



You & your benefits

A partnership for good health

conga

Welcome to Your Conga Benefits

January 1, 2023 – December 31, 2023

Providing great benefit choices to you and your family is just one of the many ways we support the physical, financial and emotional well-being of the people who make our company successful- you. This guide is intended to provide a summary of the benefit programs available to all benefit eligible colleagues. It's important to take time to understand your options so you can make informed decisions for yourself and your dependents.

In addition to this guide, the following resources can be found on <https://mybenefits.conga.com>:

- Summary of Benefits and Coverage (SBC)
 - Detailed information about each plan. The SBC's summarize important information about your coverage options in a standard format to help you compare costs and features across plans.
- FAQ's, videos, and a variety of other tools and resources
- Links to sites for insurance carriers including group plan numbers and contact information

MEDICARE CREDITABLE COVERAGE NOTICE

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 32 for more details.





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Eligibility

Employees

- You're eligible to enroll in Conga's benefits program if you're an active, regular employee who's scheduled to work 20 or more hours per week

Dependents

- Your legal spouse or domestic partner (see [Domestic Partner Eligibility](#) below)
- Your children or children of your domestic partner (including your stepchild and legally adopted child) up to age 26
- Any dependent child who reaches the age limit and is incapable of self-support because of a mental or physical disability

Domestic Partner Eligibility

- You are a registered domestic partner
- Or
- You maintain the same principal place of residence and intend to do so in the future
- You agree to be responsible for each other's basic living expenses in the event that either of you is unable to provide such expenses for himself or herself
- You are both 18 or older
- Neither of you are married
- You are not related by blood to such a degree that you would be prevented from marrying in the state in which you reside
- Neither of you has maintained coverage for another domestic partner under any health plan within the last six months (this excludes any domestic partner that has died within the last six months)
- You agree to notify Conga immediately upon your failure to satisfy any of the criteria of domestic partnership

NOTE: Coverage is available to same- and opposite-sex domestic partners. You will be required to provide proof of dependent status. A Domestic Partner Affidavit will need to be completed in order to enroll your partner. When you login to Workday and request domestic partner coverage, the affidavit will be provided to you upon submission. IRS regulations mandate that the value of the health care benefits are considered taxable income. Contributions for the domestic partner and domestic partner's children need to be made on an after-tax basis. Please refer to the 2023 Domestic Partner Contributions and Imputed Income Rate Sheet on benefits website at <https://mybenefits.conga.com/>.

Enroll

Carefully consider your benefit options and your anticipated needs. Then follow the instructions to enroll yourself and any eligible dependents in health and insurance benefits for 2023.

You can enroll for benefits:

Upon Hire



Benefits are effective on your date of hire. You must enroll within 30 days of your hire date.

During Open Enrollment



Open Enrollment is your annual opportunity to enroll for benefits or make changes to your existing benefits. Generally, benefits you elect during Open Enrollment will be effective January 1 through December 31 of the following year unless you experience a qualifying life event that permits you to change your coverage or makes you ineligible for coverage.

During the Year



If you experience a status change that affects your eligibility for benefits or an IRS-qualifying life event during the year, you may enroll for coverage in new plans and make changes to existing coverage within 30 days of the event.

All enrollments are completed in Workday.

Qualifying Life Events

Per IRS guidelines, qualifying life events include but are not limited to:

- Marriage
- Divorce
- Birth, adoption of a child, or becoming a court-appointed legal guardian
- Death of a dependent
- Loss of dependent eligibility for coverage
- Loss of coverage due to a change in employment status

Your benefit elections or changes must be consistent with the event. Documentation of the event will be required.

When Coverage Begins and Ends

When Coverage Begins

Your Conga benefits coverage becomes effective on your eligibility date, provided you enrolled by the deadline.

If you enroll during Open Enrollment, benefits become effective on January 1.

When Coverage Ends

Medical, dental, and vision coverage ends on the last day of the month in which you terminate your employment.

Life insurance, AD&D insurance, disability coverage, Health Savings Account (HSA) contributions, Flexible Spending Account (FSA) contributions, accident insurance, critical illness insurance, identity theft coverage, and commuter benefits end on your date of termination.



Open Enrollment Highlights

Below are the coverage offerings that are updated or new for 2023.

Medical Plans



- You will continue to be offered the same medical plans through Aetna & Kaiser as 2022 with the below exceptions:
- Aetna PPO deductible increased to \$750 for the individual and \$1,500 for the family.
- Aetna HDHP embedded individual deductible increased to \$3,000 for subscribers with family coverage.
- Colleagues' contributions have increased to align more closely with those of tech companies of similar size and scale.

Dental Plan



- You will continue to be offered the same dental plan through Aetna as 2022.
- Colleagues' contributions have increased to align more closely with those of tech companies of similar size and scale.

Vision Plan



- You will continue to be offered the same vision plan through VSP as 2022.
- Colleagues' frame and contact lenses allowances have increased to \$200 annually.
- Blue light filtering optical options now available.

OTHER CHANGES

- The health flexible spending account (FSA) limit has increased to \$3,050. The health savings account limit has increased to \$3,850 for individual and \$7,750 for family. The commuter benefit limits have increased to \$300/month.

REMINDERS

- Flu shots are available at most pharmacies for no cost. Get yours today!

What If I Don't Enroll?

- If you don't enroll or make updates by November 30, you will be automatically enrolled in your current coverage, with the exception of spending and saving account elections.
- Health Savings Account, Flexible Spending Account, and Dependent Care account elections do not roll over from year to year. You must make a new election each year to participate. If you have unused funds in your Flexible Spending Account (FSA) at the end of 2022, the unused funds will be automatically rolled over to the new Limited Purpose FSA (up to \$570).
- You must enroll in the Health Savings Account for 2023 during OE to receive your employer's contributions.

Health

Quality health coverage is one of the most valuable benefits you enjoy as a Conga employee. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

Smart Health Care Decisions

Conga offers core and optional benefits that can help you maintain your mental, physical, financial and social well-being. To ensure Conga can continue to offer quality, comprehensive coverage, it's important that we work together to proactively manage rising costs

For you, this means:

- Get preventive care (which is 100% covered by your medical and dental plans)
- Ask your providers how much a treatment will cost and if you can be treated another way that is equally effective, but less costly
- Ask for generic prescriptions, which are less expensive than brand-names drugs, but are equally as effective
- Go to an urgent care facility or physician's office rather than the emergency room for non-life-threatening conditions

Medical Plan Types

Conga offers a variety of medical plan options and provider networks through Aetna and Kaiser. You can choose the plan design and network combination that makes the most sense for you and your family. Knowing the difference between plan types and their networks can help you choose the best plan for your needs and preferences.

	Kaiser HMO (CA & CO only) Health Maintenance Organization	Aetna PPO 750 (all locations) Preferred Provider Organization	Aetna HDHP with HSA (all locations) High-Deductible Health Plan
Self Referral	-	★	★
Primary Doc Referral	★	-	-
No Coinsurance	★	-	-
No Deductible	★	-	-
Out of Network Coverage	-	★	★





Medical Plan Comparison (In-Network)

	AETNA HDHP ¹	AETNA PPO 750	KAISER HMO (CA)	KAISER HMO (CO)
Deductible (Self / Family)	\$2,000 / \$3,000 ¹ / \$4,000	\$750 / \$1,500	\$0 / \$0	\$0 / \$0
Tax-Advantaged Accounts	HSA (and Conga puts in money: \$500 for individuals or \$1,000 for families)	FSA	FSA	FSA
Out-of-Pocket Maximum (Self / Individ. In Family / Family)	\$3,500 ¹ / \$7,000	\$3,500 / \$7,000	\$1,500 / \$3,000	\$1,500 / \$3,000
Preventive Care	No charge ²	No charge ²	No charge	No charge
Doctor / Specialist / Virtual Visit	20%	\$20 ²	\$20 / \$35 / \$0	\$20 / \$35 / \$0
Lab and X-ray	20%	20%	\$0	\$0
Emergency Room	20%	\$150/visit + 20% ²	\$100/visit	\$250/visit
Chiropractor	20%	\$20 ² (30 visits)	\$15/visit (20 visits)	\$20/visit (20 visits)
Acupuncture	20% (20 visits)	\$20 ² (20 visits)	\$20/visit (20 visits)	Not covered
Rx Coverage – Retail	\$10 / \$30 / \$50 /Varies	\$5 / \$25 / \$40 / \$45	\$10 / \$35 / \$35 / \$35	\$10 / \$20 / \$35 / 20% up to \$250

(1) For the Aetna HDHP HSA-eligible plan: copays and coinsurance apply after you've paid 100% of your deductible, including the cost of prescriptions. The plan has an embedded individual deductible of \$3,000 and embedded individual out-of-pocket maximum of \$3,500 for members enrolled in family coverage. No one member will pay more than the individual deductible or individual out-of-pocket maximum.
 (2) Deductible does not apply.

Emergency vs. Urgent Care

Urgent Care – For non-life threatening emergencies, typically shorter wait times and less out-of-pocket with significantly lower copays

Emergencies – Limb or life threatening, go to the nearest emergency room or call 911

Aetna:	Kaiser:
Emergencies are covered worldwide	Emergencies are covered worldwide
Traveling outside the country	Traveling outside the country
✓ You will pay upfront	✓ You will pay upfront
✓ Obtain an itemized receipt, send to Aetna with claim form for reimbursement	✓ Obtain an itemized receipt, send to Kaiser with claim form for reimbursement
✓ Paid at the foreign currency exchange rate	✓ Paid at the foreign currency exchange rate
	Traveling outside the Kaiser Permanente area in U.S.
	✓ You can visit an urgent care or retail clinic
	✓ Kaiser will cover medically necessary urgent care at non-Kaiser facilities if it can't wait until you get home

Closer look at the Health Care Plan Options

Aetna HDHP

1	Covers 100% of preventive care regardless of whether you've met your deductible
Free preventive care	
2	With a High-Deductible Health Plan (HDHP), you can contribute to a Health Savings Account (HSA)
Deductible	
3	The amounts shown here only apply AFTER you reach your deductible and insurance starts to pay a portion of covered expenses
Coinsurance	
4	You pay 100% out-of-pocket for everything other than preventive care, including prescriptions, until you reach your deductible
Out-of-pocket Maximum	
When you enroll in the Aetna HDHP, Conga will make an annual contribution to your HSA (\$500 for individuals/\$1,000 for families), distributed evenly in each pay period!	

	In-Network	Out-of-Network
Deductible* (Self / Indiv. in Family /Family)	\$2,000 / \$3,000 ¹ / \$4,000	\$4,000 / \$5,600 / \$8,000
HSA Contributions from Conga	\$500 individual / \$1,000 family	
OOP Max (Self / Indiv. In Family/ Family)	\$3,500 ¹ / \$7,000	\$7,000 / \$14,000
Preventive Care	No charge ²	40%
Doctor / Specialist / Virtual Visit	20%*	40%*
Lab and X-ray	20%*	40%*
Emergency Room	20%*	20%*
Urgent Care	20%*	40%*
Inpatient Hospital	20%*	40%*
Chiropractor	20%*	40%*
Acupuncture	20% (up 20 visits/year)*	40% (up 20 visits/year)*
Fertility Treatment	Plan pays up to \$10,000/member*	
Mental Health	20%*	40%*
Tier 1 Retail	\$10*	20% up to \$250*
Tier 2 Retail	\$30*	20% up to \$250*
Tier 3 Retail	\$50*	20% up to \$250*
Tier 4 Retail	Based on type of drug*	Not covered

*Copays and coinsurance apply after you've paid 100% of your deductible

(1) The Aetna HDHP has an embedded individual deductible of \$3,000 and embedded individual out-of-pocket maximum of \$3,500 for members enrolled in family coverage. No one member will pay more than the individual deductible or individual out-of-pocket maximum

(2) Deductible does not apply

Aetna PPO 750

1	Covers 100% of preventive care
Free preventive care	
2	With a Preferred Provider Organization (PPO) plan, you can visit any health care professional without a referral, in- or out-of-network
Deductible	
3	You pay a fixed copay for each doctor visit and medical service provided
Coinsurance	

	In-Network	Out-of-Network
Deductible (Self / Family)	\$750 / \$1,500	\$1,000 / \$2,000
OOP Max (Self / Family)	\$3,500 / \$7,000	\$7,000 / \$14,000
Preventive Care	No charge*	40%
Doctors / Specialist / Virtual Visit	\$20*	40%
Lab and X-ray	20%	40%
Emergency Room	\$150/visit + 20%*	\$150/visit + 20%*
Urgent Care	\$20/visit*	40%
Inpatient Hospital	20%	40%
Chiropractor	\$20* (up to 30 visits/year)	40% (up to 30 visits/year)
Acupuncture	\$20* (up to 20 visits/year)	40% (up to 20 visits/year)
Fertility Treatment	Plan pays up to \$10,000/member	
Mental Health Visit	\$20*	40%
Tier 1 Retail	\$5	20% up to \$250
Tier 2 Retail	\$25	20% up to \$250
Tier 3 Retail	\$40	20% up to \$250
Tier 4 Retail	\$45	Not covered

*Deductible does not apply



Closer look at the Health Care Plan Options



Kaiser HMO – California Only

1	Covers 100% of preventive care
Free preventive care	
2	You select a primary care physician (PCP) as a single point of contact who coordinates all of your health care including office visits, prescriptions, and referrals to specialists
PCP	
3	You pay the copay amount for in-network services
Coinsurance	
4	With a Health Maintenance Organization (HMO), you have in-network coverage only (except in cases of emergency)
In-Network Coverage	

	In-Network
Deductible (Self / Family)	\$0
OOP Max (Self / Family)	\$1,500 / \$3,000
Preventive Care	No charge
Doctors / Specialist / Virtual Visit	\$20 / \$35 / \$0
Lab and X-ray	\$0
Emergency Room	\$100/visit
Urgent Care	\$20/visit
Inpatient Hospital	\$250/admit
Chiropractor	\$15/visit (up to 20 visits/year)
Acupuncture	\$20/visit (up to 20 visits/year)
Fertility Treatment	50%
Mental Health Visit	\$20
Tier 1 Retail	\$10
Tier 2 Retail	\$35
Tier 3 Retail	\$35
Tier 4 Retail	\$35

Kaiser HMO – Colorado Only

1	Covers 100% of preventive care
Free preventive care	
2	You select a primary care physician (PCP) as a single point of contact who coordinates all of your health care including office visits, prescriptions, and referrals to specialists
PCP	
3	You pay the copay amount for in-network services
Coinsurance	
4	With a Health Maintenance Organization (HMO), you have in-network coverage only (except in cases of emergency)
In-Network Coverage	

	In-Network
Deductible (Self / Family)	\$0
OOP Max (Self / Family)	\$1,500 / \$3,000
Preventive Care	No charge
Doctors / Specialist / Virtual Visit	\$20 / \$35 / \$0
Lab and X-ray	\$0
Emergency Room	\$250/visit
Urgent Care	\$20/visit
Inpatient Hospital	\$250/admit
Chiropractor	\$20/visit (up to 20 visits/year)
Acupuncture	Not covered
Fertility Treatment	50%
Mental Health Visit	\$20
Tier 1 Retail	\$10
Tier 2 Retail	\$20
Tier 3 Retail	\$35
Tier 4 Retail	20% up to \$250





Health Savings Account (HSA)

PAYFLEX®

An employee-owned, tax-advantaged savings account. Use it to pay for qualified health expenses or, you can grow your funds to use in retirement.

	Conga contributes...	So, you can contribute up to...	Annual total contribution limit
Individual	\$500	\$3,350	\$3,850
Family	\$1,000	\$6,750	\$7,750
Age 55 or older? You can contribute an additional \$1,000 per year.			

You own the HSA

Funds roll over

Pairs only with an HDHP

Rules for Contributing to an HSA

- You must be covered by a High Deductible Health Plan (HDHP) as of the first day of each month
- HSA elections do not automatically roll over; you must make a new election each plan year

Rules Disqualifying You from Contributing to an HSA

- You have other disqualifying health coverage (including spouse enrollment in a General-Purpose Health Care FSA; a Limited Purpose Health Care FSA will not disqualify you)
- You are enrolled in Medicare
- You are eligible to be claimed as a dependent on someone else's current year tax return
- Special rules apply if you are enrolled in Tricare or receive non-preventive care from Indian Health Services. Contact PayFlex for more information.

If you already have an HSA and you want it again for 2023, you must re-enroll

Tax-Savings Plan Comparison

When you enroll for a medical plan, make sure you understand the tax-savings plan(s) that you are eligible to contribute to. Use this chart to see when you can or can't participate.

	AETNA HDHP	AETNA PPO 750	KAISER HMO (CA)	KAISER HMO (CO)
Health Savings Account (HSA)	YES	NO	NO	NO
Health Care FSA	NO	YES	YES	YES
Limited Purpose FSA	YES	NO*	NO*	NO*
Dependent Care FSA	YES	YES	YES	YES

* You can't contribute to the Limited Purpose FSA if you contribute to the Health Care FSA. You may only contribute to the Limited Purpose FSA if you are not contributing to the Health Care FSA.

Important! When enrolling in an HSA and/or FSA, be sure to coordinate with other coverage that you may be enrolled in. For example, if you are enrolled in your spouse's HDHP, enrolling in a Health Care FSA through Conga may cause a tax issue. When in doubt, talk to your tax advisor.

Health Care Flexible Spending Account (FSA)

The program works by setting aside money from each paycheck, before taxes are taken.

You can then spend it at any time during the year on eligible out-of-pocket expenses, such as copays and prescriptions, incurred by you or your eligible dependents, *even if that person is not covered by your benefits.*

Use it or lose it

2023 Maximum Election	\$3,050
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Pairs with all plans except the HDHP

- Conga allows you to carry over up to \$570 into the 2023 plan year and up to \$610 into the 2024 plan year. Carryover funds do not count towards the annual contribution amount.
- If you are enrolling under the Aetna High-Deductible Health Plan and have a Health Savings Account, you are not eligible for Health Care FSA. (You may contribute to a Limited Purpose FSA instead.)
- If you have money that rolls over into the 2023 plan year, then you are not eligible to participate in the HSA plan for the entire year.*
- Reimbursements are available using your FSA debit card or by submitting a claim to PayFlex online or through their app.
- You have a 90-day run-out period until March 31, 2024, to request reimbursement for eligible FSA expenses that occurred between January 1, 2023, and December 2023. Any funds that are in excess of \$610 that are not used before the run-out period will be forfeited.

* If you participate in a Health Care FSA in 2022 and you choose to enroll in the Aetna HDHP in 2023, money that remains in your Health Care FSA as of December 31 will be automatically rolled over to the Limited Purpose FSA (up to \$570).

Health Care FSA Qualified Medical Expenses

It's a surprisingly long list, defined by the IRS in Publication 502:

- Medical care expenses must be primarily to alleviate or prevent a **physical or mental disability or illness**. They don't include expenses that are merely beneficial to general health, such as non-prescription vitamins or a vacation.
- These expenses include payments for legal medical services rendered by physicians, surgeons, dentists, and other medical practitioners. They include the **costs of equipment, supplies, and diagnostic devices** needed for these purposes.
- Medical expenses include the premiums you pay for insurance that covers the expenses of medical care, and the amounts you pay for **transportation to get medical care**.

If you already have a Healthcare FSA, and you want it again for 2023, you must re-enroll

JUST A FEW EXAMPLES

- ✓ Acupuncture
- ✓ Addiction treatment
- ✓ Ambulance
- ✓ Bandages
- ✓ Birth control pills, vasectomy
- ✓ Breast pump
- ✓ Capital expenses (like door ramps)
- ✓ Chiropractor
- ✓ Contact lenses
- ✓ Dental treatment
- ✓ Disabled dependent care
- ✓ Eye exam, eyeglasses, eye surgery
- ✓ Fertility enhancement
- ✓ Hearing aids
- ✓ Nursing home/services
- ✓ Prescriptions
- ✓ Psychiatric care
- ✓ Special education
- ✓ Transportation costs for medical care

Limited Purpose Flexible Spending Account (LPFSA)

Set aside money from each paycheck, before taxes are taken, to pay for **dental and vision expenses only**.

2023 Maximum Election	\$1,000
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- Only available if you contribute to a Health Savings Account (HSA) — with both, you can save even more on your health care expenses
 - Use your HSA to pay for most health care expenses
 - Use the LPFSA just for out-of-pocket dental and vision expenses as your plan allows
- Using the LPFSA for dental and vision expenses leaves more money in your HSA to pay for other health care costs

Use it or lose it

For those who contribute to an HSA

Limited Purpose FSA Qualified Medical Expenses

The list of eligible expenses covered is limited to dental and vision expenses only.

These expenses include payments for legal services rendered by regular dentists and other dental practitioners. They include the **costs of equipment, supplies, and diagnostic devices** needed for these purposes.

JUST A FEW EXAMPLES

- ✓ Dental exams
- ✓ X-rays
- ✓ Fillings, root canals, and crowns
- ✓ Implants
- ✓ Dentures and bridges
- ✓ Orthodontia
- ✓ Mouthguards
- ✓ Eye exam, eyeglasses, eye surgery
- ✓ Contacts
- ✓ Contact lens solution
- ✓ Lasik
- ✓ Reading glasses
- ✓ Eye drops



Dependent Care Flexible Spending Account (DCFSA)

A tax-advantaged spending account that you can use to pay for qualified child and elder care expenses.

2023 Maximum Election

- \$2,500 if you file taxes as single or married and filing separately.
 - \$5,000 if you file as head of household (HOH) or married and filing jointly. (You and your spouse's contribution cannot exceed \$5,000 combined.)
- IRS REQUIREMENT: You (and your spouse if filing jointly) must have W-2 earned income during the year.

Use it or lose it

Pairs with all plans

At the end of the plan year, you have a 2.5 month grace period to submit claims for expenses incurred during the plan year and the grace period.

Dependent Care FSA Qualified Dependent Care Expenses

Dependent care expenses must be incurred so you (and your spouse if married) can work, look for work, or attend school full time:

- Daycare centers
- In-home day care / nanny / au pair
- Before or after school programs for children under age 13
- Summer day camp
- Nursery school and pre-school programs
- Elder care for dependents not capable of self-care

Commuter Benefits

A tax-advantaged spending account for public transit or parking as part of your daily commute to work.

Qualifying expenses for transit services include subways, buses, ferries, commuter rail, and vanpools.

2023 Maximum Election

- Transit and eligible vanpooling employee contribution: Up to \$300/month
- Qualified commuter parking employee contribution Up to \$300/month

You can enroll, change, or cancel commuter benefits **at any time**. However, there is a monthly deadline of the 10th for making updates for the next month. If you miss it, you will have to wait until the following month.

Commuter benefits do not expire. Funds roll over from month to month, and year to year, as long as you're with Conga. Commuter funds can't be refunded or transferred between transit and parking accounts.

You have 180 days from the date the claim was incurred to submit for reimbursement.



There are two dental plan options available through Aetna. Network providers will submit claims directly to Aetna on your behalf. However, if you use out-of-network providers, you may be required to submit your own claims. Please note, if you decide to see providers who are not part of the Aetna network, your out-of-pocket costs may be higher since the providers can charge more than the negotiated amount. You will maximize your dental benefits by seeing in-network providers. You can locate an Aetna preferred provider by visiting www.aetna.com.

Coverage	PPO Base Plan		PPO Buy-Up	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Self / Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Preventive	0%	0%	0%	0%
Basic	10%	20%	10%	20%
Major	40%	50%	40%	50%
Plan Year Maximum	\$1,750	\$1,750	\$3,250	\$2,250
Orthodontia	Not covered	Not covered	50%	50%
Ortho Lifetime Maximum	Not covered	Not covered	\$2,000	\$2,000

Out of network reimbursement is 90th percentile.
Orthodontia services for PPO Buy-Up Plan is for adult and children.

Preventive Care

Services that are concerned with the prevention of disease through educational and protective measures. These may include routine office visits, cleanings, check-ups, etc.

Basic Care

Procedures to repair and restore individual teeth due to decay, trauma, impaired function, attrition, abrasion, erosion, etc.

Major Care

Procedures dealing with the restoration of teeth. This could include inlays, crowns, veneers, bridges, oral surgery, etc.

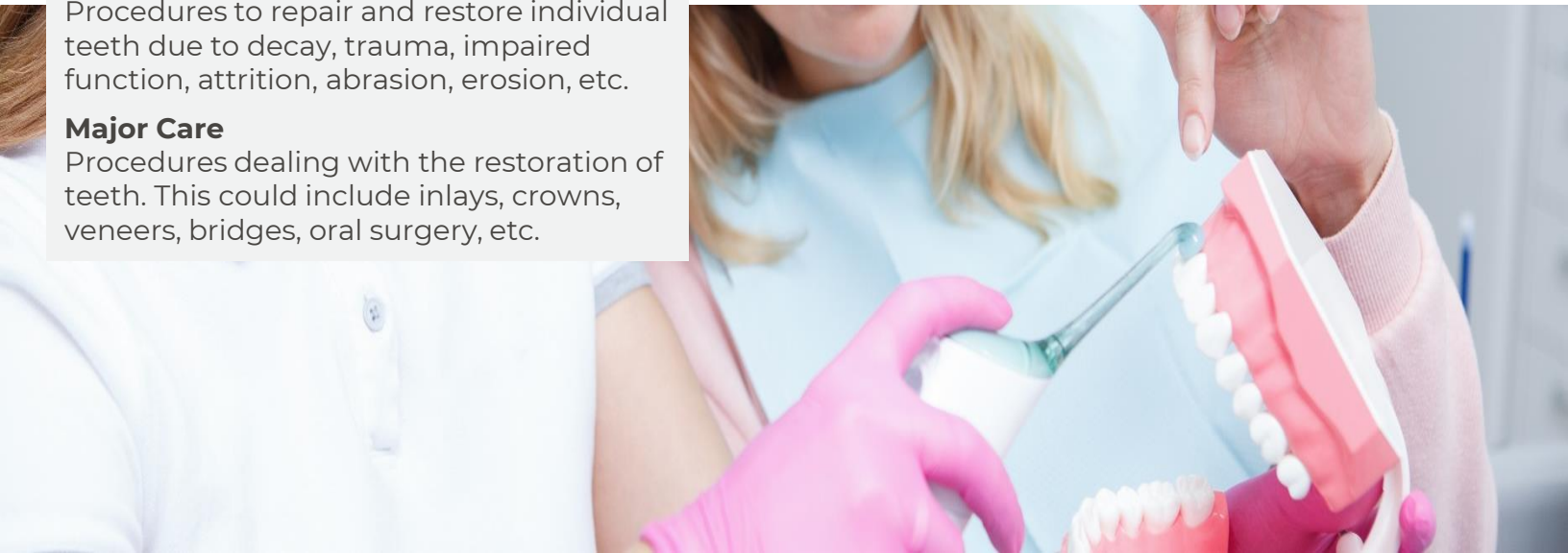
Having an annual eye exam is one of the best ways to make sure you're keeping your eyes healthy. Eye exams can help prevent and treat easily correctable vision problems which can cause permanent vision impairment. The vision plan is offered through VSP.

The Conga vision plan gives you the freedom to see any provider. Keep in mind, however, that you can save a significant amount if you choose a network provider —plus they'll handle all the paperwork for you. Visit www.vsp.com to find a provider.

Coverage	VSP	
	In-Network	Out-of-Network
Exam	\$10	Up to \$45
Frames	Up to \$200	Up to \$70
Lenses (Single / Bi / Tri)	\$25 / \$25 / \$25	Up to \$30 / \$50 / \$65
Medically Necessary Contacts	Covered in full	Up to \$210
Elective Contacts	Up to \$200	Up to \$105
Costco Optical	Up to \$110	Not covered
LightCare ¹	\$25 / 80% of anything over frame allowance	Not covered

Frequency for all benefits is 12 months.

¹ Allows you to use your frame allowance toward nonprescription blue light filtering glasses or sunglasses from the doctor's frame board or Eyeconic, exhausting both your lens and frame eligibility. Not available at Walmart® Optical or Sam's Club® Optical





Medical Contributions (Monthly)

Aetna HDHP w/ HSA	Total Cost	Employer Cost	Employee Cost
EE only	\$770.55	\$694.55	\$76.00
EE + Spouse	\$1,695.20	\$1,482.20	\$213.00
EE + Child(ren)	\$1,386.99	\$1,210.99	\$176.00
EE + Family	\$2,388.70	\$2,091.70	\$297.00
Aetna PPO	Total Cost	Employer Cost	Employee Cost
EE only	\$932.69	\$796.69	\$136.00
EE + Spouse	\$2,051.93	\$1,701.93	\$350.00
EE + Child(ren)	\$1,678.85	\$1,382.85	\$296.00
EE + Family	\$2,891.35	\$2,391.35	\$500.00
Kaiser CA	Total Cost	Employer Cost	Employee Cost
EE only	\$617.13	\$547.13	\$70.00
EE + Spouse	\$1,357.68	\$1,157.68	\$200.00
EE + Child(ren)	\$1,234.26	\$1,064.26	\$170.00
EE + Family	\$1,851.38	\$1,566.38	\$285.00
Kaiser CO	Total Cost	Employer Cost	Employee Cost
EE only	\$566.75	\$501.75	\$65.00
EE + Spouse	\$1,246.84	\$1,051.84	\$195.00
EE + Child(ren)	\$1,133.49	\$968.49	\$165.00
EE + Family	\$1,700.24	\$1,420.24	\$280.00

Dental and Vision Contributions (Monthly)

Aetna Dental Base	Total Cost	Employer Cost	Employee Cost
EE only	\$49.19	\$39.19	\$10.00
EE + Spouse	\$98.22	\$78.22	\$20.00
EE + Child(ren)	\$116.84	\$93.84	\$23.00
EE + Family	\$165.89	\$132.89	\$33.00
Aetna Dental Buy-up	Total Cost	Employer Cost	Employee Cost
EE only	\$63.19	\$47.39	\$16.00
EE + Spouse	\$125.89	\$94.42	\$31.00
EE + Child(ren)	\$149.66	\$112.25	\$37.00
EE + Family	\$212.40	\$159.30	\$53.00
VSP Vision	Total Cost	Employer Cost	Employee Cost
EE only	\$7.71	\$6.17	\$1.54
EE + Spouse	\$13.22	\$10.58	\$2.64
EE + Child(ren)	\$13.50	\$10.80	\$2.70
EE + Family	\$21.78	\$17.42	\$4.36

Medical Waiver

- ✓ Are you already covered on another health plan outside of Conga?
- ✓ You have the option to decline medical coverage
- ✓ You will receive a \$100 medical waiver reimbursement per month



Focus on wellness

Our wellness program is designed to help you maintain or move toward a healthy lifestyle through preventive care and other assistance when you need it. You also have access to tools and resources you can use to learn more about your personal health and monitor your progress toward your health goals.

Employee Assistance Program

Life is full of challenges and sometimes balancing it is difficult. Conga is proud to provide a program dedicated to supporting the emotional health and well-being of our employees and their families.

Administered by Optum, the Employee Assistance Program (EAP) is a confidential program for you and your immediate family members.

The services are offered to you, at no cost, and you do not have to be enrolled in a medical plan! Just call the toll-free phone number to speak to a counselor or set up a face-to-face appointment.

Available to you:

Referrals for face-to-face counseling:

- ✓ Help with relationships, coping, and depression
- ✓ Covers up to 8 sessions per person, per incident, each year.
- ✓ Referral to community resources
- ✓ Financial and legal advice
- ✓ Counseling services
- ✓ Family support

Call us anytime, any day.

Just a phone call away at no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Optum EAP – 24/7 support

866-248-4096



<https://www.liveandworkwell.com?pin=conga>



Wellness Coach is an all-encompassing digital wellness platform that provides real coaching and tools for mental, physical, social, and financial wellbeing.

Visit <https://www.wellnesscoach.live/app/login> and use your company e-mail address to set up an account OR scan the QR code.



Mental Wellbeing

Through meditation and mindfulness, achieve self-awareness, sense of purpose, positive outlook, resiliency, stress & anxiety management, fulfillment & gratitude, and motivations



Physical Wellbeing

Develop healthy sleep habits, cardio fitness (HIIT, dance, etc.), strength training, yoga, immunity boosting and nutrition



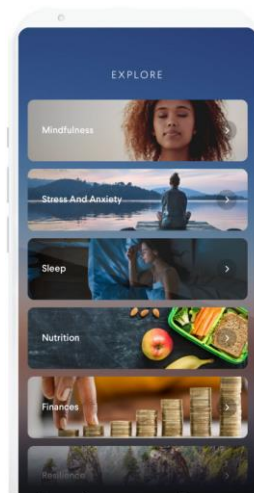
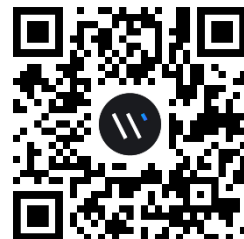
Emotional/Social Wellbeing

Active listening, body language, intentionality, empathy, appreciation, parenting & family life balance, sense of belonging, role in society



Financial Wellbeing

Boosting earning potential, managing debt, retirement planning, rainy day fund, managing liquid accounts, safe investing



Carrot Fertility Benefit

CARROT

Meet Carrot, your fertility and family forming benefit. Carrot makes it easy to access fertility care, from basic checkups to egg freezing and In-Vitro Fertilization (IVF) to adoption and gestational carriers. There's no need to have an infertility diagnosis to qualify, opening doors for individuals, LGBTQ+ couples, and anyone interested in building a family now or in the future.

- Through Carrot, Conga **will reimburse 100% of fertility care (for you and your family) up to \$10,000 per year with a \$10,000 lifetime benefit.**
- **All Full-time employees are eligible for coverage regardless of medical plan enrollment.**
- For members enrolled in a High Deductible Health Plan (HDHP), there is a separate Carrot plan deductible to comply with IRS regulations. Carrot will track your out-of-pocket expenses to coordinate with the deductible and to ensure medically necessary services are not paid until the deductible is met. For 2023, the annual individual deductible is \$1,500 and the annual family deductible is \$3,000. The deductibles are set to reset each year on January 1st.

What does Carrot benefits include?

PERSONALIZED SUPPORT — NO MATTER WHAT PATH TO PARENTHOOD YOU'RE ON

- A directory of qualified providers
- A dedicated Care Team available to answer questions, connect you to experts, and facilitate appointment booking
- Get help understanding your clinical options, costs, and any special circumstances
- Unlimited, free, virtual visits with reproductive endocrinologists, adoption experts, emotional wellness experts, and more
- Access educational resources like videos and expert-authored articles to learn more about the process and feel confident making decisions

Getting Started



1. Sign Up

Visit get-carrot.com/signup and enter your work email address. From there, you can activate your fertility benefits starting January 1, 2023.



2. Chat with a Carrot expert

Not sure where to start? You'll have direct access to Carrot's fertility experts, whether you're looking for an exploratory conversation or mid-treatment support.



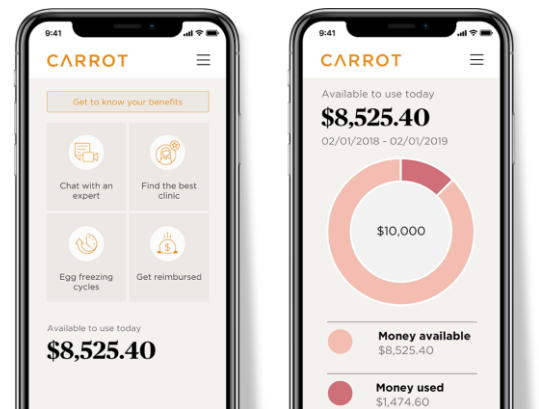
3. Find a clinic or agency

Carrot finds the best clinic or agency for you, with no need to ask if they're in-network. You'll get customized recommendations based on your location, transportation needs, and more.



4. Get reimbursed

Conga reimburses 100% up to \$10,000 annually, \$10,000 lifetime, for employees who undergo a family forming service – and to protect your privacy, Carrot handles the reimbursement for you.



Questions?

Your dedicated Carrot Care Team is here to answer your questions, help get you started, and support you along your personal path to parenthood. Get in touch at support@get-carrot.com.

Financial

Conga offers programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental insurance coverage.



Benefit	Group Number	Phone Number	Website
Disability	09-LF0584	To file claim/leave:	www.MyLincolnPortal.com
Life and AD&D Insurance	09-LF0584	(888) 408-7300	One-time registration code: CONGA

Disability Plans

The loss of income due to illness or disability can cause serious financial hardships for your family. Conga's disability insurance programs work together to replace a portion of your income when you are unable to work. The disability benefits you receive will allow you to continue paying your bills and meeting your financial obligations during this difficult time.

Short-Term Disability (STD)

60% of base weekly salary

Maximum benefit payable: \$2,500 per week

Waiting period: 7 days

Maximum benefit duration: 26 weeks

Long-Term Disability (LTD)

60% of base monthly salary

Maximum benefit payable: : \$12,000 per month

Waiting period: 180 days

Maximum benefit duration: Until you're no longer considered disabled or you reach normal retirement age, whichever comes first

Disability Tax-Choice

You have an option as to whether to receive a taxable or non-taxable benefit:

- **Non-taxable benefit option(s):** you will pay the imputed income only (tax on the value of the premium) now and any benefits you receive would be free of taxes
- **Taxable benefit option(s):** there will be no cost to you now but, any benefits you receive would be taxable
- **If you do not actively make an election, you will be defaulted into the taxable benefit option**
- Both will be 100% employer-paid premiums



Basic Life and AD&D Insurance



These benefits are fully paid by the company and coverage is automatic — you do not need to enroll*.

Basic Life Insurance	Basic AD&D Insurance
2x base annual earnings	2x base annual earnings
Plan maximum: \$600,000 or a flat \$50,000	Plan maximum: \$600,000

**NOTE: New hires will be defaulted into 2x your base annual salary, rounded to the next highest \$1,000, unless you elect the flat \$50,000 option.*

✓ REMINDER: Be sure to name a beneficiary and always keep your beneficiary selection up-to-date. Life Insurance benefits are paid to the designated person on file.

Supplemental Life Insurance

Purchase extra protection beyond basic coverage that Conga provides. You pay the full cost of coverage.

	Employee Coverage	Spouse/Domestic Partner Coverage	Child Coverage
Coverage amounts available	\$10,000 increments, up to \$750,000 or 5x your base annual earnings	\$5,000 increments, up to \$250,000 or 50% of employee's supplemental life insurance coverage	\$10,000, up to 50% of employee's supplemental life insurance coverage
Guarantee issue amounts	\$300,000	\$25,000	N/A
Age reductions	Coverage reduces to 50% of original coverage when you reach age 70.		

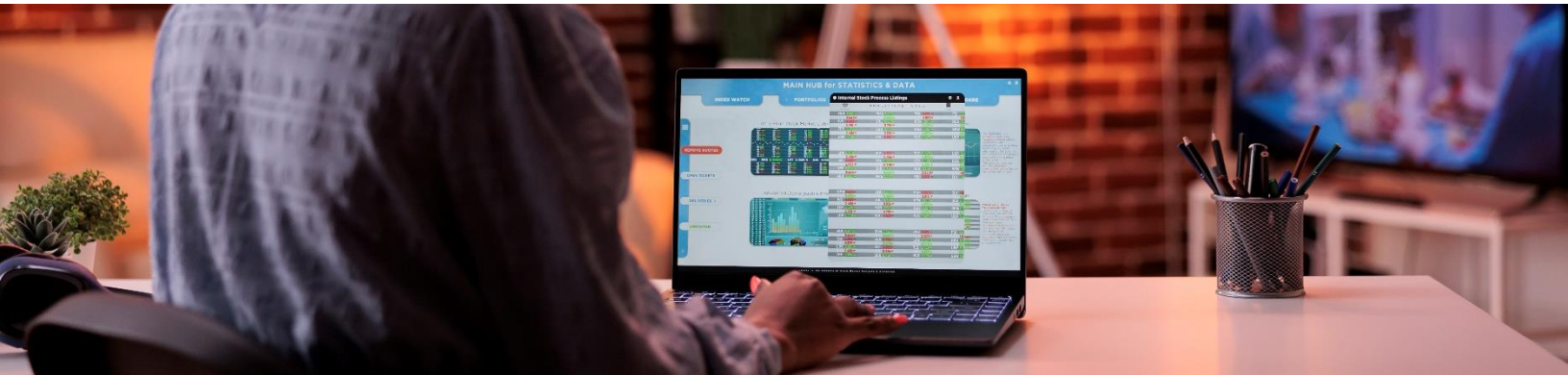
✓ Evidence of insurability (EOI) is required if you or your spouse/domestic partner choose coverage over the guarantee issue amount, when electing coverage after your initial enrollment period, for family status changes, or if you have previously been denied coverage. For the 2023 Annual Enrollment, *EOI is needed for 1 level up for spousal coverage and more than 5 levels up for employee coverage.*

Supplemental AD&D Insurance

Additional accident protection if you die or are injured as the result of an accident.

Purchase extra protection beyond basic coverage that Conga provides for yourself and your family members. You pay the full cost of coverage. Coverage for dependents is a fixed amount depending on the employee coverage amount.

	Employee Coverage	Spouse/Domestic Partner Coverage	Child Coverage
Coverage amounts available	\$10,000 increments, up to \$750,000 or 5x your base annual earnings	50% of employee's coverage or 40% of employee's coverage if children are also covered, to a maximum of \$250,000	15% of employee's coverage or 10% of employee's coverage if spouse is also covered, to a maximum of \$10,000
Guarantee issue amounts	N/A	N/A	N/A
Age reductions	Coverage reduces to 50% of original coverage when you reach age 70.		



Supplemental Life and AD&D (Monthly)

Supplemental Life: Employee and Spouse			
Age	Rate per \$1,000 of Coverage	Age	Rate per \$1,000 of Coverage
18-24	\$0.04	50-54	\$0.23
25-29	\$0.04	55-59	\$0.41
30-34	\$0.05	60-64	\$0.66
35-39	\$0.07	65-69	\$1.10
40-44	\$0.10	70-74	\$1.81
45-49	\$0.15	75+	\$2.06
Supplemental Life: Dependent Child			
\$0.17 per \$1,000			

Supplemental AD&D	Rate per \$1,000 of Coverage*
EE only	\$0.030
EE + Spouse	\$0.040
EE + Child	\$0.040
EE + Family	\$0.040

* Total supplemental AD&D costs combined for employee, spouse, and/or child coverage as applicable.

Imputed Income

What is imputed income?

The IRS requires the cost of the actual premium (not the value of the benefit) be taxed; this taxable amount is called imputed income. The cost of coverage is included in your taxable wages and reported on your W-2. Imputed income is subject to Social Security and withholding taxes.

When you get paid, ADP adds the amount of premium to your income, applies taxes based on your withholding election, and then backs out the premium so it doesn't change your actual pay.

Employees can be covered by employer paid life insurance up to \$50,000 on a tax-free basis and do not have to report the premium payment as income.

However, coverage in excess of \$50,000 will trigger taxable income for the "economic value" of the coverage provided to you. This is reflected on your paycheck as imputed income.

If you don't want to pay imputed income:

- Disability coverage:** Elect a taxable benefit in the event you have a disability claim
- Basic Life Insurance:** Elect to limit your life insurance benefit to \$50,000
- AD&D insurance:** Imputed income does not apply.

Examples: Calculating Supplemental Life and AD&D Rates

How to Calculate Supplemental Life Rates	Employee	Spouse	Child(ren)
1. Supplemental Life coverage desired (Guaranteed Issue Amounts Shown)	\$150,000	\$25,000	\$10,000
2. Divide above by 1,000	150	25	10
3. Select your rate band based on age	\$0.66	\$0.66	\$0.17
4. Multiply line 2 and 3 for monthly premium	\$99.00	\$16.50	\$1.70
5. Amount per paycheck (2 checks per month-salaried)	\$49.50	\$8.25	\$0.85

How to Calculate Supplemental AD&D Rates	Employee	Employee + Family
1. Supplemental AD&D coverage desired (Guaranteed Issue Amounts Shown)	\$150,000	\$150,000
2. Divide above by 1,000	150	150
3. Select your rate band based on age	\$0.03	\$0.04
4. Multiply line 2 and 3 for monthly premium	\$4.50	\$6.00
5. Amount per paycheck (2 checks per month-salaried)	\$2.25	\$3.00

Example: Taxation of Your Disability Benefit

- An employee making \$50,000 per year is eligible for a weekly short-term disability benefit of \$576.93.
- The employee currently pays a tax rate of 20%.
- Below is an illustration of this employee's two options:

	Taxable Benefit Option	Non-taxable Benefit Option
Weekly STD Benefit	\$576.93	\$576.93
Additional taxes paid per month in regular paycheck	\$0.00	\$0.45*
Additional taxes paid per week out of paid benefits	\$115.39	\$0.00
Actual paid STD benefit per week	\$461.54	\$576.93

*Assumes \$2.25 of employer-paid premium paid for the coverage, multiplied by the tax rate of 20%.

Note: Please note that the above example is for illustration purposes only.





Supplemental Medical: Accident Insurance

ACCIDENT INSURANCE

AETNA

An accident can require a variety of treatments, testing, therapies and other care to assist in recovery. Even the best medical plans may leave you with extra costs to pay out of your own pocket. Everyday expenses like your mortgage, car payment or childcare may be harder to cover due to lost or reduced income.

Accident Insurance can help you bounce back by providing cash benefits if you experience a covered accident. These benefits help with expenses and protect your savings, letting you focus more on recovering.

HIGHLIGHTS

- Receive cash benefits to help cover out-of-pocket expenses associated with a covered accident
- Pays in addition to existing medical insurance
- Pays benefits for each covered occurrence
- Examples of covered services include: emergency room, hospitalization, doctor's visits, physical therapy*
- Additional benefits available for certain injuries, such as dislocations, fractures, burns and lacerations*

*Not a guarantee of coverage. Benefits vary by state. Review plan documents to verify covered benefits.

Claims Example

Employee falls down the stairs, breaks his leg (closed reduction) and spends three days in the hospital¹

	Cost of Claim	Low Plan	High Plan
Ambulance (ground)	\$400	\$300	\$300
Hospital Admission		\$1,000	\$2,000
3 days in Hospital	\$3,500	\$300	\$600
Fracture (tibia)	\$6,000	\$750	\$1,125
ER Visit	\$1,000	\$100	\$200
X-Rays	\$170	\$25	\$50
Follow-up Visits (2)	\$200	\$100	\$200
Physical Therapy Visits (4)	\$400	\$60	\$100
MRI/CT Scan	\$1,500	\$100	\$150
Appliance (crutches)	\$50	\$50	\$100
Medical Supplies/ Medicine	\$50	\$0	\$0
Total	\$13,270	\$2,785	\$4,825

¹These claim examples are hypothetical claim scenarios to be used for benefit payment illustration purposes only. Other details of the claim may be needed in order to make a claim determination as well as determine the appropriate benefits to be paid.

Benefit Example



Accident Insurance coverage is selected



You are injured in a covered accident



You visit a physician



You are treated for your injuries



Submit a claim and receive cash benefits from your plan to help cover your expenses



For additional plan details, visit benefits@conga.com



Supplemental Medical: Critical Illness Insurance

CRITICAL ILLNESS INSURANCE

Aetna

Critical illnesses, such as heart attack, stroke, cancer or organ failure, are usually unexpected and may not be preventable. Recovering from a serious illness often brings significant expenses other than medical costs, which can amount to thousands of dollars.

Critical Illness Insurance can help with the treatment costs of covered critical illnesses and enhance your medical plan, giving you the flexibility to pay bills related to treatment or to help with everyday living expenses.

HIGHLIGHTS

- Coverage is guaranteed issue, which means you can qualify for coverage without having to answer any health questions
- Pays upon diagnosis of a covered condition
- Pays a lump-sum cash benefit directly to you to help cover out-of-pocket expenses associated with a covered critical illness
- Pays in addition to existing medical insurance benefits
- Examples of covered conditions include: cancer, heart attack, stroke, major organ transplant, end stage renal failure*
- Some programs offer additional wellness incentives*

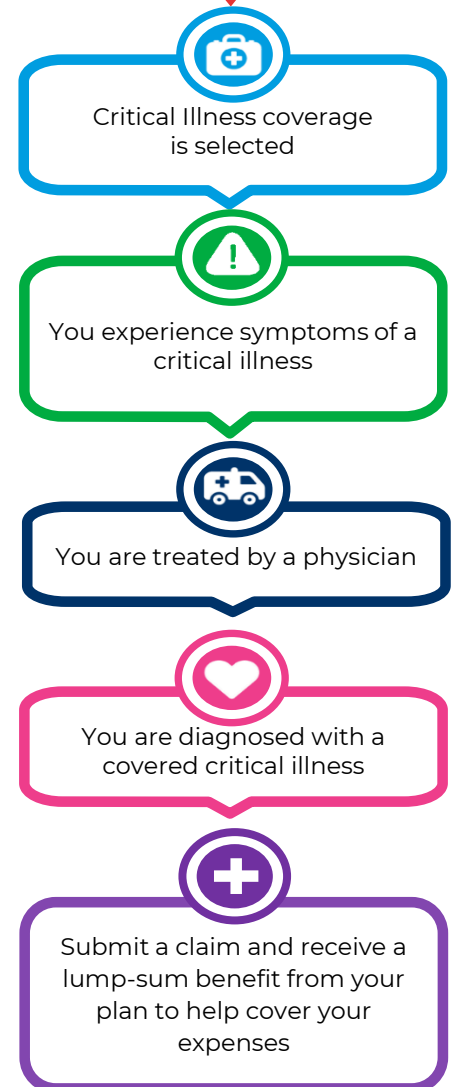
*Benefits and covered conditions vary by state. Review plan documents to verify covered benefits.



For additional plan details,
visit
benefits@conga.com

Benefit Examples	Percent of Coverage
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Coronary Artery Condition Requiring Bypass Surgery	25%
Major Organ Failure	100%
End-Stage Renal Failure	100%
Paralysis	100%
Loss of Sight, Speech, or Hearing	100%
Coma	100%
Benign Brain Tumor	100%
Third-Degree Burns	100%
Alzheimer's Disease	25%
Parkinson's Disease	25%
Lupus	25%
Multiple Sclerosis	25%
Muscular Dystrophy	25%

Benefit Example



	Low Plan	High Plan
Employee coverage	\$10,000	\$20,000
Spouse coverage	50% of employee amount	50% of employee amount
Child(ren) coverage	50% of employee amount	50% of employee amount

Supplemental Insurance (Monthly)

Accident Insurance	Low Plan	High Plan
EE only	\$6.00	\$9.94
EE + Spouse	\$10.72	\$17.78
EE + Child(ren)	\$11.55	\$19.67
EE + Family	\$15.69	\$26.57

Critical Illness	Low Plan (\$10,000 Coverage)				High Plan (\$20,000 Coverage)			
Age Band	EE only	EE + Spouse	EE + Children	Family	EE only	EE + Spouse	EE + Children	Family
<20	\$2.92	\$5.44	\$2.92	\$5.44	\$4.54	\$8.16	\$4.54	\$8.16
20-24	\$3.38	\$6.14	\$3.38	\$6.14	\$5.47	\$9.55	\$5.47	\$9.55
25-29	\$4.02	\$7.10	\$4.02	\$7.10	\$6.74	\$11.46	\$6.74	\$11.46
30-34	\$4.89	\$8.40	\$4.89	\$8.40	\$8.47	\$14.07	\$8.47	\$14.07
35-39	\$6.24	\$10.44	\$6.24	\$10.44	\$11.19	\$18.14	\$11.19	\$18.14
40-44	\$8.67	\$14.08	\$8.67	\$14.08	\$16.04	\$25.43	\$16.04	\$25.43
45-49	\$12.67	\$20.09	\$12.67	\$20.09	\$24.05	\$37.44	\$24.05	\$37.44
50-54	\$19.30	\$30.03	\$19.30	\$30.03	\$37.31	\$57.34	\$37.31	\$57.34
55-59	\$28.77	\$44.24	\$28.77	\$44.24	\$56.24	\$85.75	\$56.24	\$85.75
60-64	\$40.99	\$62.57	\$40.99	\$62.57	\$80.68	\$122.41	\$80.68	\$122.41
65-69	\$56.24	\$85.46	\$56.24	\$85.46	\$111.18	\$168.19	\$111.18	\$168.19
70+	\$70.88	\$107.43	\$70.88	\$107.43	\$140.47	\$212.14	\$140.47	\$212.14





- PerkSpot’s team of expert negotiators works full time to deliver great savings for you
- Private and exclusive discounts
- Great customer service
- Merchant reliability
- Sign up or log in at mercerperks.perkspot.com

- Categories:**
- ✓ Automotive
 - ✓ Beauty & fragrance
 - ✓ Books & media
 - ✓ Cell phones
 - ✓ Computers & electronics
 - ✓ Financial & life services
 - ✓ Health & wellness
 - ✓ Home services
 - ✓ Sports & outdoors
 - ✓ Tickets
 - ✓ Travel

Identity Theft Protection



Allstate Identity Protection provides a proactive fraud detection and prevention plan that includes full-service remediation for state-of-the-art identity protection. You’ll also have access to privacy advocates, who are certified and trained in identity restoration, to act as dedicated case managers and resolve issues.

Identity Monitoring	Credit	Remediation
<ul style="list-style-type: none">✓ High-risk transaction monitoring✓ Social media monitoring✓ Sex offender alerts✓ Credit and debit card, bank account transaction, 401(k), HSA, student loan, and financial transaction monitoring✓ Lost wallet protection✓ Dark web monitoring✓ Data breach notifications✓ Deceased family member coverage✓ IP address monitoring	<ul style="list-style-type: none">✓ Credit monitoring and credit score tracking✓ Credit freeze assistance✓ Credit lock (adults & minors)✓ Annual tri-bureau report and score✓ Credit report disputes	<ul style="list-style-type: none">✓ Full-service, 24/7 remediation support✓ \$1 million insurance policy✓ Stolen fund reimbursement✓ Tax fraud refund advance✓ 401(k)/HSA fraud reimbursement
	Identity Theft	
	EE only	\$6.50
	EE + Family	\$12.50



Pets Best Pet Insurance



Pet health insurance provides coverage for veterinary services related to your pet being hurt or sick and coverage for routine/preventative care. When your pet is insured with Pets Best, you can use any licensed veterinarian in the US. Pets Best has no network, no schedule of benefits and no pre-authorization procedures.

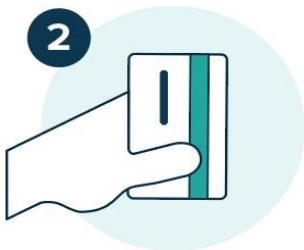
Pets Best helps take the financial worry out of vet visits. You also have:

- Fast claims processing and payment
- Optional direct deposit and direct vet pay options
- Use any veterinarian in the U.S. – including specialty and emergency clinics
- Exclusive employee discount on a BestBenefit plan*
- Optional coverage for routine care
- Access to a 24/7 pet helpline powered by whiskerDocs

How Pet Insurance Works



Get Treatment



Pay at the Veterinary Office



File a Claim with Pets Best



Get Reimbursed by Pets Best

Pets Best Plan Options

Accident & Illness Plan

BestBenefit plans cover accidents, illnesses, cancer, hereditary conditions, emergency surgeries & Rx meds

Customizable Coverage Levels

Annual Coverage Limits	\$5,000 – Unlimited
Annual Deductible Options	\$50 – \$1,000
Reimbursement Options	70% – 90%

Optional Benefits

- Accident & Illness Exam Fees
- Rehabilitative, Acupuncture & Chiropractic Coverage

Pet Wellness Coverage

Routine care coverage can be added to any plan to help pay for:

- ✓ Vaccinations
- ✓ Spay/neuter
- ✓ Bloodwork
- ✓ Heartworm preventive
- ✓ And more!

Accident Only Plan

Covers the treatment of accidents, including exams, x-rays, surgeries, hospitalization and medications

Coverage Levels

Annual Coverage Limits	\$10,000
Annual Deductible Options	\$250
Reimbursement Options	90%

Terms and conditions apply. See policy for details.

Enrollment

Visit www.petsbest.com/CONGAPET or call 888-984-8700 and reference your discount/referral code: CONGAPET. You will receive a group discount + an additional 5% discount if enrolling more than one pet.

*Group discount is not available in AK, HI and TN

Fidelity 401(k) Plan



Eligibility	<ul style="list-style-type: none">• Eligibility age: 21• Service Eligibility: Immediate• Enter: Immediate following eligibility
Automatic Enrollment	Unless you actively enroll or decline enrollment in the 401(k) Plan, you will be automatically enrolled in the Plan at a contribution rate of 4% of your eligible pay each pay period after a 30-day notice period has expired. Your contributions will automatically be invested into an age-appropriate target date fund.
Deferral Types	<ul style="list-style-type: none">• Traditional (Pre-tax)• Roth (Post-tax)• After-tax
Deferral Limits	<ul style="list-style-type: none">• 1% – 90% of your eligible pay on a pre-tax basis• You may change your deferral percentage at any time (changes to deferral percentages will take 1 – 2 pay periods to go into effect)• 2023 IRS limit is \$22,500, plus \$7,500 catch-up limit for those ages 50+• The IRS limit is a combined limit for any deferral type or employer match in the calendar year; if you enroll in the plan during the year, notify Payroll of your YTD contributions with your prior employer. It is your responsibility to ensure you do not exceed the IRS limit.
Employer Match	<ul style="list-style-type: none">• The company will match 100% of employee contributions, up to 3% of eligible employee compensation (max \$4,000).• You must be deferring at least 3% to receive the maximum match• You're immediately 100% vested
Loans	<ul style="list-style-type: none">• 50% of account balance, up to \$50,000 maximum
Rollovers	<ul style="list-style-type: none">• Allowed (initiate with your previous employer)• Rollover contribution form required for our provider• Does not count against deferral limit

Pre-Tax, Roth and After-Tax

The 401(k) Plan gives you the flexibility to save for retirement in a variety of ways. You can make pre-tax contributions, Roth (post tax) and After-tax contributions.

Pre-tax contributions

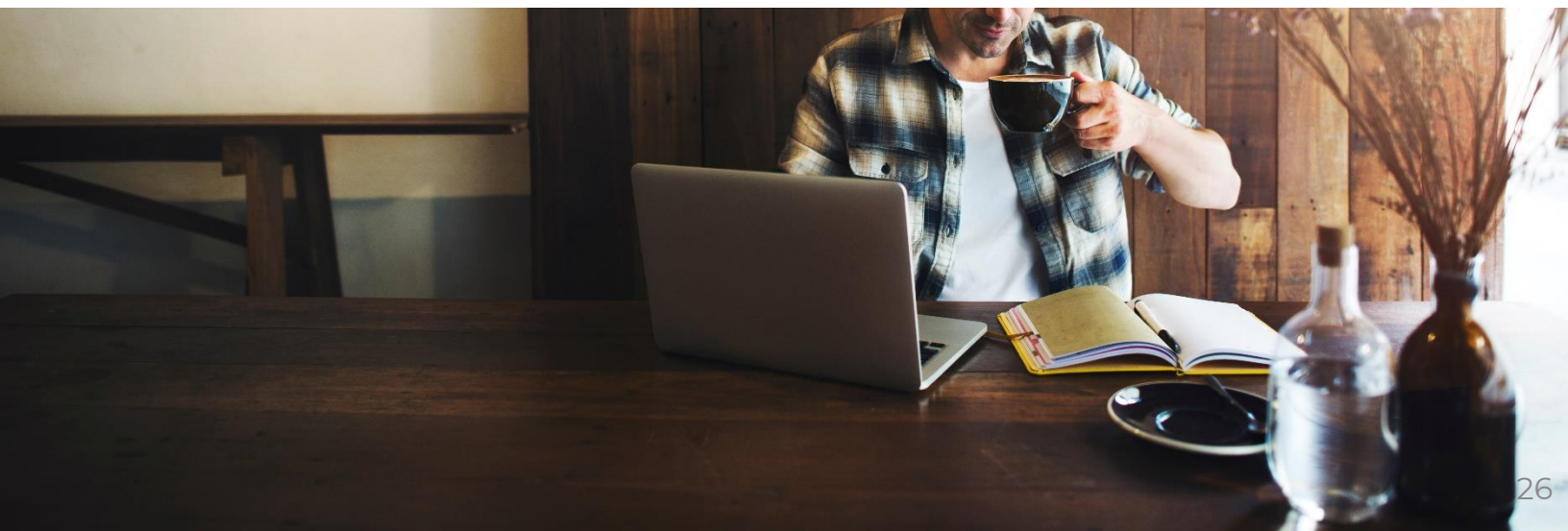
- The money goes into your account **before** taxes are deducted, so you keep more of your take-home pay.
- Then, you'll owe taxes on both your contributions and any investment earnings when you withdraw your money in retirement (when you may be in a lower income tax bracket).

Roth contributions

- The money goes into your account **after** taxes are withheld. Roth contributions and any earnings grow tax-free.
- Upon withdrawal, you will not pay income tax on contributions or earnings, provided you have reached age 59 ½ and made your first Roth contribution at least five years prior to the withdrawal.

After-tax contributions

- Allow you to **save above and beyond** the standard \$22,500 or \$30,000 IRS limits inside the Apttus 401(k) plan.
- Like Roth, contributions are made into your account **post-tax**. Contributions and earnings grow tax-free. You will not owe taxes on a withdrawal of your traditional after-tax contributions. However, unlike Roth contributions, you will owe income taxes on any earnings at the time of your withdrawal, unless you choose to convert your after-tax contributions to Roth



Resources and Support

Conga offers programs to help ensure support.



TouchCare Advocacy

- Get help navigating the health care system
- TouchCare Advocacy can help you and your family:
 - Resolve claims issues with your insurance company
 - Find the right doctor and/or get an appointment scheduled
 - Make the right decisions while keeping costs down
 - Understand your benefits and cost share
- TouchCare Advocacy is provided at no cost to you

www.touchcare.com

866-486-8242

assist@touchcare.com



<https://mybenefits.conga.com>

- 24/7 resource with information about all Conga benefit plans and programs
- Check out videos, benefit summaries, and more!

Helpful Links/Apps

Install your carrier's app to do things like track your overall deductible/out-of-pocket expenses, review claims, look for in-network providers, access your virtual ID card, and manage your accounts.

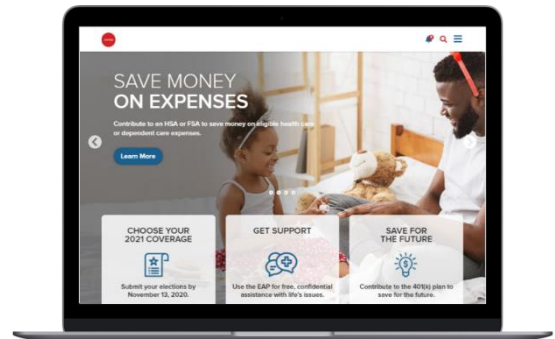
Aetna: [iOS](#) | [Android](#)

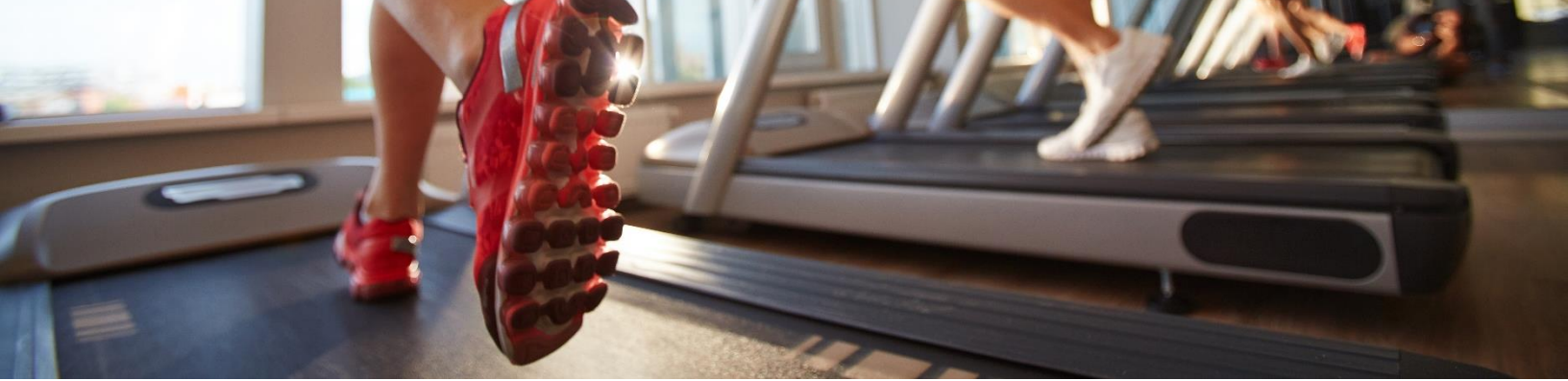
Kaiser: [iOS](#) | [Android](#)

Lincoln Financial: [iOS](#) | [Android](#)

VSP: [iOS](#)

PayFlex: [iOS](#) | [Android](#)





Aetna Member Programs



Register for Aetna Navigator online at www.aetna.com to email member services, access claims, review benefits, setup mail-order prescriptions, and more!

Member Services Contact

24/7 Help – 877-204-9186

Online Coaching

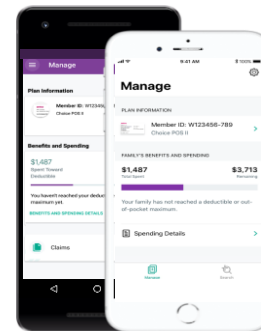
Go to www.aetna.com and log in to get support for wellness and chronic conditions.

Download Aetna's Mobile App!

Use your www.aetna.com user ID and password to activate the app to find a doctor, price a service, and access your ID card.

24/7 Nurse Line

- ✓ For questions about health concerns.
- ✓ Help decide where to go for care when your doctor, dentist, or eye doctor isn't available.
- ✓ Help you find providers and specialists in your area.
- ✓ Remind you about scheduling important screenings and exams, including dental and vision check ups.



Aetna Teladoc

A **calm mind** is a tap away

How is your emotional well-being?

If something is weighing you down, talking to someone can help.

Teladoc's licensed therapists are available seven days a week.

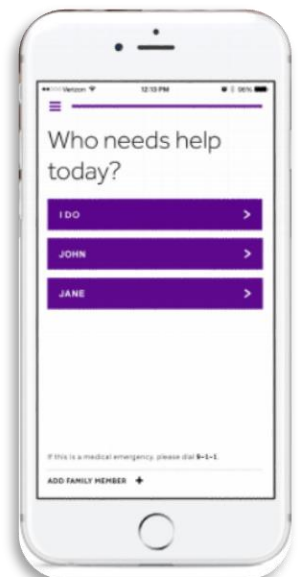
Choose your therapist, pick a time, and then talk to the therapist from home or anywhere you feel comfortable.

Teladoc therapists can treat:

- Anxiety
- Depression
- Stress/PTSD
- Panic disorder
- Family and marriage issues
- And more

Get started: www.teladoc.com/aetna

For more information: www.teladoc.com/aetna-therapy



Establish a Relationship

You can choose to visit with a licensed psychiatrist, psychologist, therapist, counselor or social worker.



By Video

Schedule an appointment for a video session from 7 a.m. to 9 p.m. local time, seven days a week.



The Support You Need

Get support for anxiety, eating disorders, depression, grief, and more. A prescription can be written, if medically necessary.



Lincoln Member Programs

As part of your Life benefits offered through Lincoln Financial and Conga, you will have access to some valuable services:

LifeKeys services:

- ✓ Free online will preparation
- ✓ Memorial planning information
- ✓ Grief counseling for beneficiaries
- ✓ Legal and financial information

TravelConnect® services offer:

- Emergency medical evacuation and repatriation
- Return of dependent children
- Political and natural disaster evacuation

FuneralPrep services:

- Search for funeral homes
- Access market information for a better understanding of prices ranges and services options
- View guides and checklists
- Talk with a funeral planning consultant



Kaiser Member Programs

Registration is required to take advantage of Kaiser Member benefits. Go online from a computer (not a mobile device) to visit www.kp.org/register and follow the sign-on instructions. You'll need your medical/health record number, which you can find on your member ID card.

Member Services Contact

Closed holidays & at 10 am Christmas Eve, New Year's Eve, and the day after Thanksgiving.
800-464-4000

Wellness Coaching

Monday – Friday
6 am – 7 pm Pacific
866-862-4295

Download Kaiser's Mobile App!

Use your www.kp.org user ID and password to activate the app, and you'll be set.

Support while you're away

Need help finding care or learning what's covered while you're away? Call the Away from Home Travel Line at 951-268-3900 (TTY 711) or visit kp.org/travel

*Kaiser Permanente members can use Ginger text coaching for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost.

Self-care apps at your fingertips



New! Text with a coach using the Ginger app!*



Ease your mind with Calm for meditation, relaxation, and sleep.



Try personalized programs from myStrength to help manage depression, stress, anxiety, and more.

Download now at kp.org/selfcareapps

- ✓ Health assessments
- ✓ Wellness coaching
- ✓ Weight loss programs
- ✓ Nutrition programs
- ✓ Quit smoking programs
- ✓ Depression management
- ✓ Other healthy lifestyle programs!

VSP Member Programs



VSP puts members first by providing exclusive offers from VSP and leading industry brands, totaling more than \$3,000 in savings. Take advantage of these offers to maximize your benefits and save even more.

Go to vsp.com/offers to learn more.

Bonus Offers

- Rebates
- Eyewear protection
- Money back

Special Offers

- Discounts on frames and sunglasses
- Discounts on lens enhancements
- Everyday savings on health, wellness, and entertainment
- LASIK discounts; Hearing aid discounts





Common Health Insurance Terms

Term	Definition
Allowed Amount	The maximum amount a plan will pay for a covered health care service. May also be called “eligible expense,” “payment allowance,” or “negotiated rate.” If your provider charges more than the plan’s allowed amount, you may have to pay the difference.
Annual Maximum Benefit	The maximum total amount the plan will pay during the plan year.
Coinsurance	A percentage you have to pay on the total cost of services and procedures in your health plan.
Copay	A fixed amount of money you owe for your share of covered services and procedures.
Cost Sharing	The sharing of costs between you and the plan. This term generally includes deductibles, coinsurance, and copayments, or similar charges, but it doesn't include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.
Deductible	Money you have to pay out-of-pocket for services and procedures before your insurance kicks in to pay a portion of covered benefits.
Formulary	A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than more expensive brand-name or specialty drugs.
Generic Drug	A prescription drug that has the same active-ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs. The Food and Drug Administration (FDA) rates these drugs to be as safe and effective as brand-name drugs.
In-network	Health care providers (including doctors and hospitals) who work for pre-negotiated, lower rates are in your plan’s network.

Term	Definition
Long-Term Disability	If you experience a disabling illness or injury that lasts longer than your short-term disability benefit, long-term disability insurance can replace a percentage of your lost income (up to a maximum monthly benefit).
Out-of-Network	A health plan will cover treatment for doctors, clinics, hospitals, and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.
Out-of-Pocket Maximum	This is the maximum amount of money you may have to pay in a given plan year for in-network, covered services.
Premium	This is a fixed monthly fee for a health plan. Your employer contributes towards your premium. Your share is paid as an automatic, monthly payroll deduction.
Preventive Care	Health plans generally cover 100% of preventive care—regardless of where you stand with your deductible (well-child visits, flu shots, etc.).
Qualifying Life Event	A change in circumstance—like getting married or having a baby—that makes you eligible for a special enrollment period. You have 30 days from the qualifying life event to make your change.
Plan Design	A set of rules describing which services will be covered by the plan, the providers from which a member can receive a covered service, and the cost-sharing amounts a member will be responsible to pay when receiving services.
Short Term Disability	When you need to miss work for an extended period of time due to an illness or accident, short-term disability insurance can replace a percentage of your lost income (up to a maximum weekly benefit) for a certain number of weeks.
Urgent Care	Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe it requires emergency room care.

Legal Notices

Federal laws require that Conga provide you with certain notices that inform you about your rights regarding eligibility, enrollment, and coverage under group health plans. The following notices explain these rights; please read them carefully and keep them where you can find them.

These notices are for your information only and do not require action from you.

Important Notices

Important Notice from Conga about Creditable Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. The purpose of this notice is to advise you that the prescription drug coverage offered by Conga's Aetna and Kaiser medical plans, which are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2023. This is known as "creditable coverage."

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during the 2023 plan year listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the below notice carefully. It has information about prescription drug coverage with Conga and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare's prescription drug coverage (called Part D) and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by the prescription drug coverage offered by one of the Conga medical plans, you will be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2023. This is called "creditable coverage." Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop coverage through Conga, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Conga plan, assuming you remain eligible.

You should know that if you waive or leave coverage with Conga and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage.

For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You will have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future — such as before the next period in which you can enroll in Medicare prescription drug coverage, if this coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Contact your State Health Insurance Assistance Program; find contact numbers for your state online at www.shiptacenter.org.
- Call (800) MEDICARE (800) 633-4227. TTY users should call (877) 486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). Information about this extra help, visit SSA online at www.socialsecurity.gov or call (800) 772-1213 (TTY (800) 325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact the Conga Benefits Department at benefits@conga.com.

Provider-Choice Rights Notice

Kaiser Permanente generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. A physician can be selected once the plan is active. The closest medical center will assign a physician and you can change it at any time with an immediate effective date.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Kaiser Permanente or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For information on how to select a primary care provider, and for a list of the participating primary care providers and/or health care professionals who specialize in obstetrics/gynecology, contact kp.org/mydoctor or kp.org/newmember.

Notice of Special Enrollment Rights for Health Plan Coverage

As you know, if you have declined enrollment in Conga's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Conga will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days — instead of 30 — from the date of the Medicaid/CHIP eligibility change to request enrollment in the Conga group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Health Insurance Portability and Accountability Act (HIPAA)

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Apttus Corporation (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact the Conga Benefits Department at benefits@conga.com. You may also view the Privacy Notice online at <https://mybenefits.conga.com>. You may also contact the Plan's Privacy Official at benefits@conga.com for more information on the Plan's privacy policies or your rights under HIPAA.

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please contact the Conga Benefits Department at benefits@conga.com.

Newborns' and Mothers' Health Protection Act (NMHPA or "Newborns' Act") Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, please refer to the benefits material for the medical plan in which you are enrolled.





CHIP/MEDICAID NOTICE – Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility.

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: (855) 692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: (866) 251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: (855) MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI):
<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website:
<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: (678) 564-1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

IOWA – Medicaid
Medicaid Website:
<https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website:
<http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
<https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: -800-977-6740.
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: (617) 886-8102

**MINNESOTA** – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/en/famis-select>
<https://www.coverva.org/en/hipp>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-800-432-5924
Email: HIPPcustomerservice@dmass.virginia.gov

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: (800) 562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>
<http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 855-294-2127 or (307) 777-7531

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
(866) 444-EBSA (3272)

or

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.12% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the HR department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: Apttus Corporation (Conga)
4. Employer Identification Number (EIN): 20-5542615
5. Employer address: 13699 Via Varra
6. Employer phone number: 1 (650) 445-7700
7. City: Broomfield
8. State: CO
9. Zip code: 80020
10. Who can we contact about employee health coverage at this job?
Conga HR Department
12. Email address: benefits@conga.com

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

- ✓ All employees. Eligible employees are: Active, regular employees who are scheduled to work 20 or more hours per week.

With respect to dependents:

- We do offer coverage. Eligible dependents are:
 - Spouse
 - Domestic partner (same- or opposite-sex)
 - Dependent children up to age 26 (regardless of marital status), including a natural child, stepchild, domestic partner's children, a legally adopted child, a child placed for adoption or a child for whom you or your spouse are the legal guardian;
 - Unmarried children age 26 or older who are mentally or physically disabled and who rely on you for support and care; and/or
 - Children of a same-sex or opposite-sex domestic partner relationship, up to age 26 (regardless of marital status). (Please note: Your domestic partner must also be enrolled in order to cover his/her child.)

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. This is the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Summary of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Apttus Corporation Health and Welfare Plan Wrap Summary Plan Description (SPD) dated January 1, 2022. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.



Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “balance billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “**balance billing**.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for: **Emergency services**

If you have an emergency medical condition and get emergency (or air ambulance) services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

Contact your medical carrier for further information related to your plan and surprise medical billing:

- For **Aetna**, visit <https://www.aetna.com/individuals-families/member-rights-resources/rights/federal-no-surprises-act.html> or call 1-877-204-9186.
- For **Kaiser**, visit <https://healthy.kaiserpermanente.org/support/pay-bills/medical-bills/no-surprises-act> or call 1-800-464-4000 (California) or 1-800-632-9700 (Colorado).

If you believe you have been wrongly billed, you may contact U.S. Department of Health and Human Services beginning January 1, 2022 at 1-800-985-3059. Visit [No Surprises Act | CMS](#) for more information about your rights under federal law.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.



Appendix

- Fertility and Family Forming Benefits: [Plan Details](#)
- Accident Insurance/Critical Illness Insurance: [Overview Flyer](#)
- Accident Insurance: [Plan Details](#)
- Critical Illness Insurance: [Plan Details](#)
- Supplemental Life and AD&D Insurance: [Plan Features](#)
- Identity Theft Protection: [Plan Features](#)
- Employee Assistance Program: [Plan Features](#)
- Pet Insurance: [Plan Features](#)
- Wellness Coach: [Plan Features](#)



Contacts

Please contact the appropriate provider listed below to learn more about a specific benefit plan. Additional resources and detailed benefits information can be found at <https://mybenefits.conga.com/>.

Benefit	Administrator	Group Number	Phone Number	Website
Medical and Prescription	Aetna	138371	877-204-9186	www.aetna.com
	Kaiser	CA: 604468	888-681-7878 (Southern CA)	www.kp.org
		CO: 47104	844-201-5824 (Northern CA)	
			800-632-9700 (Denver/Boulder)	
Telemedicine (for Aetna participants)	Teladoc	138371	855-TELADOC (835-2362)	www.teladoc.com/aetna
Dental	Aetna	138371	877-238-6200	www.aetna.com
Vision	VSP	30087587	800-877-7195	www.vsp.com
Health Savings Account (HSA)	PayFlex	N/A	844-PAYFLEX (729-3539)	www.payflex.com
Flexible Spending Account (FSA)	PayFlex	N/A	844-PAYFLEX (729-3539)	www.payflex.com
Commuter Benefits				
Fertility and Family Forming Benefits	Carrot	N/A	support@get-carrot.com	http://get-carrot.com/signup
Supplemental Insurance	Aetna	802694	888-772-9682	https://www.myaetnasupplemental.com/
Disability	Lincoln Financial Group	09-LF0584	To file claim/leave: (888) 408-7300	www.MyLincolnPortal.com One-time registration code: CONGA
Life and AD&D Insurance		09-LF0584		
TouchCare Advocacy	TouchCare Advocacy	N/A	866-486-8242	www.touchcare.com
Employee Assistance Program (EAP)	Optum	N/A	866-248-4096	https://www.liveandworkwell.com?pin=conga
Identity Theft	Allstate Identity Protection	5372	800-789-2720	www.myaip.com
PerkSpot	PerkSpot	N/A	N/A	https://mercerperks.perkspot.com
Pets Best	Pets Best	N/A	888-984-8700	www.petsbest.com/CONGAPEI (access code: CONGAPET)
Retirement	Fidelity	13513	800-354-7120	www.netbenefits.com





This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights, and coverage effective dates for the benefits offered by Conga. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While the guide is a tool to answer many of your benefit questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plans' operation. The noted plan changes in this guide may serve as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.