# 2021 Benefit Highlights

The following highlights what you need to know as a legacy Vivint Solar "Orange" employee.



#### Who's Eligible

- Full-time employees working at least 30 hours per week are eligible to participate.
- Salaried employees: Benefits begin on the first of the month following your start date.
- Hourly employees: Benefits begin on the first day of the month on or following 60 days of continuous employment.

# 401(k) Eligibility & Company Match

- Employees age 21 and older are eligible to participate in the 401(k) plan the first of the month following 60 days from hire date.
- You are automatically enrolled to defer 3% of your pay.
- The company will match 33% on each dollar up to 6% of eligible pay.

# Additional Support

If you have any questions on your benefits, please reach out to the Benefits Advocate Center at (844) 632-2197 or champion@hubinternational.com.

For more information on your benefits, click on the "Vivint Solar Benefits" tile at sunrun.gobenefits.net.

#### **Enrollment**

- If you are a new hire, log on to Workday within 30 or 60 days of your eligibility date, depending on your employee status.
- If you are a current employee, you may log on to Workday during the annual Open Enrollment period or if you have a qualifying life event during the year.

Important: Employees have a benefits event to complete in Workday. Hourly employees must enroll within 60 days of their eligibility date. Salaried employees must enroll within 30 days of their eligibility date. These elections will remain in effect until the next Open Enrollment period.

#### **Qualifying Life Events**

If you experience a qualified life event (e.g., marriage, divorce, birth, adoption of a child, lose or gain coverage, etc.) during the year, you may make changes to your benefits by logging on to Workday within 30 days of the event.

# Your 2021 Benefits Program

#### **HEALTH**

#### Medical

- UMR-1500 Deductible Plan
- UMR-3000 Deductible Plan

#### **Health Care Resources**

• Doctor on Demand

#### Dental

• Delta Dental PPO Dental Plan

#### Vision

VSP Vision Plan

#### **FINANCIAL SECURITY**

401(k) Plan + Company Match

## HealthEquity Health Savings Account (HSA)

- \$500 company contribution for employee-only coverage
- \$1,000 company contribution for family coverage

HealthEquity Dependent Care Flexible Spending Account (FSA)

**WageWorks Commuter Benefit** 

Basic Life and Accidental Death & Dismemberment (AD&D)

(100% company paid)

### Voya Short-Term and Long-Term Disability (100% company paid)

- Hourly employees are eligible for these benefits on the first of the month following one year of employment.
- Salaried employees are eligible for these benefits on the first of the month following date of hire.

#### **WORK-LIFE**

- · Voya Accident Insurance
- Voya Critical Illness Insurance
- Voya Hospital Indemnity Insurance
- MetLife Home & Auto
- MetLife Legal Services
- ID Watchdog Identity Theft Protection
- Health Advocate Employee Assistance Program (EAP)
- Perks at Work Employee Discounts
- Common Bond Student Loan Refinancing

#### **WELLNESS SUPPORT**

- · Maternity Management
- Health Advocate Tobacco Cessation

#### **TIME OFF**

Leaves of Absence & Paid Time Off

#### **2021 Medical Coverage**

The following are highlights of your medical coverage options for 2021. For more details, please click on the "Vivint Solar Benefits" tile at **sunrun.gobenefits.net**.

	UMR-1500 Deductible Plan		UMR-3000 Deductible Plan	
Plan Feature	In-Network	Out-of-Network	In-Network	Out-of-Network
HealthEquity Healtl	n Savings Account (HSA) A	nnual Employer Contri	bution	
▶ Employee Only	\$500		\$500	
▶ Family	\$1,000		\$1,000	
Calendar Year Dedu	ctible			
▶ Employee Only	\$1,500	\$2,000	\$3,000	\$3,500
▶ Family	\$3,000	\$4,000	\$6,000	\$7,000
Calendar Year Out-o	of-Pocket Maximum			
▶ Employee Only	\$3,000	\$4,000	\$4,000	\$5,000
▶ Family	\$6,000	\$8,000	\$8,000	\$10,000
Coinsurance				
▶ Plan pays	80%	50%	80%	50%
▶ You pay	20%	50%	20%	50%
Services				
▶ Preventive Care	100%; no deductible applies	50% after deductible	100%; no deductible applies	50% after deductible
▶ Physician Office Visit	80% after deductible	50% after deductible	80% after deductible	50% after deductible
Prescription Drugs	(Generic/Brand Formulary/	/Non-Formulary)		
▶ Retail (30-day supply)	\$10/\$30/\$60 copay after deductible	Not covered	\$10/\$30/\$60 copay after deductible	Not covered
► Mail Order (90-day supply)	\$20/\$60/\$120 copay after deductible	Not covered	\$20/\$60/\$120 copay after deductible	Not covered
► Retail 90 (up to 3-month supply)	\$30/\$90/\$180 copay after deductible	Not covered	\$30/\$90/\$180 copay after deductible	Not covered

#### **2021 Employee Contributions Per Month**

Medical Coverage							
	UMR-1500 Deductible Plan		UMR-3000 Deductible Plan				
	Wellness Non-Tobacco	Tobacco Rates	Wellness Non-Tobacco	Tobacco Rates			
Employee Only	\$116.65	\$166.65	\$69.18	\$119.18			
Employee & 1 Dependent	\$245.06	\$295.06	\$145.33	\$195.33			
Family	\$340.50	\$390.50	\$201.92	\$251.92			

Dental Coverage				
Employee Only	\$8.03			
Employee & 1 Dependent	\$16.19			
Family	\$27.51			

Voluntary Vision				
Employee Only	\$8.90			
Employee & 1 Dependent	\$15.94			
Family	\$21.49			

**Note:** Voluntary benefit rates can be found in Workday during the enrollment process.

#### **Help Is At Your Fingertips**

If you have any questions on the enrollment process, please contact the Benefits Advocate Center at (844) 632-2197, Monday–Friday, 7:00 a.m. to 5:30 p.m. PT, or **champion@hubinternational.com**.

For more information on your benefits, go to **sunrun.gobenefits.net** and click on the "Vivint Solar Benefits" tile.