



---

# Summary of Benefits

09/01/18 – 12/31/18

## Exciting Benefits

This benefit summary is designed to provide an overview of Zapata Technology employee benefits that best meet the unique needs of employees and their families. The benefit summary is not intended to be a complete description of coverage. Zapata Technology contributes toward the cost of several benefit plans adding to an employee's total compensation.

Selecting benefits is an important process. If you're a candidate/potential hire, or if you're a new hire, we encourage you to read this information thoroughly as some plans require enrollment once becoming a benefits-eligible employee.

If you have any questions about benefits or enrollment, please contact Human Resources.

---

### About this Summary

*This benefit summary is a compilation guide of Zapata Technology-Human Resources. It is intended for informational purposes only. The actual benefits available and the full descriptions of these benefits are governed in all cases by the relevant plan document, insurance contract, and ordinances and resolutions of Zapata Technology. If there are discrepancies between the benefit summary and the actual plan documents, insurance contracts, and ordinances and resolutions, then the official documents, contracts and ordinances and resolutions will govern.*

---

## Coverage Deadlines & Life Event

If you do not enroll during your initial enrollment opportunity or date of hire, you may have an opportunity to enroll during an open enrollment event, or if you experience a life event or qualifying life event such as a marriage, divorce, birth or adoption, death, loss or gain of coverage elsewhere. You will have 30 days from a life event to make changes to your benefits.

For some plans, you may have an opportunity to enroll through *Evidence of Insurability* (EOI).

## Coverage Effective Dates

As a new hire, your effective date of coverage will begin the first day of employment. Open enrollment for new plan years are each December, followed the calendar/plan year of January 1 to December 31.

## New Employee Resources

The resources listed below will assist you in reviewing your benefit options and making informed choices. Please take the time to utilize these resources that have been designed just for you. Resources listed below, are available both in BambooHR and Zapata's internal site, each accessed after hire.

- Medical Plan Summaries and Rates
- Dental and Vision Plan Summaries
- Voluntary Life Insurance Rates
- Disability Summary
- Required Benefits Notices

## Completing Benefit Applications

You will complete your benefit enrollment using the BambooHR link that will be emailed to you. In addition to your benefits applications there are many essential forms that you must complete as a new employee such as the Form W-4 - Employee's Withholding Allowance Certificate and the Direct Deposit Authorization Form.

## Premium Only Plan (POP)

We are pleased to announce that we have a Premium Only Plan under the IRC Section 125, for eligible employees. Under this program, you will be able to pay for employer-sponsored benefits (health plans, group term life insurance, health savings accounts, etc., as applicable based on the insurance coverages or other allowable benefits that Zapata Technology offers under the plan) with a portion of your pay before federal income or Social Security taxes (benefits deducted on a pre-tax basis), if applicable are withheld. This means that you will pay less tax and have more money to spend and save.

To enroll, complete '*Election to Participate*' form.

To decline, complete '*Election NOT to Participate*' form.

## Humana Vision

Vision coverage is administered by Humana Vision and is an **employer-paid benefit**. The plan covers contact lenses or frames, but not both in the same plan year.

Humana Vision Plan Coverage	In-Network Provider
<b>Routine eye exam</b> Retinal Imaging	\$10 Up to \$39
<b>Materials Copay</b>	\$15
<b>Allowance</b> Retail Frames Elective Contact lenses	\$130 \$130
<b>Contact lens exam options</b> Standard contact lens Premium contact lens	Up to \$55 10% off retail
<b>Frames</b>	\$130 allowance and 20% off balance over \$130
<b>Standard Plastic Lenses</b> Single Vision Bifocal Trifocal Lenticular	\$15 \$15 \$15 \$15
<b>Vision Care Services</b> Examination Lenses or contact lenses Frame	Once every 12 months Once every 12 months Once every 24 months

---

*Non-participating physicians can bill you for charges above the amount covered by your Humana Vision plan. To ensure you do not receive additional charges, visit a participating Network physician. If a member sees an out-of-network physician, the coinsurance level will apply to the maximum allowable fee.*

---

# Humana Dental

Dental coverage is administered by Humana Dental and is an **employer-paid benefit**.

Humana Dental Plan Coverage	In-Network Dentist
<b>Calendar-year deductible</b> (excludes orthodontia services)	Individual \$50 Family \$150
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$2,000
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>• Oral examinations</li> <li>• X-rays</li> <li>• Cleanings</li> <li>• Topical fluoride treatment (through age 14, one per calendar year)</li> <li>• Sealants (through age 14)</li> </ul>	100% no deductible
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Space maintainers</li> <li>• Emergency care for pain relief</li> <li>• Basic oral surgery services</li> <li>• Filings</li> <li>• Appliances for children (through age 14)</li> <li>• Prefabricated stainless steel crowns</li> </ul>	80% after deductible
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Inlays and onlays</li> <li>• Bridgework</li> <li>• Dentures</li> <li>• Denture relines and rebases</li> <li>• Complex surgical extractions</li> <li>• Denture repair and adjustments</li> <li>• Periodontics (gums)</li> <li>• Endodontics (root canals)</li> </ul>	50% after deductible
<b>Orthodontia Services</b>	Child orthodontia covers children through age 18. Plan pays 50% (no deductible) of the covered orthodontia services, up to: \$1,500 lifetime orthodontia maximum.

---

*Non-participating dentists can bill you for charges above the amount covered by your Humana Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. If a member sees an out-of-network dentist, the coinsurance level will apply to the maximum allowable fee.*

---

# Humana Medical

Medical coverage is administered by Humana. For complete details, please refer to the benefit certification in BambooHR Onboarding.

Benefit Name	Simplicity Opt 5 Gold Employer Paid Free Plan	Opt 11 Gold	Opt 8 Gold	Opt 1 Platinum
<b>Plan Deductibles</b>	\$0 / \$5,000	\$2,000 / \$6,000	\$1,000 / \$3,000	\$1,000 / \$3,000
<b>Out-of-Pocket Maximum</b>	\$6,000 / \$18,000	\$6,500 / \$19,500	\$4,500 / \$13,500	\$3,500 / \$10,500
<b>Coinsurance</b> In-Network / Out-of-Network	100% / 70%	80% / 60%	80% / 60%	100% / 70%
<b>Office Visit Copays</b> Primary Care / Specialist	\$40 / \$80	\$30 / \$60	\$30 / \$60	\$20 / \$40
<b>Advance Imaging</b>	Copay of \$450	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Ambulance</b>	Copay of \$450	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Behavioral Health - Office Visit</b>	Copay of \$40	Copay of \$30	Copay of \$30	Copay of \$20
<b>ER Visit</b>	Copay of \$450	Copay of \$500	Copay of \$450	Copay of \$350
<b>Inpatient Hospital</b>	Copay of \$1750	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Outpatient Hospital or Facility</b>	Copay of \$1750	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Skilled Nursing Facility</b>	Copay of \$80	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<b>Therapy</b>	Copay of \$40	Copay of \$30	Copay of \$30	Copay of \$20
<b>Urgent Care</b>	Copay of \$100	Copay of \$100	Copay of \$100	Copay of \$100
<b>Plan Rates Per Month</b>				
<ul style="list-style-type: none"> <li>Employee (EE)</li> <li>EE+ Spouse</li> <li>EE + Children</li> <li>Family</li> </ul>	<ul style="list-style-type: none"> <li>No Cost</li> <li>No Cost</li> <li>No Cost</li> <li>No Cost</li> </ul>	<ul style="list-style-type: none"> <li>\$130.25</li> <li>\$260.49</li> <li>\$254.96</li> <li>\$405.20</li> </ul>	<ul style="list-style-type: none"> <li>\$172.88</li> <li>\$345.76</li> <li>\$333.83</li> <li>\$526.71</li> </ul>	<ul style="list-style-type: none"> <li>\$246.52</li> <li>\$493.04</li> <li>\$470.06</li> <li>\$763.59</li> </ul>

*NPOS allows members to visit any in-network provider for covered services and do not need to choose a primary care physician, if member sees an out-of-network provider the out-of-pocket costs will be higher. Preventive services like annual exams, are 100% covered when in-network providers are used.*

## Humana Pharmacy Drug Coverage

Pharmacy prescription drug coverage is administered by Humana. For complete details, please refer to the benefit certification in BambooHR Onboarding.

Pharmacy	Simplicity Opt 5 Gold Employer Paid Free Plan	Opt 11 Gold	Opt 8 Gold	Opt 1 Platinum
<b>Tier 1</b> Coinsurance Generic	\$10	\$10	\$10	\$10
<b>Tier 2</b> Coinsurance Preferred Brand	\$40	\$40	\$40	\$35
<b>Tier 3</b> Coinsurance Brand	\$75	\$75	\$75	\$55
<b>Tier 4</b> Specialty Coinsurance	25%	25%	25%	25%

---

*A copay on prescription plan is a flat fee payment member make for their prescription drugs. Prescription drug costs are based on tiers. Members pay a certain dollar amount for each tier. Pre-authorization may be required.*

---

## Life Insurance

The life insurance coverage is administered by Humana, and helps provide for your family's economic well-being in the event of your death. This benefit is paid to your designated beneficiaries. Eligible employees are guaranteed coverage at time of hire only, late entrants must apply for coverage during open enrollment and may need to complete *Evidence of Insurability* (EOI). The following is the basic and voluntary life insurance summary:

### Group Life Insurance

Zapata Technology provides basic group life insurance with Accidental Death Dismemberment in the amount of \$30,000. This is an **employer-paid benefit**.

## Employee Voluntary Life Insurance

Employee voluntary life insurance may be purchased and is an **employee-paid benefit**.

Employees may apply for this benefit however; no medical questions or applications fees will apply at time of hire if you do not surpass \$75,000. Late entrants must apply for coverage during open enrollment and may need to complete *Evidence of Insurability* (EOI). See the voluntary life insurance rate sheet.

## Dependent Voluntary Life Insurance

Dependent voluntary life insurance may be purchased and is an **employee-paid benefit**.

Employees may apply for this benefit however; no medical questions or applications fees will apply at first enrollment opportunity (i.e. hire date) if you do not surpass \$75,000. If you do surpass the \$75,000, then you will need to complete the medical questionnaire. Late entrants must apply for coverage during open enrollment and may need to complete *Evidence of Insurability* (EOI). The flat amount for dependent child voluntary life insurance is \$10,000. See the voluntary life insurance rate sheet.

## Disability

Disability coverage is administered by The Hartford and is an **employer-paid benefit**. If you become disabled due to a covered accident or sickness that is not work-related, disability insurance will pay the benefit once you have satisfied the elimination period. Disability benefits will be payable up to the benefit period stated in the policy. Review disability for short-term and long-term.

## Short-term Disability

**Maximum Weekly Benefit:** 60% of your pre-disability earnings

**Minimum Weekly Benefit:** \$250

**Maximum Duration of Benefits:** 26 weeks

**Elimination Period:**

- For disability caused by injury, benefits begin on the 1<sup>st</sup> day of total disability or disabled and working
- For disability caused by sickness, benefits begin on the 8<sup>th</sup> day of total disability or disabled and working



## Long-term Disability

**Monthly Benefit:** 60% of your pre-disability earnings

**Maximum Monthly Benefit:** \$6,000

**Minimum Monthly Benefit:** \$100 or 10% of salary (whichever is greater)

**Elimination Period:** waiting period is 26 weeks and benefits begin on week 27

## Leave / Sick time / PTO (DTO)

Zapata Technology provides eligible employees with a flexible discretionary time off plan in for reasons like vacation, sick and personal time. Excludes military reserve or active duty time.

## Holidays

Eligible employees enjoy 10 (ten) holidays annually - New Year's Day, Dr. Martin Luther King Jr Day, George Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and Christmas Day.

## Flex Time

Zapata Technology offers flex time to eligible employees at the discretion of our clients and Zapata Technology management. Flex time schedule allows employees to work hours that are not within the standard 8:00 a.m. to 5:00 p.m., while maintaining a high level of service during the organization's peak operating hours.

## 401 (k) Plan

A Retirement plan is administered by Sharebuilder 401k to assist in securing your financial well-being at retirement. Zapata Technology will contribute up to 4% of your salary to your Sharebuilder 401k account. You can contribute the maximum amount allowed by the IRS. The Sharebuilder 401k contributions are subject to IRS limits. Contributions are taken on a pre-tax basis for federal and state income tax purposes. Under specific conditions set by law allows you to withdraw or borrow against your Sharebuilder 401k plan before retirement.