

A photograph of a family of four walking through a lush green park. A man in a light green t-shirt and dark pants carries a young child on his shoulders. A woman in a white and blue plaid shirt and jeans walks to the right, holding the hand of a young girl in a striped shirt and shorts. The background is filled with green trees and grass. A large blue diagonal graphic element is overlaid on the left side of the image, containing the year "2025".

2025

Benefits Guide

OPEN ENROLLMENT NOV 5 - NOV 20, 2024

BENEFITS EFFECTIVE JANUARY 1, 2025

This publication contains important information about your employee benefit program.

Please read thoroughly.

Table of Contents

Enrollment Instructions.....	2	Flexible Spending Accounts (FSA).....	10
What's New?	3	Life Insurance	11
Medical Plan Options.....	4	Disability Insurance	13
Prescription Drugs	5	Additional Protection Benefits	14
Health Savings Account (HSA).....	6	Optional Benefits	15
Dental.....	8	401(k) Retirement Savings Plan	17
Vision	9	Resources/Contact Information.....	18

Enrollment Instructions

Please review your current benefits enrollment and update as needed for 2025. All changes must be made before Open Enrollment ends (Nov 20, 2024).

You may enroll online or via the call center:

To enroll (or make changes) to your benefits, you may access the Self-Serve Enrollment website at <https://metlife.benselect.com/PCTEL>.

- ▶ Login: Username is based on your legal name in following (case sensitive) format: Firstname.Lastname
- ▶ Password is a 6-digit PIN consisting of the employee's last 4 digits of SSN followed by their 2-digit year of birth
 - ▷ For example, a team member with a SSN of ###-##-8977 and a DOB of 07/05/1983 would have a PIN of 897783
 - ▷ Once logged in you will be prompted to change your password.
- ▶ You may also enroll via the Call Center at **314.788.6926** (open 8am-5pm CST)

Once enrolled you will receive an email within one business day of the completion of your enrollment certifying your elections. If you do not see your confirmation email within one business day, be sure to check your junk and/or spam folder.

What's New?

- ▶ Gap plan has been removed
- ▶ All other plan designs remain the same

Additional Protection benefits now offered through Lincoln Financial

- ▶ Accident Insurance
- ▶ Critical Illness
- ▶ Hospital Indemnity

Reminder

- ▶ Wellness Credit: Those who participated in the Wellness Assessment and completed the online survey will receive a \$25 discount on their medical plan
- ▶ When Adding New Dependent(s): You must provide full information, including SSN
- ▶ Opting-Out: All employees must waive coverage for the plans not wanted
- ▶ Must enroll before Nov 20, 2024
- ▶ Elections during open enrollment are effective January 1, 2025
- ▶ Eligible Dependents: Spouse, domestic partner, children under 26 years of age.
- ▶ Spouse Surcharge: \$250/month



Medical Plan Options

BlueCross BlueShield of Illinois			HMO	HDHP		Low PPO	
Plan Design Feature			(IL Only)	Tier 1—BCO Network	Tier 2—PPO Network	Tier 1—BCO Network	Tier 2—PPO Network
Annual Deductible	In-Network	Single	\$0	\$5,000	\$6,000	\$500	\$1,500
		Family	\$0	\$7,000	\$7,500	\$1,000	\$3,000
	Out-of-Network	Single	N/A	\$8,000		\$5,000	
		Family	N/A	\$16,000		\$10,000	
Annual Out-of-Pocket Maximum (includes deductible)	In-Network	Single	\$1,500	\$7,000	\$7,500	\$2,000	\$3,000
		Family	\$3,000	\$12,000	\$15,000	\$4,000	\$6,000
	Out-of-Network	Single	N/A	\$16,000		\$10,000	
		Family	N/A	\$32,000		\$20,000	
Company HSA Contribution			N/A	See page 7		N/A	
Coinsurance (your responsibility after deductible)	In-Network		0%	10%/20%		20%/30%	
	Out-of-Network		N/A	30%		40%	
In-Network Office Visit	Primary Care Office Visit		\$30 copay	10%/20% after ded.		\$30 copay	
	Specialist Office Visit		\$50 copay	10%/20% after ded.		\$50 copay	
Outside Facilities	Urgent Care		\$30 copay	10%/20% after ded.		20%/30% after ded.	
	Emergency Room		\$100 copay	10%/20% after ded.		\$100 copay	
	Inpatient Hospital		\$0	10%/20% after ded.		20%/30% after ded.	
	Outpatient surgery		\$0	10%/20% after ded.		20%/30% after ded.	
Pharmacy Copays	Generic		\$20 copay	20% after ded.		\$30 copay	
	Preferred		\$40 copay	20% after ded.		\$50 copay	
	Non Preferred		\$70 copay	20% after ded.		\$80 copay	
	Specialty Rx		\$70 copay	20% after ded.		\$80 copay	

2025 MEDICAL MONTHLY RATES

	HMO (IL Only)		HDHP PPO with HSA		Low PPO	
	Employer	Employee	Employer	Employee	Employer	Employee
Employee Only	\$554.10	\$174.59	\$647.72	\$146.51	\$459.88	\$421.65
Employee + Spouse (includes Domestic Partner)	\$1,148.77	\$328.14	\$1,366.37	\$243.32	\$957.93	\$828.68
Employee + Child(ren)	\$1,125.34	\$320.06	\$1,336.08	\$239.24	\$934.95	\$813.53
Employee + Family	\$1,730.90	\$464.56	\$2,056.48	\$336.31	\$1,436.08	\$1,219.73

Limitations and maximums may apply. Please refer to the plan summaries and SBCs for more information.

- 1 Plan year out-of-pocket maximum includes deductibles, copays, and coinsurance. A separate prescription drug out-of-pocket applies on the HMO and Low PPO plans.
- 2 Tier 1 and 2 deductibles and out-of-pocket maximums cross-accumulate. Out-of-network is a separate bucket.

Embedded and non-embedded plans are important to understand. In aggregate plans the individual deductible will never apply. You or a combination of your family members must satisfy the full family deductible

With embedded plans the out-of-pocket maximum still applies to each individual on the plan. You can satisfy the individual limit and the plan begins covering your eligible expenses. Additionally, once a combination of family members satisfies the full family deductible and out-of-pocket maximum, the plan begins covering all family members' eligible expenses.

Prescription Drugs

When you enroll in a medical plan, you receive comprehensive prescription drug coverage through BlueCross BlueShield's pharmacy manager Prime Therapeutics. Some medications may be subject to prior authorization, quantity limits, or step therapy requirements to be approved for coverage. For a list of approved drugs, log on to your Blue Access for Members (BAM) account at www.bcbsil.com.

Prime Therapeutics	HMO (IL ONLY)	HDHP PPO with HSA	Low PPO
Retail (up to 34-day supply)	You Pay Performance Formulary	You Pay Basic Formulary	You Pay Performance Formulary
Generic	\$20 copay	20% after ded.	\$30 copay
Formulary	\$40 copay	20% after ded.	\$50 copay
Non-Formulary	\$70 copay	20% after ded.	\$80 copay
Specialty	\$70 copay	20% after ded.	\$80 copay
Out-of-Pocket Maximum (single/family)	\$1,000/\$2,000 OOP is embedded	Combined with medical	\$1,000/\$2,000 OOP is embedded
Mail Order (up to 34-day supply)	You Pay Performance Formulary	You Pay Basic Formulary	You Pay Performance Formulary
Generic/Formulary/ Non-Formulary/Specialty	\$40/\$80/\$140/\$70	20% after ded.	\$60/\$100/\$160/\$80

- ▶ Please note, any retail or mail order copays listed for the HSA qualified plan(s) apply only after the medical plan deductible is met. The deductible will not apply to certain medications classified as preventive in accordance with the approved prescription drug list.
- ▶ Specialty drugs are limited to a 30-day supply at retail or mail.

Three Ways to Obtain Prescription Drugs

Prime Therapeutics Retail Pharmacy (up to 34-day supply)

www.bcbsil.com
800.423.1973

- ▶ Locate a participating retail pharmacy
- ▶ View a list of approved drugs

Express Scripts Mail Order (up to 90-day supply)

www.esrx.com/bcbsil
833.715.0942

- ▶ Use for maintenance drugs such as medication for high blood pressure, arthritis or diabetes
- ▶ Pay less than retail pharmacy for a 90-day supply
- ▶ No additional cost for delivery

Accredo Specialty Pharmacy (30-day supply)

www.accredo.com/bcbsil
833.721.1619

- ▶ Medications used to treat complex conditions like multiple sclerosis, hepatitis C, and rheumatoid arthritis
- ▶ Prescription can only be filled once every 30 days

Working Spouse Surcharge

Coverage for your spouse is subject to a **working spouse surcharge** unless your spouse is unemployed or does not have access to medical benefits through their employer. **If your spouse, eligible for their own coverage, wants to be covered under the PCTEL medical plan, there is a monthly surcharge of \$250 to be deducted in increments via payroll deductions.** Employees enrolling in the medical plan who seek to have their spouse also enrolled in the medical plan without incurring the surcharge will complete an attestation as proof that their spouse does not have access to medical coverage through an employer.

Health Savings Account (HSA)

ONLY AVAILABLE FOR THOSE ENROLLED IN THE HIGH DEDUCTIBLE PPO WITH HSA OPTION

A Health Savings Account (HSA) is a tax-advantaged savings vehicle available to individuals covered by a High Deductible Health Plan (HDHP). Funds in the account are used to pay for qualified medical, dental, and vision expenses.

An HSA is a great way to save for the future. You can set aside money from each paycheck now and save funds to cover healthcare expenses that come up later. Plus, your contributions are free from federal income tax, so you're stretching your healthcare dollars while lowering your taxable take-home pay amount.

PCTEL will also make contributions to your HSA if you are covered on the PCTEL plan and open an HSA account. This is "free money" for you to use to pay for eligible healthcare expenses.

HSA funds can only be used for yourself, your spouse and your taxable dependents. Expenses for domestic partners and/or other dependents who do not qualify as tax dependents are not reimbursable under the HSA.

Advantages of an HSA

- ▶ Balance rolls over each year and accrues interest, so you won't lose your contributions
- ▶ Triple tax savings you do not pay federal tax* on:
 - ▷ Contributions to the account
 - ▷ Spending on qualified expenses
 - ▷ Interest that accrues
- ▶ Account is portable, so the funds are yours even if you change medical plans next year or leave PCTEL in the future
- ▶ Use the funds for eligible medical, dental, or vision expenses, including coinsurance costs, prescriptions, glasses, orthodontia, and more now or in the future
- ▶ Money left in the savings account earns tax free interest*
- ▶ If you have a First American Bank HSA, once your account balance reaches \$1,000 in the checking account portion of your HSA, you can then perform an account sweep and move any additional funds into an array of investment options made available to you

* Tax treatment of HSAs for state tax purposes may vary by state.



Who Can Open an HSA?

You can contribute to an HSA if you:

- ▶ Are covered under an HSA-qualified high deductible health plan (HDHP)
- ▶ Are not enrolled in Medicare*, TRICARE, or TRICARE for Life
- ▶ Cannot be claimed as a dependent on someone else's tax return
- ▶ Have not received Veterans Affairs (VA) benefits within the past 3 months
- ▶ You (or your spouse) do not contribute to a Healthcare FSA

* Enrollment in Medicare Part A may be retroactive by up to 6 months when you begin taking Social Security retirement after your Social Security Normal Retirement Age (SSNRA). This may affect your HSA eligibility.

Other restrictions and exceptions may also apply. For more information, visit www.irs.gov/pub/irs-pdf/p969.pdf.

Funding and Enrolling in an HSA

You have the option to contribute to your HSA through pre-tax payroll contributions.* You can change the amount you contribute to your HSA at any time during the plan year.

To open your HSA, you must first enroll in High Deductible PPO medical plan. Then you can open your account directly with First American Bank* or any other HSA provider.

It is important to note that expenses are not eligible for reimbursement until your HSA has been established.

Once your HSA is opened, you will need to provide your account information to Human Resources to establish the company contribution and any additional personal payroll contributions. Remember to designate a beneficiary for this account.

* Our preferred partner is First American Bank; however, you can choose to open an HSA through another financial institution.

2025 HSA Contributions and Limits

Each year, you can contribute up to the IRS annual limit for HSAs (which includes PCTEL's contribution). PCTEL will contribute to your HSA on a quarterly basis up to the annual amounts listed below.

	2025 IRS Contribution Limit	2025 PCTEL Contributions	2025 Pre-Tax Limit YOU Can Contribute*
Employee Only	\$4,300	\$697.80	\$3,602.20
Employee + Spouse	\$8,550	\$1,414.68	\$7,135.32
Employee + Child(ren)	\$8,550	\$1,339.08	\$7,210.92
Employee + Family	\$8,550	\$2,102.64	\$6,447.36

* If you are age 55 or older, you may contribute an additional \$1,000 in catch-up contributions.

IMPORTANT! If you use your HSA funds for non-qualified expenses, the purchase amount will be subject to tax, plus a 20% penalty if you are younger than age 65. To view a list of qualified expenses, visit www.firstambank.com/HSA.

Dental

PCTEL offers dental through MetLife. Your choice of dentists can determine the cost savings you receive. In-network providers are paid directly by MetLife and agree to accept negotiated fees as “payment in full” for services rendered.

When you use out-of-network providers, MetLife will apply the applicable percentage of the allowed amount and you are responsible for paying the balance of the bill.

To search for in-network providers, go to www.metlife.com/mybenefits and begin your search or call **800.ASK.4MET (800.275.4638)**.

MetLife	PPO	
	In-Network	Out-of-Network
Calendar Year Maximum* (plan pays)	Up to \$2,500	
Calendar Year Deductible* (applies to basic and major services)	\$50 individual/\$150 family	
	You Pay	You Pay
Preventive Services (i.e., cleanings, exams, bitewing x-rays)	0%	0%**
Basic Services (i.e., fillings, simple extractions)	10%	20%**
Major Services (oral surgery, endodontics, periodontics, implants)	40%	50%**
Orthodontia (adult and child)	50%	50%**
Orthodontia Lifetime Maximum (per person)	\$2,500	\$2,500

* Plan deductibles and maximums accumulate on a calendar year and reset on January 1 of each year.

** You are responsible for the difference between the Usual and Customary fee and the dentist's billed charges.

2025 DENTAL MONTHLY RATES

	Employer	Employee
Employee Only	\$29.44	\$8.27
Employee + Spouse (includes Domestic Partner)	\$59.72	\$16.78
Employee + Child(ren)	\$77.91	\$21.89
Employee + Family	\$108.25	\$30.43



Vision

Routine eye exams are important for maintaining good vision and can also provide early warning of other health conditions. The EyeMed vision plan provides coverage for exams, glasses, and contact lenses, as shown below.

In-network coverage is provided when you use the EyeMed providers. To search for providers, log on to www.eyemed.com and use their provider locator (choose the Insight Network) or call **866.800.5457**.

- ▶ If you enroll in any PCTEL medical plan, you will be automatically enrolled in vision.
- ▶ PCTEL pays 100% of the cost of vision benefits offered by EyeMed.
- ▶ Our plan with EyeMed includes their Freedom Pass. This allows you to purchase any available frame, any brand, at any price point for no out-of-pocket expense from Target Optical. Lenses would be covered per the schedule of benefits.

EyeMed Insight Network	Frequency	In-Network You Pay	Out-of-Network Your Reimbursement
Eye Exam	Once every calendar year	\$10 copay	Up to \$50
Frame	Once every other calendar year	\$130 allowance + 20% off balance	Up to \$98
Standard Plastic Lenses (single vision, bifocal, trifocal)	Once every calendar year	\$25 copay	See plan summary
Progressive Lenses	Once every calendar year	\$80-\$200 copay	Up to \$70
Contacts—instead of lenses	Once every calendar year	\$120 allowance + 15% off balance	Up to \$120

2025 VISION MONTHLY RATES

	Employer	Employee
Employee Only	\$5.52	\$0
Employee + Spouse (includes Domestic Partner)	\$10.48	\$0
Employee + Child(ren)	\$11.03	\$0
Employee + Family	\$16.22	\$0



Flexible Spending Accounts (FSA)

An FSA allows you to set money aside for certain eligible expenses and draw from it throughout the year to pay for those expenses. The money is set aside pre-tax, reducing your taxable income.

Health Care FSA

AVAILABLE FOR HMO AND PPO PARTICIPANTS

This FSA allows you to submit eligible **medical, dental, and vision** expenses for reimbursement. You can deposit up to \$3,300 to the Health Care FSA for the 2025 calendar year.

Limited Health Care FSA

AVAILABLE TO HSA PLAN PARTICIPANTS ONLY

Using this account in conjunction with the HSA gives you the opportunity to save additional pre-tax money. You can use the Limited Purpose Health Care FSA for eligible **dental and vision** expenses only. You can contribute up to **\$3,300** for the 2025 calendar year in this account.

Dependent Care FSA

AVAILABLE TO ALL BENEFIT-ELIGIBLE EMPLOYEES

Dependent Care FSAs are used to pay for the costs of dependent care that enable you to work. This care may be for a child under age 13 and for older dependents, including children, spouses and parents who are physically or mentally unable to care for themselves and who live with you for more than half the year.

Eligible expenses include daycare, before-school and after-school care, babysitters, and elder daycare. For the 2025 calendar year, you can deposit up to **\$5,000** to a Dependent Care FSA (\$2,500 if you are married and filing separately).

Employees who enroll in the Health Care (or Limited Purpose Health Care) FSA will receive an FSA debit card to pay for qualified purchases, eliminating the need to submit a paper claim and wait for reimbursement.

The FSA plans are administered by ADP. To register and log into your FSA account(s), go to www.wageworks.com.

Money cannot be transferred between the accounts (i.e., you cannot use money from your Health Care FSA to pay for dependent care expenses and vice versa).

Please be conservative with your elections as any unused balances at the end of 2025 will be forfeited.

* You do not need to be covered on any PCTEL benefit plans to enroll in the Health Care or Dependent Care FSA options.

Life Insurance

Basic Life/AD&D

Having appropriate life insurance coverage is a critical part of planning for your family's current and future financial needs. Proceeds from life insurance can help with salary replacement, mortgage protection, cost of childcare, debt repayment, and children's education expenses.

PCTEL provides Basic Life insurance coverage of 2x your salary to a maximum of \$200,000. Benefit amount begins to reduce at age 65.

This coverage includes an Accidental Death and Dismemberment (AD&D) provision that also pays 2x your salary to a maximum of \$200,000 in the event of accidental death and certain other conditions.

Basic Life and AD&D insurance is administered by Lincoln Financial Group and is paid for by PCTEL. You are automatically enrolled in these benefits.

Basic Dependent Life

PCTEL will pay for Basic Life coverage for your dependents, including your legal spouse or domestic partner and your children.

- ▶ Spouse/Domestic Partner coverage—\$5,000
- ▶ Child coverage Birth to 6 months—\$100
- ▶ Children 6 months to 19 (26 if full-time student)—2,500

According to federal law, only the first \$50,000 of employer-paid life insurance is not taxable. Premium paid by PCTEL for coverage levels over \$50,000 will be taxable to you and will be included on your year-end W-2 statement.

Voluntary Life and AD&D

As a new hire, you can purchase Voluntary Life insurance for you, your legal spouse/domestic partner, and dependent children without providing medical information up the guarantee issue (GI) amounts (see chart). To cover your spouse/domestic partner or children you must be enrolled. If you leave PCTEL, this coverage can be taken with you.

Employee and spouse/domestic partner amounts applied for over the GI as a new hire will require you to provide Evidence of Insurability (EOI) for review and approval by Lincoln Financial Group.

Voluntary Life and AD&D Amounts Available	
Employee	<ul style="list-style-type: none"> ▶ Increments of \$10,000 to a maximum of \$500,000 ▶ Newly-eligible guarantee issue: \$150,000
Spouse/Domestic Partner	<ul style="list-style-type: none"> ▶ Increments of \$5,000 to \$500,000 not to exceed 100% of employee election ▶ Newly-eligible guarantee issue: \$50,000
Child (to age 19 or 26 if a full-time student)	<ul style="list-style-type: none"> ▶ Increments of \$2,000 up to \$10,000 ▶ Birth to 6 months of age: \$1,000 ▶ Guarantee issue: \$10,000

Guarantee issue amounts require that Employees must be actively at work to enroll. Dependents (spouses/domestic partners/children) confined to home or hospital care can not apply.



Voluntary Life and Voluntary AD&D Rates

Voluntary Life and Voluntary AD&D costs are taken from your paycheck after taxes, and the **benefits paid are not taxable**. All other payroll deductions are also taken post-tax, including Accident, Critical Illness, Hospital Indemnity, Pet Insurance, and Identity Theft.

Voluntary Life Rate per \$1,000 Employee or Spouse/Domestic Partner Per Month		
Age Band	Non-Tobacco	Tobacco
0-29	\$0.06	\$0.12
30-34	\$0.06	\$0.13
35-39	\$0.09	\$0.19
40-44	\$0.15	\$0.32
45-49	\$0.24	\$0.54
50-54	\$0.36	\$0.79
55-59	\$0.55	\$1.12
60-64	\$0.93	\$1.74
65-69	\$1.71	\$2.93
70-74	\$2.48	\$3.79
75-99	\$4.12	\$6.18
Child life rate per \$1,000	\$0.39	

Voluntary AD&D Rate (Per Month)	Employee	Spouse/Domestic Partner & Child
Rate per \$1,000	\$0.029	\$0.03

Value-Added Benefits with Lincoln

LifeKeys Services

Includes grief, legal, and financial counseling for beneficiaries, funeral planning, and online will preparation and other legal documents.

For assistance, call **855.891.3684**.

TravelConnect Services

Helps travelers with the unexpected that may take place while traveling more than 100 miles away from home, including emergency medical assistance, legal, and communication assistance. Assistance is available 24 hours a day, 7 days a week.

For a complete list of TravelConnect services, access to plan documents and international calling instructions, visit www.mysearchlightportal.com and enter the group ID: LFGTravel123.



Disability Insurance

If you were to be out of work due to an injury or illness, could you and your family survive without a paycheck? Disability insurance is essentially “paycheck” insurance, ensuring you will receive a portion of your income if you were out of work due to injury or illness. Short-Term Disability (STD) provides a weekly benefit, while Long-Term Disability (LTD) pays a monthly benefit after STD insurance has been exhausted.

PCTEL offers STD and LTD insurance at no cost to you. Administered by Lincoln Financial Group, you are automatically enrolled in these benefits.

Short-Term Disability (STD) Insurance

STD benefits become payable when you are unable to work due to an injury or illness unrelated to work. If you remain disabled and meet the plan’s disability requirements, you will continue to receive a percentage of your weekly earnings until the benefit duration has ended.

STD benefits integrate with state mandated disability plans.

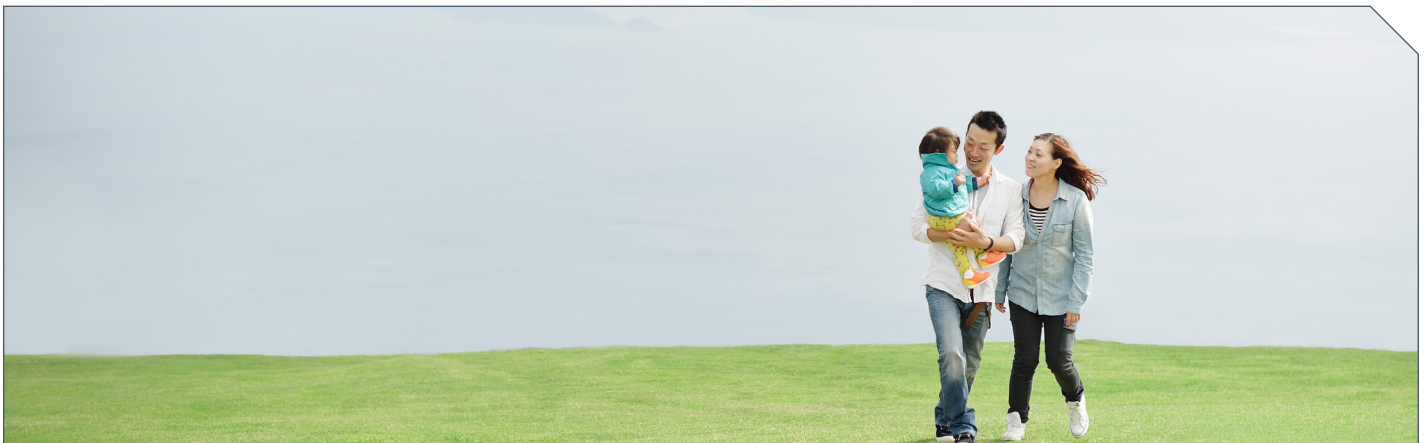
Benefit Begins	1st day for accident 8th day for illness
Benefit Amount	66.67% of your weekly salary to a maximum of \$2,000 per week
Benefit Duration	Up to 13 weeks

Long-Term Disability (LTD) Insurance

LTD insurance offers a monthly benefit to help replace lost income if you experience a disability lasting longer than 90 days. Proof of disability is required.

Benefit Begins	After 90 days of qualified disability
Benefit Amount	66.67% of current monthly salary to a maximum of \$10,000 per month
Benefit Duration	Own occupation coverage is 24 months; if approved, benefits could extend to your Social Security Normal Retirement Age (SSNRA)

LTD claims for newly-covered employees will be denied if you received medical treatment, medical advice, care or services, or took prescribed drugs or medicines in the 3 months prior to the effective date of this coverage and the disability began in the first 12 months after your effective date of coverage.



Additional Protection Benefits

Now through Lincoln Financial. These plans are **not medical insurance** and do not replace your medical coverage, but rather pay cash directly to you in addition to any benefits you receive from your health plan.

Benefits available for purchase (through after-tax payroll deductions) include **Critical Illness, Accident, and Hospital Indemnity**. These benefits may help fill the gap until you meet your medical plan deductible.

All Lincoln Financial benefits are portable, which means you can take these benefits with you if you leave the company. Cash benefits are also paid for certain health screening tests (wellness incentive of \$75 on Accident and Critical Illness).

Critical Illness Insurance

Group Critical Illness insurance is designed to help you offset the costs of certain covered critical illnesses. If diagnosed, you will receive a lump-sum cash benefit that you can use for any expense, including deductibles, copays, transportation, or medical supplies. Covered critical illnesses include heart attack, major organ failure, stroke, blindness, and permanent paralysis; optional cancer coverage is available. Cash benefits are also paid for certain health screening tests (wellness incentive of \$75).

Critical Illness Monthly Rates

Rates are age-banded

Accident Insurance

Accident insurance pays a cash benefit when you or your covered family members suffer injuries sustained in an accident. Covered injuries include fractures, burns, concussions, tears, lacerations, broken teeth, and eye injuries. Additional benefits may be paid, including ambulance, emergency care, testing, and therapy. This covers you for both on-the-job and off-the-job accidents. Cash benefits are also paid for certain health screening tests (wellness incentive of \$75).

Monthly Accident Insurance Rates

Coverage Tier	Monthly Base Rate
Employee Only	\$11.12
Employee + Spouse (includes Domestic Partner)	\$21.88
Employee + Child(ren)	\$26.25
Employee + Family	\$31.00

Hospital Indemnity Insurance

This is a voluntary plan that provides a payment to you in the event you are hospitalized.

Monthly Hospital Indemnity insurance rates

Coverage Tier	Monthly Base Rate
Employee Only	\$17.35
Employee + Spouse (includes Domestic Partner)	\$37.65
Employee + Child(ren)	\$27.20
Employee + Family	\$46.98

Optional Benefits

Pet Insurance

My Pet Protection pet insurance, offered through Nationwide, makes it a little easier to be financially prepared for the costs of your pet's healthcare needs.

My Pet Protection pet insurance provides benefits for veterinary treatments related to accidents and illnesses, including cancer. Medical policies cover diagnostic tests, X-rays, prescriptions, surgeries, hospitalization, and more.

You have a choice of reimbursement options and enrollment is easy—visit www.petinsurance.com/pctel and select the species (dog or cat), provide your ZIP Code and pick your plan. You can also call **877.738.7874** and mention you are with PCTEL, Inc. to receive our preferred pricing.

You are able to enroll in pet insurance at any time and premiums will be payroll deducted.

To enroll your bird, rabbit, reptile, or other exotic pet, please call **888.899.4874**.



Identity Theft Protection

Identity theft is when thieves steal your personal information in order to take over or open new accounts, file fake tax returns, rent or buy properties, or commit other crimes in your name. A LifeLock Identity Theft protection plan can help you avoid identity theft and, in the worst-case scenario, get your life back after a breach of your secure personal information. PCTEL offers two plan options for purchase.

LifeLock Elite protection searches over a trillion data points every day for potential threats to your identity, including suspicious uses of your name, address, phone number, birth date, and Social Security Numbers to get loans, credit, and services in your name.

LifeLock Ultimate Plus includes all of the above with enhanced services which include bank account application and takeover alerts, online credit reports, and credit scores.

You can enroll for this benefit at any time during the year. You may access the Self-Serve Enrollment website at <https://metlife.benselect.com/PCTEL> to enroll. Premiums are payroll deducted.

LifeLock Monthly Rates		
	Elite	Ultimate Plus
Employee Only	\$8.49	\$25.49
Employee + Spouse	\$16.98	\$50.98
Employee + Child(ren)	\$14.86	\$36.11
Employee + Family	\$23.36	\$61.61

Financial Wellness

PCTEL has partnered with SoFi to offer a range of financial wellness products and help provide solutions to employees to better manage their student loan debt and finances.

SoFi Student Loan Refinancing: SoFi's refinancing can help those with student debt save money on total interest, make lower monthly payments, or shorten the duration of their loans.

SoFi Parent PLUS Loan Refinancing: Like those who have existing student loans, SoFi can help save money and simplify payments for those who have an existing Federal Parent PLUS.

SoFi Personal Loans: The SoFi Personal Loan is designed to help you borrow money for any kind of personal use such as paying off credit card debt, investing in home improvements, or paying for an unexpected medical expense. A SoFi Personal loan can be a great alternative to a 401(k) loan which can negatively impact one's retirement savings.

- ▶ **Low rates:** Low variable and fixed rates with options for short- and long-term repayment periods
- ▶ **No extra fees:** No application fees, no origination fees, and no prepayment penalties for paying off your loan early
- ▶ **Easy experience:** Apply in minutes online to refinance your loans or borrow for any kind of personal use
- ▶ **Support when needed:** Access to live customer support 7 days a week
- ▶ **Membership perks:** Exclusive networking events, access to free financial planning, educational workshops, and more

Visit sofi.com/PCTEL to start an application then contact SoFi customer service by calling **833.277.7634** or emailing partner@sofi.com.

Employee Assistance Program (EAP)

We understand how challenging it can be to balance your work and personal life, and we are committed to helping you do just that.

Offered through Workplace Solutions, the PCTEL EAP program can provide you and your family and household members with information and assistance on a wide range of topics and issues including work stress, debt problems, family issues, relationship worries, parenting challenges, anxiety, grief, and much more.

Provided at no cost to you, counselors are available for support by phone 24 hours a day, seven days a week.

- ▶ Unlimited telephonic counseling—**877.215.6614**
- ▶ Face-to-face counseling
- ▶ Completely CONFIDENTIAL
- ▶ Unlimited legal advice by phone with discounts on additional services

Online resources are also available by logging onto www.wseap.com. Use the Work-Life & Legal-Financial or the LIFESPEAKS Portal.

- ▶ Access code: PCTEL



401(k) Retirement Savings Plan

PCTEL's 401(k) Retirement Savings Plan allows employees to save for retirement through convenient payroll deductions.

You may begin participating under the plan once you have satisfied the eligibility requirements and reached your Entry Date.

The plan, administered by Empower, is designed with the following features:

- ▶ You can defer up to an annual maximum of the lesser of 50% of your eligible compensation or the annual IRS deferral limit of \$23,000 for regular contributions and \$7,500 for catch-up contributions (for those age 50 and over).
- ▶ PCTEL will match 100% of the first 4% of your contributions.
- ▶ Employees are immediately vested in 100% of the company match.

You Choose When to Pay Taxes

Making contributions to the 401(k) plan offers tax benefits. The type of contributions you make—pre-tax, Roth (after-tax) or a combination of the two—will determine when you pay taxes on your contributions. You can:

Pre-Tax Deferrals

If you make pre-tax contributions to the 401(k) Plan, you will lower your taxes today.

The money you contribute, and any earnings will not be subject to income taxes until you withdraw it, likely in retirement.

Roth Deferrals

If you make Roth contributions to the 401(k) Plan, you will pay income taxes on the contributions today.

You can withdraw your contributions and any earnings tax-free once you have had the account for at least five years and have reached age 59½.



Resources/Contact Information

Benefit	Provider	Phone	Website/Email	Group/Policy #
401(k) Retirement Savings	Empower Retirement	855.756.4738	www.participant.empower-retirement.com/participant/#/login	PCTEL
Basic Life, STD, LTD, Vol. Life and AD&D	Lincoln Financial	800.423.2765	www.lfg.com	10256676 10256678 10256677 400001000-25574 403007494
Benefit Enrollment	BenSelect	Contact HR	https://metlife.benselect.com/PCTEL	
Business Travel Accident	Chubb	Inside U.S.: 800.243.6124 Outside U.S. (call collect) 202.659.7803	www.acetravelassistance.com First-Time User Info Group ID: aceah Activation code: security	Plan # 01AH585 Policy # 9906-26-44
Critical Illness Accident Hospital Indemnity	Lincoln Financial			
Dental	MetLife	800.ASK.4MET (800.275.4638)	www.metlife.com/mybenefits	5398059
Employee Assistance Program (EAP)	Workplace Solutions	877.215.6614	www.wseap.com	PCTEL
Financial Wellness	SoFi	833.277.7634	www.sofi.com/pctel	PCTEL
Flexible Spending Accounts (FSA)	ADP WageWorks	877.924.3967	www.wageworks.com	PCTEL
Health Savings Account (HSA)	First American Bank	866.449.1150	www.firstambank.com	PCTEL
Human Resources	Leticia Garcia	630.339.2121	leticia.garcia@pctel.com	
Identify Theft	LifeLock	800.416.0599	www.lifelock.com	N/A
Medical	BlueCross BlueShield	HMO: 800.892.2803 PPO/HSA: 800.548.1687	www.bcbsil.com	HMO: B37881 PPO: 283923 HSA: 283924
Pet Insurance	Nationwide Pet Protection Ins.	877.738.7874	www.petinsurance.com/pctel	PCTEL
Prescription Retail Prescription Mail Order Prescription Specialty	Prime Therapeutics Express Scripts Accredo	800.423.1973 833.715.0942 833.721.1619	www.bcbsil.com www.esrx.com/bcbsil www.accredo.com/bcbsil	Same as medical
Vision	EyeMed Network: Insight	866.800.5457	www.eyemed.com	1019216

Insurance Terms You Should Know

Insurance can be confusing. Understanding these common insurance terms will help you make the most of your benefits.

BALANCE BILLING



This is a bill out-of-network providers can you send you for a portion of the bill insurance does not cover.

FORMULARY



The list of medications covered under your health plan; they typically have different tiers, such as generic and brand name.

COINSURANCE



This is a percentage of what you will pay for covered services after you reach any applicable deductible or copays. Typically, your percentage is lower than the plan's.

NETWORK



A group of doctors and facilities contracted with the plan at negotiated rates.

COPAY



This is a set fee you pay for certain services and expenses, such as doctor visits and prescriptions.

OUT-OF-POCKET MAXIMUM



This is the most you'll pay for eligible healthcare services during the plan year.

DEDUCTIBLE



This is the amount you pay out of your pocket before the plan begins to help pay for covered expenses.

PREAUTHORIZATION



Is a process giving the insurance company a chance to review needed services and/or medication and determine if it will be covered.

EXPLANATION OF BENEFITS (EOB)



This is not a bill; it is a document sent by the insurance company to list the services you receive and what the insurance plan will cover.

PREMIUM



This is the cost you must pay to be covered by the plan.



This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.