

Live Bright

**vivint.Solar**<sup>®</sup>

# **BENEFITS GUIDE** 2021



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## What's Inside

At Vivint Solar, our employees are key to our continued success. That is why we proudly offer you and your eligible family members a comprehensive benefits program specifically designed with your health and financial security in mind.

This brochure provides a summary of your benefit options and is designed to help you make your choices and enroll for your coverage. If you have any questions after you enroll, please call the benefit plan providers directly or log on to their websites. **See the table on the back cover for contact information.**

To help with your benefits enrollment and to find the great-fit benefit plans you and your family will love, use ALEX®! ALEX is an easy-to-use online tool that will make sure you get the RIGHT amount of coverage for your needs.

ALEX will ask you a few questions about your health care needs (your answers remain anonymous, of course), crunch some numbers, and recommend a plan that's best for your personal needs. It's that easy!

Get the right plan with ALEX at [myalex.com/vivintsolar/2021](http://myalex.com/vivintsolar/2021).

## Eligibility

If you are a regular full-time employee working at least 30 hours per week, you are eligible to participate in the Vivint Solar benefits program. Most benefits are available on the first day of the month on or following 60 days of continuous employment. If you are a salaried employee, health insurance becomes effective the first of the month following your start date.

**For example:** If you are an hourly employee and your first day at Vivint Solar was on July 10, you would hit your 60 days of employment in the month of September and would be eligible for benefits on October 1.

### Dependent Eligibility

You may also enroll your eligible dependents in some of the plans you choose for yourself. Eligible dependents include your legal spouse and your children up to age 26.

# Enrollment

## When to Enroll

You can only enroll in most Vivint Solar benefits during the following three periods of time:

1. Annual Enrollment
2. New hire start
3. Up to 30 days after a qualifying life event

**Note:** New hire enrollments will go into effect the first day of the month on or following 60 days of continuous employment for hourly employees, or the first of the month following start date for salary employees.

**If you do not enroll for coverage within 30 days of your eligibility date, you will not receive health coverage during the plan year, unless you experience a qualifying life event (see Making Changes During the Year for details).**

## Benefit Enrollment Step-by-Step

1. Login to Workday.

**Note:** All benefit enrollments, changes or cancellations must be completed in Workday. If you are unsure on how to access Workday, please contact the HR department.

2. Select the benefits enrollment task in your Workday inbox located in the top right corner of your screen.
3. Follow the prompts to either elect or waive benefits.

**Note:** Carefully read the instructions. The arrows below the instructions can be expanded for further clarification.

4. Click Acknowledgment. You will be required to complete the enrollment acknowledgment at the bottom of the confirmation screen.
5. Print out your benefits summary.
6. Review your benefits summary for accuracy and contact [solarbenefits@vivintsolar.com](mailto:solarbenefits@vivintsolar.com) if there are any errors.

**Note:** Once elections have been finalized you will only be able to make changes if you have a qualifying life event.

## Making Changes During the Year

The choices you make when you first become eligible remain in effect for the remainder of the plan year. Unless you have a qualifying life event as defined by the IRS, you must wait until the next Open Enrollment period to change your benefits or add or remove coverage for dependents.

Examples include, but are not limited to, the following:

- Marriage, divorce, legal separation, or annulment
- Birth or adoption of a child
- Change in your residence or workplace (if your benefit options change)
- Loss of other health coverage
- Change in your dependent's eligibility status because of marriage, age, etc.

You have 30 days to make changes to your coverage after the qualifying life events listed above.

**Note:** Any change you make to your coverage must be consistent with the change in status.

# Medical Insurance

## Your Medical and Pharmacy Plan

Nothing is more important than the health of you and your family. That is why Vivint Solar offers you two medical plan options designed to help you get the care you need at a price you can afford.

Both Vivint Solar consumer-directed health plans with Health Savings Account (HSA) options allow you to take control of your healthcare and determine how and when your health care dollars are spent.

**UMR, a UnitedHealthcare Company, is our medical plan administrator and OptumRx is our pharmacy plan administrator.**

- For medical providers, the UnitedHealthcare Choice Plus Network is our Preferred Provider Network (PPO). In order to receive the highest level of benefits, see a Choice Plus PPO in-network provider. You can find a participating PPO provider by calling UMR at 1-800-826-9781 or by going to [www.umar.com](http://www.umar.com) and clicking “Find a provider.”
- For participating OptumRx retail pharmacies, call 1-877-559-2955 or use the Pharmacy Locator online at [www.optumrx.com](http://www.optumrx.com). A 90-day supply of your maintenance medication can also be obtained through OptumRx’s mail order service. To start Home Delivery, log on to [www.optumrx.com](http://www.optumrx.com) or download the OptumRx mobile app to your smartphone or tablet.



See the table on the next page for a side-by-side comparison of the medical plan options.

## RX Savings

To help you and your family save money on prescription medications Vivint Solar has partnered with Rx Savings Solutions. It’s a simpler way to save money at the pharmacy. This free benefit provides transparency into the prescription costs and options and is available to members enrolled in Vivint Solar medical plans.

To register, go to <https://myrxss.com> and create an account.

## Patient Protection and Affordable Care Act Information

With the implementation of the Affordable Care Act or “health care reform,” medical health care plans must meet certain national standards.

The Vivint Solar medical plan exceeds the coverage actuarial value standards, is considered affordable for most employees and is compliant with the Affordable Care Act. While you still have the option to purchase your own coverage through the Health Insurance Marketplace, your access to affordable company coverage may disqualify you from any federal premium and/or plan design subsidies.

For information on the actuarial value of our plan refer to your Summary of Benefits and Coverage document.



# Medical Plan Overview

		UMR-1500 Deductible Plan		UMR-3000 Deductible Plan	
PLAN FEATURES	In-Network	Out-Of-Network	In-Network	Out-Of-Network	
	UnitedHealthcare Choice Plus Providers		UnitedHealthcare Choice Plus Providers		
HealthEquity Health Savings Account (HSA)** (Annual Employer Contribution)	\$500/employee \$1,000/family		\$500/employee \$1,000/family		
Calendar Year Deductible**	\$1,500/employee \$3,000/family	\$2,000/employee \$4,000/family	\$3,000/employee \$6,000/family	\$3,500/employee \$7,000/family	
Calendar Year Out-of-Pocket Maximum (Includes Deductible, Coinsurance and Pharmacy Copays) **	\$3,000/employee \$6,000/family	\$4,000/employee \$8,000/family	\$4,000/employee \$8,000/family	\$5,000/employee \$10,000/family	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	
Coinsurance	The plan covers 80% You pay 20%	The plan covers 50% You pay 50%	The plan covers 80% You pay 20%	The plan covers 50% You pay 50%	
Physician Office Visits	80% after deductible	50% after deductible	80% after deductible	50% after deductible	
Preventive Care Services	100%; no deductible applies	50% after deductible	100%; no deductible applies	50% after deductible	
Inpatient Hospital Services	80% after deductible	50% after deductible	80% after deductible	50% after deductible	
Outpatient Hospital Services	80% after deductible	50% after deductible	80% after deductible	50% after deductible	
Emergency Room	80% after deductible	80% after in-network deductible	80% after deductible	80% after in-network deductible	
Urgent Care	80% after deductible	50% after deductible	80% after deductible	50% after deductible	
Chiropractic Care (10 visits per calendar year)	80% after deductible	50% after deductible	80% after deductible	50% after deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network	
	OptumRx Retail Pharmacies OptumRx Mail Order		OptumRx Retail Pharmacies OptumRx Mail Order		
Retail Prescription Drugs (30-Day Supply)	After deductible*, you pay:		After deductible*, you pay:		
Generic	\$10 copay	Not covered	\$10 copay	Not covered	
Brand Formulary	\$30 copay	Not covered	\$30 copay	Not covered	
Non-Formulary	\$60 copay	Not covered	\$60 copay	Not covered	
Retail/Mail Order Prescription Drugs (90-Day Supply)	After deductible*, you pay:		After deductible*, you pay:		
Generic	\$30	Not covered	\$30	Not covered	
Brand Formulary	\$90	Not covered	\$90	Not covered	
Non-Formulary	\$180	Not covered	\$180	Not covered	

For a detailed summary of plan features, please email the Solar Benefits Team at [solarbenefits@vivintsolar.com](mailto:solarbenefits@vivintsolar.com).

\* In some cases, the deductible is waived for preventive medications.

\*\* If any dependents are enrolled in coverage, the family contribution, deductible, and out-of-pocket max amounts are used.

# Dental & Vision

## Delta Dental PPO™

Good health includes healthy teeth and gums. The dental plan is designed to help you maintain a healthy smile through regular preventive dental care, and to fix any problems as soon as they occur. Because preventive care is so important, the plan covers these services in full with no deductible or copay when you visit participating Delta Dental in-network plan providers. Keep in mind, although you have the freedom to visit any licensed dental provider each time you need care, you will save money when you visit in-network Delta Dental providers. Visit [www.deltadental.com](http://www.deltadental.com) for more information. Please see the table on the next page for a summary of dental benefits.

Delta Dental PPO Dental Plan			
Plan Features	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network*
<b>Calendar Year Deductible</b> (waived for Preventive Services and Orthodontics)	\$50 per person Family max \$150		
<b>Calendar Year Maximum</b>	\$1,500 per person (for all Class II and III expenses)		
<b>Class I - Preventive Services</b> (e.g., X-rays, cleanings, exams)	100%	100%	100%
<b>Class II - Basic Services</b> (e.g., fillings, extractions, root canals)	90%	80%	80%
<b>Class III - Major Services</b> (e.g., dentures, crowns, bridges)	60%	50%	50%
<b>Class IV - Orthodontics</b> (for adults and children)	50%	50%	50%
<b>Orthodontic Lifetime Maximum</b>	\$1,500 per person		

\* Reimbursement is based on the PPO contract fee for PPO Dentists. Premier contractual fee for Premier Dentist + 80th percentile for non-Delta Dental dentist.

## VSP - Vision

The vision plan includes benefits for eye exams, eyeglasses, and contact lenses through VSP. You may visit a doctor within the VSP network and take advantage of higher benefits coverage, or visit an out-of-network provider of your choice for a reduced benefit. Visit [www.vsp.com](http://www.vsp.com) for more information.

VSP Vision Plan		
Plan Features	In-Network VSP Providers	Out-of-Network
<b>Deductible</b>	Exam: \$10 copay Eyeglass lenses or frames: \$0 copay	Exam: \$10 copay Eyeglass lenses or frames: \$0 copay
	<b>You pay:</b>	<b>Plan reimburses you:</b>
<b>Exam</b> (once every 12 months)	\$0	Up to \$45
<b>Frames</b> (one every 12 months)	Amount over \$220 allowance	Up to \$70
<b>Lenses</b> (one every 12 months)		
Single vision	\$0	Up to \$30
Bifocal (lined)	\$0	Up to \$50
Trifocal (lined)	\$0	Up to \$65
Lenticular	\$0	Up to \$100
Progressive	Cost varies by options chosen	N/A
<b>Contact Lenses</b> (one every 12 months)		
Single vision	Amount over \$220 allowance	Up to \$105
Bifocal (lined)	\$0	Up to \$210

# Help is Here

## HealthAdvocate

Navigating the complex world of health insurance can be very difficult and confusing. Vivint Solar offers the HealthAdvocate benefit at no cost for you and covers: your spouse, dependent children, parents, and parents-in-law.

The HealthAdvocate service can assist you in finding the right doctors that are in the medical plan's network. They can help you schedule doctors' appointments, transfer medical records, and help resolve any medical bill issues you may have. HealthAdvocate will also research conditions and treatment options and facilitate second opinions. HealthAdvocate can even assist you with senior issues including finding eldercare services, adult day care, and more.

To access a HealthAdvocate for free, call 866-799-2728 or visit Online at [HealthAdvocate.com/members](https://HealthAdvocate.com/members)

## Employee Assistance Program (EAP)

Because unresolved personal issues can affect every aspect of one's life, including work performance, Vivint Solar automatically provides you and your family with an Employee Assistance Program (EAP) through HealthAdvocate. The EAP is available to you at no cost and can be accessed 24 hours a day, 7 days a week at 866-799-2728. The EAP provides confidential assistance with nearly any personal matter you may be experiencing. Licensed counselors can assist you with financial problems, domestic violence, managing stress, gambling, substance abuse, anxiety, depression, and more. Online tools and resources are also available at [HealthAdvocate.com/members](https://HealthAdvocate.com/members).

## Tobacco Cessation

At Vivint Solar, it is our goal to support a healthy, tobacco-free workforce. In 2021 we will continue our efforts to reward our employees and their covered spouses who are tobacco-free. When you acknowledge that you (and your covered spouse) have been tobacco-free for 12 months, you will receive a \$50 monthly reduction (\$600 annually) in medical health plan premiums. Your covered spouse must also be tobacco-free to receive the premium discount. Tobacco products include but are not limited to: products that can be smoked in a cigarette, pipe or cigar; chewed (smokeless tobacco or chewing tobacco); electronic cigarettes; or sniffed through the nose (snuff). (Nicotine replacement therapy, such as the nicotine patch or nicotine gum, does not count as tobacco use.)

Vivint Solar has many resources to assist you and your spouse in quitting tobacco use!

Register for Vivint Solar's free tobacco cessation program through our Employee Assistance Program by calling 1-866-799-2728. If you complete this within 90 days of your initial enrollment the surcharge is waived, and received.

Our medical plan offers benefits for tobacco and smoking cessation counseling under the preventive care benefits at 100% in-network with no deductible. We also cover over-the-counter and generic medications to assist in cessation as part of your regular pharmacy benefit (all prescriptions are subject to the deductible). Additional information on your benefits is available by calling UMR for medical questions at 1-800-826-9781 and OptumRx for pharmacy questions at 866-799-2728.





# Health Savings Account

## How an HSA Works with a High Deductible Plan

If you enroll in one of the Vivint Solar consumer-directed health plans with HSA, you must satisfy a deductible before the plan pays benefits. Most expenses, including prescription drugs, are applied toward the deductible (Exception: In-network preventive care services are covered in full with no deductible). Once you satisfy your deductible, the plan covers all in-network medical services at 80%.

**Note:** Prescription drug expenses are subject to the annual deductible, except some preventive medications, and can be reimbursed from the HSA.

A Health Savings Account is a tax-free savings account that works with our qualified health plan to help pay your insurance deductible and qualified out-of-pocket expenses. Both you and Vivint Solar can contribute pre-tax dollars to your HSA account up to the IRS cap each year.

When you elect a Vivint Solar consumer-directed health plan with HSA, HealthEquity (our HSA administrator) will send you a Welcome Packet, which includes your Visa Health Account Card.

**To activate your HSA Card, call 1-866-880-7844. If you have any questions about your Health Savings Account, you can call HealthEquity Member Services 24/7/365 at 1-866-346-5800 or go to [myhealthequity.com](https://myhealthequity.com).**

### Things to Consider

- The Vivint Solar consumer-directed health plans with HSA are tax-advantaged medical plan options that help you save for medical expenses now—and in retirement.
- You can contribute up to the IRS maximum to your HSA each year less any Vivint Solar contributions that you receive throughout the year.
- If you elect to contribute money to your HSA, your contributions will be automatically deducted from your paycheck on a pre-tax basis each pay period and deposited to your HealthEquity HSA.

- You can use your pre-tax money in your HSA to pay for qualified health expenses, such as deductibles and coinsurance for medical, dental or vision care, now or in the future.
- You can increase your savings through several investment options. HealthEquity will administer the HSA and help you understand your options for investing. Money that you invest is subject to the normal risks associated with investing, there is no guarantee on the rate of return or prevention of loss.
- Any funds you don't use will continue to accumulate. Your unused HSA money will roll over from year to year. You even take the money with you if you leave Vivint Solar. It's your money.
- The Vivint Solar consumer-directed health plans with HSA offer comprehensive preventive care benefits—covered in full with no deductible if you receive services from an in-network provider.

### 2021 IRS HSA Contribution Limits

For 2021, contributions can be made to your HSA up to the following amounts:

Individual coverage: \$3,600

Family coverage: \$7,200

These maximums include contributions made by Vivint Solar.

If you are age 55 or older by the end of 2021, you may contribute an additional \$1,000 catch-up contribution as long as you are not enrolled in Medicare.

# Your Cost

Your pre-tax monthly payroll deductions for medical, dental and vision coverage are shown in the table below:

Benefit Plan and Coverage Category		Your Cost per Month	
<b>UMR 1500 Plan</b>		<b>Wellness Non-Tobacco Rates</b>	
Employee		\$116.65	\$166.65
Employee & 1 Dependent		\$245.06	\$295.06
Family		\$340.50	\$390.50
<b>UMR 3000 Plan</b>		<b>Wellness Non-Tobacco Rates</b>	
Employee		\$69.18	\$119.18
Employee & 1 Dependent		\$145.33	\$195.33
Family		\$201.92	\$251.92
<b>Dental</b>			
Employee		\$8.03	
Employee & 1 Dependent		\$16.19	
Family		\$27.51	
<b>Voluntary Vision</b>			
Employee		\$8.90	
Employee & 1 Dependent		\$15.94	
Family		\$21.49	

# Other Great Benefits

## Dependent Care Flexible Spending Account (FSA)

A Dependent Care Flexible Spending Account (FSA) is a tax-advantaged way to pay dependent care expenses that you would typically pay out-of-pocket.

The FSA allows you to pay these expenses with pre-tax dollars. This means that the money you set aside is not taxed, so you save money.

Each year that you would like to participate in the FSA, you must elect the amount you want to contribute. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s). You may contribute up to \$5,000 (\$2,500 if you are married and file your taxes separately) to the Dependent Care FSA. When you have eligible expenses, you submit a claim for reimbursement from your FSA.

## Eligible Expenses

Eligible expenses for the Dependent Care FSA are those that allow you and your spouse (if you are married) to work or attend school full time. These services generally include daycare, babysitters, most day camps, and caregivers for disabled dependents.

## Important Rules to Keep in Mind

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the following:

- The IRS has a strict “use it or lose it” rule: If you do not use the full amount in your FSA by the end of the plan year, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.

If you are unable to estimate your dependent care costs accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

## 401(k) Retirement Plan

If you are age 21 or older, you are eligible to participate in the 401(k) plan on or after the first of the month following 60 days from your hire date. This plan allows you to save up to the IRS limit of \$19,500 per year\*, plus catch up contributions of \$6,500\* if you are age 50 or older.

You are automatically enrolled to defer 3% of your pay as of the date you become a participant in the plan unless you choose a different percentage.

Once you are eligible to contribute, Vivint Solar will match 33% on each dollar up to 6% of eligible pay.

**Note:** you may elect to defer a different percentage (including 0%) by going to your benefits tab in Workday.

You are immediately vested in your own contributions. However, company contributions are subject to a vesting schedule as follows:

- Less Than 1 Year                    0%
- 1 Year                                    0%
- 2 Years                                 100%

Employee Contribution	Employer Match
1%	.33%
2%	.66%
3%	1%
4%	1.33%
5%	1.66%
6%	2.00%
Vesting	2-year

To view your account online, go to [www.principal.com](http://www.principal.com) and follow the online instructions.

## Life and Accidental Death and Dismemberment Insurance

### Basic Life and AD&D

Providing economic security for your family if you die, become disabled, or experience an injury or illness is a major consideration in personal financial planning. You automatically receive basic life and AD&D coverage in the amount of 1 x base annual earnings up to \$500,000 maximum. You must choose a beneficiary to receive benefits in the event of your death. Your legal spouse and eligible children also receive life insurance coverage of \$2,000 each.

## Disability Insurance

### Short-Term Disability (STD)

Company-paid short-term disability insurance, administered by Voya, can help replace 60% of your income, up to \$2,500 per week if you are unable to work due to a covered injury or illness. This means you can have some income during a time of need. Common reasons people use this coverage include pregnancy, injuries, and surgeries. Benefits are paid until you are able to return to work, or 180 days, whichever is sooner. In order to initiate a claim, call 1-888-464-FMLA.

### Long-Term Disability (LTD)

Company-paid long-term disability insurance is administered by Voya. Long-term disability insurance replaces 60% of your pre-tax income up to a maximum of \$10,000 per month in the event that you become injured or ill and are medically unable to work. Benefits begin after you have been disabled for 180 days or, in other words, the end of the short-term disability period. Benefits are paid until you are no longer meet the definition of disabled, your normal social security retirement age, or your death.

## Maternity Management

If you or your spouse are expecting the arrival of a new baby and you're enrolled in one of Vivint Solar's UMR health insurance plans, be sure to participate in the Maternity Management Program. When an expectant mother signs up she will receive one-on-one phone calls from a nurse coach and free educational materials.

If enrolled in the first trimester, she will receive a \$300 incentive. In the second trimester, she will receive a \$150 incentive. Mothers must also complete all coaching sessions in order to receive the incentive to ensure the healthiest delivery possible.

To enroll, call 1-866-494-4502.

## Doctor on Demand

Doctor on Demand allows you to connect face-to-face with a board-certified doctor or licensed psychologist on your smartphone, laptop or computer through live video. Doctors on Demand is great if you don't have time to make it to your primary care physician or if you need a doctor after hours.

If you are participating in one of Vivint Solar's UMR health plans, Doctor on Demand medical visits are



\$40 per visit. Visits with a psychologist are \$50 for 25 minutes and \$95 for 50 minutes. Costs of calls are applied towards your medical plan deductible and your HSA can be used to pay for the call. For those not enrolled on a Vivint Solar medical plan, the cost of the call is \$49.

Some of the medical and behavioral health conditions Doctors on Demand can treat are:

Cold & Flu, Asthma & Allergies, Pharmacy Rx, Bronchitis & Sinus issues, Eye issues, Upset Stomach, Pediatric Issues, Rashes & Skin Issues, Women's Health, Anxiety, Depression, and Relationship Issues.

The providers at Doctor on Demand are some of the best in the country. They go through rigorous screening and ongoing quality assurance. After each video visit, you can rate your experience and write a doctor review.

Download the Doctor on Demand app from Google Play for Android or the App Store for iPhone or iPad. You can also go to [www.doctorondemand.com/vivintsolar](http://www.doctorondemand.com/vivintsolar). Set up your account with your basic information, and you will be ready to see a doctor whenever you need.

## Voluntary Benefit Options

Voluntary Life Insurance, Accident Insurance, Critical Illness, Legal Services, and Home & Auto Insurance, Identity Theft, Hospital Indemnity, and Commuter Benefit are Voluntary Benefits that allow you to purchase additional coverages to round out your benefits program. Employees have an opportunity to enroll in these options each year during Open Enrollment or during their new hire eligibility period.

### Voluntary Accident Insurance

Accident insurance pays you a lump sum benefit in the event you experience an accident. The amount of your payment is based on the type of injury and medical services provided. These funds are paid directly to you, are in addition to medical insurance payment to providers or disability insurance, and can be used for any purpose.

### Voluntary Life Insurance

**Employee:** In addition to your basic life, you can purchase additional life insurance coverage for yourself. Consider costs such as funeral expenses, legal expenses, and general living expenses for your surviving family members when determining an appropriate amount

of additional coverage. You can choose amounts from \$10,000 to \$500,000 in increments of \$10,000, not to exceed 5 times your annual earnings. If you enroll for additional life coverage for yourself, you may choose to elect additional coverage for your spouse and/or your child(ren) in the following amounts:

**Spouse:** \$10,000 up to \$500,000 in \$10,000 increments not to exceed 100% of the employee's voluntary life insurance amount

**Child(ren):** \$10,000

**Guarantee Issue:** If you are in your initial eligibility period, you may apply for any amount of life insurance coverage up to \$200,000 for yourself and any amount of coverage up to \$30,000 for your spouse. Any life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

If you and your eligible dependents did not enroll within your initial eligibility window, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of coverage. For child life insurance, the amount is the Guarantee Issue.

### Voluntary Critical Illness Insurance

Critical illness insurance pays you a lump sum benefit in the event that you are diagnosed with a named critical illness. These funds are paid directly to you, are in addition to medical insurance payment to providers, or disability insurance and can be used for any purpose. You can select an amount of \$10,000, \$20,000, or \$30,000.

## MetLife

### Voluntary MetLife Legal Plans

You have the option to purchase legal protection through MetLife. The program provides access to attorneys in person or by telephone for an unlimited number of legal issues including financial, home and real estate, estate planning, family and personal issues, civil lawsuits, and more. You can purchase this coverage only during Open Enrollment.

### Voluntary Home and Auto Insurance

As a Vivint Solar employee, you also have the option to purchase your auto and homeowners insurance through MetLife at a group discount and have your premiums conveniently deducted from your paycheck. You can enroll for this coverage at any time during the plan year.

## Hospital Indemnity

Hospital Indemnity insurance pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. The benefit amount is determined based on the type of facility and the number of days you stay.

You have the option to elect Hospital Confinement Indemnity Insurance to meet your needs. Hospital Confinement Indemnity insurance is a limited benefit policy which includes:

- **Guaranteed Issue:** No medical questions or test required for coverage.
- **Flexible:** You can use the benefit money for any purpose you like.
- **Payroll deductions:** Premiums paid through convenient payroll deductions.
- **Affordable coverage:** Rates are typically lower when you purchase coverage through your employer.
- **Portable:** Should you leave your current employer or retire you can take the policy with you and select from a variety of payment plans.

## Employee Discounts

Because there is more to life than work, employees have access to save money on an assortment of items such as: electronics, clothing, travel, and entertainment as well as dining and much more through Perks at Work. This benefit is available to new hires without a waiting period. Check out this benefit at [www.perksatwork.com](http://www.perksatwork.com).

## Identity Theft

With the rising trend of identity theft, Vivint Solar is offering identity theft protection through ID Watchdog. ID Watchdog provides complete identity protection with proactive credit and identity protection. Services include:

- Credit Protection Services
- Internet Black Market Surveillance
- Non-credit Loan Monitoring
- Social Network Alerts
- Registered Sex Offender Reporting & Notifications
- Lost Wallet Vault & Replacement
- Fully Managed Resolution Services
- 24/7 Customer Care Center

## Commuter Benefit

To help employees manage the cost of commuting to work, Vivint Solar is offering Transportation Flexible Spending accounts through WageWorks.

A WageWorks Commuter Transit Account is a pre-tax benefit account used to pay for public transit – including train, subway, bus, ferry, or vanpool – as part of your daily commute to and from work. It's a great way to put extra money in your pocket each month and make your commute more convenient and affordable.

When you enroll in the transit or parking commuter benefit, you can save an average of 30-40% on public transit as part of your daily commute. You can also reduce your overall tax burden since the funds are withdrawn from your paycheck and deposited into your account before taxes are deducted. Also, unlike other benefits, there is no waiting for Open Enrollment. Sign up anytime to start saving – and no “use or lose it” as long as you are enrolled.

To sign up, go to [www.wageworks.com](http://www.wageworks.com) and register for an account. Follow the simple instructions to set up an account. Click on the "Place Your Order" button to enroll.

## Student Loan Refinancing

We know that many of our employees struggle with student debt. Vivint Solar has partnered with CommonBond to help you manage your student loans. Since launching in 2012, CommonBond has funded over \$2.5 billion in better student loans by providing lower rates, simple options, and world-class care to support their customers throughout their student loan journey. Contact CommonBond at 877-924-3967 to access this free tool.

# vivint.Solar<sup>®</sup>

## Important Notices

### **Important Notice from Vivint Solar Inc. About Your Prescription Drug Coverage and Medicare**

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Vivint Solar, Inc. medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2021. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2021 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Vivint Solar, Inc. and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

#### **Notice of Creditable Coverage**

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Vivint Solar, Inc. prescription drug plans listed below, you'll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2021. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

UMR Medical \$1500 CDHP, UMR Medical \$3000 CDHP, HMSA PPP Plan, HMSA CompMed Plan

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your Vivint Solar, Inc. coverage. In this case, the Vivint Solar, Inc. plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription



drug plan. If you waive or drop Vivint Solar, Inc. coverage, Medicare will be your only payer. You can re-enroll in the Vivint Solar, Inc. plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Vivint Solar, Inc. plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with Vivint Solar, Inc. and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Vivint Solar, Inc. coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.**

For more information about this notice or your prescription drug coverage, contact:

Casey Lund  
Director of Compensation and Benefits  
1800 W. Ashton Blvd Lehi, UT 84043  
(385)-455-5518

## Notice of Special Enrollment Rights for Medical Plan Coverage

As you know, if you have declined enrollment in Vivint Solar, Inc.'s medical plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period, 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 eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Vivint Solar, Inc. will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Vivint Solar, Inc. group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another medical plan.

## Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at (385)-455-5518.

## Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance 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 the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at (385)-455-5518.

## CHIP/MEDICAID Notice

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility –

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
<b>ALASKA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>ARKANSAS – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 1-678-564-1162 ext 2131
<b>CALIFORNIA – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_con_t.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_con_t.aspx</a> Fax: 1-916-440-5676 Phone: 1-916-552-9200	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="https://www.in.gov/fssa/hip/">https://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584



<p><b>IOWA – Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563</p>	<p><b>MONTANA – Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>
<p><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a>  Phone: 1-800-792-4884</p>	<p><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 1-402-473-7000  Omaha: 1-402-595-1178</p>
<p><b>KENTUCKY – Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIP.PPROGRAM@ky.gov">KIHIP.PPROGRAM@ky.gov</a>  KCHIP Website:  <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>
<p><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or  <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline), or 1-877-2LaCHIP (1-877-252-2447) or 1-855-618-5488 (LaHIPP)</p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p><b>MAINE – Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: -800-977-6740.  TTY: Maine relay 711</p>	<p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website:  <a href="http://www.nifamilycare.org/index.html">http://www.nifamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website:  <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>  Phone: 1-800-862-4840</p>	<p><b>NEW YORK – Medicaid</b></p> <p>Website:  <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p><b>MINNESOTA – Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>	<p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>
<p><b>MISSOURI – Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>

<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>UTAH – Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075	<b>VERMONT– Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b> Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	<b>VIRGINIA – Medicaid and CHIP</b> Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 or 1-855-242-8282 CHIP Website: <a href="https://www.coverva.org/">https://www.coverva.org/</a> (select the 'Programs' tab and then select 'Premium Assistance') CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid and CHIP</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)	<b>WASHINGTON – Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	<b>WYOMING – Medicaid</b> Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Vivint Solar, Inc. HIPAA Privacy Notice

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Vivint Solar, Inc. health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: Medical, Prescription Drug, Dental and EAP. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Vivint Solar, Inc. as an employer — that's the way the HIPAA rules work. Different policies may apply to other Vivint Solar, Inc. programs or to data unrelated to the Plan.

How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- Treatment includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- Payment includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing “behind the scenes” plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- Health care operations include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

How the Plan may share your health information with Vivint Solar, Inc.

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Vivint Solar, Inc. for plan administration purposes. Vivint Solar, Inc. may need your health information to administer benefits under the Plan. Vivint Solar, Inc. agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Benefits employees are the only Vivint Solar, Inc. employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and Vivint Solar, Inc., as allowed under

the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose “summary health information” to Vivint Solar, Inc., if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Vivint Solar, Inc. information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Vivint Solar, Inc. cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Vivint Solar, Inc. from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

#### Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you’re not present or if you’re incapacitated).

<b>Workers’ compensation</b>	Disclosures to workers’ compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
<b>Necessary to prevent serious threat to health or safety</b>	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
<b>Public health activities</b>	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
<b>Victims of abuse, neglect, or domestic violence</b>	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you’ll be notified of the Plan’s disclosure if informing you won’t put you at further risk)
<b>Judicial and administrative proceedings</b>	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
<b>Law enforcement purposes</b>	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan’s premises
<b>Decedents</b>	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
<b>Organ, eye, or tissue donation</b>	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
<b>Research purposes</b>	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
<b>Health oversight activities</b>	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
<b>Specialized government functions</b>	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
<b>HHS investigations</b>	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan’s compliance with the HIPAA privacy rule



In addition, your health information may be disclosed without authorization to your legal representative. The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

#### Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

#### Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

#### Right to receive confidential communications of your health information

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

#### Right to inspect and copy your health information

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a "designated record set." This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your

request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn't maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan's cost.

**Right to amend your health information that is inaccurate or incomplete**

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

**Right to receive an accounting of disclosures of your health information**

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an "accounting of disclosures." You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided

- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances

As part of a “limited data set” (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to obtain a paper copy of this notice from the Plan upon request

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

Changes to the information in this notice

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on January 1, 2021. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan’s privacy policies described in this notice, you will be provided with a revised privacy notice in the benefits guide.

Complaints

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won’t be retaliated against for filing a complaint. To file a complaint, Contact the HIPAA compliance officer, (385) 455-5518 or [casey.lund@vivintsolar.com](mailto:casey.lund@vivintsolar.com).

Contact

For more information on the Plan’s privacy policies or your rights under HIPAA, contact Casey Lund at (385) 455-5518 or [casey.lund@vivintsolar.com](mailto:casey.lund@vivintsolar.com).

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

## PART A: General Information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.78% (for 2020; 9.83% for 2021) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Casey Lund at (385)-455-5518 or [casey.lund@vivintsolar.com](mailto:casey.lund@vivintsolar.com).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: Vivint Solar Inc.	4. Employer Identification Number (EIN) 45-5605880	
5. Employer address: 1800 W. Ashton Blvd.	6. Employer phone number: 877-404-4129	
7. City: Lehi	8. State: UT	9. Zip code: 84043
10. Who can we contact about employee health coverage at this job? Casey Lund		
11. Phone number (if different from above) 385-455-5518	12. Email address: <a href="mailto:casey.lund@vivintsolar.com">casey.lund@vivintsolar.com</a>	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

- All employees. Eligible employees are: Employees who regularly work full-time 30 or more hours per week, eligible first of the month on or after 60 days (does not include temporary or leased employees or independent contractors)
- Some employees. Eligible employees are:

With respect to dependents:

- We do offer coverage. Eligible dependents are: Legal Spouse and dependent children up to age 26 as outlined in the SPD. Disabled child over 26 if meets eligibility as outlined in SPD. Employee must be enrolled to qualify dependent enrollment.
- We do not offer coverage.
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

# For More Information

<b>General Information</b>	<b>Sunrun Benefits</b>	<b>Group ID Number</b>	844-632-2197	<a href="mailto:benefits@sunrun.com">benefits@sunrun.com</a>
<b>Medical</b>				
Vivint Solar Consumer Directed Health Plan	<b>UMR</b>	# 76-412230	1-800-826-9781	<a href="http://www.umar.com">www.umar.com</a>
Health Savings Account	<b>Health Equity</b>	#69369	1-866-346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
<b>Retail and Mail Order Pharmacy</b>	<b>OptumRX</b>	-	1-877-559-2955	<a href="http://www.umar.com">www.umar.com</a>
<b>Dental</b>	<b>Delta Dental</b>	#17932	1-800-521-2651	<a href="http://www.deltadental.com">www.deltadental.com</a>
<b>Voluntary Vision</b>	<b>VSP</b>	#30062145	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Dependent Care Flexible Spending Account (FSA)</b>	<b>Health Equity</b>	#69369	1-866-346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
<b>Basic Life, AD&amp;D &amp; Voluntary Life Insurance</b>	<b>Voya</b>	#68660-3	1-800-803-5763	<a href="http://www.voya.com">www.voya.com</a>
<b>Employee Assistance Program (EAP) &amp; Tobacco Association</b>	<b>Health Advocate</b>	-	866-799-2728	<a href="http://members.healthadvocate.com">members.healthadvocate.com</a>
<b>Short and Long-Term Disability &amp; FMLA</b>	<b>Voya</b>	#68660-3	1-888-464-FMLA	<a href="http://www.fmlasource.com">www.fmlasource.com</a>
<b>Voluntary Accident, Critical Illness, &amp; Hospital Indemnity</b>	<b>Voya</b>	#68660-3	1-877-803-5763	<a href="http://www.voya.com">www.voya.com</a>
<b>Home &amp; Auto</b>	<b>Metlife</b>	#160113	1-800-GET-MET8	<a href="http://www.metlife.com">www.metlife.com</a>
<b>Legal Services</b>	<b>Metlife</b>	#160113	800-997-6196	<a href="http://www.legalplans.com">www.legalplans.com</a>
<b>Doctor on Demand</b>	<b>Doctor on Demand</b>	-	800-997-6196	<a href="http://doctorondemand.com/vivintsolar">doctorondemand.com/vivintsolar</a>
<b>Commuter Benefit</b>	<b>Wage Works</b>	-	877-924-3967	<a href="http://wageworks.com/mycommutexpress">wageworks.com/mycommutexpress</a>
<b>Identity Theft Protection</b>	<b>ID Watchdog</b>	-	866-513-1518	<a href="http://www.idwatchdog.com">www.idwatchdog.com</a>
<b>Health Advocate</b>	<b>Health Advocate</b>	-	866-695-8622	<a href="http://healthadvocate.com/members">healthadvocate.com/members</a>
<b>Perks at Work</b>	<b>Perks at Work</b>	-	-	<a href="http://www.perksatwork.com">www.perksatwork.com</a>
<b>Student Loan Refinancing</b>	<b>Common Bond</b>	-	800-975-7812	<a href="http://cbpartner.com/vivintsolar">cbpartner.com/vivintsolar</a>

This communication highlights some of your Vivint Solar, Inc. Benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. Vivint Solar, Inc. reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.