

Vera

INSTITUTE OF JUSTICE

Employee Benefits Guide



2023 - 2024

July 1, 2023 - June 30, 2024

Welcome

Your benefits are an important part of your overall compensation at Vera. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family, and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

- ▶ You are eligible for benefits if you work 20 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:
 - ▶ Your legally married spouse
 - ▶ Your domestic partner (DP) and/or their children, where applicable by state law
 - ▶ Your biological children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits for the rest of the current benefits period).

▶ Open Enrollment:

Changes made during Open Enrollment are effective July 1, 2023 - June 30, 2024.

Making Changes

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. The following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, DP, or child
- ▶ Loss of coverage under your spouse's/DP's plan
- ▶ New access to state coverage under Medicaid or CHIP

To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate, or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

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Required Information: When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical

We are proud to offer you a choice among three different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Cigna PPO

These plans (a high plan PPO and a low plan PPO) give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Cigna network. The calendar-year deductible must be met before certain services are covered.

Cigna HDHP with HSA

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Cigna network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pretax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. NOTE: If you enroll one or more family members, each covered family member is only required to meet their individual deductible (up to the family limit) before the plan starts to pay expenses for that individual.
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year. NOTE: If you enroll one or more family members, you must meet the full FAMILY out-of-pocket maximum before the plan starts to pay covered services at 100 percent for any one individual.
- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pretax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. In addition, we will contribute \$500 annually to your HSA if you enroll in employee-only coverage and \$750 annually if you enroll yourself and one or more family members. To be eligible for the HSA, you cannot be covered through Medicare Part



A or Part B or TRICARE programs. See the plan documents for full details.

Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2022	2023
Employee Only	\$3,650	\$3,850
Family (employee + 1 or more)	\$7,300	\$7,000
Catch-up (age 55+)	\$1,000	\$1,500

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire, or leave the company. There is no "use it or lose it" rule. Your account grows tax-free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for your and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

¹ Tax-free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

Medical (cont'd.)

The following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Cigna High Plan PPO		Cigna Low Plan PPO		HDHP with HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per calendar year)						
Individual/Family	None	\$300/\$600	None	\$5,000/\$10,000	\$1,400/\$2,800	\$5,000/\$10,000
Out-of-Pocket Maximum (per calendar year)						
Individual/Family	\$1,000/\$2,000	\$1,000/\$2,000	\$6,350/\$12,700	\$10,000/\$20,000	\$2,500/\$5,000	\$10,000/\$20,000
Company Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)						
Individual/Family	NA/NA		NA/NA		\$500/\$750	
Covered Services						
OfficeVisits(physician/specialist)	\$20/\$40 copay	20%*	\$20/\$40 copay	30%*	10%*	30%*
Routine Preventive Care	No charge	20%*	No charge	30%*	No charge	30%*
OutpatientDiagnostic(lab/X-ray)	No charge	20%*	No charge	30%*	10%*	30%*
Complex Imaging	No charge	20%*	No charge	30%*	10%*	30%*
Chiropractic	\$40 copay	20%*	\$40 copay	30%*	10%*	30%*
Ambulance	No charge	No charge	No charge	No charge	10%*	10%*
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay	10%*	10%*
Urgent Care Facility	\$50 copay	20%*	\$50 copay	30%*	10%*	30%*
Inpatient Hospital Stay	\$500 copay	20%*	\$500 copay	30%*	10%*	30%*
Outpatient Surgery	No charge	20%*	No charge	30%*	10%*	30%*
Prescription Drugs (Generic/Brand/Non-Formulary)						
RetailPharmacy(30-daysupply)	\$20/\$30*/\$50* (Rx Deductible= \$100 T2 & T3)	30%*	\$20/\$30*/\$50* (Rx Deductible= \$100 T2 & T3)	30%* (Rx Deductible = \$100 T2 & T3)	\$15*/\$25*/\$40* (afterfullmedical deductible)	30%* (after full medical deductible)
Mail Order (90-day supply)	\$60/\$90*/\$150* (Rx Deductible= \$100 T2 & T3)	Not covered	\$60/\$90*/\$150* (Rx Deductible= \$100 T2 & T3)	Not covered	\$45*/\$75*/\$120* (afterfullmedical deductible)	Not covered

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



Dental

We are proud to offer you a choice between two different dental plans.

Cigna DHMO

With this plan, you choose a primary dental provider to manage your care. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

Cigna DPPO

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Guardian network.

The following is a high-level overview of the coverage available.

Key Dental Benefits	Cigna DHMO		Cigna DPPO	
	In-Network Only		In-Network	Out-of-Network ¹
Deductible (per calendar year)				
Individual/Family	None/None		\$50/\$150	
Benefit Maximum (per calendar year; preventive, basic, and major services combined)				
Per Individual	Unlimited		\$2,000	
Covered Services				
Preventive Services	See Schedule		No charge	
Routine Preventive Care	See Schedule		20%*	
Outpatient Diagnostic (lab/X-ray)	See Schedule		50%; \$1,500 maximum benefit	

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

¹ If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are pleased to offer you a vision plan.

The VSP vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the VSP network.

The following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10	Up to \$45
Materials Copay	\$25	NA
Lenses (once every 12 months)	No charge after materials copay	Up to \$30
Single Vision		Up to \$50
Bifocal		Up to \$65
Trifocal	No charge after \$20 copay	Up to \$70
Frames (once every 24 months)		Up to \$105
Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$105



Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Benefit Resource, Inc. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security, and Medicare taxes.

Health Care FSA

For 2023, you may contribute up to \$3,050 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Dependent Care FSA

For 2022, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

Commuter Benefits

Commuter Benefits, administered through Wage Works, enables you to set aside money in up to two accounts to pay for qualified work related mass transit and/or parking expenses on a pretax basis — reducing your taxable income. Your contributions are deducted from your paycheck each pay period. Qualified transportation expenses must be expenses incurred for you to commute between your place of residence and normal place of work. For 2023, you may contribute up to \$300 per month into each account (transit and parking) . This amount may change annually, per IRS regulations. Exclusions apply. See plan document for details and exclusions.

Life and AD&D Insurance

Life insurance provides your named beneficiary/ beneficiaries with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST to you through Prudential.

Benefit Amount	1.5 times annual salary to a maximum of \$500,000
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Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Prudential for yourself and your eligible family members.

Benefit Option	Guaranteed Issue*	
Employee	\$10,000 increments; up to 3x annual salary (\$500,000 max)	\$100,000
Spouse/DP	\$5,000 increments; upto \$75,000 (notto exceed employee's amount of coverage)	\$25,000
Child(ren)	Up to \$10,000 in \$2,000 increments (notto exceed 50% of employee's amount of coverage)	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Unused funds will NOT be returned to you or carried over to the following year.

You can incur expenses through March 15, 2024, and must file claims by April 15, 2024.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability

Provided at NO COST to you through Prudential

Benefit Percentage	66%
Weekly Benefit Maximum	\$2,000
When Benefits Begin	8th calendar day
Maximum Benefit Duration	26 weeks

Long-Term Disability

Provided at NO COST to you through Prudential

Benefit Percentage	60%
Monthly Benefit Maximum	\$11,000
When Benefits Begin	After 180th day of disability
Maximum Benefit Duration	Social Security retirement age

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at NO COST to you through CCA.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare
- ▶ Substance use
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Unlimited toll-free phone access and online resources

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? Our voluntary benefits through Prudential are designed to complement your health care coverage and allow you to customize our benefits to your and your family's needs. The best part? Benefits from these plans are paid directly to you. Coverage is also available for your spouse/DP and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating that injury.

Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is more than \$7,000¹? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use that benefit however you would like, including to help pay for: treatment (including experimental), prescriptions, travel, increased living expenses, and more.

¹ MetLife Accident and Critical Illness Impact Study, October 2013

TouchCare

We are proud to offer a healthcare concierge service at your fingertips through TouchCare.

- ▶ Benefits open enrollment support
- ▶ Assistance with medical insurance and voluntary benefits inquiries any time throughout the year
- ▶ Support insurance claims and billing issues
- ▶ Find the right in-network doctors and make appointments

Additional Benefits

Additional Benefits	Description
Vera Retirement Plan (403b)	Vera offers a 403b retirement plan where employees can contribute to a Tax Deferred Annuity plan. The maximum that can be invested in 2022 is \$20,500. Financial advisement is available through our investment advisor, NFP (Formerly, Schuster Group).
Vera Employer Match	After one year of employment, eligible employees will receive a contribution from Vera into their retirement account. Vera will contribute an amount equal up to 5% of an employee's annual salary if the employee contributes a minimum of 3%.
Education Assistance	For employees who work at least 20 hours a week, Vera will cover education costs up to \$2,000 per calendar year.
Gym Reimbursement	Employees are eligible to receive up to a \$200 reimbursement per six-month period. You must attend at least 50 times in that period.
Home Office Supplies Rembursement	Employees are eligible for one-time reimbursement capped at \$500.00 for the purchase of eligible home office supplies.
Holidays	New Year's Day, Dr. Martin Luther King Day, Presidents Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving (Thursday and Friday), and Christmas Day.
Paid Time Off	Employees receive three weeks of vacation for their first year of employment and four weeks of vacation thereafter. Employees also receive 4 personal days, 12 sick days, the final week of the calendar year off and paid family medical leave after six months of service.
Commuter Benefits	Commuter benefits allows employees to lower commuting costs by using before-tax dollars to pay for qualified transportation expenses, such as subway, bus, train, ferry, vanpool and parking.



Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. Please refer to the separate rate sheet for your contributions.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Cigna	1-866-494-2111	www.mycigna.com
Dental	Cigna	1-800-244-6224	www.mycigna.com
Vision	VSP	1-800-877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	Benefit Resource, Inc.	1-866-996-5200	www.benefitresource.com
Employee Assistance Program (EASP)	CCA	1-800-833-8707	www.myccaonline.com (Company Code: "vera")
Life/AD&D	Prudential	1-800-524-0542	www.prudential.com
Disability/Voluntary Benefits	Prudential	1-800-842-1718	www.prudential.com
Retirement Benefits	Empower	1-800-743-5274	www.retiresmart.com

Benefits Website

Our benefits information is also available on the home page of ADP. Just click on the icons for additional information.

<https://workforcenow.adp.com>

Questions?

If you have additional questions, you may also contact:

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DISCLAIMERS:

This benefit overview does not create a contract of employment between Vera and any employee. The Institute reserves the right to amend, suspend, or terminate the benefit plans at any time. In all instances, the plan documents, Institute policies and summary plan descriptions will govern the benefit determinations.

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.