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EXHIBIT A

INFRAMARK HEALTH PLAN SUMMARY FOR ALL AFFILIATES

- Inframark Self-Insured Basic Health Plan administered by Aetna
- Inframark Self-Insured Standard Health Plan administered by Aetna
- Inframark Self-Insured Premium Health Plan administered by Aetna
- Inframark Self-Insured High Deductible Health Plan (“HDHP”) administered by Aetna

EXHIBIT B

INFRAMARK HEALTH PLANS SUMMARY OF BENEFITS AND COVERAGES (“SBCs”)

- SBC for Aetna Self-Insured Basic Health Plan
- SBC for Aetna Self-Insured Standard Health Plan
- SBC for Aetna Self-Insured Premium Health Plan
- SBC for Aetna High Deductible Health Plan

EXHIBIT C

ELIGIBLE HEALTHCARE REIMBURSEMENT EXPENSES

FULL FSA

The following list identifies some of the common health-related expenses that the Internal Revenue Service considers to be deductible expenses. These expenses are eligible for reimbursement through your Full FSA provided that you have not been reimbursed for them through any other insured or self-insured healthcare program maintained by Inframark or the employer of any spouse or dependents. You may only receive reimbursement for healthcare expenses which are deductible under the Internal Revenue Code.

Allowable Health Care Reimbursement Account expenses include:

Abortion, legal	Laboratory
Acupuncture	Laser Eye Surgery
Alcoholism treatment	
Ambulance Hire	Mentally retarded, special home for
Birth Control Pills	Nurses' expenses and board
Braces	Nursing Care
Braille books and magazines (to prices exceed prices for regular books and magazines)	Nursing home (if for medical reasons)
Car (special medical equipment)	Operations and related treatments
Contact lenses	Oxygen equipment
Diathermy	Prescribed drugs and medicine
Drugs and medical supplies	
	Rental of medical equipment
Examination, physical	Sanitarium
Eye examination	Special schooling for physically or mentally handicapped family member
Eyeglasses	Support or corrective devices (such as orthopedic shoes)
Food and beverages (special, if prescribed for specific ailments)	Telephone for the deaf
Guide dog and its upkeep	Television equipment which displays the audio part of TV programs for the deaf
Hearing aids and batteries	
Insulin	Wheel Chair
	X-ray

Fees to doctors, hospitals, etc. for:

Anesthesiologist
Chiropractor
Christian Science practitioners
Clinic
Dentist
Dermatologist
Gynecologist
Midwife
Neurologist
Obstetrician
Ophthalmologist
Osteopath, licensed
Podiatrist
Practical Nurse
Psychiatrist
Psychoanalyst (medical care only)
Psychologist (medical care only)
Surgeon

Over-the-Counter Drugs, such as:

Insulin
With a Prescription

Non-Eligible Medical Expenses are:

Cosmetic Surgery

LIMITED FSA

Dental Expenses

Vision Expenses

HSA

Most of the above healthcare expenses are eligible for reimbursement under your HSA. However, all reimbursements should generally be confirmed with your personal tax advisor.

EXHIBIT D

HEALTH SAVINGS ACCOUNT (“HSA”) CONTRIBUTION LIMITATIONS

2018 IRS Limits		
Plan	Single Plan	Family Plan
Maximum Contribution Limit - HSA	\$3,450	\$6,900
Catch-Up Contribution (55+) - HSA	\$1,000	\$1,000
Minimum Deductible – HDHP	\$1,350	\$2,700
Maximum Out-of-Pocket – HDHP	\$6,650	\$13,300

2019 IRS Limits		
Plan	Single Plan	Family Plan
Maximum Contribution Limit –HSA	\$3,500	\$7,000
Catch-Up Contribution (55+) – HSA	\$1,000	\$1,000
Minimum Deductible – HDHP	\$1,350	\$2,700
Maximum Out-of-Pocket – HDHP	\$6,750	\$13,500

Status

Inframark Contributions

Individual:	\$500 annual contribution made on the first day of each Plan Year or when an HSA is established during any Plan Year.
Family:	\$1,000 annual contribution made on the first day of each Plan Year or when an HSA is established during any Plan Year.

If you do not spend all of the contributions made to your HSA on an annual basis, funds **remain in your HSA** from year to year and are **not lost** under the “use it or lose it” rules that apply to the Full or Limited FSAs.

Please Note:

- Your employee HSA contributions are determined on a calendar year basis.
- The maximum amount you may contribute to your HSA is reduced by any Inframark or Affiliate HSA contributions.

EXHIBIT E

QUALIFYING DEPENDENT CARE EXPENSES

Under the Plan you will be reimbursed only for dependent care expenses meeting **all** of the following conditions:

1. The expenses are incurred for services rendered by a child care center, a family day care provider, babysitters or nursery schools for a qualifying individual, and are incurred after the date of your Election and Salary Reduction Form and during the calendar year to which it applies.
2. Each “qualified individual” for whom you incur the expenses is:
 - a. A dependent under age **13** whom you are entitled to claim as a dependent on your Federal income tax return, **or**
 - b. A spouse or other tax dependent who is physically or mentally incapable of caring for himself or herself.
3. The expenses are incurred for the care of one or more “qualifying individuals” described above and are incurred to enable you to be gainfully employed.
4. If the expenses are incurred for services provided by a child care center (i.e., a facility that provides care for more than **6** individuals not residing at the facility), the center complies with all applicable state and local laws and regulations.
5. The expenses are not paid or payable **to** a child or yours who is under age **19** at the end of the year in which the expenses are incurred.
6. The expenses are not paid or payable **to** an individual for whom you or your spouse is entitled to a personal tax exemption as a dependent, such as a parent.
7. The reimbursement (when aggregated with all other reimbursements received by you under the Flex Plan during the same year) may not exceed the lesser of the following limits:
 - a. **\$5,000/\$2,500** if married and filing a separate return;
 - b. Your Earned Income;
 - c. If you are married, your spouse's actual or deemed Earned Income.

For purposes of the above rules, your spouse will be deemed to have Earned Income of **\$250 (\$500** if you have two or more dependents), for each month in which your spouse is (i) physically or mentally incapable of caring for himself or herself, or (ii) a full-time student at an education institution.

EXHIBIT F

EMPLOYEE ASSISTANCE PLAN (“EAP”)

The EAP Plan is provided with Health Advocate at **no cost** to all employees, regardless of the hours any employee is regularly scheduled to work.

The EAP is a company-paid benefit available to you and anyone in your household. You and your dependents are automatically enrolled in this completely confidential, professional employee support resource. The EAP is designed to help you, your family and household members with a variety of life issues, and help management maintain a productive work environment.

You have access to support **24** hours a day, **7** days a week, **365** days a year. Health Advocate, which provides EAP services, has an extensive network of staff, affiliated clinicians, wellness and financial management professionals available to help you.

Some issues the EAP can help with include:

- Day care
- Elder care
- Legal concerns
- Substance abuse
- Family/relationships
- Self-esteem
- Occupational performance
- Smoking Cessation Assistance

EXHIBIT G

GTLI SUMMARY

All full-time employees receive this benefit commencing on their first day of employment.

Inframark pays **100%** of the cost for basic life and AD&D coverage.

Basic life insurance and AD&D coverage is provided to employees who are regularly scheduled to work **30** or more hours per week. These coverages are provided through Prudential.

Basic life insurance coverage is equal to **1** times salary, with a maximum benefit of **\$200,000**.

All coverage in excess of **\$50,000** is **imputed into income** under Section 79 of the Code.

EXHIBIT H

VOLUNTARY DEPENDENT LIFE BENEFITS

Spouse/Domestic Partner Benefit

Supplemental Life Insurance coverage for your spouse/domestic partner may be purchased in increments of **\$20,000, \$30,000, \$40,000** or a maximum of **\$50,000**. The Guaranteed Issue amount for spouse coverage is **\$20,000**.

Dependent Child(ren) Benefit

You may purchase Supplemental Life Insurance for your dependent child(ren) in increments of **\$2,500, \$5,000** or **\$10,000**. Dependent children may be covered up to age **26**. If you are covering a child who is not otherwise enrolled in Inframark health benefits, it is your responsibility to notify us if your child(ren) no longer meets these requirements and the coverage should be dropped. Deductions will not be reimbursed for ineligible dependents. In the event of a claim, you will be required to provide proof of eligibility. If you are unable to provide this documentation, your claim will be denied and your payroll deductions for coverage will not be reimbursed.

EXHIBIT I

AD&D SUMMARY

This Plan is available to all full-time and part-time employees working a minimum of **30** hours per week commencing on their first day of employment at **no cost** to you.

Inframark provides eligible employees with a Basic AD&D Benefit. Similar to your Basic Life Insurance, this benefit equals **1** times your base annual earnings up to a maximum of **\$200,000**.

EXHIBIT J

SHORT-TERM DISABILITY BENEFITS

Inframark provides a self-insured STD benefit, with benefits based upon years of service at **no cost** to you.

Short-term disability coverage is provided if an individual is out of work for **14** days as a result of an illness or injury, and such illness lasts for a period of **90** days (i.e., **90** day waiting period). Please note the **90** day waiting period includes the **14** day period of illness. Employees receive **65%** or **80%** of their monthly earnings, depending upon their years of service at the time of the disability. Short-term disability is provided up to **90** days, or until an individual returns to work, whichever is earlier. The schedule is as follows:

Less than 5 Years:	65%
5 Years or more:	80%

EXHIBIT K

LTD SUMMARY

This Plan is automatically available to all full-time and part-time employees working a minimum of **30** hours per week commencing on their **first day** of employment.

Inframark LTD Plan is maintained with Prudential. Benefits commence after **3** months of disability. The maximum benefit is **\$10,000** per month with offsets for other coverages.

Inframark pays the full cost of premiums for your LTD coverage. Under IRS rules, you must pay income taxes either on the value of the premiums paid to the insurance company today or on the value of actual benefit payments received in the future. **You can choose to either:**

- Pay no taxes now on the value of your LTD coverage; then pay taxes only if you collect an LTD benefit in the future (this is how we tax your coverage unless you tell us otherwise); or
- Pay taxes now on the value of LTD premiums paid by Inframark. If you elect this option, additional taxes will be withheld from each pay check to cover the expected tax on the value of coverage. You would then pay no taxes if you collect an LTD benefit in the future. (You can keep more of your benefit if you are disabled.) If **no election** is made this is the **default** election under the Plan.

**TAXATION OF LTD BENEFITS
SUMMARY AND EXAMPLE**

LTD premium payments may be paid in a number of taxable and non-taxable methods. For example, Inframark provides LTD coverage equal to **60%** of your base salary. The following rules apply for Inframark employees in 2019:

- Assume an individual is earning **\$50,000** and the individual's LTD premium is **\$700**.
- The LTD benefit is **\$3,000** per month (**\$50,000 x 60%**).
- If you elect the "**Tax Me Now**" approach, the **\$700** premium is included in your income, and a future **\$3,000** per month LTD benefit **will not be** subject to tax, as illustrated in the Matrix below.
- If you elect the "**Tax Me Later**" approach, Inframark directly pays the **\$700** LTD premium, which is not subject to tax, and a future **\$3,000** per month LTD benefit **will be** subject to tax, as illustrated in the Matrix below.

Elections	Premium Payments	Future LTD Benefits Are Taxable
<u>Tax Me Now</u> on Premiums	Premium payments <u>are taxed</u> at the time LTD coverage is provided (\$700 is subject to tax).	<u>No</u> . Since premium costs were already included in income, a \$3,000 per month LTD benefit <u>will not be</u> subject to tax.
<u>Tax Me Later</u> on the Payment of LTD Benefits	Premium payments are <u>not taxed</u> at the time LTD coverage is provided (\$700 is not subject to taxation).	<u>Yes</u> . Since premium payments were not subject to tax, a \$3,000 per month LTD benefit <u>will be</u> subject to tax.

Reminder: This is the **default** election under the Plan.

EXHIBIT L

BUSINESS TRAVEL BENEFITS

Business Travel Accident Insurance coverage helps alleviate personal financial stress and anxiety for you and your family if you experience an accident or illness when traveling away from home on business.

This benefit provides up to **1** times your salary in travel accident insurance coverage.

EXHIBIT M

LEGAL SERVICES BENEFITS

MetLaw Legal Plan

The MetLaw Legal Plan provides access to high-quality attorneys and legal services. You can receive legal advice and fully covered legal services for a wide range of personal legal matters.

If this coverage is elected, **you pay 100%** of the cost for this benefit on an **after-tax** basis.

Program benefits include, but are not limited to:

- Telephone Advice
- Office Consultations
- Representation on a variety of personal legal issues

For more detailed information contact MetLaw's Client Service Center at _____ or visit _____**.com** and click on _____. The password is _____.

To begin using the MetLaw Legal Plan services visit **www._____.com** or call MetLaw's Client Service Center at -_____. For online access, you will need to log in with the last four digits of your Social Security Number. **[To obtain from Inframark.]**