Insys

U.S. Benefits Guide

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Welcome

We understand that you work hard every day to bring a world of solutions to our customers. The exceptional growth Ansys has experienced is a direct reflection of your skilled work and dedication. In turn, we work to bring you competitive benefit programs, focusing on those that provide the most value.



QUESTIONS

If you have any questions, please refer to the **contact list on page 45** of this Guide.

You can also contact Ansys Employee Benefit Services at **1-877-267-9705** or **AnsysBenefits@AssuredPartners.com** Our goal is to continue to enhance the programs and services Ansys provides so that together we can truly make Ansys the Company of Choice in the industries we serve. Improving the health and well-being of Ansys employees through education and activities that support healthy lifestyles; resulting in improved employee productivity, morale, and health care cost savings. Our programs will:

- Attract, retain, and develop the highest caliber of talent
- Be market competitive
- Build our ONE Ansys brand
- · Invest in our employees' well-being
- Embrace diversity, equity, inclusion, and belonging

This guide includes important information about your benefits. As you consider your benefit choices, take the time to consider which benefits fit your lifestyle and current needs.

Our objective is to continue offering quality choices while also helping you become an educated consumer of your benefits. We offer benefits, such as a wellness program to help you get and stay healthy. In addition, we provide ways to save for the future through the 401(k) Plan and a health savings account. These plans can help you take control of your health care spending.

We encourage you to take the time before you enroll to learn more about all of your benefit options by reviewing this Guide. You can find additional information online at the **U.S. Benefits Resource Center** on ARC.

Sincerely,

Cathy Coote VP Total Rewards



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Eligibility

All employees who are scheduled to work at least 30 hours per week are eligible for benefits as described in this enrollment guide. If you are an eligible employee, the following dependents are also eligible for benefits enrollment:

- Your child(ren) up to age 26
- Your disabled, unmarried child(ren) over the age of 26
- Your spouse/domestic partner

NOTE: Co-ops and Interns are eligible for Medical Insurance only. Co-ops and Interns are not eligible to make contributions to the 401(k) Retirement Plan, however, Ansys will honor these assignments as time worked towards vesting.

Qualifying Life Event

After you enroll, you cannot make changes to your benefits before the next enrollment period, unless you experience a qualifying life event. These include:

- Marriage, establishment of domestic partnership, divorce, termination of domestic partnership or legal separation
- Birth, adoption or legal guardianship of a child
- Death of a covered dependent
- A change in your or your dependents' employment status that results in a gain or loss of benefits, including an unpaid leave of absence for you or your spouse
- A change in dependents' eligibility for benefits

Need to make a change to your benefits due to a Qualifying Life Event? Access the Benefits Enrollment App on the **Ansys My Apps** page to submit your change(s) or call Ansys Employee Benefit Services at **1-877-267-9705**.

WHEN DO MY BENEFITS BEGIN AND END?

The date your benefits become effective depends on your type of enrollment:

When Benefits Begin		When Benefits End	
New Hire Enrollment	On Date of Hire	Medical, Dental, & Vision	End of the month of termination
Open Enrollment	lan l		
QualifyingThe event date, provided you enroll within 30Life Eventdays of this date.		All Other Benefits	Last day of employment

See the Annual Notices section for a summary of basic federal notice and disclosure compliance requirements that apply to group health plans.

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Medical Plans

	Highmark BCBS HDHP/HSA Highmark BCBS Core		Highmark B	CBS Buy-Up		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Spending Account Eligibility		gs Account & Health Care FSA	Health	Care FSA	Health (Care FSA
Ansys Contribution to Your HSA (Individual / Family)	(Employer HSA co	1,500*** ontributions will be 24 pay periods)****	N/A		N/A	
Annual Deductible (Individual / Family)	\$2,000 / \$4,000	\$4,000 / \$8,000	\$750 / \$1,500	\$1,000 / \$2,000	\$250 / \$500	\$500 / \$1,000
Annual Coinsurance Maximum (Individual / Family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Annual Out-of-Pocket Maximum† (Individual / Family)	\$3,000 / \$6,000	N/A	\$5,000 / \$10,000	N/A	\$5,000 / \$10,000	N/A
Preventive Care (Including routine adult, well- woman and pediatric)	Plan pays 100%, no deductible	Varies	Plan pays 100%, no deductible	Deductible, then plan pays 60%**	Plan pays 100%, no deductible	Deductible, then plan pays 60%**
Office Visit (Primary / Specialist)	Deductible, then plan pays 80%*	Deductible, then plan pays 60%*	Plan pays 100% after \$30 / \$50 copay	Deductible, then plan pays 60%*	Plan pays 100% after \$20 / \$40 copay	Deductible, then plan pays 60%*
Urgent Care	Deductible, then plan pays 80%*	Deductible, then plan pays 60%*	Plan pays 100% after \$50 copay	Deductible, then plan pays 60%*	Plan pays 100% after \$40 copay	Deductible, then plan pays 60%*
Virtual Doctors' Visits	\$49 applied to deductible, then plan pays 80%*	N/A	Plan pays 100% after \$5 copay	N/A	Plan pays 100% after \$5 copay	N/A
Hospital / Surgical Expenses (Including maternity)	Deductible, then plan pays 80%*	Deductible, then plan pays 60%*	Deductible, then plan pays 80%*	Deductible, then plan pays 60%*	Deductible, then plan pays 80%*	Deductible, then plan pays 60%*
Emergency Room Visit		deductible, pays 80%*		after \$250 copay admitted)		after \$250 copay admitted)
Ambulance	Deductible, the	n plan pays 80%*	Deductible, the	n plan pays 80%*	Deductible, the	n plan pays 80%*
Diagnostic X-ray / Lab Tests	Deductible, then plan pays 80%*	Deductible, then plan pays 60%*	Deductible, then plan pays 80%*	Deductible, then plan pays 60%*	Deductible, then plan pays 80%*	Deductible, then plan pays 60%*

† Includes deductible, coinsurance, copays, prescription drug cost sharing and other qualified medical expenses, in-network only.

* After deductible.

** Physical exams are not included in out-of-network preventive care. For comprehensive coverage details, refer to your official plan documents, which are available on the Ansys My Apps page. ***New Hires receive in form of lump sum. New Hires hired between Jan. 1 - Jun. 30 receive \$750 / \$1,500. New Hires hired between Jul. 1 - Dec. 1 receive \$375 / \$750.

****If paid biweekly, you'll receive over 26 pays.

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Medical Plans

Kaiser HMO is available to employees residing in California. If you are eligible to select this plan, it will be made available to you during your online enrollment.

NOTE: This plan does not include coverage for services received out-of-network.

Kaiser HMO			
In-Network Only			
Spending Account Eligibility	Health Care FSA		
Annual Deductible (Individual / Family)	N/A		
Annual Coinsurance Maximum (Individual / Family)	N/A		
Annual Out-of-Pocket Maximum (Individual / Family)	\$1,500 / \$3,000		
Preventive Care (Including routine adult, well- woman and pediatric)	Plan pays 100%		
Office Visit (Primary / Specialist) Plan pays 100% after \$20			
Urgent Care Plan pays 100% after \$20 or			
Telemedicine Plan pays 100%			
Hospital / Surgical Expenses (Including maternity)	Plan pays 100%		
Emergency Room Visit	Plan pays 100% after \$100 copay (waived if admitted)		
Ambulance	Plan pays 100% after \$50 copay		
Diagnostic X-ray / Lab Tests	Plan pays 100% after \$10 – \$50 copay		
Mental Health / Substance Abuse Inpatient Outpatient	Plan pays 100% Plan pays 100% after \$20 copay		







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Health Savings Account

If you enroll in the Highmark BCBS HDHP/HSA Plan, you will be able to pay for eligible expenses with pre-tax dollars* and reduce your Federal taxable income by utilizing a Health Savings Account (HSA).

HSA Funds Remain Yours to Grow

With an HSA, you own the account and all contributions. Unlike FSAs, the entire HSA balance rolls over each year and remains yours even if you change health plans, retire or leave the company.

HSA Triple Tax Advantage



Contributions are tax-free (exempt from federal taxes)



Any interest earned on the account balance is tax-free

3

Withdrawals for qualified health expenses are tax-free

HSA: More Than Just a Savings Account

- Designated to be paired with a qualified High Deductible Health Plan (HDHP), like our Highmark BCBS HDHP/HSA Plan.
- Make tax-free contributions through payroll deductions to save for current and future expenses as defined by the Internal Revenue Service (IRS).
- Your funds never expire and always belong to you even if you retire or leave Ansys.
- After age 65, you can use your HSA much like a 401(k) and withdraw funds for any purpose. Qualified medical expenditures remain tax-free even into retirement.

Deciding How Much To Contribute

Note that the IRS maximum limits are combined maximums; the maximum you can elect is the IRS maximum minus the Ansys contributions. You may change your HSA contribution amount at any time during the year as long as you do not exceed the annual maximum contribution.

	Ansys Annual HSA Contribution Amount**	2023 IRS Maximum Deferral Limits*	Age 55 or Older Annual Catch Up Contribution
Employee Only Coverage	\$750	\$3,850	\$1,000
Employee / Spouse, Employee /Child(ren) / Family Coverage	\$1,500	\$7,750	\$1,000

* Certain states will not consider your HSA contributions to be tax free. Please consult your tax advisor for more information. **New Hires hired between Jan. 1 - Jun. 30 receive \$750 / \$1,500. New Hires hired between Jul. 1 - Dec. 1 receive \$375 / \$750.



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Prescription Drugs (Rx)

When you enroll in an Ansys medical plan, you receive prescription drug coverage at no additional cost. For Highmark BCBS medical plans, prescription drug coverage will be provided directly through Express Scripts (ESI), and you will receive a separate ID card for prescription drug coverage upon enrollment.

Prescription drug coverage is designed to provide prescription drugs at a reduced cost when a network pharmacy is used, and to offer discounted costs for participating in a mail order service for long-term or maintenance medications. The amount you pay depends on whether the prescribed drug is a generic or appears on the administrator's formulary, which is a list of preferred drugs.

GENERIC: These drugs are the most affordable way for you to get quality medications at the lowest out-of-pocket cost. Generic drugs are often just as effective as brand name drugs and meet all the same FDA standards.

PREFERRED (FORMULARY): These are brand name drugs that are on the Preferred Drug List (formulary). You will pay more for these medications than for generic drugs.

NON-PREFERRED (NON-FORMULARY): These are brand name drugs that are not on the Preferred Drug List (formulary). In this category, your out-of-pocket expense will be the highest, though still discounted from full retail.

	Highmark BCBS HDHP/HSA	Highmark BCBS Core	Highmark BCBS Buy-Up	Kaiser HMO
Retail Pharmacy:	Up to a 30-Day Supply	Up to a 30-Day Supply	Up to a 30-Day Supply	Up to a 30-Day Supply
Generic	neric		\$10 copay	\$15 copay
Preferred (Formulary)	80% after deductible	\$40 copay	\$40 copay	\$35 copay
Non-Preferred (Non- Formulary)		\$65 copay	\$65 copay	Not covered
Mail Order Service:	Up to a 90-Day Supply	Up to a 90-Day Supply	Up to a 90-Day Supply	Up to a 100-Day Supply
Generic		\$20 copay	\$20 copay	\$30 copay
Preferred (Formulary)	80% after deductible	\$80 copay	\$80 copay	\$70 copay
Non-Preferred (Non- Formulary)		\$130 copay	\$130 copay	Not covered

* The HDHP/HSA plan does not offer any first dollar coverage. The deductible must be satisfied in full before coinsurance will apply on the High Deductible Plan for prescription drug coverage.
** The networks and mail order services vary between the plans administered by Express Scripts (ESI) and Kaiser. For comprehensive coverage details, refer to your official plan documents.





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Prescription Drugs (Rx)

The Ansys prescription plans include various programs to help keep prescription drug costs low and ensure members get the right therapies in the appropriate care settings.

Mandatory Generics

The prescription drug program requires the use of generic medications when they are available, EXCEPT when your physician indicates "Dispense as Written." You may be responsible for the cost difference between the name brand drug and a generic when the generic is available. Please remember to always ask for a generic substitute from your doctor or pharmacist.

Express Scripts Online

You can manage your prescription plan anytime by creating an account on **express-scripts.com** or using the Express Scripts mobile app. Once an account is created, you can check order status, refill and renew prescriptions, view and print member ID cards, and much more.

Keenan Pharmacy Care Management Program

The Keenan Pharmacy Care Management Program (KPCM), powered by US-Rx Care, is an innovative program which analyzes your prescription drugs and communicates with your doctor on quality of care and cost-saving opportunities. At times, KPCM may call you to discuss pharmacy care options. These calls and your prompt reply will provide opportunities for you to save money while receiving the best prescription drugs for your care.

Smart90 Program

As part of your plan managed by Express Scripts, you can get a three-month supply of long-term medicines through home delivery from the Express Scripts PharmacySM or from a participating 90-day retail pharmacy. Getting a single three-month supply through home delivery saves you money over three one-month supplies. Plus, you'll make fewer trips to the pharmacy and you'll be less likely to miss a dose since you won't have to refill as often.

In-Network Pharmacies

Express Scripts includes a large network of pharmacies nationwide, including CVS, Rite Aid, and Walgreens. Visit **express-scripts.com** to check for the specific pharmacies for your prescription plan. For questions about your coverage, please call the phone number printed on your member ID card.



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People Like You



Allison is a 32-year-old Ansys employee living in California, married with an eight-year-old son and a baby on the way. She and her husband are relatively healthy and take care of themselves by eating well, staying active, and receiving preventive care annually. Other than expected delivery costs for the new baby and a Generic prescription drug for Blood Pressure medicine for Allison's husband, the family has no ongoing health concerns, although with a child they want to be prepared for a few sick visits to the Pediatrician and an Urgent Care visit throughout the year! They are considering what their potential costs may be under each plan option:

	Highmark BCBS HDHP/HSA	Highmark BCBS Core*	Highmark BCBS Buy-Up*	Kaiser HMO
Annual Employee Premium Contribution (Family Coverage)	\$3,497	\$5,481	\$8,384	\$6,508
Office Visits (PCP) 2 visits estimated at \$100/visit***	\$200 (applied to deductible)	\$60 (\$30 copay / visit)	\$40 (\$20 copay / visit)	\$40 (\$20 copay / visit)
Office Visits (Specialists) 3 visits estimated at \$150/visit***	\$450 (applied to deductible)	\$150 (\$50 copay / visit)	\$120 (\$40 copay / visit)	\$60 (\$20 copay / visit)
Preventive Care Covered at 100%	\$0	\$0	\$0	\$0
Urgent Care Visit 1 visit estimated at \$150/visit***	\$150 (applied to deductible)	\$50 copay (\$50 copay / visit)	\$40 copay (\$40 copay / visit)	\$20 copay (\$20 copay / visit)
Generic Medication 12 scripts estimated at \$90/script***	\$1,080 (applied to deductible)	\$120 (\$10 copay / script)	\$120 (\$10 copay / script)	\$180 (\$15 copay / script)
Hospital Stay Estimated at \$8,000*** Deductible Applied Coinsurance Applied	Remaining deductible applied of \$2,120 \$1,176 coinsurance applied (\$8,000 - \$2,120 x 20%)	\$1,500 deductible met \$1,300 coinsurance applied (\$8,000 - \$1,500 x 20%)	\$500 deductible met \$1,500 coinsurance applied (\$8,000 - \$500 x 20%)	No Cost Plan Pays 100%
Expenses Paid Towards Deductible	\$4,000	\$1,500	\$500	N/A
Expenses Paid Towards Coinsurance Maximum	\$1,176	\$1,300	\$1,500	N/A
Copay Total	N/A	\$380	\$320	\$300
Expenses Paid Towards Out-of-Pocket Maximum**	\$5,176	\$3,180	\$2,320	\$300
Total Employee Cost (Deductible + Coinsurance + Copays + Premium Contributions)	\$8,673	\$8,661	\$10,704	\$6,808
Health Savings Account (Ansys HSA Contribution)	\$1,500	N/A	N/A	N/A
Annual Employee Cost (less Ansys HSA Contribution)	\$7,173	\$8,661	\$10,704	\$6,808

*For the Core and Buy-Up plans, copays do not apply towards the deductible

**Out-of-pocket maximum is a total of deductible, coinsurance, and copay expenses

*** Estimated costs are provided as examples only of in-network benefits; costs are not specific to your geographic area or health plan discounted charges



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Greg is a single 40-year-old employee who lives in Pennsylvania with a variety of health problems. He has high cholesterol, high blood pressure, and is overweight, increasing his likelihood of developing Type II Diabetes – he is already considered pre-diabetic and has been urged to adjust his lifestyle to prevent the onset of Diabetes. Unfortunately, Greg suffers a heart attack one day in July and is rushed to the Emergency Room in an ambulance. He is admitted to the hospital for care and released after five days. Greg now must follow up with a Cardiologist every 4 weeks. He is considering what his potential costs may be under each plan option:

	Highmark BCBS HDHP/HSA	Highmark BCBS Core*	Highmark BCBS Buy-Up*
Annual Employee Premium Contribution (Employee Only Coverage)	\$1,135	\$1,518	\$2,615
Office Visits (PCP) 2 visits estimated at \$100/visit***	\$200 (applied to deductible)	\$60 (\$30 copay/visit)	\$40 (\$20 copay/visit)
Office Visits (Specialists) 3 visits estimated at \$150/visit***	\$450 (applied to deductible)	\$150 (\$50 copay/visit)	\$120 (\$40 copay/visit)
Preventive Care Covered at 100%	\$0	\$0	\$0
Ambulance Estimated at \$1,500/ride*** Deductible Applied Coinsurance Applied	Remaining deductible applied of \$1,350 \$30 coinsurance applied (\$1,500 - \$1,350 x 20%)	\$750 deductible met \$150 coinsurance applied (\$1,500 - \$750 x 20%)	\$250 deductible met \$250 coinsurance applied (\$1,500 - \$250 x 20%)
Generic Medication 12 scripts estimated at \$90/script***	\$216 coinsurance applied (\$90 x 12 scripts x 20%)	\$120 (\$10 copay/script)	\$120 (\$10 copay/script)
Hospital Stay Estimated at \$21,500*** Deductible Applied Coinsurance Applied	Deductible has been met Remaining coinsurance applied of \$754 (Both coinsurance maximum & out-of-pocket maximum have been met)	Deductible has been met Remaining coinsurance applied of \$2,850 (Coinsurance maximum has been met)	Deductible has been met Remaining coinsurance applied of \$ \$1,750 (Coinsurance maximum has been met)
Expenses Paid Towards Deductible	\$2,000	\$750	\$250
Expenses Paid Towards Coinsurance Maximum	\$1,000	\$3,000	\$2,000
Copay Total	N/A	\$330	\$280
Expenses Paid Towards Out-of-Pocket Maximum**	\$3,000	\$4,080	\$2,530
Total Employee Cost (Deductible + Coinsurance + Copays + Premium Contributions)	\$4,135	\$5,598	\$5,145
Health Savings Account (Ansys HSA Contribution)	\$750	N/A	N/A
Annual Employee Cost (less Ansys HSA Contribution)	\$3,385	\$5,598	\$5,145

*For the Core and Buy-Up plans, copays do not apply towards the deductible

**Out-of-pocket maximum is a total of deductible, coinsurance, and copay expenses

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People Like You



Chris lives in Illinois with his wife. He and his wife are healthy and rarely go to the doctor. His wife, however, is on a costly brand medication for treatment of her chronic migraines. They are considering what their potential costs may be under each plan option:

	Highmark BCBS HDHP/HSA	Highmark BCBS Core*	Highmark BCBS Buy-Up*
Annual Employee Premium (Employee + Spouse Coverage)	\$3,045	\$4,584	\$7,425
Office Visits (PCP) 2 visits estimated at \$100/visit***	\$200 (applied to deductible)	\$60 (\$30 copay/visit)	\$40 (\$20 copay/visit)
Office Visits (Specialists) 3 visits estimated at \$150/visit***	\$450 (applied to deductible)	\$150 (\$50 copay/visit)	\$120 (\$40 copay/visit)
Preventive Care Covered at 100%	\$0	\$0	\$0
Urgent Care Visit 1 visit estimated at \$150/visit***	\$150 (applied to deductible)	\$50 copay (\$50 copay/visit)	\$40 copay (\$40 copay/visit)
Brand Medication 12 scripts estimated at \$578/script*** Deductible Applied Coinsurance Applied	Remaining deductible applied of \$3,200 \$747 coinsurance applied (\$578 x 12 scripts - \$3,200 x 20%)	\$480 (\$40 copay/script)	\$480 (\$40 copay/script)
Expenses Paid Towards Deductible	\$4,000	\$O	\$0
Expenses Paid Towards Coinsurance Maximum	\$747	\$0	\$0
Copay Total	N/A	\$740	\$680
Expenses Paid Towards Out-of-Pocket Maximum**	\$4,747	\$740	\$680
Total Employee Cost (Deductible + Coinsurance + Copays + Premium Contributions)	\$7,792	\$5,324	\$8,105
Health Savings Account (Ansys HSA Contribution)	\$1,500	N/A	N/A
Annual Employee Cost (less Ansys HSA Contribution)	\$6,292	\$5,324	\$8,105

*For the Core and Buy-Up plans, copays do not apply towards the deductible

**Out-of-pocket maximum is a total of deductible, coinsurance, and copay expenses

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Vacation Volunteer Time Off Paid Sick & Safe Time U.S. Holidays Paid Parental Leave

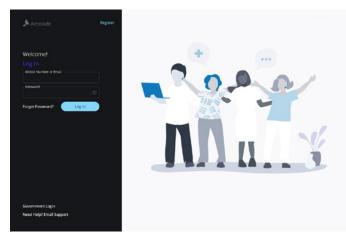
Accolade NEW FOR 2023

A confidential service that helps make navigating your benefits easier and less stressful. Starting **Jan. 1, 2023**, employees and their family members enrolled in any of the Ansys medical plans can connect with an Accolade Health Assistant or nurse to help answer health and benefits questions, big or small – at no cost to employees!

What services does Accolade provide?

- Benefits Guidance: Learn more about the employee benefits that are available to you and your family. You can also log in to your Accolade account and click on a benefit to learn more.
- **Finding Care:** Find a great doctor, specialist or healthcare facility. Accolade can also help you understand your options for care (e.g., PCP, urgent care, emergency room).
- Understand Coverage and Costs: Understand health plan coverage, make sense of a confusing medical bill or estimate out-of-pocket costs for a test or procedure. Accolade can also help you save money on medications.
- Nurse Support: Get connected to a nurse who can help you understand symptoms, learn about a condition or explore treatment options. Accolade can also connect you with clinical programs that are specific to your health conditions and offer enhanced support.
- **Open Enrollment:** During Open Enrollment, or anytime you have a qualifying life event, Accolade can help you understand your options and choose a health plan that is right for you and your family.

To access Accolade, register and log in to your account at **member.accolade.com**.





Ansys

Benefit Basics

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Well-being & Family

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Personal & Income Protection

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Health Tools & Resources

Online health tools available through Highmark BCBS puts health care in your hands.

Care Cost Estimator

Compare prices and quality for different health care providers. You can do side-byside comparisons for quality ratings, convenience, and cost for doctors and hospitals for hundreds of medical services. The cost estimates include all services related to a procedure — like physician fees, supplies, and medications. It uses your own specific coverage to calculate what your out-of-pocket costs might be.

Find a Doctor or Pharmacy

Select health care professionals based on their quality, experience, location and more. It all starts with a simple search. You can also see how others rate their experiences with doctors and medical facilities or share your own experience. Go to your member website at https://www.highmarkbcbs.com/login/#/find-a-doctor and click the Find a Doctor or Pharmacy tab to start your search.

Compare Prescription Costs

Learn how much medications cost and how to save money by using generics. Go to your member website at **express-scripts.com** to search. Or call Express Scripts at 1-866-544-7068





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Ready to Enroll Contact Information Annual Notices

My Care NavigatorSM

Getting your care questions answered and problems solved is as easy as dialing 1-888-BLUE-428 (1-888-258-3428) and waiting for the My Care Navigator prompt. Or visit www.mycarenavigator.com

- Locate a convenient health care provider
- Schedule a prompt appointment
- Transfer your medical records
- Learn about wellness services, such as elder care or special needs care
- Understand your prescription drug coverage
- Learn how to better manage your care costs

Health Tools & Resources

Additional tools and resources available to put health care in your hands.

Worldwide care:

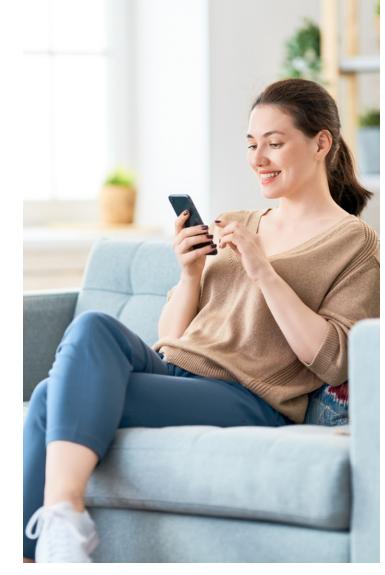
No matter where you travel, count on Highmark BCBS for your critical and urgent care needs. The Global Core program gives you access to a worldwide network of care providers and medical assistance services.

You can access these services by calling **1-800-810-BLUE**. Remember, the "Blue" name on your ID card is recognized around the world — and that's important protection!

TravelConnect:

TravelConnect is a comprehensive program that can bring help, comfort, and reassurance if you face a medical emergency while traveling 100 or more miles from home. Whether traveling for business or leisure, if you are enrolled in Life and/or AD&D insurance, you and your loved ones can count on TravelConnect for responsive and caring support — 24 hours a day, 7 days a week.

For a complete list of TravelConnectSM services, go to **mysearchlightportal.com** and enter your group ID: **LFGTravel123**.



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Healthy Behaviors

Healthy behaviors to follow that can save you time and money.

CHOOSE IN-NETWORK PROVIDERS

Network providers are doctors, hospitals, and other health care professionals that have an agreement with your health plan to accept the amount the plan will pay for covered services. You have the highest level of coverage and pay the least when you go to an in-network provider. The Ansys plans with Highmark utilize the **Community Blue PPO** network.

Out-of-network providers do not have an agreement with your health plan. If you are treated by an out-of-network provider, you are responsible for a larger share of the costs. You may also need to pay any difference between the amount your health plan pays and the provider's charge for the service, and you may have to file your own claims.

TELL YOUR DOCTOR YOUR REASON FOR VISITING

When you call to make an appointment for your annual exam, be sure to tell the office staff and doctor that your appointment is for a routine physical. Please be sure to refer to the Annual Preventive Schedule provided by Highmark BCBS each year to ensure the service you are requesting will be covered at 100%. If at any point during a routine physical there are services obtained that are diagnostic in nature, you may be billed for these services.

GO TO URGENT CARE CENTERS OR USE VIRTUAL HEALTH CARE FOR NON-EMERGENCY CARE

If you have an urgent medical problem that's not an emergency, such as a sprain, nausea, a rash, or a cough, going to your primary care doctor or an urgent care center instead of the emergency room (ER) saves you time and money. If you go to the ER for non-emergency care, you can wait hours for care and end up paying more for care once you get it. * If you believe that you are having a medical emergency and you need immediate treatment, go directly to a hospital emergency room or call 911.

GET BLOOD TESTS AT AN INDEPENDENT LAB

You enjoy the same kind of savings by going to independent labs rather than hospitals. And since labs are dedicated to providing tests that measure blood cell count, glucose and cholesterol levels, and thyroid functions, you get more efficient service.

Ansys

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/ Virtual Health Care

Employees with Highmark BCBS and Kaiser medical coverage have access to Virtual Health Care Visits!

Create An Account

HIGHMARK BCBS

- 1. Visit **amwell.com** and follow the instructions to reaister or download the mobile app.
- 2. Select "Sign Up" or "Join Now."
- 3. Enter your name, address, etc.
- 4. Complete the brief online health history form.
- 5. Enter your health insurance information.

KAISER (CA EMPLOYEES ONLY)

Download the Kaiser Permanente app to your smartphone or tablet or visit kp.org/videovisit and follow the instructions to see if vour computer and browser meet the requirements.

What is a Virtual Health Care Visit?

A"virtual visit" takes place between you or your covered family member and a U.S. Board Certified physician using your cell phone, tablet or computer. Virtual visits can often be provided directly by the providers you are already utilizing. If your current provider is not providing virtual visits, there are physicians available 24 hours a day / 7 days a week through programs with both Highmark BCBS and Kaiser and no appointment is necessary.

What to Expect During Your Visit

Doctors can review your history, answer questions, diagnose, treat, and even prescribe medication. Prescriptions will be sent to your pharmacy of choice.

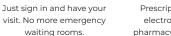
Conditions Treated Include, But Not Limited To:

Cold symptoms

anywhere, at any time.

- Adolescent therapy Strains & sprains
- Sore throats
- Flu symptoms Adult therapy /
- Far infections
 - Coughs
- Sinus problems Allergies





Psychiatry

Prescriptions are sent electronically to the pharmacy of your choice.

DISCLAIMER: Urgent Care Centers and Virtual Health Care Visits may be an appropriate choice when you have a medical need that requires immediate attention but is not life threatening. If you have a serious medical concern, please seek Emergency Care immediately.

days a year.



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Dental Plans

Ansys offers the choice of two dental plan options - both are preferred dentist programs (PDPs) administered by MetLife.

	Low Option	High Option
	In- Network	In- Network
Annual Deductible (Individual / Family)	\$50 / \$100	\$50 / \$100
Annual Benefit Maximum (per person)	\$1,500	\$2,500
Type A – Diagnostic/Preventive Services	Plan pays 100% of negotiated fee, deductible does not apply*	Plan pays 100% of negotiated fee, deductible does not apply*
Type B – Basic Restorative Services	Plan pays 80% of negotiated fee, after deductible*	Plan pays 80% of negotiated fee, after deductible*
Type C – Major Restorative Services	Plan pays 50% of negotiated fee, after deductible*	Plan pays 50% of negotiated fee, after deductible*
ENHANCEMENT FOR 2023 Type D – Orthodontia	Not covered	Plan pays 50% of negotiated fee*, up to a lifetime maximum of \$2,000

* Negotiated fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

FIND A DENTIST



Ensure your dentist is a participating MetLife Network provider by using the online **Find a Dentist** tool and searching with the Organization ID: ANSYS, Inc.

The Benefits of Going "In-Network"

It is important to ensure your provider is participating in the MetLife Network and not just accepting MetLife insurance before obtaining services. The difference is that a participating dentist has agreed to accept negotiated fees as payment in full for covered services.

Negotiated fees typically range from 30–45% below the average fees charged for out-of-network coverage for similar services.



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Vision Plan

Ansys' vision care benefits are provided through VSP. By using network providers, you can receive eye exams, prescription glasses (lenses and frames) or contacts (in lieu of lenses and frames) for a copayment.

	Frequency*	In-Network
Eye Exam	Once every 12 months	Plan pays 100% after \$10 copay for exam and glasses
Frames	Once every 12 months	Copay combined with exam, then plan pays up to \$180 based on frame selected (\$100 at Costco) plus 20% savings for amount over allowance
Lenses Single Vision Bifocal (lined) Trifocal (lined)	Once every 12 months	Copay combined with exam, then plan pays 100%
Lens Enhancements Standard Progressive Premium Progressive Custom Progressive	Once every 12 months	Covered in Full \$95 - \$105 copay \$150 - \$175 copay
Contact Lenses (instead of glasses)	Once every 12 months	Contacts: plan pays up to \$150, no copay Exam and fitting: plan pays up to \$60
ENHANCEMENT FOR 2023 EasyOptions Each member can select one of the following plan upgrades when visiting their VSP network provider	Once every 12 months	Additional \$70 frame allowance or Additional \$100 contact allowance or Progressive lenses covered or Light-reactive lenses covered or Anti-glare coating covered

*Frequency is based on your last date of service with any VSP plan.

In-Network Advantage

You can visit any provider you choose, with the benefit of higher coverage levels if you see a provider that is in the VSP network. The great news is that there's a good chance your doctor is covered! The VSP provider network is the largest in the country, with more than 36,000 doctors to choose from nationwide.

Exclusive Member Extras!

Visit the VSP special offers site to view additional savings available to members including:

- Extra Cash on Featured Frame Brands
- Savings on additional glasses, sunglasses, and lens enhancements
- Discounts on LASIK from facilities, such as TLC Laser Eye Centers and the LASIK Vision Institute





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Health Care Costs

The following charts show your share of the monthly medical, dental, and vision costs. Your share of the premiums for these coverages are deducted from your paycheck on a pre-tax basis. Paying for coverage before taxes are withheld lowers the income on which you pay taxes and saves you money.

A \$75.00 monthly spousal surcharge, not reflected in these costs, will be added to your medical employee contribution deduction in 2023 if your spouse or domestic partner has access to group medical insurance elsewhere, such as through his or her employer. If your spouse or domestic partner is eligible for coverage as an Ansys employee, the spousal coverage surcharge is waived.

Looking for additional benefit costs? Go to the Benefits Enrollment App on the **Ansys My Apps** page for a complete list of both yours and Ansys' 2023 benefit costs.

	Highmark BCBS HDHP/HSA	Highmark BCBS Core	Highmark BCBS Buy-Up	Kaiser HMO
Employee Only	\$94.59	\$126.51	\$217.95	\$169.97
Employee + Spouse	\$253.72	\$381.97	\$618.74	\$289.67
Employee + Child(ren)	\$229.47	\$330.71	\$545.25	\$263.33
Employee + Family	\$291.39	\$456.73	\$698.67	\$542.31

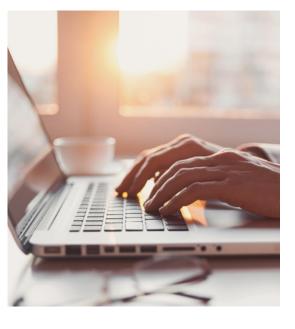
Medical Costs (Per Month)

Dental Costs (Per Month)

	MetLife Low Plan	MetLife High Plan
Employee Only	\$10.09	\$22.81
Employee + Spouse	\$21.31	\$47.47
Employee + Child(ren)	\$25.80	\$57.97
Employee + Family	\$32.53	\$72.12

Vision Costs (Per Month)

	VSP Vision
Employee Only	\$4.83
Employee + Spouse	\$11.68
Employee + Child(ren)	\$11.68
Employee + Family	\$11.68





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Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to reduce your taxable income while setting aside money to pay for eligible expenses.

	Health Care FSA	Limited Purpose Health Care FSA	Dependent Care FSA
Maximum Annual Contribution Limit	\$3,050	\$3,050	\$5,000
Carryover Funds into Next Plan Year	\$610	\$610	N/A
Eligibility	All Employees (except those enrolled in Highmark BCBS HDHP/ HSA medical plan)	Employees enrolled in Highmark BCBS HDHP/HSA medical plan	All employees
Use of Funds	Certain health care expenses for you and your dependents	Dental and Vision expenses only	Care for dependent children under age 13 or disabled/elderly dependents so you can work or look for work

Important Facts

- After you've enrolled, the money you elect for your FSA will be automatically deducted from your paycheck on a pre-tax basis and credited to your FSA over the course of the year.
- If you contribute to both FSAs, you cannot use money from one to pay for eligible expenses from the other account.
- You have until Mar. 31 of the following plan year to submit claims for expenses incurred during the current plan year.
- You can receive reimbursement for these expenses as long as you were an Ansys employee at the time of the expense and contributed to the FSA during the current plan year. You cannot submit expenses incurred after termination unless you extend your coverage through COBRA.





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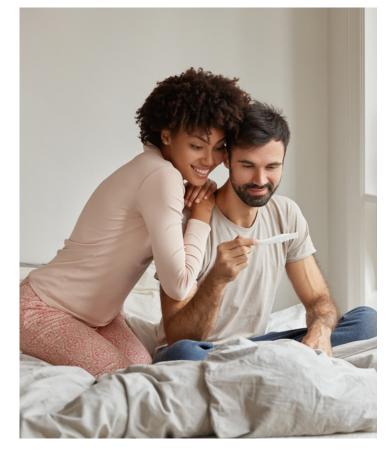
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Fertility Health

Ansys supports our employees through their unique parenthood journeys and lifelong fertility care. Through Carrot, you have access to fertility and family-forming education, pregnancy support, exclusive discounts and expedited appointments at clinics, free consultations at adoption agencies, personalized plans for menopause and low-T, and a dedicated Care Team to help guide your journey and provide peace of mind every step of the way.

Included in your Carrot Benefit:

- \$10,000 Financial Benefit to help you pay for care
- A customized Carrot Plan to guide you through every step of your family forming journey
- One-on-one consultations with navigation experts for guidance and support
- Unlimited, free virtual visits with Carrot's team of family-forming experts
- Access to expert-produced educational resources, including articles and how-to videos
- At-home support through Carrot's Telehealth platform and partners, including discounted access to the Ava bracelet and Legacy
- Carrot Rx®, which offers significant savings on fertility medications, easy ordering, and virtual clinician support any time, day or night
- Lifelong fertility care, including menopause and low-T





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Wellness Coach App

01 /05

Wellness Coach App helps you to be your best self. Wellness Coach App is a holistic wellness platform featuring a diverse team of subject-matter experts to support your overall well-being.



Welcome to Wellness Coach

Your personalized home screen gives you easy access to daily meditations, upcoming live classes, recently watched content, and more.

Enjoy premium access to on-demand and daily, live coaching sessions that include:

- Stress and anxiety support
- · Mental health and resilience with mindfulness
- Sleep support with bedtime stories
- Yoga and desk-friendly stretches
- Fitness including HIIT, cardio, boxing, and more
- Workplace performance
- · Social inclusion and well-being
- Financial wellness
- Music for sleep, productivity, and relaxation
- · Best-selling mindfulness-centric audio books

Visit **Ansys Global Well-being** on ARC to learn more or access the app directly at **www.wellnesscoach.live.**



ENHANCEMENT FOR 2023

As an Ansys employee, you will have access to **4 personal coaching sessions** that you can book throughout the year at no cost to you. Choose an expert coach from a variety of wellness aspects, such as financial wellness, personal fitness training, stress and anxiety support, and more.

Available to you and five additional friends and/or family members age 18+ at no cost to you!

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Highmark BCBS Wellness Programs

Programs to help improve your health from every angle.

Blues On Call[™]

You have access to a 24-hour nurse line. This member service puts you in touch with a nurse who can discuss in confidence any health topic that concerns you. Connect with Blues On Call anytime of the day or night by calling **1-888-BLUE-428** (1-888-258-3428).

Wellness Coaching

Reach out to a health coach for help in managing a healthy lifestyle with access to programs, such as smoking cessation and weight management. Call **1-888-258-3428** to talk to a coach or enroll in a program.

Baby Blueprints®

If you are pregnant, join the no-cost Baby Blueprints maternity education and support program. You'll be able to access online resources and a health coach on all aspects of pregnancy and childbirth. Call toll-free **1-866-918-5267** to enroll.

Disease Management Programs

Get expert help from a nurse when you are faced with the day-to-day challenges of managing chronic conditions, such as asthma and diabetes. Call **1-888-258-3428** for more information and to talk to a nurse.

Sharecare®

Sharecare is your digital health solution to help manage your health in one place. With Sharecare, you'll receive a wealth of personalized guidance to help you live a healthier lifestyle by eating right, exercising, getting the right amount of sleep, reducing stress, and more.

Diabetes Prevention Program (DPP)

Highmark BCBS health coverage includes a choice of two comprehensive, no cost diabetes prevention programs, specially designed to help you make lifestyle changes that can turn your health around. To learn more about these program options and see if you meet the program requirements, log in to your member website at **www.highmarkbcbs.com**.



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Employee Assistance Program (EAP)

Just as medical insurance is designed to address your physical health, the Employee Assistance Program (EAP) supports you and your immediate family emotionally, mentally and financially. Visit **GuidanceResources.com** (Username: LFGsupport, Password: LFGsupport]) or download the **GuidanceNow mobile app**.

EAP Access Includes:

- Up to 5 in-person sessions per person, per issue, per year
- A wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away. You'll find articles and tutorials; videos; interactive tools, including financial calculators, budgeting worksheets and more
- Unlimited phone access to a ComPsych® staff attorney; includes one free 30-minute face-toface consultation per legal issue and 25% discount off published fees for additional services with a network attorney, if needed
- Unlimited telephonic access to a ComPsych® financial expert
- Unlimited telephonic access and online support; includes, but is not limited to, information on child/ elder care, event planning, resources for home improvement and making a major purchase
- Unlimited case counselors for convenience services

GuidanceNow

GuidanceNow provides fast, easy access to your ComPsych Employee Assistance Program and a wide array of health and well-being resources.

BROWSE AND SEARCH RESOURCES

Browse a wealth of informational tools and resources in categories, such as well-being, relationships, work, education, finance and lifestyle.

FIND A PROVIDER

Use one-touch access to speak with an intake clinician and get a referral to a local provider.

ACCESS PROGRAM INFORMATION

Review your company's specific employee assistance program benefit information.





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Pet Benefit Programs

Here at Ansys, we realize that pets are part of our employees' families, too. By enrolling in Pet Benefit Programs, you can protect your pets and your finances.

PETS BEST HEALTH INSURANCE

Pets Best Health Insurance offers reimbursement on accidents and illnesses. You can also choose to add on routine care coverage.

With Pets Best, members enjoy:

- Low Deductibles
- Optional Vet Direct Pay
- No Annual Limit
- Fast Claims Processing and Payment
- Online or App Claims Submission
- Coverage on Accidents, Illnesses, Surgeries, Exam Fees, Cancer and more



PET ASSURE VETERINARY DISCOUNT PLAN

As an alternative or addition to pet insurance, Pet Assure helps pet owners like you save on veterinary care.

Pet Assure members save 25% at participating veterinarians on all inhouse medical services, including:

- Office Visits
- Vaccinations
- Dental Work
- Spay & Neuter
- Surgeries
- Hospitalization
- X-Rays
- Emergency Visits







PETPLUS PRESCRIPTION DISCOUNT PLAN

With PetPlus, you receive members-only pricing on prescriptions and everything else your pet needs.

PetPlus members save up to 50% on:

- Prescription Medications
- Flea & Tick Products
- Vitamins & Supplements
- Heartworm Preventatives
- Treats & Supplies



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Adoption Assistance

The Ansys Adoption Assistance Program provides financial support to assist with the expenses associated with adopting a child.

You can be reimbursed up to \$5,000 for:

- Fees of a private or government adoption agency that is accredited or licensed;
- Placement fees, including professional evaluation through home studies, interviews with prospective adoptive and natural parents, physical exams and private placement fees by a doctor, lawyer or other appropriate professional;
- · Temporary foster care fees, including foster care required immediately before placement of a child in your home;
- Attorney and court fees, including court supervision, termination of natural parental rights, final adoption procedures and birth certificate preparation; and
- Traveling expenses, including costs for meals and lodging.

For more information, please refer to the Adoption Assistance Program Policy on ARC.



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Charitable Giving Program

Ansys believes excellent corporate citizenship requires active participation in the communities in which our employees live and work. We are committed to giving back and serving others in support of our core values.

Our values:

- **Commit to inclusiveness.** We seek to promote diversity, equity, inclusion, and belonging by supporting representation and fostering awareness.
- **Inspire and enable engagement in STEM.** We support engagement in STEM by helping to fund science literacy and spawning the next generation of innovators.
- Accelerate global impact in our communities. We strive to make an impact in our communities by aiding food banks and other nonprofits that support the underserved.

Participation in the Global Charitable Giving Program – be it through volunteer time or financial donations – is fully voluntary for employees.

Our Charitable Giving Program is comprised of:

- Volunteer Time Off ("VTO")
 One VTO day per year to volunteer your time to support a Qualified Charitable Organization.
- Employee Matching Charitable Gift

A match of up to \$50 per year per employee on a gift of cash to a Qualified Charitable Organization.

Corporate Charitable Donations

Ansys may also provide up to a \$25,000 charitable donation to a Qualified Charitable Organization as selected by a committee of Company employees and/or by Ansys employees on a quarterly basis.

For more information, visit Global Charitable Giving Program on ARC.





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/ Critical Illness Insurance

Critical Illness Insurance provides you a lump-sum cash benefit to help cover expenses associated with a qualifying serious illness.

Critical Illness Insurance

Who Pays?	100% Employee Paid
Benefit Amounts	Employee: \$5,000, \$15,000, \$25,000 Spouse/Domestic Partner and Child: 50%
Guarantee Issue	All amounts
Covered Benefits* Full Benefit Cancer, Heart Attack, Stroke, Coronary Artery Bypass Graft, Kidney Failure, Alzheimer's Disease, Major Organ Transplant Benefit	100%
Partial Benefit Cancer, 22 Listed Conditions	25%
Wellness Benefit	\$100 screenings
Recurrent Benefit Rider	The maximum amount that you can receive through your Critical Illness Insurance plan is called the Total Benefit and is 3 times the amount of your Initial Benefit.





CLICK HERE to watch a video on Critical Illness

Make the Most of Your Coverage

You're likely already getting a health screening annually, so why not receive a benefit for doing so? With Critical Illness Insurance, you'll receive \$100 each calendar year you take one of the covered screenings or tests. Visit the U.S. Benefits Resource Center for more information.



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Accident Insurance

Accident Insurance pays you a fixed benefit amount for qualifying common injuries and associated medical treatments and services. Here are just some of the covered events/services.

Accident Insurance

Who Pays?	100% Employee Paid
Ambulance Benefit	Ground: \$400 Air: \$1,250
mergency Care Benefit	\$100 – \$200 depending on location of care
hysician Follow-Up Visit Benefit	\$100
edical Testing Benefit	\$200
oncussion Benefit	\$500
Broken Tooth Benefit	Crown: \$300 Filling: \$50 Extraction: \$150

* This is not a complete listing of covered benefits. Visit the U.S. Benefits Resource Center for a full listing and more details.

Make the most of your coverage

You're likely already getting a health screening annually, so why not receive a benefit for doing so? With Accident Insurance, you'll receive **\$100** each calendar year you take one of the covered screenings or tests. Visit the **U.S. Benefits Resource Center** for more information.





CLICK HERE to watch a video on Accident Insurance



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Hospital Indemnity Insurance

Hospital Indemnity Insurance pays you benefits when you are confined to a hospital or for other medical services.

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Benefit Amounts
Who Pays?	100% Employee Paid		
Admission Benefit	1 time(s) per calendar year	Admission	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$500
		Confinement	\$100
Confinement Benefit	15 days per year ICU Supplemental Confinement will pay an additional benefit for 15 of those days	ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100





CLICK HERE to watch a video on Hospital Indemnity Insurance

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Life and AD&D Insurance

Offering your loved ones financial protection is important. That's why Life and Accidental Death and Dismemberment (AD&D) coverage is so important — to help maintain your family's standard of living and secure plans for college and retirement in the event of your death and/or certain accidents.

	Basic	Voluntary	
Who Pays?	100% Ansys Paid	100% Employee Paid	
Employee Life and AD&D	2x your base annual salary (rounded to the next \$1,000), up to a total of \$300,000	\$10,000 increments, not to exceed the lesser of 5x your base annual salary or \$1,000,000	
Spouse Life	\$2,000	\$5,000 increments, up to a total of \$250,000 and not to exceed 50% of employee coverage	
Spouse AD&D	\$2,000	\$5,000 increments, not to exceed \$500,000	
Dependent Child(ren) Life	\$2,000 for child(ren) over six months of age	\$2,000 increments, up to a total of \$10,000	
Dependent Child(ren) AD&D	\$2,000 for child(ren) over six months of age	\$2,000 increments, up to a total of \$10,000	

Evidence of Insurability

You will need to provide proof of good health, called Evidence of Insurability (EOI), when coverage requests exceed these amounts based on your type of enrollment:

	Open Enrollment	New Hire
Employee	\$10,000	\$350,000
Spouse	\$5,000	\$50,000

Reduction of Benefits

- Age 70: benefits reduce by 35%
- Age 75: benefits reduce by an additional 15%

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Disability Insurance

Disability Insurance replaces a portion of your income if you are out of work due to a non-work related accident or extended illness.

	Short-Term Disability (STD) Insurance	Buy-Up Short-Term Disability (STD) Insurance	Long-Term Disability (LTD) Insurance	Buy-Up Long-Term Disability (LTD) Insurance
Who Pays?	100% Ansys Paid	100% Employee Paid	100% Ansys Paid	100% Employee Paid
When Benefits Are Payable	After a period of 7 calendar days due to injury or sickness	After a period of 7 calendar days due to injury or sickness	After a period of 180 consecutive days due to injury or sickness	After a period of 180 consecutive days due to injury or sickness
Benefit Amount	60% of your weekly earnings, up to a maximum weekly benefit of \$2,500	70% of your weekly earnings, up to a maximum weekly benefit of \$3,000	60% of your monthly covered earnings, up to a maximum monthly benefit of \$10,000	70% of your monthly covered earnings, up to a maximum monthly benefit of \$20,000
When Benefits End	The end of the disability or after 26 weeks, whichever comes first	The end of the disability or after 26 weeks, whichever comes first	Age 65 or Social Security Retirement Age if your first became disabled before age 60; if you become disabled after age 60, a schedule of benefits will apply	Age 65 or Social Security Retirement Age if you first became disabled before age 60; if you become disabled after age 60, a schedule of benefits will apply

Important Facts

- For the first seven days of disability (elimination period), you will need to utilize your Ansys Paid Sick and Safe Time (PSST) program hours to be paid at 100% of your salary. PSST will permit employees to use up to 80 hours of PSST for your own care, to care for eligible family members, etc.
- STD and LTD benefits are reduced by any amounts you receive from other plans, such as Social Security and workers' compensation.
- A preexisting condition may affect the payment of LTD benefits.





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Legal Insurance

With over 70% of Americans having a legal need each year, Legal Insurance gives you and your family access to an attorney for everyday needs.

With the Legal Insurance Plan through Legal Resources, you get comprehensive legal coverage on a broad range of services for an affordable monthly rate. There are no co-pays and the cost of the plan does not change, no matter how often vou use it.

- Affordable assistance for a wide range of legal needs, including will preparation, traffic court, advice and consultation, real estate matters, divorce, billing disputes, and more. Pre-existing legal matters are even covered at a 25% discount.
- The most often needed legal services are covered at 100%. That means you, your spouse, and qualifying dependents pay no attorney fees when using these services.
- Members have access to a network of top-rated, full-service law firms locally, and one of the largest national attorney networks in the country.
- Two plan options to consider (one including additional Identity Theft Benefits) to meet you and your family's needs.

By enrolling in the Legal Insurance Plan, you will have access to a network of experienced attorneys, ready to assist you when needed. Whether you are just starting out, married with kids or getting ready to retire, Legal Insurance can save you money and provide you with peace of mind.





CLICK HERE to watch the Legal Insurance video

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Identity Theft Benefit

Identity theft can impact anyone, anywhere, at any time. This is why it's important that you protect yourself.



CLICK HERE to watch

the Identity Theft video

Identity Theft Protection Plan

With the Identity Theft Protection Plan through **Legal Resources**, you can monitor and control your personal information and have peace of mind in knowing that you're protected with 24/7 fully-managed restoration and up to \$1 million of identity theft insurance in the event of an incident. For a low monthly rate, you receive a variety of services including:

- Monitoring & alert services, such as social security number monitoring, credit report monitoring, bank account number monitoring, medical insurance account monitoring, and more.
- Control services, such as monthly credit report and score frequency, identity risk level, junk mail opt-out, and online data protection tools.
- ID theft resolution services including 24/7 access to certified identity restoration specialists, \$1 million in identity theft insurance, and lost wallet assistance.

By enrolling in Legal Resources' Identity Theft Protection Plan, you will have access to your own personal Identity Protection Dashboard, giving you and your family peace of mind so you can focus on what matters most.

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401(k) Retirement Plan

The ANSYS, Inc. Employees' Retirement Program, administered by **Fidelity**, helps you plan for your financial needs after you retire.

After-tax contribution

An additional option to contribute after-tax dollars to the Plan—you pay income taxes on the contribution this year. Your initial contribution is not taxable when you withdraw the money; however, earnings on your contributions will be subject to income tax at withdrawal. Aftertax contributions are **not** eligible for the employer match but are eligible for the Roth in-plan conversion.

WE HELP YOUR MONEY GROW

Ansys will match **100%** of the first 3% of your contributions, plus 25% on the next 5% of your contributions, up to a maximum match of 4.25%. Employees are immediately eligible for the Ansys company match. Visit the **U.S. Benefits Resource Center** for eligibility rules and additional information.

401(k) contributions are automatically deducted from your paycheck. You have two ways to save for your future:



Traditional 401(k) contributions are deducted before taxes, lowering your current taxable income and deferring the tax payment on both contributions and earnings until you take a distribution (usually after you retire when your tax bracket is lower).



Roth contributions are deducted after taxes, meaning you will not pay any taxes on the earnings in the future.

Important Facts

- New hires will automatically be enrolled, after 30 days of employment, at a contribution rate of 4% of your eligible earnings.
- You can contribute between 1% and 100% of your eligible pay, up to the maximum set annually by the IRS. If you are age 50 or older, you may make separate, additional "catch-up" contributions as determined by the IRS.
- Each year on Jan. 1, Ansys will auto enroll you into the 401K program for 4% if you were not previously enrolled or increase your existing contribution by 1% to not exceed 8% total.
- You are always 100% vested in your own plan contributions and their earnings. Here is the vesting schedule for the Company's matching contributions.

Months Of Employment	Vested Percentage
12	50%
24	100%



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Employee Stock Purchase Plan (ESPP)

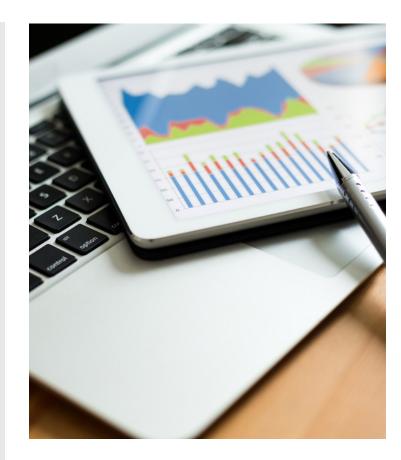
Through the Employee Stock Purchase Plan (ESPP), you can purchase ANSYS, Inc. common stock at a 10% discount using convenient payroll deductions.

How the ESPP works:

- To enroll in the ESPP, you must be employed by the Company for a period of more than three (3) months prior to the start of the offering period.
- When you enroll, you specify the contribution amount to be deducted from your paycheck, based on a whole percentage (1% to 10%) of your eligible earnings.
- Your contributions accumulate during these offering periods:

Feb. 1 – Jul. 31 and Aug. 1 – Jan. 31.

- You may withdraw your balance during the offering period. If you choose to do this you will be refunded your contributions in the next possible payroll. In order to participate in a future offering period, you will have to re-enroll at the appropriate time.
- At the end of an offering period the fair market value (closing price) of the stock on the first day of the offering period is compared to the fair market value (closing price) of the stock on the last day of the offering period. The lower of these two closing prices is discounted by 10% for employee purchase.
- After you have purchased stock through the ESPP, you must retain ownership for a period of one year from the purchase date.



CLICK HERE





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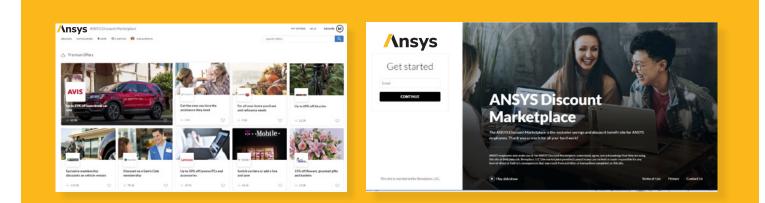
Employee Perks Program

Our Employee Perks Program offers The Marketplace, an on-line site with thousands of discounts on goods and services from a wide range of trusted brands.

Find discounted gym memberships, wireless plans, the latest electronics, and much more. You can search for a specific deal, or browse by category to find and compare products. Bookmark the site and visit often – new deals and seasonal discounts are added regularly. Also check out the "highlighted offers" section for even deeper, limited-time deals.

- The discounts available on the platform help increase the purchasing power of your paychecks.
- A convenient nomination process allows you to influence what discounts the platform features.
- Employee-controlled settings help users personalize the marketplace based on your preferences.
- No matter your location, you can access the platform's products and services.

Visit and sign up for this exclusive benefit at **ansys.savings.beneplace.com**.



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Tuition Reimbursement

Ansys recognizes that increasing your skills and knowledge is a win for the Company as well. That's why Ansys assists employees with enrollment into courses of study that enhance skills related to their present and future roles in the Company.

You can be reimbursed up to \$5,250 per year for:

- Courses and books for approved work-related degrees upon receipt of a grade "C" or better; and;
- Work-related, non-degree courses that are approved by your department head, provided a grade "C" or better is received

For more information, please refer to the Tuition Reimbursement Policy on ARC.



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Vacation

Ansys will provide Full-Time Employees and Reduced Work-Week Employees with an annual, paid period for rest and relaxation. Ansys encourages you to take full advantage of your vacation time allowance.



Vacation days are accrued monthly until you reach your account maximum. Your account maximum is equal to your annual vacation amount, plus five days. Once your account has reached its maximum, vacation days stop accruing, until your account falls below the maximum, i.e., when you use some vacation days.

For state-specific vacation guidelines, please refer to the **Ansys U.S. Employee** Manual on ARC.

The annual vacation allowance for Full-Time Employees and Reduced Work-Week Employees is based upon length of service as follows:

FIRST YEAR EMPLOYEES

In the first year of employment, vacation may be taken as accrued, or it may be borrowed with your manager's approval. Further, vacation will be pro-rated based on the time employed. The formula for pro-rating equals the number of months worked in the calendar year times your accrual rate (see chart).

Years of Service	Annual Vacation/ Personal	Approximate Accrual Rate/Month	Account Maximum
0 – 10 years	18 days	1.5 days	23 days
10+ years	23 days	1.91 days	28 days

*Reduced Work-Week Employees accrue vacation days on a pro-rated basis.

Vacation must be pre-scheduled with and approved by your immediate manager and submitted for approval via the Time & Attendance system.



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Volunteer Time Off

Ansys will provide each employee the ability to take one additional PTO/vacation day per year to volunteer their time to support a Qualified Charitable Organization.



The Volunteer Time Off ("VTO") day will be equivalent to the full-time equivalent day in accordance with local workday definitions. This applies to part-time employees accordingly. Employees must submit their VTO day for approval via the Time & Attendance system.

Share your Volunteer Time Off experience on Yammer using #AnsysCares.

QUALIFIED CHARITABLE ORGANIZATION

Subject to the discretion of the Program Administrator, most U.S. based Internal Revenue Code 501(C)(3) organizations, U.S. public and private schools and U.S. accredited colleges and universities will be considered a qualified charitable organization. Organizations based outside of the U.S. are considered Qualified Charitable Organizations if they are officially recognized and registered as charitable organizations under the relevant local regulations.



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Paid Sick and Safe Time

Ansys provides employees with Paid Sick and Safe Time ("PSST") for absences related to the employee's or their covered relation's illness, injury or health care, or safety time, as described below.

PSST may be used for absences for the following reasons:

- You or your Covered Relation's mental well-being or physical illness, injury, or health condition;
- Preventive care, diagnosis, or treatment for you or your Covered Relation's mental well-being or physical illness, injury, or health condition, including pregnancy, childbirth, pre-natal visits, postpartum care, vision and dental visits, or quarantine;
- Closure of your place of business due to a public health emergency (including exposure to an infectious agent, biological toxin, or hazardous material);
- Closure of the school or childcare provider attended by your child due to a public health emergency;
- Time off to seek legal or social services, counseling, safety planning, relocation, or other support services because you or your Covered Relation is a victim of domestic violence, sexual assault, sexual abuse, or stalking; or
- Other reasons required by a jurisdiction with a mandated paid sick and safe time law.

All U.S. based employees are eligible upon hire and will be advanced eighty (80) hours of PSST on Jan. 1 each year, or at time of hire, to be used during the benefit year.

Unused PSST expires at the end of each year. PSST has no cash value and unused PSST will not be paid out at year end, or at termination, unless required under state or local laws.

PSST must be submitted for approval via the Time & Attendance system.

- If current local or state laws provide greater benefits or protections than those described, employees will be provided the more generous benefit or protection.
- As an exception, employees who work in certain locations have SST laws that will require a carryover of unused advanced PSST. For employees in such locations, they may carry over up to 80 hours of paid sick leave into the following paid sick leave year for a maximum accrual of 160 hours.

Covered Relation means the employee's spouse, domestic partner or equivalent designation, child, parent, sibling, grandparent, grandchild, or any individual related by blood or whose close association with the employee is the equivalent of such relationships, and for any other relationship under an applicable paid sick and safe time law.



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U.S. Holidays

All U.S. employees are eligible for eight (8) paid holidays. Full-time and part-time, regular U.S. employees receive an additional two (2) paid floating holidays per year to use on designated days of their choice, as set forth below.

U.S. PAID HOLIDAYS 2023

- New Year's Day Observed Monday, Jan. 2
- Memorial Day Monday, May 29
- Independence Day Tuesday, Jul. 4
- Labor Day Monday, Sept. 4
- Thanksgiving Day Thursday, Nov. 23
- Day After Thanksgiving Friday, Nov. 24
- Christmas Eve Observed Friday, Dec. 22
- Christmas Day Monday, Dec. 25

Floating Holidays

Employees will be granted two (2) floating holidays on Jan. 1, each year. New employees hired between Jan. 1 and Jun. 30 will be granted two (2) floating holidays upon hire. New employees hired between Jul. 1 and Dec. 31 will receive one (1) floating holiday upon hire.

You may use your floating holiday on your birthday, work anniversary, federal holidays other than the ones already recognized by the company, and religious or cultural holidays of your choice.

Floating Holidays must be submitted for approval via the Time & Attendance system. The request must be scheduled and approved in advance by the your immediate manager.

Unused floating holidays will not be carried over into the next calendar year, and you will not be paid for unused floating holidays when you leave the company.

When a designated holiday falls on a weekend, the following guidelines will apply in most instances:

- If the holiday falls on a Saturday the designated paid holiday will be the Friday before.
- If the holiday falls on a Sunday the designated paid holiday will be the Monday after.

Employees who are required to work on a designated holiday will receive an alternative day off instead of an additional day of pay.

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Paid Parental Leave

Ansys recognizes the importance of assisting employees who become new parents through the birth or adoption of a child. As part of this commitment, Ansys provides Paid Parental Leave (PPL) to eligible employees to give new parents additional flexibility and time to bond with their new child and adjust to their new family environment.

Ansys will provide up to four weeks of Paid Parental Leave to employees following the birth of an employee's child or the placement of a child with an employee in connection with adoption. Paid Parental Leave is equally available to all employees, regardless of gender or caregiver status. Paid Parental Leave may be taken in consecutive weeks or intermittently, but in no less than 1-day increments. HR will assist and provide guidance in recording Paid Parental Leave in the Time & Attendance System.

Eligibility

You must meet the following criteria:

• Be a full- or part-time, regular employee.

For purposes of Paid Parental Leave, an eligible child for whom leave can be taken is:

- Your newborn child; or
- A child who is 17 years old or younger who is placed with you through adoption. (This provision does not apply to the adoption of a stepchild by a stepparent.)

Some employees may work in a location in which they are eligible to receive a state-sponsored paid parental leave that is more generous. The Company will comply with all legal requirements, including providing greater or different benefits than those indicated here.



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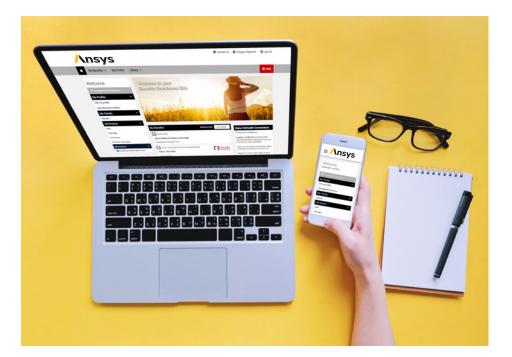
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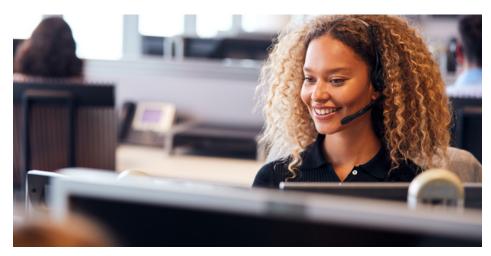
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How To Enroll in Your Benefits:





BENEFITS ENROLLMENT APP

Access the Benefits Enrollment App on the **Ansys My Apps** page on your computer or through your mobile device.

Please note: Accessing the Ansys My Apps portal outside of the office will require you to provide your Ansys credentials.

OR CALL

You can also enroll by calling Ansys Employee Benefit Services at **1-877-267-9705**.

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	Carrier	Visit	Call
Ansys Employee Benefit Services & Enrollment	Ansys	AnsysBenefits@AssuredPartners.com Ansys Benefits Enrollment	1-877-267-9705
Medical	Highmark BCBS Kaiser Permanente	www.highmarkbcbs.com www.kp.org	1-800-241-5704 1-800-464-4000
lealth Savings Account (HSA)	WealthCare Saver	www.highmarkbcbs.com	1-800-241-5704
Prescription Drugs	Express Scripts (ESI)	express-scripts.com	1-866-544-7068
Keenan Pharmacy Clinical Management Program	US-Rx Care	ARC	1-800-241-8440
Accolade	Accolade	member.accolade.com	1-866-417-0237
ravelConnect	Lincoln Financial Group	mysearchlightportal.com/ Group ID: LFGTravel123	1-866-525-1955
Dental	MetLife	www.metlife.com/mybenefits Organization ID: ANSYS, Inc.	1-800-942-0854
/ision	VSP	www.vsp.com	1-800-877-7195
lexible Spending Accounts (FSAs)	Human Resource Administrators	https://myhradministrators.summitfor.me/	1-800-460-0738 1-610-282-4216 (fax)
ertility Health	Carrot	https://app.get-carrot.com/signup	-
Vellness Coach App	Wellness Coach	www.wellnesscoach.live	-
mployee Assistance Program (EAP)	ComPsych	www.guidanceresources.com Username: LFGsupport Password: LFGsupport1	1-888-628-4824
Pet Benefit Programs	Pet Benefit Solutions	www.petbenefits.com/land/AnsysINC	1-800-891-2565
doption Assistance	Ansys	ARC	1-877-267-9705
haritable Giving Program	Ansys	ARC	1-877-267-9705
critical Illness Insurance Accident Insurance Hospital Indemnity Insurance	MetLife	www.metlife.com/mybenefits	1-800-438-6388
ife and AD&D Insurance Basic Life and AD&D Dependent Life and AD&D	Lincoln Financial Group	www.MyLincolnPortal.com	1-800-423-2765
Disability Insurance hort-Term Disability (STD) hort-Term Disability (STD) Buy-Up ong-Term Disability (LTD) ong-Term Disability (LTD) Buy-Up	Lincoln Financial Group	www.MyLincolnPortal.com	1-800-713-7384
egal Insurance dentity Theft Benefit	Legal Resources	www.legalresources.com	1-800-728-5768
401(k)	Fidelity	www.401k.com	1-800-835-5095
mployee Stock Purchase Plan (ESPP)	E*TRADE	www.etrade.com/stockplans	1-800-838-0908
mployee Perks Program	Beneplace	https://ansys.savings.beneplace.com	-
uition Reimbursment	Ansys	ARC	1-877-267-9705
ime Off	Ansys	ARC	1-877-267-9705



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Health Insurance Portability and Accountability Act (HIPAA)

For purposes of the health benefits offered under the Plan, the Plan uses and discloses health information about you and any covered dependents only as needed to administer the Plan. To protect the privacy of health information, access to your health information is limited to such purposes. The health plan options offered under the Plan will comply with the applicable health information privacy requirements of federal Regulations issued by the Department of Health and Human Services. The Plan's privacy policies are described in more detail in the Plan's Notice of Health Information Privacy Practices or Privacy Notice. Plan participants in the Company-sponsored health and welfare benefit plan are reminded that the Company's Notice of Privacy Practices may be obtained by submitting a written request to the Human Resources Department. For any insured health coverage, the insurance issuer is responsible for providing its own Privacy Notice, so you should contact the insurer if you need a copy of the insurer's Privacy Notice.

Newborns' and Mothers' Health Protection Act

Group health plans and health issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Notice Regarding Special Enrollment

If you are waiving enrollment in the Medical plan for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in the Medical plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption, or placement for adoption, or placement for adoption, or placement for adoption.

States with Individual Mandate

Taxpayers in CA, DC, MA, NJ, RI, and VT (this list is neither complete nor exhaustive) are reminded that your state imposes an individual mandate penalty (tax) should you, your spouse, and children choose to not have (and keep) medical/rx coverage for each tax year. Please consult your tax advisor for how a non-election for health coverage may affect your tax situation.

Special Enrollment Rights CHIPRA – Children's Health Insurance Plan

You and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- You or your dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminated because you ceased to be eligible.
- You become eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program).

You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

Genetic Nondiscrimination

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, the Company asks Employees not to provide any genetic information when providing or responding to a request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



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Qualified Medical Child Support Order

OMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is gualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

Notice of Required Coverage Following Mastectomies

In compliance with the Women's Health and Cancer Rights Act of 1998, the plan provides the following benefits to all participants who elect breast reconstruction in connection with a mastectomy, to the extent that the benefits otherwise meet the requirements for coverage under the plan:

- reconstruction of the breast on which the mastectomy has been performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- coverage for prostheses and physical complications of all stages of the mastectomy, including lymphedemas. The benefits shall be provided in a manner determined in consultation with the attending physician and the patient. Plan terms such as deductibles or coinsurance apply to these benefits.

Women's Preventive Health Benefits

The following women's health services are considered preventive. These services generally will be covered at no cost share, when provided in network:

- Well-woman visits (annually and now including prenatal visits)
- Screening for gestational diabetes
- Human papilloma virus (HPV) DNA testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immunodeficiency virus (HIV)
- Screening and counseling for interpersonal and domestic violence
- Breast-feeding support, supplies and counseling
- Generic formulary contraceptives are covered without member cost-share (for example, no copayment). Certain religious organizations or religious employers may be exempt from offering contraceptive services.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

Mental Health Parity and Addiction Equity Act of 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.



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COBRA

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, COBRA qualified beneficiaries (QBs) generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

COBRA coverage is not extended for those terminated for gross misconduct. Upon termination, or other COBRA qualifying event, the former employee and any other QBs will receive COBRA enrollment information.

Qualifying events for employees include voluntary/involuntary termination of employment and the reduction in the number of hours of employment. Qualifying events for spouses or dependent children include those events above, plus, the covered employee becoming entitled to Medicare; divorce or legal separation of the covered employee; death of the covered employee; and the loss of dependent status under the plan rules.

If a QB chooses to continue group benefits under COBRA, they must complete an enrollment form and return it to the Plan Administrator with the appropriate premium due. Upon receipt of premium payment and enrollment form, the coverage will be reinstated. Thereafter, premiums are due on the 1st of the month. If premium payments are not received in a timely manner, Federal law stipulates that your coverage will be canceled after a 30-day grace period. If you have any questions about COBRA or the Plan, please contact the Plan Administrator.

Please note, if the terms of the Plan and any response you receive from the Plan Administrator's representatives conflict, the Plan document will control.

Health Insurance Marketplace

The Patient Protection Affordability Care Act ("PPACA") was signed into law on March 23, 2010. Under PPACA, individuals are required to have creditable health insurance coverage or pay a penalty to the Internal Revenue Service. This is known as the Individual Mandate. For more information on the details of PPACA please visit https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/ affordable-care-act/for-workers-and-families.

PPACA created a new way to buy health insurance which is called the Health Insurance Marketplace ("Marketplace"), also known as Exchanges. These Marketplaces are established by each individual state, the federal government or as a partnership between the state and the federal government. Through the Marketplaces, individuals can compare and purchase coverage (with a possible premium subsidy for those qualifying as low income; subsidies are made available as a federal tax credit through the Marketplace for individuals that are not eligible for coverage through their employer.

If you are enrolled in the Company's medical plan, then PPACA may have little effect on you. The Company's medical plans meet or exceed the minimum coverage requirements set by PPACA. If you are eligible for our plans, you will not be eligible for federal tax credits. You still have the option to visit the Marketplace to see the coverage options available. If you purchase a health plan through the Marketplace instead of purchasing health coverage offered by the Company, you will lose any contribution your employer makes for your health coverage, and your payments for coverage through the Marketplace will be made on an after-tax basis. (See https://www.healthcare.gov/ have-job-based-coverage/).

If you are not eligible to enroll in the Company's medical plan, you may have a few options to purchase medical coverage. These options, if applicable, may include but are not limited to: your spouse's medical plan, your parent's medical insurance plan (if you are under age 26), or from several insurance companies offered though the Marketplace. If you shop for coverage through the Marketplace, you may be eligible for a federal tax credit and/or subsidy if you qualify as low income. (See also: healthcare.gov).

How Can I Get More Information?

For more information about purchasing medical coverage through the Marketplace please visit healthcare.gov or call 800-318-2596.



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