



Discover the
Comprehensive Benefits
that Compunnel offers for you and
your family's well-being.



**Benefits
Guide 2026**

Welcome to Compunnel's Benefits Program

Our employees are what make Compunnel a truly different kind of company and we are thrilled to have you on board. Your hard work, creativity, and problem-solving skills drive our innovation and help us deliver exceptional experiences to global enterprises and their audiences.

To support your well-being, we offer a comprehensive benefits program designed to meet your needs and those of your family. This guide provides an overview of Compunnel's benefits program, including a summary of each benefit and information on how to enroll.



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Health Insurance Plans

At Compunnel, your health and well-being are our top priorities. We provide a wide range of health and wellness benefits to help you stay healthy, manage healthcare expenses, and achieve your personal wellness goals. Our insurance offerings include Health Insurance, Dental Insurance, Vision Insurance, and Voluntary Benefits, allowing you to choose plans that best fit your needs.

Compunnel partners with the Anthem BCBS insurance provider to provide comprehensive health insurance coverage through two different plans: Silver and Gold. You have the flexibility to select the plan that works best for you and your family/dependents.

Eligibility

All U.S. based full-time employees working at least 30 hours/week are eligible for the benefits outlined in this guide.

Insurance Participation/ Enrolment for New Employees

There is a 30-day waiting period for insurance enrollment with our provider, Anthem BCBS (TPA: Leading Edge Administrators). Here are a couple of examples to show how it works:

Example 1: If an employee joins us on Jan 01, 2025, their insurance becomes effective from Feb 01, 2025. The last date to enroll in insurance as a new hire will be Jan 31, 2025.

Example 2: If an employee joins us on Jan 04, 2025, their insurance coverage will begin on Mar 1, 2025. The last date to enroll in insurance as a new hire will be Feb 28, 2025.

Monthly Premium

The employee premium cost per month for Health Insurance, by offering HSA (Health Saving Account) is mentioned below:

Health Insurance - Monthly Premium Rates		
Coverage Type	Silver (HSA)	Gold (PPO)
Employee	\$295.00	\$475.00
Employee (Pay Rate <=\$22)	\$99.00	\$475.00
Employee & Spouse	\$725.00	\$900.00
Employee & Child	\$650.00	\$800.00
Family	\$950.00	\$1,450.00

Key Terms to Know

Overall Deductible

Employees need to pay all the costs up to the deductible amount before the selected plan begins to pay for the covered services they use. The policy/plan document needs to be checked for when the deductible starts over. The plans & package table provide details about how much an employee needs to pay for covered services after meeting the deductible. There are no other deductibles for specific services and the employee does not need to pay for the same.



Using In-Network & Out-of-Network Providers

We offer flexible insurance plans to our employees, wherein they can avail the benefits through a network of participating healthcare providers including doctors, hospitals, labs & outpatient facilities. Employees can use in-network providers for cost-effectively availing benefits, while they also have the option to opt for out-of-network providers. If you use an in-network provider, this plan will pay some or all of the costs of covered services. However, in certain cases, the in-network provider may use an out-of-network provider for some services. See the plans and packages table for how this plan pays different kinds of providers.

Maximum Out-of-Pocket Limit

There is an out-of-pocket limit on expenses. This is the maximum amount an employee could pay during a coverage period (usually one year) for his share of the cost of covered services. It helps employees to plan for health care expenses in a better way. This limit varies according to the plan.

However, even though employees pay these expenses; various components such as penalties, premiums & balance-billed charges are not included in the out-of-pocket limit.

Overall Annual Limit

There is no overall annual limit on what the plan pays. The plans & package table describes any limits on what the plan will pay for specific covered services, such as office visits.

Minimum Essential Coverage

According to the Affordable Care Act, it is required for most people to have health care coverage qualifying as “minimum essential coverage”. Our plans and policies follow the required ACA guidelines and ensure minimum essential coverage is provided to the employee.

Minimum Value Standard

The Affordable Care Act has established a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). Our plan and health coverage meet the minimum value standard for the benefits they provide.

Copayment/ Copay

A Copayment or copay is an amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit, lab work, or prescription. Copayments are usually between \$0 and \$50 depending on your insurance plan and the type of visit or service.

Insurance Premium

A Premium is the amount that must be paid for your insurance plan. It is not included in your deductible, your copayment, or your co-insurance. If you don't pay your premium, you will lose your coverage.

Out-of-Pocket Maximum

Out-of-Pocket maximum is the most you pay during a policy period (usually one calendar year) before your health insurance or plan starts to pay 100% for covered essential health benefits. This limit includes deductibles, coinsurance, copayments, or similar charges and any other expenditure required of an individual for a qualified medical expense. This limit does not include premiums or spending for non-essential health benefits.

Explanation of Benefits (EOB)

An EOB is a summary of healthcare charges your health plan sends after you share an inquiry with a provider or receive a service. It's not a bill but a record of services received, charges from your provider, and coverage details. Any remaining balance you owe will be billed separately by your provider. Understanding your EOB helps you track your healthcare expenses and verify insurance payments.

Health Insurance Plans & Packages: Silver



Components	Per Person	Per Family
Overall Annual Deductible	\$5,000	\$7,500
Out-of-Pocket-Limit (Including employee participation and deductible)	\$7,500	\$12,000

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider	Out-of-Network Provider	
If you visit a healthcare provider's office or clinic	Primary care visit to treat an injury or illness	Professional Non-Facility based services: 20% coinsurance after deductible Facility-based services: 20% coinsurance after deductible <i>Savings Plus Plan Benefit</i>	50% coinsurance after deductible	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider	Out-of-Network Provider	
	Specialist visit to treat an injury or illness	Professional Non-Facility based services: 20% coinsurance after deductible Facility based services: 20% coinsurance after deductible Savings Plus Plan Benefit	50% coinsurance after deductible	None
	Preventive care/screening/immunization	No charge	Not Covered	You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab/pathology/X-ray Office Setting or Independent Lab: 20% coinsurance after deductible Lab/pathology/X-ray Facility based services: 20% coinsurance after deductible Savings Plus Plan Benefit	50% coinsurance after deductible	None
	Imaging (CT/PET scans, MRIs)	Office Setting or Independent Lab: 20% coinsurance after deductible Facility based services: 20% coinsurance after deductible		Preauthorization is required or benefit will be reduced by 20% for outpatient services.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p><u>More information about prescription drug coverage is available at www.carelonrx.com or call 1-833-271-2374</u></p>	Generic drugs (Tier 1)	After Plan Deductible is Met: 30 day supply: \$10 copay 31-90 day supply: \$25 copay	After Plan Deductible is Met: 30 day supply: \$10 copay Retail	<p>Plan Deductible Applies</p> <p>Covers 30 day supply (retail), 31-90 day supply (retail or mail order).</p> <p>Includes contraceptive drugs & devices obtainable from a pharmacy. No charge for preferred generic FDA-approved women's contraceptives in-network.</p> <p>Review your formulary for prescriptions requiring precertification or step therapy for coverage.</p> <p>No Charge for ACA mandated generic medications.</p>
	Preferred brand drugs (Tier 2)	After Plan Deductible is Met: 30 day supply: \$35 copay 31-90 day supply: \$87.50 copay	After Plan Deductible is Met: 30 day supply: \$35 copay Retail	
	Non-preferred brand drugs (Tier 3)	After Plan Deductible is Met: 30 day supply: \$70 copay 31-90 day supply: \$175 copay	After Plan Deductible is Met: 30 day supply: \$70 copay Retail	
	Specialty drugs (Tier 4)	All Specialty Drugs are Excluded: Contact Payer Matrix for assistance at 1-877-305-6202 9am - 8pm EST M-F.		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance after deductible <i>Savings Plus Plan Benefit</i>	50% coinsurance after deductible	<u>Preauthorization</u> is required or benefit will be reduced by 20% for outpatient services.
	Physician/surgeon fees	20% coinsurance after deductible <i>Savings Plus Plan Benefit</i>	50% coinsurance after deductible	None
If you need immediate medical attention	<u>Emergency room care</u>	20% coinsurance after deductible <i>Savings Plus Plan Benefit</i>		All facilities are covered as in-network subject to meeting “emergency” criteria. Network deductible applies for Out-of-Network

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Emergency medical transportation</u>	20% coinsurance after deductible <i>Savings Plus Plan Benefit</i>		All facilities are covered as in-network subject to meeting “emergency” criteria. Network deductible applies for Out-of-Network
	<u>Urgent care</u>	20% <u>coinsurance</u> after <u>deductible</u>	50% <u>coinsurance</u> after <u>deductible</u>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance after deductible <i>Savings Plus Plan Benefit</i>	50% coinsurance after deductible	Preauthorization is required or benefit will be reduced by \$1,000.
	Physician/ surgeon fees	20% <u>coinsurance</u> after <u>deductible</u> <i>Savings Plus Plan Benefit</i>	50% <u>coinsurance</u> after <u>deductible</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Professional Non-Facility based services: 20% <u>coinsurance</u> after <u>deductible</u> Facility based services: 20% <u>coinsurance</u> after <u>deductible</u> <i>Savings Plus Plan Benefit</i>	50% <u>coinsurance</u> after <u>deductible</u>	None.
	Inpatient services	20% coinsurance after deductible <i>Savings Plus Plan Benefit</i>	50% coinsurance after deductible	Preauthorization is required or benefit will be reduced by \$1,000.
If you are pregnant	Office visits	Professional Non-Facility based services:		<u>Cost sharing</u> does not apply to certain

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
		20% <u>coinsurance</u> after <u>deductible</u> Facility based services: 20% <u>coinsurance</u> after <u>deductible</u> Savings Plus Plan Benefit	50% <u>coinsurance</u> after <u>deductible</u>	<u>preventive services</u> . Depending on the type of services, <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Maternity Care for a Dependent Child is not covered. <u>Preauthorization</u> is required for stays longer than 48 hours for vaginal birth or 96 hours for cesarean birth if <u>Preauthorization</u> is not obtained benefit reduces by \$1,000.
	Childbirth/delivery professional services	20% <u>coinsurance</u> after <u>deductible</u> Savings Plus Plan Benefit	50% <u>coinsurance</u> after <u>deductible</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u> after <u>deductible</u> Savings Plus Plan Benefit	50% <u>coinsurance</u> after <u>deductible</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u> after <u>deductible</u>	50% <u>coinsurance</u> after <u>deductible</u>	Maximum 100 visits per calendar year. <u>Preauthorization</u> is required or benefit will be reduced by 20% for outpatient services.
	<u>Rehabilitation services</u> -	Professional Non-Facility based services: 20% <u>coinsurance</u> after <u>deductible</u> Facility based services: 20% <u>coinsurance</u> after <u>deductible</u> Savings Plus Plan Benefit	50% <u>coinsurance</u> after <u>deductible</u>	<u>Preauthorization</u> is required or benefit reduces by 20%. Out of Network Physical/Occupational therapy is not covered. Includes physical therapy, speech therapy, and occupational therapy.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Habilitation services</u>	Professional Non-Facility based services: 20% coinsurance after deductible Facility based services: 20% coinsurance after deductible <i>Savings Plus Plan Benefit</i>	50% coinsurance after deductible	
	<u>Skilled nursing care</u>	20% coinsurance after deductible <i>Savings Plus Plan Benefit</i>	50% coinsurance after deductible	Maximum 100 visits per calendar year. <u>Preauthorization</u> is required or benefit will be reduced by \$1,000.
	<u>Durable medical equipment</u>	20% coinsurance after deductible	Not Covered	<u>Preauthorization</u> is required for items over \$1,000 or benefit reduces by 20%.
	<u>Hospice services</u>	Home Setting: 20% coinsurance after deductible Facility based services: 20% coinsurance after deductible <i>Savings Plus Plan Benefit</i>	50% coinsurance after deductible	Maximum 210 days per calendar year. <u>Preauthorization</u> is required or benefit will be reduced by \$1,000.
If your child needs dental or eye care	Children's eye exam	Not Covered Except for ACA mandated services	Not Covered	One vision screening for children 3-5 years is covered as a preventive service Cost sharing does not apply for preventive services.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Children's glasses	Not Covered	Not Covered	No coverage for glasses
	Children's dental check-up	Not Covered Except for ACA-mandated services	Not Covered	Dental caries fluoride application for infants and children up to 5 years are covered as preventive services. Cost sharing does not apply for preventive services.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none"> ● Chiropractic Care ● Cosmetic Surgery ● Dental Care (Adult) ● Long-term Care 	<ul style="list-style-type: none"> ● Maternity care for dependent child ● Non-emergency care when traveling outside the U.S. ● Out of Network Physical/Occupational Therapy 	<ul style="list-style-type: none"> ● Private-duty Nursing ● Routine eye care (Adult) ● Routine Foot Care ● Weight Loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none"> ● Bariatric Surgery 	<ul style="list-style-type: none"> ● TMJ Treatment & Appliances 	

Health Insurance Plans & Packages: Gold



Components	Per Person		Per Family	
	In network	Out-of-Network	In network	Out-of-Network
Overall Annual Deductible Does not apply to co-payments and services listed below as "No Charge" unless noted otherwise in Limitations & Exceptions column	\$3,500	\$6,000	\$7,000	\$12,000
Out-of-Pocket-Limit (Including employee participation and deductible)	\$6,000	\$10,000	\$12,000	\$20,000

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Professional Non-Facility based services: \$25 copay/per visit Facility based services: \$25 copay/per visit <i>Savings Plus Plan Benefit</i>	30% <u>coinsurance</u> after <u>deductible</u>	None
	Specialist visit to treat an injury or illness	Professional Non-Facility based services: \$50 copay/per visit		

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Specialist visit to treat an injury or illness	Professional Non-Facility based services: \$50 copay/per visit	30% coinsurance after <u>deductible</u>	None
		Facility based services: \$50 copay/per visit <i>Savings Plus Plan Benefit</i>		
	Preventive care/screening/immunization	No Charge	30% <u>coinsurance</u> after <u>deductible</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab & Pathology & Radiology: Office or Independent Lab: \$25 copay/per visit	30% <u>coinsurance</u> after <u>deductible</u>	None
		Lab & Pathology & Radiology: Facility based services: 15% <u>coinsurance</u> after <u>deductible</u> <i>Savings Plus Plan Benefit</i>		
	Imaging (CT/PET scans, MRIs)	Office or Independent Lab: 15% <u>coinsurance</u> after <u>deductible</u>	30% <u>coinsurance</u> after <u>deductible</u>	Sleep Studies are covered in the home at Office or Independent Lab Cost Share. <u>Preauthorization</u> is required or benefit reduces by 20%.
		Facility based services: 15% <u>coinsurance</u> after <u>deductible</u> <i>Savings Plus Plan Benefit</i>		

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.carelonrx.com or call 1-833-271-2374	Generic drugs (Tier 1)	30 day supply: Lesser of cost of medication or \$10 <u>copay</u> 31-90 day supply: Lesser of cost of medication or \$25 <u>copay</u>	Not Covered	Covers 30 day supply (retail), 31-90 day supply (retail or mail order).
	Preferred brand drugs (Tier 2)	30 day supply: \$25 <u>copay</u> (Deductible waived) 31-90 day supply: \$50 <u>copay</u> (Deductible waived)	Not Covered	Includes contraceptive drugs & devices obtainable from a pharmacy. No charge for preferred generic FDA-approved women's contraceptives in-network. Review your formulary for prescriptions requiring precertification or step therapy for coverage.
	Non-preferred brand drugs (Tier 3)	30 day supply: \$50 <u>copay</u> (Deductible waived) 31-90 day supply: \$125 <u>copay</u> (Deductible waived)	Not Covered	No Charge for ACA mandated generic medications.
	<u>Specialty drugs</u> (Tier 4)	All Specialty Drugs are Excluded: Contact Payer Matrix for assistance at 1-877-305-6202 9am - 8pm EST M-F.	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	15% <u>coinsurance</u> after <u>deductible</u> <i>Savings Plus Plan Benefit</i>	30% <u>coinsurance</u> after <u>deductible</u>	<u>Preauthorization</u> is required for some services. If <u>Preauthorization</u> required but not obtained benefit reduces by 20%.
	Physician/surgeon fees	15% <u>coinsurance</u> after <u>deductible</u> <i>Savings Plus Plan Benefit</i>	30% <u>coinsurance</u> after <u>deductible</u>	None.
If you need immediate medical attention	<u>Emergency room care</u>	\$250 <u>copay</u> /per visit <u>deductible</u> waived <i>Savings Plus Plan Benefit</i>		ER <u>copay</u> is waived if admitted as inpatient. All facilities are covered as in-network subject to meeting "emergency" criteria.
	<u>Emergency medical Transportation</u>	\$15 <u>coinsurance</u> after <u>deductible</u> <i>Savings Plus Plan Benefit</i>		All facilities are covered as in-network subject to meeting "emergency" criteria.
	<u>Urgent care</u>	\$50 <u>copay</u> /per visit <u>deductible</u> Waived	30% <u>coinsurance</u> after <u>deductible</u>	None.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	15% <u>coinsurance</u> after <u>deductible</u> <i>Savings Plus Plan Benefit</i>	30% <u>coinsurance</u> after <u>deductible</u>	<u>Preauthorization</u> is required or benefit reduces by \$1,000.
	Physician/surgeon fees	15% <u>coinsurance</u> after <u>deductible</u> <i>Savings Plus Plan Benefit</i>	30% <u>coinsurance</u> after <u>deductible</u>	None.
If you need help recovering or have other special health needs	<u>Home health care</u>	15% <u>coinsurance</u> after <u>deductible</u>	30% <u>coinsurance</u> after <u>deductible</u>	Limited to 60 visits per calendar year. <u>Preauthorization</u> is required or benefit reduces by 20%.
	<u>Rehabilitation services</u>	Professional Non-Facility based services: \$25 <u>copay</u> /per visit	30% <u>coinsurance</u> after <u>deductible</u>	Maximum 60 visits per calendar year. Combined limit for Rehabilitative / Habilitative services includes physical therapy, speech therapy, and occupational therapy. Combined In- Network and Out-of-Network limit. <u>Preauthorization</u> is required or benefit reduces by 20%.
		Facility based services: \$25 <u>copay</u> /per visit <i>Savings Plus Plan Benefit</i>		
	<u>Habilitation services</u>	Professional Non-Facility based services: \$25 <u>copay</u> /per visit	30% <u>coinsurance</u> after <u>deductible</u>	
		Facility based services: \$25 <u>copay</u> /per visit <i>Savings Plus Plan Benefit</i>		
	<u>Skilled nursing care</u>	15% <u>coinsurance</u> after <u>deductible</u> <i>Savings Plus Plan Benefit</i>	30% <u>coinsurance</u> after <u>deductible</u>	Maximum 60 days per calendar year. Combined limit with Inpatient Physical Medical Rehabilitation. Combined In- Network and Out-of-Network limit. <u>Preauthorization</u> is required or benefit reduces by \$1,000.
	<u>Durable medical equipment</u>	15% <u>coinsurance</u> after <u>deductible</u>	30% <u>coinsurance</u> after <u>deductible</u>	<u>Preauthorization</u> is required for items. If <u>Preauthorization</u> required but not obtained benefit reduces by 20%.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<u>Hospice services</u>	<p>15% <u>coinsurance</u> after <u>deductible</u></p> <p>Home Setting: <u>coinsurance</u> after <u>deductible</u></p> <p>Facility Setting: 15% <u>coinsurance</u> after <u>deductible</u> <i>Savings Plus Plan Benefit</i></p>	30% <u>coinsurance</u> after <u>deductible</u>	<u>Preauthorization</u> is required or benefit reduces by \$1,000.
If your child needs dental or eye care	Children's eye exam	<p>Professional Non-Facility based services: \$50 <u>copay</u>/per visit</p> <p>Facility based services: \$50<u>copay</u>/per visit <i>Savings Plus Plan Benefit</i></p>	30% <u>coinsurance</u> after <u>deductible</u>	Children eye exam non PPACA limited to 1 exam every 24 months. PPACA mandated service: One vision screening for children 3-5 years is covered as a preventive service. Cost sharing does not apply for preventive services.
	Children's glasses	Not Covered	Not Covered	No coverage for glasses.
	Children's dental check-up	Not Covered Except for ACA mandated services	Not Covered	Dental caries fluoride application for infants and children up to 5 years are covered as preventive services. Cost sharing does not apply for preventive services.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none">• Growth Hormone Therapy• Long-term Care• Maternity care for dependent child• Non-emergency care when traveling outside the U.S.• Private-duty Nursing• TMJ Treatment and Appliances• Orthopedic Shoes/inserts- Non-diabetic• Sterilization Reversals• Weight Loss programs		
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
<ul style="list-style-type: none">• Chiropractic Care (Limited 20 visits calendar year).	<ul style="list-style-type: none">• Hearing Aids (Limited to 1 device per ear/24 months)• Respite Care	<ul style="list-style-type: none">• Vision Exams (Routine) (Hardware excluded) All ages. Limited to 1 exam every 24 months.

Dental Insurance Plans



Compunnel offers comprehensive dental insurance covering services such as diagnostic exams, periodic oral evaluations, restorations, oral surgery, periodontics, and emergency treatments. You and your family members can enroll in the CIGNA Dental Insurance Plan and enjoy the flexibility to choose a dentist of your choice.

How It Works

You can search for participating providers by clicking the link below:

<https://hcpdirectory.cigna.com/web/public/consumer/directory/search>

- Select “Find a Doctor, Dentist or Facility”
- Follow the prompts to search by type of dentist or by dentist name.
- When prompted to select a plan, choose “DPPO/EPO > Total Cigna DPPO

Monthly Premium

The employee premium cost per month for Dental insurance are mentioned below:

Dental Premium - Monthly Rates	
Coverage Type	Amount
Single	\$30.00
Employee & Spouse	\$80.00
Employee & Child	\$80.00
Family	\$80.00

Dental Insurance Plan Details

The Total Cigna DPPO plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Plan Option Name: DENTAL PPO		
Network Options	Total Cigna DPPO	Non-Network
Annual Deductible	No Deductible	No Deductible
Annual Maximum Individual Includes: Implants	\$1500	\$1500
Reimbursement Level	Based on Contracted Fees	90th percentile of Maximum Reimbursable Charge
Summary of Benefits For a complete listing of your benefits, please see your Certificate or Plan Document		
Diagnostic services Annual Maximum Applies Unless Noted		
Oral Evaluations: Limited to 2 per Year	100%	100%
Radiographs (X-Rays): Limited to 1 per Year	100%	100%
Non-Standard Radiographs (X-Rays): Limited to 1 per 36 Consecutive Months	100%	100%

Preventive Annual Maximum Applies Unless Noted		
Prophylaxis (Cleaning): Limited to 2 per Year	100%	100%
Fluoride: Limited to 1 per Year, age 0 – 18	100%	100%
Sealants: Limited to 1 per 36 Consecutive Months, age 0 – 18	100%	100%
Space Maintainers: Age 0 – 18	100%	100%
Basic Restoration Annual Maximum Applies Unless Noted		
Amalgam/Silver Restoration (Filling): Limited to 1 per 12 Consecutive Months	100%	100%
Composite/White Restoration (Filling): Limited to 1 per 12 Consecutive Months	100%	100%
Crown Repair	50%	50%
Bridge Repair	50%	50%
Denture Adjustment: Limited to 1 per 12 Consecutive Months	50%	50%
Denture Repair: Limited to 1 per 12 Consecutive Months	50%	50%
Denture Reline: Limited to 1 per 12 Consecutive Months	50%	50%
Major Restoration Annual Maximum Applies Unless Noted		
Inlay/Onlay: Limited to 1 per 96 Consecutive Months	50%	50%
Crown: Limited to 1 per 96 Consecutive Months	50%	50%
Bridge/Pontic: Limited to 1 per 96 Consecutive Months	50%	50%
Removable and Fixed Prosthetic: Limited to 1 per 96 Consecutive Months	50%	50%
Prosthetic Over Implant: Limited to 1 per 96 Consecutive Months	50%	50%
Endodontics Annual Maximum Applies Unless Noted		
Root Canal: Limited to 1 per Lifetime	100%	100%
Periodontics Annual Maximum Applies Unless Noted		
Periodontal Scaling and Root Planing: Limited to 1 per 24 Consecutive Months	50%	50%
Major/Surgical Periodontics: Limited to 1 per 36 Consecutive Months	50%	50%

Oral Surgery Annual Maximum Applies Unless Noted		
Simple/Non-Surgical Extraction	100%	100%
Surgical Extraction	100%	100%
Other Oral Surgery	100%	100%
Adjunctive Annual Maximum Applies Unless Noted		
Anesthesia	100%	100%
Emergency Care	100%	100%
Implants Annual Maximum Applies Unless Noted		
Implants: Limited to 1 per 96 Consecutive Months	50%	50%
Benefit Plan Provisions		
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.	
Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit specific maximums may also apply.	
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna HealthCare will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.	
Oral Health Integration Program	<p>The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate for in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible but will be applied to the plan annual maximum.</p> <p>For more information and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.</p>	
Reimbursement Level	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse according to a Fee Schedule or Discount Schedule. Cigna Dental will reimburse based on the Maximum Reimbursable Charge. For this plan, the MRC is calculated at the 90th percentile of all provider allowed amounts in the geographic area. The dentist may balance bill up to their usual fees.	

Timely Filing	Claims submitted to Cigna after a specified number of months from date of service could be denied. Please see your Certificate or Plan Document for detail.
Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of \$200 is proposed by the provider.
Missing Tooth Limitation Provision	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 12 months.
Exclusions	
<p>What's Not Covered (not all-inclusive):</p> <p>Your plan provides for most dentally necessary services. The complete list of exclusions is provided in your Certificate or Plan Document. To the extent there may be differences, the terms of the Certificate or Plan Document will prevail. Examples of things your plan does not cover, unless required by law, include but are not limited to:</p>	
Procedures and services not included in the list of covered dental expenses;	
Preventive Services: instructions for plaque control, oral hygiene and/or nutritional counseling;	
Restorative: tooth-colored materials such as composite/white restoration (fillings) on posterior teeth; veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars (back or posterior teeth);	
Periodontics: bite registrations; splinting;	
Prosthodontic: precision or semi-precision attachments;	
Orthodontics: orthodontic treatment;	
Procedures, appliances, or restorations whose sole purpose is to change or preserve occlusion (teeth contact or bite) except for orthodontic services as covered by the plan; or to stabilize teeth affected by periodontal (gum) disease;	
Procedures, appliances, or restorations, except full dentures, whose main purpose is to diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ);	
Athletic mouth guards: services performed primarily for cosmetic reasons; personalization; replacement of an appliance per benefit guidelines;	
Services that are deemed to be medical in nature; services and supplies received from a hospital; Drugs: prescription drugs;	
Charges in excess of the Maximum Reimbursable Charge;	

Vision Insurance Plan



Compunnel offers all standard benefits & services under vision insurance plans including Exam Co-pay, Material Co-pay, eye examination, lenses, retail frame allowance, covered selection contacts, etc.

How It Works

Please note that the **Cigna Vision network** is different from the networks supporting their health/medical plans.

1. Finding a doctor

There are three ways to find a quality eye doctor in your area:

- Log into myCigna.com. Under “Coverage”, select the Vision page. Click on “Visit Cigna Vision”. Then select “Find a Cigna Vision Network Eye Care Professional” to search the Cigna Vision – serviced by EyeMed Directory.
- Don’t have access to myCigna.com? Go to www.cigna.com. On the top of the page select “Find A Doctor, Dentist or Facility”. Click on Cigna Vision serviced by EyeMed Directory, from the Additional Directories dropdown listing.
- Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

2. Schedule an appointment

Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna Vision serviced by EyeMed information at the time of your appointment, which will quickly assist the doctor’s office with accessing your plan details and verifying your eligibility.

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

Send a completed Cigna Vision service by EyeMed claim form and itemized receipt to:
Cigna Vision, Claims Dept. c/oFAA PO Box 8504, Mason, OH 45040-7111

To get a Cigna Vision serviced by EyeMed claim form:

- Visit www.cigna.com and go to Forms, Vision Forms, select the Cigna Vision serviced by EyeMed form
- Visit myCigna.com and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Monthly Premium

The various employee premium costs per month for Vision insurance are mentioned below:

Vision Premium - Monthly Rates	
Coverage Type	Amount
Single	\$8.00
Employee & Spouse	\$15.00
Employee & Child	\$15.00
Family	\$20.00

Vision Insurance Plans & Packages

In-network, covered-in-full benefits (after applicable copay) include a comprehensive exam, eyeglasses with standard single-vision, lined bifocal, or lined trifocal lenses, standard scratch-resistant coating*, and the frame, or contact lenses in place of eyeglasses.

Vision Services and Frequency	In-Network Plan Coverage**	In-Network Plan Coverage**	Out-of-Network Reimbursement
Exam and Professional Services: Frequency* : once per 12 month Eye Exam Retinal Screening Contact Lens Professional Services (Fit and Follow-up)	100% after \$10 Copay \$0 100% after \$30 Copay	100% after \$10 Copay Up to \$39 \$30 Copay	Up to \$40 Allowance Not Covered Not Covered

- Contact Lens Professional Services including the fitting, evaluation and two follow-up visits, covered under the contact lens materials allowance, unless otherwise stated above
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms) including Oversize, Rose #1 or #2 Solid Tint and Polycarbonate lenses < 19 years of age.
- 20% savings on all additional lens enhancements/ option you choose for your lenses, not shown on the Schedule of Vision Coverage above.
- One pair of **Elective** conventional contact lenses or a single purchase of a supply of disposable contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year).
- Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakia; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Vision Coverage.
- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;

** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

*** Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.

What is Not Covered

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device

- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses
- Spectacle lens treatments, “add-ons”, or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses lens “add-ons”, or lens coatings not shown as covered in the Schedule of Vision Coverage
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
Claims submitted and received in excess of twelve (12) months from the original Date of Service

In-Network Value Added Savings

- Up to 40% off additional complete pairs of glasses (frame and lenses)
- 20% off any item not covered by the plan, including non-prescription sunglasses, but excluding professional services

If you are interested in Laser Vision Correction services such as LASIK, visit your mycigna.com and search for Healthy Rewards® for details.

Health Saving Account (HSA)



A Health Savings Account (HSA) is a savings account that belongs to you and is paired with the Silver Health (high deductible) Plan. It allows you to make tax-free contributions to a savings account to pay for current and future medical expenses for you and your dependents. Health Equity is the HSA administrator.

HSA Annual Contribution Limits

Tax year	Individual coverage limit	Family coverage limit
2026	\$4,400	\$8,750

*At age 55, members can contribute an additional \$1,000 beyond IRS limits.

Open Enrollment & Qualifying Life Events

Open enrollment is that time every year when you can sign up for insurance, review your benefits, and or make changes to your coverage. That is the only time you can change your insurance unless you have a qualifying life event that triggers a special enrollment period for insurance. Compunnel informs all its eligible employees before the Open enrollment window to review their existing benefits and make well-informed decisions for the new plan year.

You can change your insurance outside open enrollment if you have a qualifying life event. These are examples of qualifying life events that create a special enrollment period when you can make changes and sign up for insurance:

- Birth/adoption of a child.
- Dependent Arrives in the US (First time being added in Insurance).
- Employee or dependent loses coverage elsewhere.
- Marriage
- Divorce
- Employee or dependents gains access to benefits elsewhere/Voluntary drop of coverage.
- Dependent deceased.
- Dependent child reaches Maximum Age.

A 30-day calendar window from the date of the qualifying event allows the employees to request insurance changes, employees are required to inform the HR department and submit the supporting documents to verify the eligibility and complete the enrollment formalities.

Voluntary Benefits

In addition to Health, Dental, and Vision benefits, Compunnel offers several Voluntary benefits through Principal Financial as listed below with a 30-day waiting period policy for all new hires:

- Accident
- Critical Illness
- Term Life / AD&D
- Short-Term Disability
- Long-Term Disability

Eligible employees enrolled in Gold or Silver Health Insurance plans qualify for complimentary term life and AD&D coverage worth \$50,000.

ADP for Payroll & Benefits Administration

The ADP Workforce portal allows you to enroll and manage your benefits as well as access your payroll information. Compunnel employees can view all the offered insurance and 401k plan detailing documents on the portal.

401K Plan - The Retirement Saving Plan



We understand that saving for retirement is essential for securing your financial future. That's why Compunnel offers comprehensive 401(k) plans designed to help you achieve your retirement savings goals with confidence.

Why 401K Plan?

Our 401(k) plan helps eligible employees save for retirement while enjoying tax advantages. Contributions and investment earnings are tax-deferred, meaning you won't pay federal or state income taxes until you withdraw the funds at retirement, allowing your savings to grow more effectively over time.

- **Tax-Deferred Earnings:** Under the regular 401K Plan money is deducted from the employee's paycheck before the taxes are withdrawn, which further lowers the employee's taxable income resulting in lower taxes.
- **Choice of Contribution:** Employees have the flexibility to decide their contribution amounts, giving them complete control over how much they save for retirement.
- **Payroll Deductions:** In most cases, 401k contributions are taken automatically as a payroll deduction. The service provider also provides quarterly reports to employees.
- **Social Security is Not Affected:** The 401K Plan does not affect the amount an individual receives from Social Security. Instead, a 401K plan provides another source of income as a result of savings done by an individual.
- **Safety of Funds:** Even if an employee's company faces a financial crisis and files for bankruptcy protection, the contributed money towards the 401K plan is completely safe and is vested in the employee's account.
- **Investment Options:** The plan offers various types of investment vehicles such as money market funds, stable value accounts, bank deposit accounts, bond mutual funds, stock mutual funds, and employee's own company's stock, etc.

How It Works - An Overview

Compunnel has partnered with **ADP** to offer 401 K as a standard benefit to our employees. **However, an employee has the option to get this benefit either from Compunnel or independently.**

- Under this plan, the employee chooses a specific percentage or dollar amount which is deducted from their salary and further deposited into the 401K account on the employee's behalf.
- The pre-tax contribution done by an employee is called a "Salary Deferral". In this case, the employee does not need to pay any income tax when Salary Deferrals are held in the Plan. In addition to this, no earning on Salary Deferrals is taxed while the employee stays in the Plan.

- To participate under this plan, an employee must fulfill the eligibility. A full-time employee is eligible to enroll in the 401(K) plan after completing 30 days of work and the effective date is the 1st of the month, following completion of 30 days of employment. The employee who has been appointed by/and presently working with Compunnel as a full-time employee should be eligible for participation. However, apart from this employee needs to fulfill other legal eligibility criteria such as a minimum entry age of 21 years.
- There is an automatic enrolment of 02% deferral for all new hire 401(K) eligible employees.
- Based on the eligibility, employees can enroll themselves online by creating an account on our service provider's portal (ADP).
- Employees can access multiple information and benefits through online accounts as mentioned below:
 - Make changes to investment strategy and rebalance retirement investment options.
 - Option to research investment options and performance such as charts and graphs.
 - Access to personal rate of return & account activity details.
 - Option to access information related to retirement planning and investment.
- If employees have multiple retirement accounts, they can consolidate their savings into a single account for easier management.

Note: Employees are advised to be updated with the 401(K) saving plan limits for **2026**. Participants under age 50 are allowed to contribute up to **\$24,500** annually. Participants age 50 and over are allowed to contribute up to **\$8,000** more annually.

For further details, employees are advised to visit our service provider's website www.workforcenow.adp.com and <https://www.mykplan.com/>.

Commuter Benefits: NJ TransitCard



Compunnel offers employees tax-free commuter benefits under IRS Code 132(f), allowing them to cover qualified commuting expenses using pre-tax money. The monthly pre-tax limits are reviewed each year by the IRS. For 2025, the monthly pre-tax limits are \$325 for transit and \$325 for parking. These limits are reviewed annually by the IRS to ensure continued savings opportunities.

Below is an example of how Transitcard works for you:

Components	Without Pre-tax Transitcard	With Pre-Tax Transitcard
Monthly Salary	\$3,750	\$3,750
Pre-Tax TransitChek	\$0	-\$125
Salary Subject to Taxes	\$3,750	\$3,625
Estimated Taxes	-\$800	-\$762
Monthly Transit Expense	-\$125	-\$0
Take-Home Pay	\$2,825	\$2,863
Monthly Savings: \$38*		
Annual Savings: \$456*		

*Example is based on an annual salary of \$45,000. Estimated Federal Taxes: 25 percent. Taxes exempted include Federal Income, Social Security, and Medicare. Greater savings may result if your commuting costs are higher and/or you are in a higher federal income tax bracket. Lower deductibles may result in smaller savings and individual savings may vary. Consult your tax advisor.

Employee Referral Bonus



At Compunnel, we value our people as our greatest assets. We believe that talented employees can help us connect with other qualified professionals who can strengthen our team and drive success. Through our Employee Referral Program, we encourage you to refer friends and peers to join Compunnel.

To make a referral, simply log on to your StafflinePro account and navigate to the Referrals section. Alternatively, visit the Jobs section to refer eligible peers for any active job openings. Your referrals play a vital role in building a stronger, more dynamic organization while fostering long-term retention and growth.

Referral Bonus and Payout Timeline for IT Job Roles

Number of Successful Referrals	First Payout	Second Payout
	After 160 working hours of the referred candidate	After 1,000 working hours of the referred candidate
1 to 3	\$500	\$500
4 to 6	\$600	\$600
6 plus	\$700	\$600

Referral Bonus and Payout Timeline for Healthcare Job Roles

Number of Successful Referrals	Referral Bonus	Timeline of the Referral Bonus Payment
1	\$150	After 160 working hours of the referred candidate
2	\$250	After 160 working hours of the referred candidate
3	\$350	After 160 working hours of the referred candidate

Referral Bonus and Payout Timeline for Non-IT Job Roles

Number of Successful Referrals	Referral Bonus	Timeline of the Referral Bonus Payment
1	\$100	After 160 working hours of the referred candidate

Key Contact Information

Medical Insurance coverage:

- Leading Edge concierge number: 844-864-5011
- Pharmacy Member services: 833-271-2374

ADP portal for Benefits Administration: workforcenow.adp.com

Compunnel HR Helpdesk: hrbenefits@compunnel.com

Phone- (609) 606-9010 (Call and follow the instructions to reach the Helpdesk)

To Find a Medical PPO Provider: To find a participating provider, please follow the steps below:

1. To search for participating providers, go to anthem.com/find-care
2. You can look for a doctor by using either: Basic Search as a guest: Select National PPO (BlueCard PPO), or search by all plans and networks.
3. Use Member ID for Basic Search: Log in with a username and password or with the member number on your ID card.

Dental and Vision Insurance coverage:

- CIGNA Dental customer service number: 800-244-6224
- CIGNA Vision customer service number: 888-353-2653

To Find a Dental Provider: Please follow the steps below:

1. Visit: <https://hcpdirectory.cigna.com/web/public/consumer/directory/search>
2. Dental PPO Select “Find a Doctor, Dentist or Facility” Follow prompts to search by type of dentist or by dentist name.
3. When prompted to select a plan, choose “DPPO/EPO > Total Cigna DPPO”

To Find a Vision Provider: Please follow the steps below:

1. The network for Vision Insurance is Cigna Vision Network (Serviced by EyeMed). Benefits will be provided per the plan.
2. Please click the link: <https://eyedoclocator.eyemedvisioncare.com/cigna/en> to search for providers.

For More Information on the 401(K) Plan: Please visit our service provider’s websites: www.workforcenow.adp.com and <https://www.mykplan.com/>.

ADP 401(K) team toll-free number - **1-888-822-9238**. The team is available from 8 AM – 9 PM Eastern Time (business days).

Disclaimer: This document does not replace the formal plan document provided by the service provider, which includes the required legal and technical details of the respective plan. This document provides only an overview of plans in a non-technical manner that will help employees to understand benefits in an easier way. If you find that, due to the service provider’s policy changes or any other situation; the information provided under this document conflicts with the service provider’s plan document, then the service provider’s plan document will always govern. It is advisable, to contact the plan administrator for any queries regarding the benefits.