




EMPLOYEE
BENEFITS
SUMMARY 2023

This document provides an overview of the Employee Benefits for Hourly Paid W2 staff.

1. HEALTH INSURANCE PLAN

VIVA offers its employees participation in a group health insurance plan. The group plan covers Medical including Prescription Drugs, Dental, Vision and Basic Life & AD&D Insurance. There are five different plans from which to choose:

2
PPO

2
HSA

1
HMO

(Nationwide)

VIVA makes every effort to assure our lowest cost medical insurance plan is affordable for every employee. Any employee making less than \$29.61 per hour will not pay more than 9.12% of gross wages for single, employee-only medical coverage to participate in VIVA's lowest cost medical insurance plan (currently BCBS PLAN # MICOE1071 HSA). No cash compensation is available for unused premiums.

Employees enjoy the benefit of tax savings as illustrated in VIVA's Section 125 Plan Document, which may not be available in plans offered by other parties. If an employee enrolled in medical insurance terminates employment voluntarily or involuntarily for any reason, coverage for self and any dependents will terminate at the same time. Employees should discuss COBRA coverage.

Eligibility in Health Insurance plan

- i. All hourly employees (subject to a minimum of 30 hours per week) with an employment agreement of at least three (3) months from the employment start date are eligible to enroll
- ii. Employees must enroll within the first 30 days of employment for an effective day on the 31st day of employment.
- iii. Employees with an initial contract of less than three months may elect enrollment with the first contract extension, if eligible.
- iv. All employees are eligible for participation during annual open enrollment or with a qualifying event.

Qualifying events are:

Birth, death, marriage, divorce, change in military service or Involuntary loss of other coverage. Every participant who is covered under VIVA's group health insurance plan at the time of the plan's annual renewal will automatically continue coverage at the renewal premium until there is a change in employment status. Any employee may cancel coverage at any time with written notice. New enrollments will not be accepted unless a minimum of three (3) months are remaining on the employee's employment contract.

Plan Summary:

Our group health plan as of May 1, 2023 is with Blue Cross Blue Shield of Illinois for Medical insurance and Guardian for Vison, Dental, Life and AD&D insurance. For any questions regarding Health Insurance only, please contact **Janet Royal** at:

 (630) 393 - 0030 ext 6015

 jroyal@onedigital.com for plan number.

Any questions regarding benefits can be directed to our **HR Partner** at.

 (847) 368 - 0860

 vivahrteam@viva-it.com

Summary of Plan Features (Nationwide PPO Plans)

VIVA USA Medical Insurance Plan		Blue Cross Blue Shield of IL					
Network Name		BluePrint PPO		Blue Choice Options			
EFFECTIVE: May 1, 2023		Plan # MIBPP2130		Plan # MIBCO2040			
		IN NETWORK	OUT OF NETWORK	Designated Network	PPO Network	Out of Network	
LIFETIME MAXIMUM		UNLIMITED		UNLIMITED			
INDIVIDUAL DEDUCTIBLE		\$2,500	\$5,000	\$1,500	\$3,500	\$7,000	
FAMILY DEDUCTIBLE		\$7,500	\$15,000	\$4,500	\$10,200	\$21,000	
COINSURANCE		80%	60%	100%	100%	50%	
INPATIENT HOSPITAL STAY		80%	60%	\$250 + 10%	\$500 + 30%	\$600 + 50%	
INDIVIDUAL OUT OF POCKET (INC. DED.)		\$5,500	\$16,500	\$3,000	\$5,500	\$16,500	
FAMILY OUT OF POCKET (INC. DED.)		\$12,000	\$36,000	\$9,000	\$10,200	\$30,600	
PREVENTIVE/WELL CHILD CARE		100% DW	60%	100% DW	100% DW	50%	
PHYSICIAN/SPECIALIST OFFICE VISIT		\$30/\$50	60%	\$30/\$50	\$50/\$100	50%	
OUTPATIENT SURGICAL/NON-SURGICAL		80%	60%	\$200 + 10%	\$400 + 30%	\$500 + 50%	
DIAGNOSTIC LAB & X-RAY		\$30/\$50	60%	\$30/\$50	\$50/\$100	50%	
OUTPATIENT MENTAL / NERVOUS BENEFITS		\$30	60%	\$30	\$50	50%	
HOSPITAL EMERGENCY ROOM		\$150 COPAY, THEN 80%		\$400 COPAY, THEN 90%			
PRESCRIPTION DRUG BENEFIT		\$0/\$10/\$50/\$100/\$150/\$250		\$0/\$10/\$35/\$75/\$150/\$250			
DEPENDENT ELIGIBILITY		TO AGE 26		TO AGE 26			

Plan Premium Deductions (Employee's Contribution)

Salary Paid Staff - Medical Premium Deduction (May 1, 2023 to April 30, 2024)

Medical Only	Monthly Rate		Bi-Weekly Payroll Contribution			
	MIBPP2130	MIBCO2040	MIBPP2130	MIBCO2040		
Employee	\$643.50	\$624.00	\$297.00	\$288.00		
Employee + Spouse	\$1,404.00	\$1,360.67	\$648.00	\$628.00		
Employee + Child(ren)	\$1,219.83	\$1,183.00	\$563.00	\$546.00		
Family	\$1,980.33	\$1,919.67	\$914.00	\$886.00		
Medical, Dental, Life & Vision Premiums	Cost with Dental, Life & Vision		Cost with Dental, Life & Vision			
Employee	\$692.25	\$672.75	\$319.50	\$310.50		
Employee + Spouse	\$1,497.37	\$1,454.92	\$691.50	\$671.50		
Employee + Child(ren)	\$1,314.23	\$1,277.25	\$606.50	\$589.50		
Family	\$2,123.57	\$2,063.75	\$980.50	\$952.50		
Ancillary Products	Monthly Rate	Bi-Weekly Payroll Contribution	Monthly Rate	Bi-Weekly Payroll Contribution	Monthly Rate	Bi-Weekly Payroll Contribution
	Dental Only		Life \$15k (Employee Only)		Vision Only	
Employee	\$36.83	\$17.00	\$3.25	\$1.50	\$8.67	\$4.00
Employee + Spouse	\$75.83	\$35.00	N/A	N/A	\$15.17	\$7.00
Employee + Child(ren)	\$75.83	\$35.00	N/A	N/A	\$15.17	\$7.00
Family	\$117.00	\$54.00	N/A	N/A	\$23.83	\$11.00

Summary of Plan Features (HMO & HSA)

VIVA USA Medical Insurance Plan Network Name EFFECTIVE: May 1, 2023	Blue Cross Blue Shield of IL						
	Blue Choice Options H.S.A. PLAN # MICOE2063			Blue Choice Options H.S.A. PLAN # MICOE1071			Blue Advantage HMO Plan # MIBAH2020
	Designated Network	In Network	Out of Network	Designated Network	PPO Network	Out of Network	(ILLINOIS ONLY) PCP REQUIRED
LIFETIME MAXIMUM	UNLIMITED			UNLIMITED			UNLIMITED
INDIVIDUAL DEDUCTIBLE	\$3,100	\$4,600	\$9,200	\$5,000	\$6,000	\$12,000	\$0
FAMILY DEDUCTIBLE	\$9,200	\$13,800	\$27,600	\$10,000	\$12,000	\$24,000	\$0
COINSURANCE	100%	80%	60%	80%	60%	50%	100%
INPATIENT HOSPITAL STAY COPAY/DED.	100%	80%	60%	80%	60%	50%	\$0
INDIVIDUAL OUT OF POCKET (INC. DED.)	\$3,100	\$6,550	\$19,650	\$6,000	\$7,000	\$21,000	\$1,500
FAMILY OUT OF POCKET (INC. DED.)	\$9,200	\$14,000	\$42,000	\$12,000	\$14,000	\$42,000	\$3,000
PREVENTIVE/WELL CHILD CARE	100% DW	100% DW	60%	100% DW	100% DW	50%	\$0
PHYSICIAN/SPECIALIST OFFICE VISIT	100%	80%	60%	80%	60%	50%	\$20/\$40
OUTPATIENT SURGICAL/NON-SURGICAL	100%	80%	60%	80%	60%	80%	100%
DIAGNOSTIC LAB & X-RAY	100%	80%	60%	80%	60%	80%	100%
OUTPATIENT MENTAL / NERVOUS BENEFITS	100%	80%	60%	80%	60%	80%	100%
HOSPITAL EMERGENCY ROOM	100%			100%			\$250 COPAY, THEN 100%
PRESCRIPTION DRUG BENEFIT	100% after Rx ded			100% after Rx ded			\$10/\$40/\$60
DEPENDENT ELIGIBILITY	TO AGE 26			TO AGE 26			TO AGE 26

Plan Premium Deductions (Employee's Contribution)

Salary Paid Staff - Medical Premium Deduction (May 1, 2023 to April 30, 2024)

Medical Only	Monthly Rate MICOE2063	Bi-Weekly Payroll Contribution	Monthly Rate MICOE1071	Bi-Weekly Payroll Contribution	Monthly Rate MIBAH2020	Bi-Weekly Payroll Contribution
Employee	\$533.00	\$246.00	\$468.00	\$216.00	\$589.33	\$272.00
Employee + Spouse	\$1,165.67	\$538.00	\$1,022.67	\$472.00	\$1,284.83	\$593.00
Employee + Child(ren)	\$1,011.83	\$467.00	\$888.33	\$410.00	\$1,115.83	\$515.00
Family	\$1,644.50	\$759.00	\$1,443.00	\$666.00	\$1,813.50	\$837.00
Medical, Dental, Life & Vision Premiums	With Dental, Life & Vision		With Dental, Life & Vision		With Dental, Life & Vision (ILLINOIS ONLY)	
Employee	\$582.72	\$268.50	\$517.28	\$238.50	\$637.33	\$294.50
Employee + Spouse	\$1,259.06	\$581.50	\$1,116.24	\$615.50	\$1,378.27	\$636.50
Employee + Child(ren)	\$1,107.15	\$510.50	\$983.03	\$453.50	\$1,210.72	\$558.50
Family	\$1,787.38	\$825.50	\$1,585.89	\$732.50	\$1,955.54	\$903.50
	Dental Only		Life \$15k (Employee Only)		Vision Only	
Employee	\$36.83	\$17.00	\$3.25	\$1.50	\$8.67	\$4.00
Employee + Spouse	\$75.83	\$35.00	N/A	N/A	\$15.17	\$7.00
Employee + Child(ren)	\$75.83	\$35.00	N/A	N/A	\$15.17	\$7.00
Family	\$117.00	\$54.00	N/A	N/A	\$23.83	\$11.00

These payroll deductions are based on pre-tax dollars as per our Section 125 Plan (the Plan document can be found at the following link)

VIVA Medical Insurance

Benefit Plan

[Section125.pdf](#)

Medical

The details about the group coverage plans are given below

Nationwide

PPO Plan

[MIBPP2130](#)

Nationwide

PPO Plan

[MIBCO2040](#)

Navigate

HMO

[MIBAH2020](#)

High Deductible

HSA Plan

[MICOE2063](#)

High Deductible

HSA Plan

[MICOE1071](#)

Vision, Dental and Life



[Vision Insurance](#)



[Dental & Life Insurance](#)

Application Deadlines for

Group Health Insurance coverage

New Employees

Open enrollment for new employees is the **first 30 calendar days** of employment for an effective day of the **31st calendar day** of employment.

Current Employees

Current employees are only eligible to enroll during the annual open enrollment period or with a qualifying event. The next annual open enrollment for current employees is **May 1, 2023**. Please contact us between **April 1, 2023** and **April 30, 2023** if interested in participating in the plan. Employees are also eligible to enroll at the time of employment contract renewal or extension.

This page applies to Illinois employees only

Employer Name:	VIVA USA Inc
Employer State of Situs:	Illinois
Name of Issuer:	Blue Cross Blue Shield of Illinois
Plan Marketing Name:	Blue Cross Blue Shield of IL Blueprint PPO (Nationwide) Plan #MIBPP2130 Blue Cross Blue Shield of IL Blue Choice Options PPO (Nationwide) Plan # MIBCO2040 Blue Cross Blue Shield of IL Blue Choice Options HSA Plan # MICOE2063 Blue Cross Blue Shield of IL Blue Choice Options HSA Plan # MICOE1071 Blue Cross Blue Shield of IL Blue Advantage HMO Plan # MIBAH2020
Plan Year:	05/01/2023 - 04/30/2024

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2023 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				
Item	EHB Benefit	EHB Category	Benchmark Page # Reference from the 'Access to Care and Treatment (ACT) Plan' PDF (shared separately)	Employer Plan Covered Benefit?
1.	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes
2.	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes
3.	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Yes
4.	Durable Medical Equipment	Ambulatory	Pg. 13	Yes
5.	Hospice	Ambulatory	Pg. 28	Yes
6.	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Yes
7.	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes
8.	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes
9.	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Yes
10.	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes
11.	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes
12.	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Yes
13.	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes
14.	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes
15.	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Yes
16.	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes
17.	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes
18.	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes
19.	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes
20.	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes
21.	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes

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Plan Year:	05/01/2023 - 04/30/2024

Ten (10) Essential Health Benefit (EHB) Categories:

22.	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes
23.	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes
24.	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes
25.	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes
26.	Tele-Psychiatry	MH/SUD	Pg. 11	Yes
27.	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes
28.	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	Yes
29.	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	Yes
30.	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes
31.	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes
32.	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes
33.	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes
34.	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes
35.	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes
36.	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes
37.	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes
38.	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes
39.	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes
40.	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes
41.	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes
42.	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

2. RETIREMENT SAVINGS PLAN

VIVA has established a 401 (k) Plan for the exclusive benefit of its employees. The plan allows eligible employees to defer part of their income on a tax-favored basis into the plan. Until the money is distributed from the plan back to the employee, the tax on that income is deferred. **Employees with a minimum of six months of continuous employment are eligible for participation.** There is also a company match of 25% of up to 6% of eligible compensation.



3. PAID LEAVE AND FEDERAL HOLIDAYS

Hourly paid W2 employees are NOT eligible for any paid vacation, personal time-off, sick leave or holiday pay, unless required by law.



4. DIRECT DEPOSIT

Currently, VIVA provides direct deposit of bi-weekly paychecks for all employees. All approved hours are paid according to the bi-weekly payroll calendar. However, the first paycheck will be a paper check unless the bank account number and routing number are verified in writing with a pre-printed official bank document (voided check, bank letter, bank statement, etc.). Final paychecks will be direct deposit only with confirmation that all client property was returned to client satisfaction.



5. H1B VISA AND GREEN CARD SPONSORSHIP

a) Non-Immigrant Visa sponsorship

We file petition I-129 with necessary supporting documents and qualifications of the candidate through the United States Citizenship and Immigration Services (USCIS).

b) Green Card Sponsorship

We sponsor employment-based permanent residence (green card) for our employees. This is a 3-step process and the details are given below:

Step	Estimated Time
Labor Condition Application by VIVA (US Department of Labor)	3 - 8 months
I-140 Immigrant Visa Application by VIVA (USCIS)	2 - 5 months
I-485 and associated Application by the beneficiaries (USCIS)	6 - 24 months or longer

VIVA will engage the services of an attorney; eligible employees will be required to sign an agreement and make necessary payments to start this process, if interested.

6. Perks

i. VIVA's Employee Discount Program

Through VIVA's employee discount platform, you will find thousands of offers on top brands and products, from electronics and home appliances to everyday essentials and groceries.



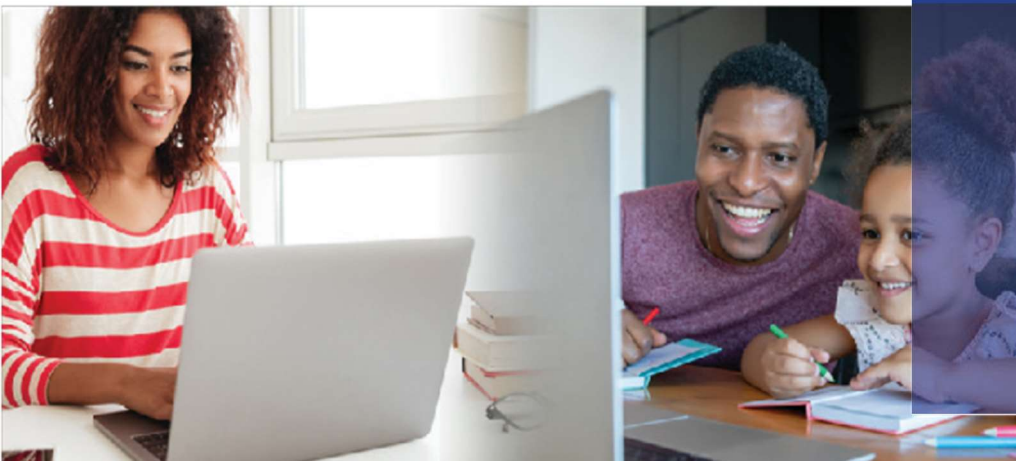
Over 30,000 discount offers nationwide



Exclusive Discounts on top brands. These discounts are not available to the general public



You can invite up to 10 family members or friends to join the platform for free.



Offers free live & On-demand classes for kids and adults, focusing on learning, fitness and fun. Live classes run every Thursday and include weekly VIP speakers.

Here's how you can get started:

1. Visit: <https://www.perksatwork.com/>
2. Click on Register for Free
3. Follow the instructions and enter our company name when signing up and start saving! Put “**VIVA USA, Inc**” as the company name when prompted.
4. If any questions, please contact the Help center, <https://helpcenter.perksatwork.com/hc/en-us>

ii. You will be eligible to receive a referral bonus from VIVA if:



VIVA hires the referral you provide



The referral has worked with VIVA for at least one pay period

Referral bonus amount will be \$500

7. Other Benefits

a) **Remote-work option available, depending on your role/project**

b) **Contract-to-hire opportunities available depending on the client**

Depending on the client project you would work with, the client can hire you full-time.

c) **Possibility to roll onto another project**

When nearing the end of a project with VIVA, you can reach out to our HR team to inquire about other projects. If you are the right candidate for a new project, you can roll-over onto that project once your current project ends.



(847) 368-0860



vivahrteam@viva-it.com

Please consult your updated Employee Handbook for details on other employment benefits and eligibility.

The undersigned employee understands and agrees to this benefit policy and to any and all future changes as deemed necessary by **VIVA**:

Accepted : _____ Employee Name :

Signature : _____ Date : _____