is \$3,850 for single coverage and \$7,750 for family coverage. Team Members age 55 and older may contribute an additional \$1,000 as a catch-up contribution.

HSAs Offer Tax Advantages

You get a triple-tax advantage with the HSA. You contribute to your HSA pre-tax, you use your funds to pay for qualified medical expenses tax-free and your balance will grow with tax-free interest.



DID YOU KNOW?
Contributing to your Health Savings Account can save you up to \$2,100 a year in taxes!



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) offer a significant tax savings opportunity. As a participant, you may set aside a portion of your salary before Social Security, federal income tax, and in some cases, state and local taxes are deducted. You can then use the money to reimburse yourself for eligible health care and dependent care expenses incurred during the year. Please see www.payflex.com or www.irs.gov/publications for more information about eligible health and dependent care expenses. Your dependents do not have to be covered by any other Evoque plan for expenses to be eligible for FSA reimbursement.

Health Care FSA: allows you to set aside pre-tax dollars to pay certain out-of-pocket health care expenses. You can contribute up to the maximum annual limit of \$2,850 as permitted by IRS regulations. Reminder: Over-the-counter medications without a prescription are no longer covered.

Limited Purpose FSA: If you participate in the HDHP with HSA, you are not eligible to participate in the Health Care FSA. However, under a Limited Purpose FSA, eligible expenses are limited to qualifying dental and vision expenses for you, your spouse and your eligible dependents. You may only participate in the Limited Purpose FSA if you are enrolled in the HDHP and NOT enrolled in the Health Care FSA.

Dependent Care FSA: allows you to set aside pre-tax dollars to pay for day care services (for children up to age 13 and elder care) that allow you (and your spouse or domestic partner) to work, look for work or go to

school. You can contribute up to \$5,000 per year (\$2,500 if you are married and file separate tax returns).

Participation in an FSA is completely voluntary. It's important to remember that an FSA election is effective for only one calendar year. In other words, you must enroll each year you wish to participate. If you do not enroll during Benefits Open Enrollment or when you are first eligible, you will not be able to participate unless you experience a Qualifying Life Event Change that allows you to make an election. Please see "**New Hire Enrollment**" on **page 5** for more information on Qualifying Life Event Changes.

Important FSA Details

- The IRS requires that you use the full amount(s) you contribute to FSAs for eligible expenses during the plan year. Any funds remaining must be forfeited
- Evoque provides a 75-day grace period. You have until March 15, 2024, to spend 2023 contributions (**NOTE:** Claims must be submitted before March 31, 2024)
- You cannot stop or change your FSA contributions during the plan year unless you have a Qualifying Life Event Change
- **Even if you use your FSA debit card for valid medical expenses, the IRS requires you to save your receipts.** In addition, PayFlex may require that you supply receipts for certain eligible expenses throughout the year



Health Advocacy Services

Health Advocate — Making Health Care Easier for Your Whole Family

Health care is complex and confusing. Health Advocate is here to help. Whether you need to find an in-network doctor, locate help for Mom or sort through a medical bill, they have the right experts to handle almost any kind of health care and insurance-related issue. Evoque offers this service at no cost to you. It's completely confidential, and you can use it as many times as needed.

Highly-trained Personal Health Advocates, typically registered nurses supported by benefits and claims specialists, will handle your issue. Experts will do the legwork, make the calls, handle the paperwork and follow up with you every step of the way — all to save you time, money and worry.

How It Works

Simply call Health Advocate's toll-free number, send us an email or message us through our mobile app anytime you have a question or concern. Complete a HIPAA authorization form here: content.healthadvocate.com/Member/AuthorizationForms/Authorization-Form.pdf, so that they can request information on your behalf. Your assigned Personal Health Advocate will provide the support you need. Here are just a few examples:

You've just received a diagnosis for a medical condition. Your Personal Health Advocate will help you:

- Understand your diagnosis, answer questions, research treatment options
- Find in-network providers including specialists, hospitals, labs and more
- Arrange for a second opinion with a center of excellence, transfer medical records
- Help you transition home after a hospital stay

You're overwhelmed with medical bills and don't know where to start. Your Personal Health Advocate will help you:

- Review your health insurance coverage
- Work on your behalf to sort through exactly what you owe
- Suggest ways to lower out-of-pocket costs
- Complete the HIPAA form to get started

Use the Health Advocate mobile app to get a Personal Health Advocate in the palm of your hand!

- Instantly see, learn and interact with your Health Advocate programs no matter where you are
- 24/7 live support from your Personal Health Advocate
- Conveniently upload relevant documents
- Access trusted information on any health topic

Contact Health Advocate Anytime:

- Call: **866-695-8622**
- Email: answers@HealthAdvocate.com
- Web: HealthAdvocate.com/Brookfield
- Download the mobile app

Who Is Eligible?

Health Advocate is available to eligible team members, their spouses, dependent children, parents and parents-in-law.

Health Advocate Authorization for Use and Disclosure of Protected Health Information Form is located on evoque.livewell.brookfield.com.



Dental

Evoque’s dental plans are offered through Delta Dental. Under the plans, you can access care in three ways: in-network, premier network (providers who have agreed to Delta Dental pricing guidelines, though still out-of-network) or out-of-network. It is to your advantage to go to an in-network dentist because typically your out-of-pocket expenses will be lower. You can find in-network dentists at www.deltadentalins.com.

Dental Benefits Summary and Comparison

	DELTA DENTAL PPO			DELTA DENTAL PPO PLUS		
	DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER DENTISTS	OUT-OF-NETWORK DENTISTS	DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER DENTISTS	OUT-OF-NETWORK DENTISTS
DEDUCTIBLE	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
ANNUAL MAXIMUM BENEFIT	\$1,500	\$1,500	\$1,500	\$2,500	\$2,500	\$2,500
ORTHODONTIA LIFETIME MAX	\$1,500	\$1,500	\$1,500	\$2,500	\$2,500	\$2,500
TYPE A PREVENTIVE (CLEANINGS, EXAMS, X-RAYS)	100% Covered	You pay 20%	You pay 20%	100% Covered	100% Covered	100% Covered
TYPE B BASIC RESTORATIVE (FILLINGS, EXTRACTIONS)	You pay 20%	You pay 30%	You pay 30%	100% Covered	You pay 20%	You pay 20%
TYPE C MAJOR RESTORATIVE (BRIDGES, CROWNS)	You pay 50%	You pay 50%	You pay 50%	You pay 40%	You pay 50%	You pay 50%
TYPE D ORTHODONTIA	You pay 50%*	You pay 50%*	You pay 50%*	You pay 50%**	You pay 50%**	You pay 50%**

*Dependent children up to age 19

**Adults and dependent children up to age 19



Vision

Evoque offers a vision plan with EyeMed. The vision plan covers lenses, frames, contacts and more. EyeMed's network includes experienced ophthalmologists, optometrists and opticians. In addition, convenient retail providers like LensCrafters, Target Optical, Pearle Vision and more offer a large number of locations as well as weekend and evening hours. Choosing a provider in the Insight Network provides the highest level of benefits.

Vision Benefits Summary

		EYEMED PREMIER	
		IN-NETWORK	OUT-OF-NETWORK
	Exam	\$10	Up to \$45
	Frequency	Every 12 months	
LENSES			
	Single	\$10	Up to \$30
	Bifocal	\$10	Up to \$50
	Trifocal	\$10	Up to \$65
	Frequency	Every 12 months	
FRAMES*			
		\$250 allowance	Up to \$135
	Frequency	Every 12 months	
CONTACTS*			
		\$250 allowance	Up to \$200
	Frequency	Every 12 months	

*You are able to receive the \$250 benefit for contacts and frames in the same plan year if you receive your contacts benefit first. You will then be able to receive the frame benefit and simply pay for the lenses for your frames at a 20% retail discount.

Life and AD&D Insurance

Evoque pays 100% of the cost for Basic Life and AD&D coverage. For additional protection, eligible team members have the option to purchase Voluntary Life and AD&D insurance for themselves and eligible dependents. Voluntary Life and AD&D participants pay 100% of the cost for insurance. The Life and AD&D plans are fully insured by Unum.

Eligibility

All Evoque benefits-eligible team members in the U.S. who work at least 30 hours per week are automatically enrolled in Basic Life and AD&D insurance, effective as of their date of hire. All Evoque benefits-eligible team members have the opportunity to enroll in Voluntary Life and AD&D insurance within 30 days of their date of hire.

Basic Life and AD&D Plan Summary

- Basic Life benefit: 1x annual salary rounded to the next higher \$1,000 increment, to a maximum of \$1,000,000
- Basic AD&D benefit: 3x annual salary up to \$1,000,000, if death is the result of an accident; reduced benefits for certain other qualifying losses
- Coverage amount(s) will be reduced to 65% of original amount(s) when you reach age 70

Voluntary Life and AD&D Plan Summary

- These benefits are in addition to the Basic Life and AD&D benefit provided by Evoque
- Team members who miss the new hire enrollment window and would like to enroll for the first time, or increase their level of Life coverage, will need to submit an application with an accompanying Evidence of Insurability (EOI) form directly to the insurance company. You may enroll or increase your coverage in the plan only after the application has been approved by the insurance company

- If a team member is already enrolled in the Voluntary Life Plan, and wishes to add a spouse or child due to a Qualifying Event, the EOI form is not required
- You can cancel or reduce your coverage in these plans at any time by contacting the HR Associate Services group. Go to the workforcenow.adp.com benefits portal to make changes
- Coverage amount(s) will be reduced to 65% of the original amount(s) when you reach age 70 for both the team member and spouse if eligible

DESCRIPTION	DETAILS
VOLUNTARY LIFE BENEFIT	
INDIVIDUAL	Eligible team members may purchase guaranteed issue coverage in \$10,000 increments up to the lesser of \$400,000 or 5x annual salary. Additional coverage may be purchased with EOI up to the lesser of \$1 million or 5x annual salary. In order to purchase coverage for your spouse and/or child(ren), you must purchase voluntary coverage for yourself.
SPOUSE	Eligible team members may purchase guaranteed issue coverage in \$5,000 increments up to the lesser of 50% of team member voluntary coverage or \$50,000. Additional coverage may be purchased with EOI up to the lesser of 50% of team member voluntary coverage, or \$250,000. Coverage may not exceed team member coverage.
CHILD	Team members may purchase up to \$10,000 in coverage (for children under six months of age, the benefit is a flat \$1,000).
VOLUNTARY AD&D BENEFIT	
INDIVIDUAL	Eligible team members may purchase coverage in \$10,000 increments up to the lesser of 5x annual salary or \$1 million.
SPOUSE	Eligible team members may purchase coverage in \$5,000 increments up to the lesser of 50% of team member voluntary coverage or \$250,000. Coverage may not exceed team member coverage.
CHILD	Team members may purchase a flat \$10,000 in coverage (for children under six months of age, the benefit is a flat \$1,000).



Planning a Leave?

Visit [Evoquedcs.LeaveLogic.com](https://evoquedcs.LeaveLogic.com) to help you make important decisions about your leave. It features:

Confidential Leave Planning

With powerful self-service tools, you can navigate your benefits easily and plan the leave you want before disclosure of a life event.

What Benefits Are Available to Me?

Benefits such as health care, employee assistance programs, as well as state and local regulations are all consolidated in one convenient location.

How Much Time Can I Take Off?

All policies and programs become transparent helping you decide how to incorporate family and work.

Disability Insurance

Eligibility

Non-union team members in the U.S. who work at least 30 hours per week are automatically enrolled in Short-Term Disability and Long-Term Disability as of your first day of employment.

Short-Term Disability

Short-Term Disability (STD) insurance is a company-provided benefit providing benefits-eligible team members with a benefit for each day they are absent due to illness or injury, up to a maximum of 26 weeks in a period of 12 consecutive months. Benefit is equal to 70% of your base salary up to a weekly maximum of \$2,500. All active full-time team members are eligible for this plan. For more information about this benefit, refer to your Leave of Absence policy or contact your HR representative.

Long-Term Disability

Company-provided Long-Term Disability (LTD) insurance through Unum is designed to replace a portion of your income if you become totally disabled and cannot work for an extended period of time. LTD benefits begin after you have been totally disabled for at least 180 consecutive days.

The benefit is equal to 67% of your base salary up to a maximum of \$17,000 per month. A monthly maximum benefit will apply. Payment of the benefit is subject to approval by the insurance company.

Additional Benefits

As an Evoque team member, you also have access to a number of additional benefits to support your total well-being. Visit evoque.livewell.brookfield.com for more information about each of the following:

- **Team Member Assistance Program:** Free, confidential, 24/7 support for managing life's daily stresses.
- **Commuter Account:** Set aside money from your paycheck to cover transit and parking-related expenses.
- **Voluntary Benefits:** In the event of an unexpected medical event, voluntary insurance options through Aetna can help support your medical plan with extra financial support. Choose from:
 - Group Accident
 - Group Critical Illness
 - Group Hospital Indemnity
- **MetLife Legal Plans:** Access to a network of attorneys for routine legal matters.



401(k)

Savings Plan

Eligibility

All team members are immediately eligible to participate in the 401(k) plan.

Team Member Contributions

The maximum team member deferral amount for 2022 is \$20,500 with a catch-up contribution maximum of \$6,500. If you are 50 or older, you may contribute a maximum of \$27,000 for 2022.

Team members can contribute up to 50% of their eligible compensation through either pre-tax or Roth contributions, up to the IRS limits. All funds contributed by the team member are 100% vested. A vesting schedule of one year applies to funds completed by Evoque.

Employer Contributions

Through the 401(k) company-matching contribution program, you have an opportunity to receive 80% of what you contribute to the 401(k) Plan up to 6% of your eligible pay. Additional benefits to participating in your 401(k) Plan include: pre-tax contributions, to lower your taxable income, investment options, saving convenience and personal and home loan options.

Auto Enrollment

All new hires will be automatically enrolled into the Plan at a 3% pre-tax contribution rate. You are immediately eligible to participate. If no elections are made within 60 days, these team members will be auto enrolled at 3%. These elections can be decreased or increased at any time by the team member.

In addition, auto-enrolled participants will be able to direct contributions to any of the investments available in the Plan. However, if you do not make an investment election, your money will be invested in the default fund for the Plan, the Principal target date fund (based on age and estimated retirement age of 65).

Auto Increase

The plan also provides the opportunity to elect automatic rate increases to help you reach your goals. Also, if you have been auto enrolled into the plan, Evoque will increase your contribution by 1% on January 1 each year until you reached 10%. You may change this amount or opt out at any time. Auto increase will occur each January 1 until you achieve 10% unless you change it.

Opting Out of Auto Enrollment and Auto Increase

If you want to contribute a different amount or do not want to contribute to the Plan, you will have 30 days from your hire date to opt out using one of the below two ways:

- By phone: Contact Principal at **800-547-7754**, then enter 0# to speak with a Principal representative. You cannot opt out using the automated telephone system. Representatives are available to take your call weekdays between 7:00 am and 9:00 pm Central Standard Time.
- Online: Log on to www.principal.com using your username and password.

Enrolling or Changing Your Benefits

When You Can Enroll or Change Your Benefits

For some of our benefit plans, you will have designated times of the year when you can enroll. These are not Evoque's rules; these rules are dictated by the IRS and/or the insurance providers.

- 1. Open Enrollment** — October 24–November 4, 2022, for coverage effective January 1, 2023
- 2. New Hire/Newly Eligible** — within 30 days of hire/eligibility
- 3. Qualified Life Events** — you must initiate a life event in ADP WorkForce Now for Evoque within 30 days of the event. Qualifying life events include:
 - a. Marriage, divorce or legal separation
 - b. Birth or adoption of a child
 - c. Death of a spouse or dependent
 - d. You or one of your covered dependents gaining or losing other benefits (for example, beginning or ending a job) or material change in current benefits
 - e. Your children meeting (or failing to meet) the plan's eligibility rules (for example, student status changes)
 - f. Court order requiring coverage of a dependent child
 - g. Start or termination of a Domestic Partner relationship (see the Domestic Partner Policy for more details)

Note: You will be required to provide proof of your life event to the HR Service Desk within 30 days of the event date. Also, the IRS limits changes that can be made based on the type of life event. The change must be "consistent" with the event type.

Here's a Summary of When You Can Enroll in Each Plan:

- Benefit plans subject to enrollment deadline restrictions above are: Medical, Dental, Vision, Voluntary Life & AD&D Insurance, LTD, Health Care FSA, Dependent Care FSA, Long-Term Care, Critical Illness, Accident, Hospital and Legal.
- You may enroll in the following at any time: 401(k), Commuter Benefits, and HSA (as long as you're in an HDHP plan).

- If you are eligible for the plan, you are automatically enrolled in the following: STD, LTD, Basic Life Insurance, Basic AD&D, Health Advocate and EAP.

Ask ALEX for Benefits Help

Not sure which plan is right for you and your family? Use ALEX, Evoque's online benefits counselor, to help you select the right plans for your needs. This confidential, interactive tool gathers information about you, including family size and health care needs, to evaluate your options. ALEX will then recommend the most cost-effective plans by comparing your premiums and the costs for services you are most likely to use. You can even use ALEX to learn more about health care savings and retirement planning.

Visit www.myalex.com/brookfield/2023/evoque via desktop or mobile device for more information.

Evidence of Insurability and Spousal Surcharge Forms — Action Required

- If you applied for an amount of Life insurance that requires Evidence of Insurability, you will receive a task in your ADP WorkForce Now for Evoque inbox. Once you have completed the required steps, click **Submit** on the task.
- If you have enrolled your spouse in a medical plan for the first time, you may be required to complete a Spousal Surcharge Affidavit to verify your spouse's employment status and access to medical coverage through his/her own employer. You will receive a task in your ADP WorkForce Now for Evoque inbox relating to this. Once you have completed the required steps on the forms and have provided it to the Benefits Department, click **Submit** on the task.
- If you have enrolled any new dependents, you will be asked to provide documentation to verify those dependents within 30 days of your coverage effective date. You will receive a task in your ADP WorkForce Now for Evoque inbox relating to this. Once you have completed and submitted the required documentation to the HR Service Desk, click **Submit** on the task.

Your Monthly Contributions

Supplemental Life and AD&D

SUPPLEMENTAL LIFE			
AGE	TEAM MEMBER RATE PER \$1,000	SPOUSE RATE PER \$1,000	CHILD RATE FOR FLAT \$10,000
< 25	\$0.05	\$0.05	\$2.00
25-29	\$0.06	\$0.06	
30-34	\$0.08	\$0.08	
35-39	\$0.09	\$0.09	<p>NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.</p>
40-44	\$0.10	\$0.10	
45-49	\$0.15	\$0.15	
50-54	\$0.23	\$0.23	
55-59	\$0.43	\$0.43	
60-64	\$0.66	\$0.66	
65-69	\$1.27	\$1.27	
70 +	\$2.06	\$2.06	

SUPPLEMENTAL AD&D		
	AD&D COST PER	MONTHLY RATE
TEAM MEMBER	\$1,000	\$0.02
SPOUSE	\$1,000	\$0.02
CHILD	\$1,000	\$0.02

Legal Plan through MetLife

	YOUR CONTRIBUTION
	MONTHLY
TEAM MEMBER	\$13.50

Accident

	YOUR CONTRIBUTION
	MONTHLY
TEAM MEMBER ONLY	\$9.70
TM + CHILD(REN)	\$17.36
TM + SPOUSE	\$18.35
TM + FAMILY	\$24.70

Hospital Indemnity

	YOUR CONTRIBUTION
	MONTHLY
TEAM MEMBER ONLY	\$11.96
TM + CHILD(REN)	\$26.71
TM + SPOUSE	\$19.96
TM + FAMILY	\$33.28

Critical Illness

\$10,000				
AGE BAND	TEAM MEMBER ONLY	TM & SPOUSE	TM & CHILDREN	TM + FAMILY
	MONTHLY	MONTHLY	MONTHLY	MONTHLY
<20	\$3.27	\$5.83	\$3.27	\$5.83
20-24	\$3.57	\$6.43	\$3.57	\$6.43
25-29	\$4.15	\$7.59	\$4.15	\$7.59
30-34	\$4.92	\$9.14	\$4.92	\$9.14
35-39	\$6.10	\$11.50	\$6.10	\$11.50
40-44	\$8.15	\$15.60	\$8.15	\$15.60
45-49	\$11.42	\$22.13	\$11.42	\$22.13
50-54	\$16.45	\$32.21	\$16.45	\$32.21
55-59	\$23.84	\$47.00	\$23.84	\$47.00
60-64	\$33.27	\$65.87	\$33.27	\$65.87
65-69	\$44.36	\$88.05	\$44.36	\$88.05
70+	\$54.84	\$109.04	\$54.84	\$109.04

Key Contacts

CARRIER	PLANS	PHONE NUMBER	WEBSITE, EMAIL & APP
Aetna	Medical Group Number: 158185	888-655-5327	www.aetna.com Aetna Health mobile app
	Concierge Service		
	Voluntary Benefits	800-607-3366	www.myaetnasupplemental.com My Aetna Supplemental mobile app
	Employee Assistance Program	888-238-6232	www.resourcesforliving.com User ID: Brookfield Password: EAP Resources for Living mobile app
Delta Dental	Dental Group Number: 20099	800-932-0783	www.deltadentalins.com Delta Dental mobile app
Principal 401k Savings	401(k) Savings Plan Group # 722351	800-547-7754	www.Principal.com Principal mobile app
EyeMed	Vision Group ID: 1024932	866-939-3633	www.eyemed.com EyeMed mobile app
Health Advocate	Advocacy Service	866-695-8622	www.HealthAdvocate.com/Brookfieldanswers@HealthAdvocate.com Health Advocate mobile app
Hinge Health	Musculoskeletal Program	855-902-2777	www.hingehealth.com help@hingehealth.com Hinge Health mobile app
MetLife	Legal Services	800-821-6400	www.legalplans.com
PayFlex	Health Savings Account Flexible Spending Accounts Commuter Accounts	888-678-8242	www.payflex.com PayFlex mobile app
Progyny	Fertility Services	844-930-3356	www.progyny.com
Teladoc	Telemedicine	855-835-2362	www.teladoc.com/Aetna Teladoc mobile app
Unum	Basic Life and AD&D Group Number: 955214	800-858-6843	www.Unum.com Unum Customer mobile app Evoquedcs.LeaveLogic.com
	Voluntary Life and AD&D Group Number: 955215	800-858-6843	
	Long-Term Disability Group Number: 955214	800-858-6843	
	Leave Management Center	866-779-1054	

Visit evoque.livewell.brookfield.com for more information about your plans. If you need assistance with any of these vendors or you have questions on your plans, please contact HR@Evoquedcs.com.

Important Notices

Company Name (the “Company”)

DAWN US Holdings LLC

Effective Date

January 1, 2023

Creditable Plan Name(s)

Technology Services Group LLC
Employee Benefits Plan

Plan Administrator

Technology Services Group LLC
Benefits Department
250 Vesey Street, 15th floor
New York, NY 10281-1021

HIPAA Privacy Official

Renee Mallen
SVP, Technology Services Group, LLC
212-417-7000

HIPAA Special Enrollment Deadline

30 days

COBRA Plan Administrator

PayFlex
151 Farmington Avenue
Hartford, CT 06156
888-678-8242

COBRA Qualifying Event Period

60

Compliance Notices

The following Compliance Notices are available at evoque.livewell.brookfield.com under **Resources**:

Medicare Part D: This is a notice of “creditable” or “non-creditable” prescription drug coverage, basically a comparison of cost of expected claims under the employer’s Rx benefit, compared to the standard Medicare Part D benefit.

HIPAA Reports and Disclosures: Notice of the plan’s privacy practices with respect to “protected health information” (PHI). Covered entities, such as health plans and insurers, are required to supply a privacy notice to enrollees.

Special enrollment notice: This is a notice apprising eligible employees and their dependents of their right to enroll immediately if they lose other coverage due to a special enrollment event.

COBRA Disclosures: This is a general explanation of COBRA rights. The plan’s summary plan description should reflect COBRA contact points and procedures for notices to the Plan.

Women’s Cancer Rights Act notice: This is a general explanation of the plan’s coverage of breast reconstruction and prostheses following mastectomy

Michelle’s Law notice: This is a notice summarizing the availability of continued pre-COBRA coverage for ill college students

Notice of premium assistance under Medicaid or the Children’s Health Insurance Program (CHIP): This is a notice informing employees of potential opportunities currently available, in the state in which the employee resides, for group health plan premiums assistance under Medicaid and CHIP.

