thrive at ICF

2022 Benefits Guide

ICF

If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you additional choices for prescription drug coverage. Please see **page 40** for more details.

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Detailed information on each plan can be found in a Summary Plan Description (SPD). If any discrepancies exist between this booklet and any statement by an ICF employee or vendor representatives, the official plan documents will govern.

Introduction

ICF is an exciting place to work because we make big things happen in our communities and for our clients. At ICF, we make a commitment to support our people on life's journey. We provide the resources and comprehensive benefits to help manage your physical, financial, and life needs along the way. ICF also provides family-friendly support and opportunities for you to earn incentives* while you get and stay healthy. Through our benefit plans and other programs and services, you will have a solid foundation on which to build your future.

To help protect your financial security, we offer medical, dental, and vision coverage; short-term and long-term disability coverage; and company-paid life insurance. Several other voluntary benefit programs provide even more support, including additional optional life insurance, flexible spending accounts, identity theft protection, and prepaid legal services. ICF also offers benefits that add value to your work experience and personal growth, including paid time off, paid holidays, and professional development and educational opportunities.

For a list of incentives, please refer to the Wellness FAQs posted to the **Benefit Marketplace.*

Benefits Eligibility

ICF benefits are available if you're regularly scheduled to work 30 or more hours per week.*

If you're a new hire, benefits begin on your first day of employment; if you change your employment status, benefits begin on the date you become benefits-eligible. For benefits to become effective, you must complete the online enrollment process within 30 days of date of hire or benefits eligibility.

Under many of the benefits plans, you may choose to cover eligible family members.

Eligible Family Members Include:

- Your legal spouse (same and opposite sex) or domestic partner
- Your or your domestic partner's dependent children up to age 26

Dependent Children Include:

- Your natural, step, or foster children and/or domestic partner's children
- Your adopted children (including those you're in the process of adopting and those you're legally obligated to support)
- Children for whom you're legally responsible for providing health coverage as a result of a court order (including a qualified medical child support order)
- Other children who live with you in a regular parent-child relationship, where you act as the legal guardian and the child qualifies as an IRS dependent
- Disabled children, regardless of age, who are physically or mentally incapable of caring for their own needs and depend on you for financial support

**If you're employed by certain subsidiaries within the ICF corporate structure, you may be eligible for benefits that are different from those described in this booklet.*

Benefits Enrollment

All enrollment should be done online through the **Benefit Marketplace** website. Your elections will stay in effect for the entire calendar year.

You can access the site through the ICF intranet or directly at **BenefitMarketplace.icf.com**. If you're using an ICF issued laptop, you'll be logged in automatically. If not, you can log on using your ICF login info—**EmployeeID@icf.com** and password. MFA will be required if you're not on your ICF laptop.

You can also enroll using the Benefitplace app. Download the app from the Apple App Store or Google Play Store. Use the code **ICFI** on your first login. Then use your ICF credentials to login, where your username is **EmployeeID@icf.com**.

Enrollment Changes

Make benefit elections very carefully because, in most cases, the elections that you make must stay in effect for the entire calendar year. The restrictions on changing benefit elections are required by federal laws that make it possible for ICF to provide you with these benefits and their many tax advantages.

Benefit elections may be changed in the course of a year if you experience either a change in status as defined by the IRS or an event that entitles you to special enrollment rights under the Health Insurance Portability and Accountability Act of 1996. These circumstances are generally limited to:

- Change in marital or domestic partnership status
- Change in number of dependents
- Change in employment status for you or your spouse/domestic partner that affects benefits eligibility
- Change in residence or work location that affects benefits eligibility
- Change in dependents meeting/ceasing to meet a plan's definition of dependent
- Receiving a qualified medical child support order
- Significant changes in cost or coverage
- Becoming eligible for Medicare or Medicaid
- Loss of coverage

If you meet one of these criteria, you must click the "Life Event" link in the menu on the left of the **Benefit Marketplace** home page to log your life event. Action must be taken within 30 days of the event that triggers an enrollment opportunity, and most events will require that you submit supporting documentation. If you miss the 30-day deadline, you will have to wait until the next Open Enrollment period.

Dependent Documentation

You will need to provide proper documentation for all dependents added to your medical coverage. If you do not provide the required documentation within 30 days of the change, coverage will be canceled retroactively. You can find more information on the process, including the list of acceptable documents, on the **Benefit Marketplace** enrollment platform. ICF may periodically perform dependent verification audits to ensure dependents remain eligible.

Need Help?

ICF is here to support you and answer all your questions. Use the following resources to get the help you need.

ICF Benefits Service Center (Benefitfocus)

The ICF Benefits Service Center is your first stop for anything related to your benefits eligibility, dependents, coverage, etc. They will:

- Answer your questions about ICF's benefits,
- Explain benefits offerings, including differences in medical plans,
- Assist with enrollment (new hire, qualified life events, Open Enrollment),
- Review your current elections with you,
- Change your HSA contribution,
- Connect you to benefits vendors (UHC, Kaiser, Delta Dental, Vanguard, etc.),
- And more!

Email them anytime at **ICFBenefits@benefitfocus.com**. Or call +1.855.ICF.BENE (423.2363).

Health Advocate

ICF partners with Health Advocate to help you understand and maximize your healthcare benefits. If you're enrolled in any of ICF's medical plans, you have access to a Personal Health Advocate, who can help with a wide range of healthcare and insurance issues. Services provided by the Personal Health Advocate are completely confidential.

This program is free and will help you and your family members (including your spouse, domestic partner, dependents, parents, and parents-in-law) with medical, prescription, dental, and vision questions—even if your family members aren't enrolled in our medical plans. Count on Health Advocate to help you in areas like these:

- Locate doctors, hospitals, and other healthcare providers
- Resolve healthcare billing and insurance claim disputes
- Healthcare decision support:
  - Understanding a diagnosis and treatment,
  - Coordinating services for care, and
  - Transferring medical records
- Navigate your Medicare questions

Personal Health Advocates are more than just benefits problem solvers—they're experts who know how to navigate the complex healthcare system and can help you get the most out of your benefits. Your Personal Health Advocate will work directly with your health plans, providers, and other parties until your issue is resolved. You can connect with a Personal Health Advocate via email at **answers@healthadvocate.com** or by calling +1.866.695.8622 anytime. You may also visit **healthadvocate.com/icf** or download the app.

Pre-Tax Contributions

Whenever possible, ICF helps make benefits more affordable by deducting your contributions toward benefits on a pre-tax basis. In other words, taxes will not be withheld from the part of your salary that is used to pay for these benefits. This reduces the amount of your pay that is subject to federal, state, and in most locations, local income tax, and results in tax savings that are passed through to you in your paycheck. Please note that contributions for domestic partner coverage will be deducted on an after-tax basis where required by law.

Medical Insurance

ICF makes a significant financial investment in our health insurance program and offers choices whenever possible. All of ICF's plans are compliant with the "Patient Protection and Affordable Care Act" (ACA) and offer rich benefits to you:

- UnitedHealthcare (UHC) is ICF's self-insured medical plan offered nationwide with different plan options
- Kaiser Permanente is available in the Washington, DC Metro Area (Mid-Atlantic), California, Colorado, Georgia, Oregon (Northwest), and Washington state
- TRICARE Supplement coverage is available if you're eligible for the Department of Defense's TRICARE plan

How Much Will You Pay?

The plans have different contributions that you must pay for access to the plan. If you certify that you're "tobacco free," you will save $17.31 off your biweekly medical contribution. Each medical option also has certain expenses that you must pay when you receive services. Each option was designed to cover a portion of your costs, but will not pay for all your expenses, such as coinsurance, copays, deductibles, and services that are excluded from coverage.

Out-of-pocket costs for each option vary. Your overall costs will be determined by several things, including which option you choose, the level of coverage provided by that particular option, the number of dependents you cover, and whether you use in-network or out-of-network providers.

Things to Consider

Before choosing your medical option, you might want to answer the following questions:

- What are your anticipated medical expenses for the coming year?
- How much will you have to pay with each available option for expenses such as deductibles, copays, and coinsurance?
- How will the choices you make affect your paycheck?
- Do you or your dependents have other sources of medical coverage?

Each of us is in a different stage of our life and we all have different levels of health and wellbeing. Depending on your personal situation, some plan designs will be better than others. Don't assume that the most expensive premium will provide the best plan for you. Different tiers of coverage with different degrees of use will affect your plan choice. Refer to the Benefits at a Glance chart for a summary of the medical plans. In addition, take advantage of the decision tools available on the **Benefit Marketplace** website, which will guide you through the plan selection process based on your specific plan usage and geographic location.

UnitedHealthcare (UHC) Choice Plus

UHC's Preferred Provider Organization (PPO) plan and the Consumer Directed Health Plans (CDHPs) use UHC's Choice Plus network and allow for both in-network and out-of-network coverage. If you visit an in-network and participating provider, you will receive the highest level of benefits.

If a provider is not in-network, you will receive a lower level of benefits. These services are subject to out-of-network deductibles and coinsurance based on reasonable and customary charges. If your doctor charges more than reasonable and customary rates, you're responsible for paying the difference. In addition, amounts above reasonable and customary rates do not count toward meeting any applicable deductibles or out-of-pocket maximums. Check the Choice Plus network status of providers at myuhc.com.

Costs for the medical plan are shared by you and ICF, and contributions are paid with pre-tax dollars when possible.

UnitedHealthcare PPO Plan with Health Reimbursement Account (HRA)

The PPO plan is paired with a Health Reimbursement Account (HRA) that you can use to help you pay for eligible medical and prescription drug expenses to offset your deductible. You cannot make your own contributions to the HRA.

This plan costs more in monthly contributions, but offers a predictable copay arrangement for many in-network services, with a waiver of deductible. Other services incur the deductible and you're responsible for a portion of the cost once the deductible is met—called coinsurance.

There are different levels of coverage, deductibles, and copays based on whether you receive care in- or out-of-network. You can select your provider each time you or a covered dependent needs care, without referrals from a primary care physician, but you'll pay less if you visit an in-network provider. Please review the Benefits at a Glance chart for details.

IMPORTANT—Please review the Benefits at a Glance chart for a list of benefits and differences between the plan options.

UnitedHealthcare CDHP I and CDHP II with Health Savings Account (HSA)

The CDHP I and CDHP II medical options are high-deductible health plans paired with a Health Savings Account (HSA). ICF contributes to your HSA to help offset the deductible. You decide whether to receive care from an in-network provider or non-network provider each time you or a covered dependent needs care, and you can visit specialists without referrals from a primary care physician.

With the CDHP options, you're responsible for paying your covered medical expenses up to the deductible. After you meet your deductible, you're responsible only for a portion of your medical expenses (coinsurance). Once you meet your out-of-pocket maximum, your qualified medical expenses will be covered at no cost to you if you see an in-network provider for the remainder of the calendar year. It is important to note that annual routine preventive care services are covered at no cost to you if you use an in-network provider.

Health Reimbursement Account (HRA)

If you enroll in the PPO plan, ICF will open an HRA on your behalf with UHC. You cannot make your own contributions; however, you can earn contributions to the account by completing activities through the wellbeing program.

An HRA is an account that helps you pay for eligible out-of-pocket medical and prescription drug expenses. Medical claims will automatically deduct from your HRA prior to you receiving a bill from your provider. Dental and vision expenses are not eligible to be covered by funds from your HRA.

You'll have 90-days after the end of the plan year to submit any outstanding claims.

Your HRA balance will rollover from year to year, but the HRA funds will be forfeited if you leave ICF.

Health Savings Account (HSA)

If you elect a CDHP, you can also have an HSA opened on your behalf. The HSA is available to help you and your family plan, save, and pay for healthcare expenses. You can choose to use HSA funds to pay for out-of-pocket healthcare expenses.

There are three ways to fund your HSA:

- ICF contributions deposited in equal installments (during each payroll) throughout the year, based on your plan selection and corresponding HSA funding amount. New hires will have a prorated amount deposited based on when you start working.
- Additional HSA funds from ICF when you complete certain wellness activities, as listed on the **Benefit Marketplace**.
- Your own contributions into your HSA up to a combined IRS maximum (employer and employee) of $3,650 for an individual and $7,300 for family. If you're 55 or older, or you turn age 55 in 2022, you can deposit an additional $1,000 "catch-up" contribution.

The HSA is through Optum Bank (member FDIC), who partners with UnitedHealthcare to seamlessly integrate with your medical claim process on **myuhc.com**. Although the HSA will be opened for you, you will need to confirm certain information for the bank to be compliant with the Patriot Act. Your deposits can be made through pre-tax payroll contributions, or post-tax lump sum deposits throughout the year. To review your current balance and transaction history, log into **myuhc.com**, and click on the manage your HSA link in the center of the page.

CDHP enrollees are also eligible to enroll in a "limited purpose" FSA. See **page 26** for details.

What Makes HSAs Better?

There are many benefits to HSAs when compared to HRAs and Healthcare FSAs (learn more about FSAs starting on **page 25**).

- HSAs have a much higher IRS limit than HRAs and Healthcare FSAs, enabling you to save more on a tax-free basis
- HSAs are not 'use it or lose it' plans. Any balance left over at year end is rolled over into the next year to help you save funds for larger medical expenses in the future. There is no limit on the balance that can roll over. HRA funds also rollover into the next year. FSA funds, however, do not rollover into the next year; any FSA funds remaining in your account at the end of the plan year are forfeited.
- Your HSA will be in your name; you own the account and it is completely portable if you should ever leave ICF for any reason. Your HRA and FSA are not portable; if you leave ICF, any funds remaining in your HRA or FSA are forfeited.
- Once your HSA balance reaches $2,000, you can choose to invest in mutual funds and any earnings will be tax-free

Eligible Expenses are Tax-Free

HRAs can be used to cover your deductible and your share of medical and prescription drug expenses. Dental and vision costs are not eligible HRA expenses. HSAs have the same eligible expenses as Healthcare FSAs. The full listing of eligible expenses can be found on **www.optumbank.com**.

If you withdraw funds from your HSA for eligible medical expenses, you'll be able to use the funds on a tax-free basis. If you withdraw funds for any other purpose, you will pay income tax plus a 20% penalty. However, if you're over age 65, the penalty does not apply.

There are several ways to withdraw funds:

- You can use a debit card to pay for the expense as it is incurred (for FSA and HSA)
- You can electronically pay a given expense from your account by directing UnitedHealthcare to pay the provider directly
- You can reimburse yourself by transferring funds from your FSA, HSA, or HRA directly into your checking or savings account

Medical Necessity/Prior Authorization

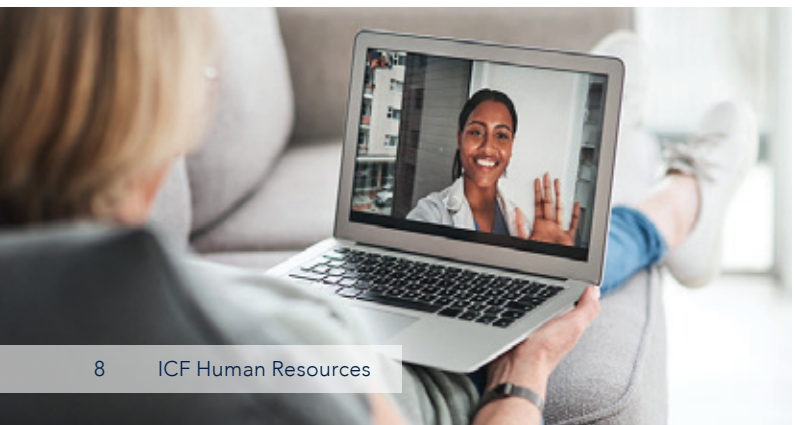
Prior authorization is part of all UHC plans to help you determine if a treatment from your doctor is medically necessary and to ensure that you know how it's covered—so that you have all the information you need before you make decisions. If your provider is in-network, your network provider will typically facilitate the prior authorization process for you. If your provider is out-of-network, you're responsible for obtaining prior authorization.

If you receive certain out-of-network services without receiving prior authorization, your benefits may be reduced and may be responsible for paying for it out of pocket. Go to the UHC page on **BenefitMarketplace.icf.com** to see if the service your doctor is recommending is covered and if you need to obtain prior authorization.

UHC Virtual Visits

UHC Virtual Visits is an affordable and convenient alternative to emergency rooms and urgent care. With Virtual Visits, you can see a doctor whenever, wherever. If you choose a UHC medical plan, you can use Virtual Visits to consult with a board-certified medical provider by phone or video conference using the camera on your computer, tablet, or smart phone. Virtual Visits offers three broad networks from which to choose—Amwell, Doctor on Demand, or Teladoc. You can use this service for non-emergency conditions like ear infections, sinus problems, and upper respiratory infections. If you need a prescription, they will send it electronically to the pharmacy of your choice. Virtual Visits enables you to access care 24 hours a day, seven days a week.

Within 30 minutes or less, you can talk to a doctor who can either treat your issue or discuss treatment options—no waiting for an appointment and no waiting in the doctor's office. Virtual Visits typically cost less than in-person visits. Go to **myuhc.com** to learn more and schedule your appointment.



Expert Medical Opinion Services

ICF offers Expert Medical Opinion (EMO) services through **2nd.MD** for UHC members.

Through 2nd.MD, you can consult with leading physicians and specialists when you have questions about a recent diagnosis or recommended treatment plan, an upcoming surgery or procedure, or a chronic condition.

Consultations are available over the phone or through video—at a time that's convenient for you, including nights and weekends. Consultations are confidential. 2nd.MD is available to you and your dependents at no cost.

Prescription Drug Benefits

If you enroll in a UHC medical plan, you will have prescription drug coverage through CVS/caremark and you will receive a separate ID card for the pharmacy plan. To fill a prescription, take your Caremark ID card to a participating pharmacy. (A list of participating pharmacies can be found at **caremark.com**.)

If you participate in one of the CDHP options, your prescription drug coverage will pay benefits at the copay level only after you have met your deductible. However, if you fill an IRS-qualified preventive care drug form (listed on the **Benefit Marketplace**), the deductible will be waived. This list includes drug treatments for conditions such as high blood pressure, high cholesterol, diabetes, asthma, depression, and oral contraceptives. All qualified expenses will be applied to your out-of-pocket maximum, and your prescriptions will be covered at 100% for the remainder of the year once the out-of-pocket maximum is reached.

The plan has several provisions to help keep your costs down. Examples include generic drug substitution, a maintenance medication mail-order program, and an over-the-counter (OTC) drug benefit.

Generic Drug Substitution

Our plan provides for generic drug substitution, allowing pharmacists to automatically dispense your medication with the generic equivalent drug. Generic drugs are similar to their brand-name counterparts in safety, strength, and quality, but are available at lower prices for you and for ICF. If you wish to have the prescription filled with the brand-name drug, you will be charged the brand-name copay, plus the cost difference between

the generic and brand drug, even if your physician has specified a "dispense as written" requirement. If medically necessary, you may appeal to have the additional charge waived. Please visit caremark.com for detailed information on the appeals process.

Maintenance Drug Program

For maintenance medications, you must use the Maintenance Choice mail-order service or refill your prescriptions through your local CVS retail pharmacy for a 90-day supply. This provides your medication at a lower cost; you pay the equivalent of two payments for a 90-day supply, saving you 33% in drug costs each year (if enrolled in a CDHP, the discount applies only after you meet the deductible).

Mail order offers the convenience of home delivery, saving you time for monthly trips to the pharmacy. To use this service, you must have your doctor electronically submit the request to Caremark or provide an original prescription from your doctor for a 90-day supply, and submit your request to Caremark using the mail-order drug form. Mail-order drug forms are available on the Caremark website (caremark.com). Once your original prescription has been filled, refills can be ordered online or over the phone.

Maintenance Choice™ offers you same-day access to your prescription by using a CVS retail pharmacy. For a small fee, you can request on-demand delivery and receive your medication in about four hours. Alternatively, your medication can be mailed to you in one to two business days at no cost. Once you obtain your prescription from your doctor for a 90-day supply, you can have it filled locally, with auto-refills ready for pick up every three months.

If you need to transfer your prescriptions from another pharmacy, go to caremark.com/MoveMyMeds and enter your member ID (on your member ID card) and select the medications you need. You can also find CVS pharmacies in select Target stores nationwide.

Prior Authorization and Step Therapy

For the following drug classes, our prescription plan requires members to obtain medical documentation that their medication regimen is clinically necessary:

- ADHD/Narcolepsy—only required if you or your dependents are at or above age 19 (e.g., Ritalin)
- Pain—Oral Fentanyl only
- For specialty-class drugs that are only available through the CVS/caremark specialty pharmacy, there is a process for reviewing new prescriptions and, if possible, filling with a drug with proven efficacy that is less expensive. If this alternate drug is not resolving your condition, you will be prescribed the more expensive drug at that time.
- Doxepin—this is a topical cream used to treat atopic dermatitis.

Managed Drug Limits

To ensure the safe use of opioid pain management medications, CVS/caremark has implemented utilization guidelines for some opioid products. Your prescription benefit plan will not cover your opioid medication if it is above the Centers for Disease Control (CDC) standard drug amount. If your doctor prescribes you a dosage for an opioid drug that is above the standard limit, you and your doctor will be contacted. Be sure to let your doctor know that your plan will not cover your costs if you exceed a safe amount of opioid medication. If your doctor

decides that a different quantity of medication is right for you, you or your doctor can request prior authorization for coverage. You can get more information and view the opioid products subjected to the utilization guidelines by visiting caremark.com or calling the Customer Care number on the back of your card.

Please note: Opioid pain medications used to treat cancer pain are not subject to these utilization management changes.

In addition to opioids, this program will monitor whether the FDA-recommended dosages for particular medications are exceeded. If so, you may want to consider accepting the recommended dosage until the additional dosage is approved.

- Antimigraine*—(e.g., Imitrex)
- Intra-Nasal Corticosteroids—(e.g., Flonase)
- Proton Pump Inhibitors (Ulcer/GERD medications)*—(e.g., Nexium)
- Sedatives/Hypnotics*—(e.g., Ambien CR)

**You can receive authorization from your doctor to exceed the managed drug limit for antimigraine, proton pump inhibitors, and sedative/hypnotic medications.*

CVS/caremark Diabetes Management

ICF partners with CVS/caremark to help you manage your diabetes and the associated costs.

The Transform Diabetes Care (TDC) program offers a customized diabetes care experience, comprehensive clinical support, and convenient care delivery through multiple channels.

If eligible, you'll receive a cellular-enabled meter that tracks your glucose readings and provides personalized messaging, testing supplies mailed directly to your home at no cost, and 24/7 coaching and support from clinicians.

Over-the-Counter (OTC) Drug Benefit

Our CVS/caremark plan has a benefit for specific OTC antihistamines and gastrointestinal medications. With a written prescription from your physician that specifies the OTC drug, you can have the medication covered at 100% (after deductible in CDHP options). The list of approved drugs is posted on the Benefit Marketplace.

Prescription-level drugs will still be covered at the appropriate cost. But you may want to consider that an OTC drug can save you money and may be just as successful in treating your condition.

Kaiser Permanente HMO Plan

Kaiser Permanente HMOs are available in the Washington, DC metro area (Mid-Atlantic), California, Colorado, Georgia, Oregon (Northwest), and Washington state.

Kaiser (**kp.org**) is a health system designed to coordinate all your care through a central physician. The system uses a special network of doctors who are Kaiser employees, and Kaiser owns most medical facilities and pharmacies that provide quality care at negotiated rates.

Costs are controlled through strong managed care requirements. You must obtain all non-emergency care through Kaiser facilities or networks, and your primary care physician coordinates all your care with referrals for specialists. There are also strict treatment guidelines, limited to only those proven with high levels of success.

Costs for the medical plan are shared by you and ICF, and contributions are paid with pre-tax dollars when possible.

Why you may decide to elect Kaiser:

- Provides predictability with higher premiums for lower out-of-pocket expenses (copays and lower deductibles)
- Takes the 'work' out of managing your health with 'one-stop' care and little paperwork and tracking of expenses
- Allows tax-free funds for out-of-pocket expenses with the FSA (although it is a 'use it or lose it' program)

In a life-threatening medical condition, or if you require urgent or emergency treatment while away from the Kaiser service area, you should contact Kaiser as soon as possible. Non-urgent care received outside of Kaiser's facilities or networks will not be covered. Specific plan design information is featured in the Benefits at a Glance chart.

TRICARE Supplement

TRICARE Supplemental Insurance is available as a voluntary program if you qualify for TRICARE coverage as retired military personnel or dependents of retired military personnel. Benefits will coordinate with TRICARE Standard, Extra, and Prime, where you and your family members obtain 100% reimbursement (after deductible) for most services covered by TRICARE.

You may not have coverage under an ICF medical plan if you elect coverage under the TRICARE Supplement. Additional information regarding the TRICARE Supplement plan is available at **selmanco.com/tricare-supplement**.

Cost for the TRICARE Supplement is paid by the employee with pre-tax dollars.

TRICARE Supplement Costs	
Level of Coverage	Cost per Pay Period
Employee	$31.15
Employee + Spouse/Domestic Partner	$61.15
Employee + Child(ren)	$61.15
Family	$82.38

UnitedHealthcare PPO

	PPO PLAN	
	In-Network	Out-of-Network
OUT-OF-POCKET COSTS		
Annual Deductible*	$1,000 single/$2,000 family	$2,000 single/$4,000 family
Annual Out-of-Pocket Maximum*	$4,000 single/$8,000 family	$8,000 single/$16,000 family
Lifetime Maximum	None	
HRA Funding (amount you can receive for completing wellness activities as outlined on Benefit Marketplace)	$250 single/$500 family. Both you and your covered spouse/domestic partner must complete activities	
PROVIDER SERVICES		
General Physician Office Visit	$30 copay	40% after deductible
Specialist Office Visit	$50 copay	40% after deductible
Diagnostic Lab/X-ray	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Emergency Room–emergency use only	$100 copay (waived if admitted)	$100 co-pay (waived if admitted)
Urgent Care Facility	$40 copay	40% after deductible
PROVIDER SERVICES		
Routine Adult Physical Exam**	Covered in full	40% after deductible
Children (including immunizations)**	Covered in full	40% after deductible
Well Woman Exam	Covered in full	40% after deductible
Routine Mammogram/Pap Test	Covered in full	40% after deductible
Routine Eye Exam	$30 copay	40% after deductible
HOSPITAL SERVICES		
Inpatient Stay	20% after deductible	40% after deductible
Inpatient Care	20% after deductible	40% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
Inpatient	20% after deductible	40% after deductible
Outpatient	$30 copay	40% after deductible

**Individual deductibles and out-of-pocket maximums can be satisfied by one person in a family. The Plan will then pay accordingly for that individual.*

***Any preventive lab work related to the physical exam will be covered at 100%.*

UnitedHealthcare PPO (continued)

	PPO PLAN In-Network Coverage Only (Out-of-Network is not covered)
PRESCRIPTION DRUGS (drug coverage provided through CVS/caremark with separate ID card)	
Retail Prescriptions	
Generic	$5 copay
Brand–Formulary	15% coinsurance ($30 min/$60 max)
Brand–Non-Formulary	15% coinsurance ($60 min/$120 max)
Specialty Medicine	Only 30-days supply via specialty pharmacy. Applicable generic, preferred, and non-preferred copayments and coinsurance apply
Maintenance Medications*	90-day supply via mail order or in CVS pharmacy locations
Generic	$10 copay
Brand–Formulary	15% coinsurance ($60 min/$120 max)
Brand–Non-Formulary	15% coinsurance ($120 min/$240 max)
EMPLOYEE COST PER PAY PERIOD (non-tobacco rates, tobacco users add $17.31 per pay period)	
Employee	$96.81
Employee + Spouse/Domestic Partner	$225.77
Employee + Child(ren)	$183.06
Family	$329.77

**Prior authorization, pre-notification, and quantity limits apply to certain drug classes. To determine if a specific drug is covered under your plan, log into your account and use the Check Drug Coverage and Cost tool. This plan utilizes the Maintenance Choice Prescription Program which requires those members with ongoing prescriptions to use a 90-day prescription fulfilled either through mail-order or at your local CVS retail pharmacy.*

UnitedHealthcare CDHP

	CDHP I		CDHP II	
	In-Network	Out-of-Network	In-Network	Out-of-Network
OUT-OF-POCKET COSTS				
Annual Deductible*	$2,000 single/$4,000 family	$3,000 single/$6,000 family	$3,000 single/$6,000 family	$6,000 single/$12,000 family
Annual Out-of-Pocket Maximum*	$4,000 single/$8,000 family	$6,000 single/$12,000 family	$6,000 single/$12,000 family	$12,000 single/$24,000 family
Lifetime Maximum	None		None	
HSA Funding (guaranteed, pro-rated for new hires)	$500 single/$1,000 family which is: $19.23 single/$38.46 family per paycheck		$250 single/$500 family which is: $9.62 single/$19.23 family per paycheck	
HSA Funding (amount you can receive for completing wellness activities as outlined on Benefit Marketplace)	$500 single/$1,000 family. Both you and your covered spouse/domestic partner must complete activities		$250 single/$500 family. Both you and your covered spouse/domestic partner must complete activities	
PROVIDER SERVICES				
General Physician Office Visit	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Specialist Office Visit	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Diagnostic Lab/X-ray	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient Surgery	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Emergency Room– emergency use only	20% after deductible	20% after deductible	30% after deductible	30% after deductible
Urgent Care Facility	20% after deductible	40% after deductible	30% after deductible	50% after deductible
PREVENTIVE CARE				
Routine Adult Physical Exam**	Covered in full	40% after deductible	Covered in full	50% after deductible
Children (including immunizations)**	Covered in full	40% after deductible	Covered in full	50% after deductible
Well Woman Exam	Covered in full	40% after deductible	Covered in full	50% after deductible
Routine Mammogram/Pap Test	Covered in full	40% after deductible	Covered in full	50% after deductible
Routine Eye Exam	20% after deductible	40% after deductible	30% after deductible	50% after deductible
HOSPITAL SERVICES				
Inpatient Stay	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Inpatient Care	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible	30% after deductible	50% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES				
Inpatient	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient	20% after deductible	40% after deductible	30% after deductible	50% after deductible

**Individual deductibles apply only to those enrolled in the employee only coverage tier. Individual out-of-pocket maximums can be satisfied by one person in a family in order for the Plan to pay 100% of remaining claims for that individual.*

***Any preventive lab work related to the physical exam will be covered at 100%.*

UnitedHealthcare CDHP (continued)

	CDHP I	CDHP II
	In-Network Coverage Only (Out-of-Network is not covered)	In-Network Coverage Only (Out-of-Network is not covered)
PRESCRIPTION DRUGS (drug coverage provided through CVS/caremark with separate ID card)		
Retail Prescriptions	**Prescription expenses in CDHP must meet deductible first before coverage begins at copay levels below. Preventive drugs are covered with a waiver of deductible.** Please review the list on the Benefit Marketplace. Once the out-of-pocket maximum is reached, prescriptions are covered at 100% for the remainder of the calendar year.*	
Generic	$5 copay	$5 copay
Brand–Formulary	15% coinsurance ($30 min/$60 max)	15% coinsurance ($30 min/$60 max)
Brand–Non-Formulary	15% coinsurance ($60 min/$120 max)	15% coinsurance ($60 min/$120 max)
Specialty Medicine	Only 30-days supply via specialty pharmacy. Applicable generic, preferred, and non-preferred copayments and coinsurance apply	Only 30-days supply via specialty pharmacy. Applicable generic, preferred, and non-preferred copayments and coinsurance apply
Maintenance Medications	90-day supply via mail order or in CVS pharmacy locations	
Generic	$10 copay	$10 copay
Brand–Formulary	15% coinsurance ($60 min/$120 max)	15% coinsurance ($60 min/$120 max)
Brand–Non-Formulary	15% coinsurance ($120 min/$240 max)	15% coinsurance ($120 min/$240 max)
EMPLOYEE COST PER PAY PERIOD (non-tobacco rates, tobacco users add $17.31 per pay period)		
Employee	$76.46	$46.72
Employee + Spouse/Domestic Partner	$184.29	$121.09
Employee + Child(ren)	$144.35	$87.17
Family	$268.35	$175.05

**Prior authorization, pre-notification, and quantity limits apply to certain drug classes. To determine if a specific drug is covered under your plan, log into your account and use the Check Drug Coverage and Cost tool. This plan utilizes the Maintenance Choice Prescription Program which requires those members with ongoing prescriptions to use a 90-day prescription fulfilled either through mail-order or at your local CVS retail pharmacy.*

Kaiser Permanente HMO

WASHINGTON, DC METRO AREA (MID-ATLANTIC)

In-Network

OUT-OF-POCKET COSTS	
Annual Deductible	$200 single $400 family
Annual Out-of-Pocket Maximum	$2,500 single $5,000 family
Lifetime Maximum	None
PROVIDER SERVICES	
General Physician Office Visit	$20 (waived for children younger than age 5)
Specialist Office Visit	$30 copay
Diagnostic Lab/X-ray	10% after deductible
Outpatient Surgery	10% after deductible
EMERGENCY CARE IN AREA	
Emergency Room–emergency use only	$100 copay (waived if admitted)
Urgent Care Facility	$30 copay
EMERGENCY CARE OUT OF AREA	
Emergency Room–emergency use only	Coverage provided for true emergencies. Must report back to Kaiser physician.
PREVENTIVE CARE	
Routine Adult Physical Exam	Covered in full
Children (including immunizations)	Covered in full
Well Woman Exam	Covered in full
Routine Mammogram/Pap Test	Covered in full
Routine Eye Exam	$20 copay per optometrist visit $30 copay per ophthalmologist visit

HOSPITAL SERVICES	
Inpatient Care	10% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	
Inpatient	10% after deductible
Outpatient	$20 copay (individual visit) $10 copay (group visit)
PRESCRIPTION DRUGS	
Retail Prescriptions (up to a 30 day supply)	
Generic	$10 copay KP pharmacy $20 participating pharmacy
Brand–Formulary	$20 copay KP pharmacy $40 participating pharmacy
Brand–Non-Formulary	$35 copay KP pharmacy $55 participating pharmacy
Maintenance Medications (up to a 90-day supply via mail order)	
Generic	$20 copay
Brand–Formulary	$40 copay
Brand–Non-Formulary	$70 copay
EMPLOYEE COST PER PAY PERIOD (non-tobacco rates, tobacco users add $17.31 per pay period)	
Employee	$103.81
Employee + Spouse/Domestic Partner	$237.82
Employee + Child(ren)	$192.80
Family	$345.68

Kaiser Permanente HMO (continued)

CALIFORNIA

In-Network

OUT-OF-POCKET COSTS	
Annual Deductible	$250 single $500 family
Annual Out-of-Pocket Maximum	$3,000 single $6,000 family
Lifetime Maximum	None
PROVIDER SERVICES	
General Physician Office Visit	$10 copay
Specialist Office Visit	$10 copay
Diagnostic Lab/X-ray	$10 copay
Outpatient Surgery	10% after deductible
EMERGENCY CARE IN AREA	
Emergency Room	10% after deductible
Urgent Care Facility	$10 copay
EMERGENCY CARE OUT OF AREA	
Emergency Room–emergency use only	Coverage provided for true emergencies. Must report back to Kaiser physician.
PREVENTIVE CARE	
Routine Adult Physical Exam	Covered in full
Children (including immunizations)	Covered in full
Well Woman Exam	Covered in full
Routine Mammogram/Pap Test	Covered in full
Routine Eye Exam	Covered in full

HOSPITAL SERVICES	
Inpatient Care	10% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	
Inpatient	10% after deductible
Outpatient	$10 copay (individual visit) $5 copay (group visit)
PRESCRIPTION DRUGS	
Retail Prescriptions (up to a 30-day supply)	
Generic	$10 copay
Brand–Formulary	$30 copay
Brand–Non-Formulary	$30 copay
Maintenance Medications (up to a 100-day supply)	
Generic	$20 copay
Brand–Formulary	$60 copay
Brand–Non-Formulary	$60 copay
EMPLOYEE COST PER PAY PERIOD (non-tobacco rates, tobacco users add $17.31 per pay period)	
Employee	$103.81
Employee + Spouse/Domestic Partner	$237.82
Employee + Child(ren)	$192.80
Family	$345.68

Kaiser Permanente HMO (continued)

COLORADO

In-Network

OUT-OF-POCKET COSTS	
Annual Deductible	$200 single $400 family
Annual Out-of-Pocket Maximum	$2,500 single $5,000 family
Lifetime Maximum	None
PROVIDER SERVICES	
General Physician Office Visit	$20 copay + 10% after deductible
Specialist Office Visit	$30 copay + 10% after deductible
Diagnostic Lab/X-ray	X-ray: 10% coinsurance Lab: covered in full
Outpatient Surgery	10% after deductible
EMERGENCY CARE IN AREA	
Emergency Room–emergency use only	10% after deductible up to $500
Urgent Care Facility	$50 copay + 10% after deductible
EMERGENCY CARE OUT OF AREA	
Emergency Room–emergency use only	Coverage provided for true emergencies. Must report back to Kaiser physician.
PREVENTIVE CARE	
Routine Adult Physical Exam	Covered in full
Children (including immunizations)	Covered in full
Well Woman Exam	Covered in full
Routine Mammogram/Pap Test	Covered in full
Routine Eye Exam	$20 copay + 10% after deductible for optometrist visit $30 copay + 10% after deductible for ophthalmologist visit

HOSPITAL SERVICES	
Inpatient Care	10% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	
Inpatient	10% after deductible
Outpatient	$20 copay (individual visit) + 10% after deductible $10 copay (group visit) + 10% after deductible
PRESCRIPTION DRUGS	
Retail Prescriptions (for 30-day supply)	
Generic	$10 copay
Brand–Formulary	$20 copay
Brand–Non-Formulary	$35 copay
Specialty	20% up to $250
Maintenance Medications (for 90-day supply)	
Generic	$20 copay
Brand–Formulary	$40 copay
Brand–Non-Formulary	$70 copay
EMPLOYEE COST PER PAY PERIOD (non-tobacco rates, tobacco users add $17.31 per pay period)	
Employee	$103.81
Employee + Spouse/Domestic Partner	$237.82
Employee + Child(ren)	$192.80
Family	$345.68

Kaiser Permanente HMO (continued)

GEORGIA

In-Network

OUT-OF-POCKET COSTS	
Annual Deductible	$200 single $400 family
Annual Out-of-Pocket Maximum	$2,500 single $5,000 family
Lifetime Maximum	None
PROVIDER SERVICES	
General Physician Office Visit	$20 copay
Specialist Office Visit	$30 copay
Diagnostic Lab/X-ray	Covered in full
Outpatient Surgery	10% after deductible
EMERGENCY CARE IN AREA	
Emergency Room–emergency use only	$100 copay (waived if admitted)
Urgent Care Facility	$30 copay
EMERGENCY CARE OUT OF AREA	
Emergency Room–emergency use only	Coverage provided for true emergencies. Must report back to Kaiser physician.
PREVENTIVE CARE	
Routine Adult Physical Exam	Covered in full
Children (including immunizations)	Covered in full
Well Woman Exam	Covered in full
Routine Mammogram/Pap Test	Covered in full
Routine Eye Exam	$30 copay for refractive exam

HOSPITAL SERVICES	
Inpatient Care	10% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	
Inpatient	10% after deductible
Outpatient	$20 copay (individual visit) $10 copay (group visit for mental health services) $20 copay (group visit for substance abuse services)
PRESCRIPTION DRUGS	
Retail Prescriptions (for 30-day supply)	
Generic	$10 copay KP pharmacy $20 network pharmacies (limited to 1 time fill)
Brand–Formulary	$20 copay KP pharmacy $30 network pharmacies (limited to 1 time fill)
Brand–Non-Formulary	Not covered
Maintenance Medications (for 90-day supply)	
Generic	$20 copay KP pharmacy $40 other pharmacies
Brand–Formulary	$40 copay KP pharmacy $60 other pharmacies
Brand–Non-Formulary	Not covered
EMPLOYEE COST PER PAY PERIOD (non-tobacco rates, tobacco users add $17.31 per pay period)	
Employee	$103.81
Employee + Spouse/Domestic Partner	$237.82
Employee + Child(ren)	$192.80
Family	$345.68

Kaiser Permanente HMO (continued)

OREGON (NORTHWEST)

In-Network

OUT-OF-POCKET COSTS	
Annual Deductible	$250 single $750 family
Annual Out-of-Pocket Maximum	$2,250 single $6,750 family
Lifetime Maximum	None
PROVIDER SERVICES	
General Physician Office Visit	$15 copay
Specialist Office Visit	$25 copay
Diagnostic Lab/X-ray	$15 copay
Outpatient Surgery	10% after deductible
EMERGENCY CARE IN AREA	
Emergency Room–emergency use only	10% after deductible
Urgent Care Facility	$35 copay
EMERGENCY CARE OUT OF AREA	
Emergency Room–emergency use only	Coverage provided for true emergencies. Must report back to Kaiser physician.
PREVENTIVE CARE	
Routine Adult Physical Exam	Covered in full
Children (including immunizations)	Covered in full
Well Woman Exam	Covered in full
Routine Mammogram/Pap Test	Covered in full
Routine Eye Exam	$0 children up to age 19 $15 copay for adults

HOSPITAL SERVICES	
Inpatient Care	10% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	
Inpatient	10% after deductible
Outpatient	$15 copay (individual visit)
PRESCRIPTION DRUGS	
Retail Prescriptions (up to 30-day supply)	
Generic	$10 copay
Brand–Formulary	$20 copay
Brand–Non-Formulary	$40 copay
Specialty	$150 copay
Maintenance Medications (up to 90-day supply)	
Generic	$20 copay
Brand–Formulary	$40 copay
Brand–Non-Formulary	$80 copay
Specialty	$150 copay
EMPLOYEE COST PER PAY PERIOD (non-tobacco rates, tobacco users add $17.31 per pay period)	
Employee	$103.81
Employee + Spouse/Domestic Partner	$237.82
Employee + Child(ren)	$192.80
Family	$345.68

Kaiser Permanente HMO (continued)

WASHINGTON STATE

In-Network

OUT-OF-POCKET COSTS	
Annual Deductible	$200 single $400 family
Annual Out-of-Pocket Maximum	$2,500 single $5,000 family
Lifetime Maximum	None
PROVIDER SERVICES	
General Physician Office Visit	$20 copay
Specialist Office Visit	$40 copay
Diagnostic Lab/X-ray	10% after deductible
Outpatient Surgery	$40 copay / visit + 10% coinsurance after deductible
EMERGENCY CARE IN AREA	
Emergency Room–emergency use only	$100 copay (waived if admitted) + 10% after deductible
Urgent Care Facility	$20 copay
EMERGENCY CARE OUT OF AREA	
Emergency Room–emergency use only	Coverage provided for true emergencies. Must report back to Kaiser physician.
PREVENTIVE CARE	
Routine Adult Physical Exam	Covered in full
Children (including immunizations)	Covered in full
Well Woman Exam	Covered in full
Routine Mammogram/Pap Test	Covered in full
Routine Eye Exam	$20 copay once every 12 months

HOSPITAL SERVICES	
Inpatient Care	$250 copay + 10% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES	
Inpatient	$250 copay + 10% after deductible
Outpatient	$20 copay
PRESCRIPTION DRUGS	
Retail Prescriptions (up to 30-day supply)	
Generic	$10 copay
Brand–Formulary	$20 copay
Brand–Non-Formulary	$40 copay
Maintenance Medications (up to 90-day supply)	
Generic	$20 copay
Brand–Formulary	$40 copay
Brand–Non-Formulary	$80 copay
EMPLOYEE COST PER PAY PERIOD (non-tobacco rates, tobacco users add $17.31 per pay period)	
Employee	$103.81
Employee + Spouse/Domestic Partner	$237.82
Employee + Child(ren)	$192.80
Family	$345.68

Wellbeing Program

We want you to thrive physically and professionally, be emotionally balanced, financially secure, and socially connected. That's why ICF offers a wellbeing program through Virgin Pulse that targets each pillar of wellbeing, including body, mind, finances, community, and career. When you're at your best, it impacts how you engage at work, with your family, and the larger community.

Virgin Pulse entices you to carve out time each day to focus on your wellbeing. You can participate in fun challenges, check out helpful wellbeing content and tips, and access tools and programs that help you make wellbeing a priority. And it's all available through an easy-to-use digital platform.

The wellbeing program is uniquely designed for you and your family. Whether you want to eat healthier, lose weight, reduce stress, find family support programs, save money, or something else, Virgin Pulse will help you find the information you need when you need it and help you achieve your goals.

All employees and their spouse or domestic partner can use the Virgin Pulse wellbeing program, regardless of enrollment in an ICF medical plan. You'll participate in various activities—completing a health screening, tracking healthy behaviors, and attending webinars—and earn points that will accumulate towards your You Matter balance, or HSA/HRA contributions for those enrolled in a UHC medical plan.

Dental Insurance

Preventing problems before they develop is the first rule for good dental health, which is why ICF offers a dental plan that covers routine and non-routine services for taking care of your teeth. Delta Dental provides comprehensive dental benefits through a Preferred Provider Organization (PPO) dental program. The dental PPO gives you flexibility because you may see any licensed dentist you choose. The plan covers the same services whether or not you use a network dentist, but your out-of-pocket costs will generally be lower when you use a network or participating dentist.

Our plan has two types of network dentists: Delta Dental PPO and Delta Dental Premier. While both networks provide discounts, the Delta Dental PPO network provides the deepest discounts. Network dentists will file your claim for you and will accept Delta Dental's payment, plus any required coinsurance and any applicable deductible as payment in full for covered benefits. Check the network status of your dentist at DeltaDentalVA.com. Remember to check both the PPO and Premier network.

You also have the choice of going to a dentist not in the Delta Dental network, although that dentist may charge more than Delta Dental's contract allowance. If your dentist is not in the Delta Dental network, you must pay for any charge above Delta Dental's contract allowance, plus any required coinsurance and any applicable deductible. Sometimes the dentist will file the claim for you; otherwise, you must file a claim for reimbursement with Delta Dental.

For any treatments that will exceed $250, it's recommended (but not required) that you ask your dentist to file a predetermination of benefits with Delta Dental before you begin treatment.

The plan covers four main categories of dental services:

- Diagnostic and Preventive care—such as routine exams, cleanings, and X-rays
- Basic care—including fillings, root canals, and oral surgery
- Major care—including treatment for gum disease, crowns, dentures, and dental implants
- Orthodontia (braces)—for dependent children to age 26

Dental PPO Services	
Category	Coverage
Deductible*	$50 individual/$100 family
Maximum Annual Benefit	$2,000 per covered family member
Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontia**	50% (limited to children younger than 26)

**Deductible does not apply to preventive services or orthodontia.*

***Orthodontia has a separate lifetime maximum benefit of $1,500 per child.*

Costs for the dental PPO are shared by you and ICF, and contributions are paid with pre-tax dollars when possible.

Dental PPO Costs	
Level of Coverage	Cost per Pay Period
Employee	$8.60
Employee + Spouse/Domestic Partner	$14.87
Employee + Child(ren)	$18.42
Family	$26.82

Vision Coverage

ICF medical plans have a built-in vision component, offering an annual vision exam. However, you may find that a supplemental vision program is more suitable for your needs.

The Vision Service Plan (VSP) is a comprehensive program that has an in-network and out-of-network component to provide you broad coverage. You can choose to see any eyecare provider—a VSP doctor, retail chain affiliate (i.e., Costco or Sam's Club), or any other provider. In-network benefits provide the most value from the plan. You can review the comprehensive list of providers at **vsp.com**.

VSP covers an annual eye exam and frames/lenses or contact lenses once every calendar year. Most in-network benefits require a copay as indicated in the following chart. Out-of-network benefits provide for reimbursement of expenses; you will pay the provider for the entire cost and file a claim for reimbursement from the plan.

	The Vision Service Plan (VSP)	
	In-Network	Out-of-Network
Eye Exam	$10 copay	$50 reimbursement
Frames	$25 copay* (up to $150 allowance; 20% discount on charges greater than $150)	$70 reimbursement
Single Vision Lenses (pair)	$25 copay*	$50 reimbursement
Lined Bifocal Vision Lenses (pair)	$25 copay*	$75 reimbursement
Lined Trifocal Vision Lenses (pair)	$25 copay*	$100 reimbursement
Progressive Lenses (one set every 12 months) • Standard • Premium • Custom	$0; covered at 100% $80 - $90 copay $120 - $160 copay	$75 reimbursement
Contact Lenses (in lieu of glasses/lenses)	100% up to $150	$105 reimbursement
Corrective Vision Surgery	Average 15% off regular price, 5% off promotional price from contracted facilities	No discount available

**One copay of $25 will apply for a full set of glasses (frames/lenses).*

VSP does not issue ID cards. In-network providers will verify your coverage at time of service.

ICF's plan with VSP is an "Easy Options" plan, where each covered family member can also **choose one** of the following enhancements at the time of service:

- Increase frame allowance to $250 from $150
- Increase contact lens allowance to $200 from $150
- Full coverage for standard anti-reflective lenses
- Full coverage for photochromic lenses

Cost for the supplemental VSP plan is paid by the employee with pre-tax dollars when possible.

Supplemental VSP	
Level of Coverage	Cost per Pay Period
Employee	$5.03
Employee + Spouse/Domestic Partner	$10.06
Employee + Child(ren)	$10.76
Family	$17.20

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to pay for predictable healthcare and dependent day care expenses with money that has been set aside before federal, FICA, and in most cases, state and local income taxes have been withheld. ICF offers you two FSAs—one for healthcare and one for dependent day care.

Those who enroll in the CDHP medical plans can participate in the Health Savings Account (HSA) and can also enroll in the Limited Purpose FSA. Please refer to the sections on Health Savings Accounts and Limited Purpose FSA for more information.

How Does It Work?

FSAs work like checking accounts.

- Decide the total annual amount to be set aside in a healthcare or dependent day care FSA based on your anticipated expenses for the coming year
- Contributions are automatically deducted from your paycheck each pay period before taxes are calculated, and deposited in your FSA
- Pay for healthcare and dependent care at the time of service. You have a debit card to use for healthcare expenses.
- If you did not use the debit card, submit a claim for eligible expenses
- You're reimbursed from your FSA with the tax-free dollars. You may elect to receive reimbursement in the form of a check or direct deposit.

Debit Card Convenience

The Optum Bank FSA program offers a debit card to use for eligible healthcare expenses. The debit card allows charges to be taken directly from your balance at the point of purchase, eliminating the need to file a claim in most situations.

The IRS requires documentation of expenses to ensure the card is used appropriately for eligible expenses. Since Optum Bank is a UHC company, it is integrated with the UHC claims processing system. If you choose to enroll in a medical plan through UHC and open a Healthcare or Limited Purpose FSA, the process for submitting and substantiating claims and receiving reimbursements will be automated. Many other vendors will also automatically code your purchases, but there will be times when you use the card for eligible expenses without the instant verification process. In this case, you'll receive a notice from Optum Bank requesting receipts for documentation of your purchase. Be sure to keep your receipts in case you need to document the eligibility of your expenses at a later date.

"Use It or Lose It" Rule

Remember that the FSA election is irrevocable unless you have a life status change, and money set aside for healthcare cannot be used to reimburse for dependent day care and vice versa. Plan carefully, as any balances left in FSAs on December 31 will have to be forfeited per IRS regulations. You'll have 90 days after the end of the plan year to submit claims incurred before December 31.

Healthcare FSA

You can pay healthcare costs such as deductibles, copays, coinsurance, and non-covered medical, dental, and vision expenses with pre-tax dollars. With the Healthcare FSA, you can set aside up to $2,750 each year for eligible expenses you anticipate.

How much should you set aside? You may want to review what you spent over the last two years in order to estimate your eligible expenses for the upcoming year. Do you need new glasses, require major dental work, or anticipate any other major expenses? Make sure you consider all options before you decide on the amount of your annual FSA contribution.

Examples of eligible Healthcare FSA expenses:

- Deductibles
- Copays/coinsurance
- Prescriptions
- Eyeglasses/contact lenses
- Laser vision correction surgery
- Smoking cessation programs

Examples of non-eligible Healthcare FSA expenses:

- Cosmetic surgery
- Teeth whitening
- Health club memberships
- Vitamins
- Spa services, including massage not medically necessary

A full list of eligible and non-eligible expenses can be found on the Optum Bank website, www.optumbank.com.

Limited Purpose FSA (for CDHP enrollees only)

You have an HSA available which covers medical, dental, and vision expenses (see page 7 for details). The Limited Purpose FSA allows you to set aside additional funds annually for expenses related to **vision or dental care only**. This account works exactly like a regular Healthcare FSA, where the account is 'use it or lose it' and you fund it through tax-free payroll deductions. The benefit of the Limited Purpose FSA is that you can put annual expenses in this account up to the IRS maximum of $2,750, without reducing the amount you're allowed to deposit tax-free into your HSA. Similar to other FSAs, this account is managed by Optum Bank.

Dependent Day Care FSA

You can pay dependent day care expenses for a child, or for elder care assistance for an IRS qualified dependent adult, with pre-tax dollars. With the dependent day care FSA, you can set aside up to $5,000 each year for eligible expenses you anticipate. You can pay for dependent day care costs for your children younger than 13 or an older child or adult who is physically or mentally incapable of caring for his or her own needs. Please note you're required to report the name, address, and taxpayer ID number of each dependent day care provider if you contribute to a dependent day care FSA.

How much should you set aside? Before you decide how much to contribute to the dependent day care FSA, you may want to consider the following:

- Holidays and vacations during which your dependent care needs might change
- Whether any of your dependents will begin school and require less time in a care facility
- Whether any of your dependents will become ineligible for care during the year (for example, by turning age 13)

In addition to life status changes, a change in your dependent care arrangements can also prompt a change in your dependent day care FSA election, as long as the update is made within 30 days.

You're eligible to enroll in the dependent day care FSA only if you incur dependent care expenses so that you can work. If you're married, your spouse must also work, unless your spouse is disabled or a full-time student. If you're married but file separate income tax returns, IRS regulations limit the use of the dependent day care FSA to $2,500 for each spouse. ICF is required to conduct non-discrimination testing on the dependent day care FSA each year, and this may reduce the amount of your contribution if you earn in excess of $125,000 per year (indexed annually by the IRS).

Tax Credit or Dependent Day Care FSA?

Under certain circumstances, you might save more money by taking a standard tax credit for dependent care on your income tax than by using a dependent day care FSA. This information is not designed to provide individual tax advice. Your personal tax advisor can help you decide which option is best for you. You may not use both the dependent day care FSA and federal tax credit for the same expenses.

Life Insurance

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

Because life insurance and AD&D insurance provide important security for those who depend on you financially, ICF provides basic life and AD&D insurance for you at no cost. You're automatically covered up to your annual earnings to a maximum of $350,000 for both life and AD&D insurance.

- Annual earnings means your current annual rate of pay plus commissions you received in the previous calendar year
- Annual earnings are rounded to the next highest $1,000 for calculating benefits
- Overtime pay and any additional compensation are excluded from the definition of annual earnings

Current tax laws require you to pay income taxes on the premiums that ICF pays for life insurance coverage in excess of $50,000. The value of the life insurance coverage is imputed income and reported on your IRS Form W-2. You can avoid this additional tax liability by electing to limit your company paid coverage to a maximum of $50,000. You can elect this option when you enroll.

How Much Insurance Do You Need?

There is no standard answer for this question because individual needs vary and can change. That is why ICF offers you the option to purchase additional coverage if you need it.

If you have a family relying on you, answering the following questions may help you determine the level of insurance that is right for you:

- How much will your family need to cover debts (home mortgages, student loans, car loans, or credit card balances)?
- What will it cost your family to maintain the same standard of living?
- Are there special needs to provide for, including education?

Employee Supplemental Life and AD&D

In addition to the basic life and AD&D insurance provided by ICF, you can purchase supplemental life insurance and/or AD&D coverage in increments of $10,000. These elections can be made separately, and you can elect up to a maximum of $750,000.

Your supplemental life and AD&D insurance benefit will reduce by 50% on the January 1 after you attain age 70.

You may need to submit Evidence of Insurability when purchasing supplemental life insurance or spouse/domestic partner life insurance.

Spouse/Domestic Partner Supplemental Life and AD&D

You can purchase supplemental life and/or AD&D insurance for your spouse or domestic partner in $10,000 increments up to a maximum of $250,000.

Child Supplemental Life and AD&D

You can purchase life and/or AD&D insurance for your dependent children for either $5,000 or $10,000. If you elect this coverage, every eligible dependent child (generally up to age 25) is covered for one premium amount.

Premiums

The following are the premiums for supplemental life and AD&D coverage for you, your spouse/domestic partner, and children.

Supplemental Life Premiums		
Rates per Month per $1,000 of Coverage		
Age	For You	For Your Spouse/Domestic Partner
< 30	$0.049	$0.050
30–34	$0.065	$0.070
35–39	$0.073	$0.080
40–44	$0.081	$0.100
45–49	$0.122	$0.150
50–54	$0.203	$0.260
55–59	$0.373	$0.420
60–64	$0.592	$0.730
65–69	$1.135	$1.270
70+	$1.841	$2.030

Supplemental AD&D Coverage	
Rate per Month per $1,000 of Coverage	
Employee	$0.016
Spouse/Domestic Partner	$0.014

Supplemental Child Life	
Rate per Pay Period	
$5,000 coverage level	$0.21 for all covered children
$10,000 coverage level	$0.42 for all covered children

Supplemental Child AD&D	
Rate per Pay Period	
$5,000 coverage level	$0.09 for all covered children
$10,000 coverage level	$0.18 for all covered children

Costs of supplemental, spouse/domestic partner, and/or child life insurance will be deducted from your paycheck on an after-tax basis, as required by law.

Business Travel Accident Insurance

ICF provides additional insurance at no cost for you when you travel on company business.

Program features:

- Emergency assistance networks: 24/7 emergency toll-free telephone assistance services, including replacement of lost travel documents, assistance establishing contact with family/personal physician/employer/management, arrangement/coordination of emergency transportation and evacuation as necessary, translation services and referrals to local interpreters as necessary, and legal referrals
- Medical evacuation and repatriation: $50,000 combined; must be ordered by a physician
- Accidental loss of life (basic benefit): five times salary with a minimum benefit of $200,000 up to a maximum of $2,000,000
- Accidental loss (or loss of use) of limbs, hearing, or sight; benefit amounts vary based on a schedule
- Coverage is extended to situations involving bomb scares/searches/explosions, hijacking/skyjacking, and exposure/disappearance
- War risk coverage during travel to certain countries is more limited than the basic benefit and is unavailable in certain circumstances

Illness and Disability

Occasionally, an illness or injury may prevent you from working, perhaps for a considerable period of time. ICF's illness and disability program is designed to replace part of your salary to help you meet your day-to-day living expenses if you become unable to work.

Benefits are provided under three separate programs depending on the length of time you're unable to work: reserve bank, short-term disability, and long-term disability.

Reserve Bank

Reserve bank hours can be used if you take a leave of absence that meets the criteria for a qualified serious health condition as stated under federal law, Family and Medical Leave Act (FMLA), including if you're absent for three or more days due to an acute illness. This leave can also provide you with salary continuation to care for a family member with a serious health condition or to bond with a new child. In the event of a personal illness or injury, your reserve bank will help you continue your salary during the waiting period for the short-term disability plan and can be used to supplement the disability benefit.

You can build up a reserve bank balance through year end deposits (outside of California only). If you have more than 80 hours of paid time off on the last Friday of the calendar year, you have an opportunity to deposit the additional hours (over the 80 hour PTO carryover limit) into your reserve bank. Additional information on the ICF Paid Time Off (PTO) policy can be found in the Employee Handbook.

The total Reserve Bank hours you can maintain cannot exceed 480 hours (or 12 weeks). You will not be able to carry over more time until/unless your balance drops below 480 hours.

Short-Term Disability

ICF provides company-paid short-term disability coverage through Reliance Standard. Reliance Standard will determine whether you have a qualifying disability, from the 8th calendar day through the 180th day of disability. The program provides you with 60% of your weekly salary up to a maximum benefit of $2,000 per week, and may be offset by any other qualified disability payments you may receive, such as state disability payments. Any reserve bank hours submitted to supplement your pay will not offset your disability payment. If you remain disabled after 180 days, your claim may move into long-term disability.

Maternity Leave

If you need to take maternity leave, from the 8th calendar day through the 42nd day (5 weeks), ICF will provide you with 100% of your weekly salary (vs 60% for other disabilities). If your maternity leave requires additional time under medical care, any additional disability payments will be paid at 60% of your weekly salary. ICF also offers paid parental leave to mothers and fathers. See page 36 for more information.

State Disability

In addition to the three plans provided by ICF, you may also be eligible for state disability benefits if you work in California, Hawaii, New Jersey, New York, Puerto Rico, or Rhode Island. Eligibility varies by jurisdiction. Reliance Standard administers the state disability benefits for New York, New Jersey, and Hawaii. All others must contact their respective state disability department to apply. Your ICF disability insurance benefit will be reduced by any benefit you receive from the State.

Long-Term Disability

If you remain disabled and exhaust your short-term disability benefit, Reliance Standard will determine whether you have a qualifying long-term disability, and benefits will continue based on your age at the time of disability and continued medical certification. The program provides you with 60% of your monthly salary up to a maximum benefit of $15,000 per month, and may be offset by any other qualified disability payments you may receive, such as state disability or Social Security disability payments.

ICF shares the cost of long-term disability equally with you. Because you pay for a portion of the premium with post-tax dollars, half of your long-term disability benefit payment is received tax-free. This provides you with a richer total benefit amount that more than offsets the cost of your post-tax contribution should you incur a claim.

How to Calculate Your Costs for Long-Term Disability Insurance

The cost for coverage is $0.153 per $100 of covered monthly earnings. To calculate your contribution per pay period, follow the steps below:

Example:

If your annual earnings are $72,000		
1. Divide your annual earnings (capped at $300,000) by 12 = *Monthly earnings*	$72,000 ÷ 12	$6,000
2. Divide monthly earnings by $100 = *Monthly earnings*/$100	$6,000 ÷ 100	$60
3. Multiply *monthly earnings*/$100 x $0.153 = *Total monthly premium*	$60 x $0.153	$9.18
4. Divide total monthly premium by 2 = *Your cost per month*	$9.18 ÷ 2	$4.59
5. Multiply cost per month by 12 and divide by 26 = *Your cost per pay period*	$4.59 x 12 ÷ 26	Your cost per pay period: $2.12

PTO

Paid Time Off

Paid Time Off (PTO) is an annual leave plan that combines both accrued vacation and sick time into one pool of hours for you to use.

Years of Service	Service Month when PTO accrual increases	Annual PTO	Accrual per Week
New hire–2 yrs		17 days	2.62 hours
2 yr–5 yrs	25 months	18 days	2.77 hours
5 yrs–8 yrs	61 months	19 days	2.92 hours
8 yrs–10 yrs	97 months	20 days	3.08 hours
10 yrs–15 yrs	121 months	22 days	3.38 hours
15 yrs–20 yrs	181 months	23 days	3.54 hours
20+ yrs	241 months	24 days	3.69 hours

If you're benefits-eligible and work part-time, you earn PTO at a pro-rated amount based on hours worked.

Example: Employee has worked for ICF for 7 years and works 35 hours a week.

- 19 days is 2.92 hours accrued per week
- Employee works 87.5% of a full time work week (35 hours/40 hours)
- Weekly accrual will be 2.92 x 87.5% = 2.56 hours

Senior Management employees (M4, M5, I5, I6, I7, and all X levels) are eligible for Executive Personal Leave (EPL) that does not accrue and is approved to be taken based on business conditions. Details can be found in the Employee Handbook.

Points to remember:

- Unused PTO may be carried over from year to year up to a maximum balance of 80 hours per year
- If you're part-time benefits-eligible, you accrue PTO on a pro-rated basis of the schedules above
- If you live in California, Colorado, Montana, and Nebraska you have a PTO cap of 1.5x annual accrual instead of an 80 hour carryover

Holidays

Each year, ICF provides 10 paid holidays. In 2022, you will have seven standard holidays and three floating holidays.

The seven standard holidays for 2022 are:

Holidays	
Holiday	Date Observed
Martin Luther King Jr. Birthday	Monday, January 17
Memorial Day	Monday, May 30
Juneteenth (observed)	Monday, June 20
Independence Day	Monday, July 4
Labor Day	Monday, September 5
Thanksgiving Day	Thursday, November 24
Christmas Day (observed)	Monday, December 26

Note: In 2023, we will resume the normal holiday calendar with 10 holidays—eight fixed holidays and two floating holidays.

Points to remember:

- If you're hired/newly benefits-eligible from January through June, you have three floating holidays in 2022. If you're hired/newly benefits-eligible on or after July 1, you will receive two floating holidays in 2022.
- ICF reserves the right to designate the floating holidays as standard holidays to accommodate client schedules
- Unused floating holidays may not be carried over from one year to the next

Professional Development and Educational Benefits

Professional Development and Educational Benefits

Through a comprehensive professional development program, ICF strives to meet or exceed your evolving training and professional development needs. Continuous learning is supported through internal and external education, certification reimbursement, professional memberships, attendance at outside training seminars and conferences, publishing rewards, and speaking engagements.

Internal Training

ICF provides in-house training opportunities on a wide range of skills. Many classroom and web-based courses are offered, many of which are developed and taught by ICF professionals.

ICF is committed to excellence in project management and has created a set of professional development opportunities in the discipline. ICF has a strong affiliation with the Project Management Institute (PMI). You're encouraged to pursue certification as PMI Project Management Professionals, an internationally recognized designation for having satisfied a set level of knowledge, education, and experience in the field.

Tuition Reimbursement

ICF has an Education Assistance Program that helps you with the cost of continuing your education. ICF provides up to $5,000 in reimbursement for graduate level courses and up to $3,500 for undergraduate and professional certification. These courses must enhance your ability to perform work for our clients, enhance your ability to pursue career advancement within ICF, or are otherwise of benefit to you and ICF.

Education Planning

ICF values education for you and your dependents and helps you plan for the future. Gradvisor is a digital investment platform that makes it easy for you to plan and save for future educational expenses through tax-advantaged 529 college savings plans. Its platform combines state-of-the-art technology and personalized, professional guidance to help you select, open, and track the best college savings plan for your needs.

Student Loan Support

For support with reducing student loan debt, ICF partners with SoFi, the largest provider of student loan refinancing. SoFi refinances both existing student loans and Parent PLUS debt and may offer lower interest rates than federal and/or private options.

Professional Memberships and Certifications

ICF encourages you to join professional societies and participate in activities that will promote your professional development. If you're benefits eligible, the company reimburses the first-time examination and first-year license fees if you seek to become registered or certified in your professional field. ICF also provides for reimbursement of costs associated with membership in a professional organization that is directly related to the company's business.

Conferences, Courses, Seminars, and Conventions

ICF can send you to intensive training courses related to the substantive content of your work. ICF also makes provision for you to attend seminars or conventions, participate on panels, or present professional papers at business-related seminars and conventions.

The Employee Handbook, which is available on the ICF intranet, offers additional details related to the professional development programs.

Retirement Savings Plan

The ICF Retirement Savings Plan provides you with a means to prepare financially for retirement. Everyone is eligible to participate in the plan. Vanguard is the record-keeper for ICF's Retirement Savings Plan.

401(k) Contributions

You may make 401(k) contributions to the plan in an amount equal to 70% of your annual compensation up to the IRS limit of $19,500 for 2021. Federal law caps the amount of compensation on which you may base your contributions. For 2021, the limit is $290,000. Your 401(k) contributions are deducted from each of your paychecks and deposited in your retirement plan account shortly after each pay day. You may start, change, or suspend your 401(k) contributions at any time during the year.

There are two types of 401(k) contributions that you may make to the plan—traditional (pre-tax) or Roth (after-tax). You may make both types of contributions during a year or all of one type or the other up to the $19,500 limit for 2021. The choice is yours and will not affect the amount of matching contributions you receive. So what's the difference? Unlike traditional 401(k) contributions, Roth 401(k) contributions are made on an after-tax basis, so when you withdraw your Roth 401(k) contributions, the whole distribution—contributions and earnings—are paid to you tax-free, if certain conditions are met. Whether Roth 401(k) contributions are right for you depend on your personal situation and what you think will happen to future income tax rates.

Example:

Joe has biweekly compensation of $2,000 and elects to contribute 10% to the plan in the form of 401(k) contributions. Therefore, $200 will be deposited into Joe's individual account under the plan each pay period as 401(k) contributions.

Company Match on 401(k) Contributions

ICF will make up to a maximum 4% matching contribution to the plan on your behalf. To receive the maximum matching contribution from ICF, you must elect to contribute at least 5% in the form of 401(k) contributions. Company matching contributions are made each pay period and are vested 100% immediately. **You must contribute each pay period to receive the full company match**.

ICF matches your contributions at 100% for the first 3% you contribute (each pay period), and 50% of the next 2%, as illustrated below:

If your 401(k) contributions are:	ICF's match is:
0% of compensation	0%
1% of compensation	1%
2% of compensation	2%
3% of compensation	3%
4% of compensation	3.5%
5% of compensation or more	4%

Example:

Because Joe is making at least a 5% 401(k) contribution (see previous example), ICF will contribute an additional $80 in matching contributions each pay period ($2,080/year). When you apply the matching schedule above, you can calculate the ICF match as follows:

$2,000 x 3%	=	$60
($2,000 x 2%) x 50%	=	$20

Catch-Up Contributions

If you will be 50 or older at any time during 2021 and you make the maximum allowable 401(k) contributions to the plan, you may contribute up to an additional $6,500 to the plan in the form of catch-up contributions. Catch-up contributions are made in addition to the 2021 401(k) limit of $19,500. Catch-up contributions may be pre-tax or Roth (after-tax), as you choose. ICF will make matching contributions on catch-up contributions.

Owning Your Own Account

401(k) contributions, company matching contributions, and catch-up contributions are vested immediately at 100%—they are always yours. You can manage your account by visiting **vanguard.com**.

Employee Stock Purchase Plan

ICF established its Employee Stock Purchase Plan (ESPP) to give you the opportunity to buy shares of ICF common stock at a 5% discount from fair market value through payroll deduction. If you choose to participate in the ESPP, you will be more than an ICF employee—you will be a shareholder.

Eligibility for the ESPP is different from eligibility for health and retirement plans. You're eligible to participate in the ESPP if you're employed by ICF or any participating subsidiary on a basis under which you're customarily expected to work more than 20 hours per week or for more than five months per calendar year. However, if you own more than 5% of the total combined voting power or value of all classes of shares of stock, you may not participate in the ESPP.

You may elect a percentage of your after-tax compensation (in multiples of 1%) that you want to have deducted from your paychecks and used to buy shares of stock. Shares of ICF common stock will be offered for purchase under the ESPP through a series of successive offering periods each lasting 6 months and generally running from January 1 through June 30 and July 1 through December 31. Shares will be purchased on the last business day of an offering period and deposited into your individual account held by the ESPP custodian, E*Trade. You can only enroll in the ESPP or change your payroll deduction during the designated ESPP enrollment periods. Keep in mind that there are tax consequences to consider when you participate in the ESPP. You will receive a summary of the ESPP and prospectus if you decide to join, which will give you all the pertinent details.

Work-Life Benefits

Balancing work and personal life has never been more challenging than it is today. Your work-life balance is important to ICF and we strive to offer unique benefits that address today's issues and help you manage your work and life demands effectively.

Employee Assistance Program

Because balancing work and life obligations can be difficult, sometimes it can be helpful to talk things over with a professional—someone who can provide a new perspective or put you in touch with a community resource.

The Employee Assistance Program is available to everyone and their spouses, domestic partners, and dependent children. The program is provided through United Behavioral Health and is easy to use by dialing +1.866.374.6061, where licensed clinicians are available 24/7 by phone. An online resource also is available when you log on to **liveandworkwell.com** (access code: icf).

Program benefits include:

- Six visits per issue per year
- In-person and 24/7 telephone counseling
- Adult/elder support services
- Child/parenting support services—specialized in-depth assistance in finding dependent care for children and elders
- Legal assistance

Family-Friendly Benefits

Paid Parental Leave

To provide more support for growing families, ICF offers four weeks of paid parental leave to both mothers and fathers of newborns or newly adopted children.

The four weeks of paid parental leave, offset by any state provided leave, can be used any time during the 12 months following the child's birth or adoption and can be used in one-week increments. (Note that if you live in New York, Massachusetts, or California smaller increments may apply.)

For birth mothers, your four weeks of paid parental leave may begin after your five weeks of maternity leave through ICF's Short-Term Disability Program. For all other parents, your four weeks of leave may begin any time after your child's birth or adoption.

Adoption Assistance Program

ICF offers financial assistance if you're interested in adopting a child. ICF will contribute $3,000 toward the costs of qualified adoption expenses within the meaning of Section 23 of the Internal Revenue Code. The payment will be excludable from income to the extent allowed by law. Reimbursement will be made after the date the expense has been incurred.

Eligible expenses include:

- Adoption agency fees
- Placement fees
- Attorney/legal fees
- Court costs
- Travel expenses

Additional information on the ICF adoption assistance program can be found on the **Benefit Marketplace**.

Enhanced Family Support Program

During life's ever changing moments, the one constant is family. That's why ICF partners with Bright Horizons to provide additional support for all of your family's needs.

With Bright Horizons, you can:

- Access discounts and get preferred enrollment at Bright Horizons childcare centers
- Search for baby sitters, nannies, housekeepers, and pet caregivers
- Receive discounts for nanny placement services
- Access elder care resources
- Get a discount on the MarcoPolo learning app for pre-schoolers
- Access free and discounted services for academic and virtual learning support
- Create a learning pod
- Get special pricing for premium tutoring and test prep

ARAG UltimateAdvisor Group Legal Plan

ICF offers a voluntary group legal plan to help prepare for expected as well as unexpected legal needs that go beyond the coverage available through the Employee Assistance Program. The UltimateAdvisor legal plan, administered by ARAG, is a legal services plan that provides legal representation for you, your spouse or domestic partner, and dependents at one low cost of $10.15 per pay period.

UltimateAdvisor offers unlimited telephone advice, office consultations, and full representation for issues such as:

- Preparation of wills, living wills, and living trusts
- Purchase, sale, and refinancing of primary residence
- Debt collection defense
- Comprehensive Identity theft protection
- Personal bankruptcy
- Civil litigation defense and court appearances for traffic offenses (excluding DUI charges)

Other services are included in the Legal plan. For a list of participating attorneys in your area and more information, visit **araglegalcenter.com** and use code 16562icf.

Allstate Identity Protection

As the prevalence of identity theft and fraud continue to rise, it's important to make sure your identity and personal information are not compromised. ICF offers PrivacyArmor as a separate benefit to protect you and your family from identity or credit fraud and provides quick restoration for minimal damage and stress.

Coverage for self only is $8.95 per month. Family coverage is $16.95 per month.

IMPORTANT—Enrollment in the legal plan is only allowed for new hires or during Open Enrollment. If you believe you may have a need for these services in the next year, you must enroll during Open Enrollment or wait until the following year to register.

Critical Illness

United Healthcare Critical Illness Insurance provides you with a lump-sum benefit payment, available in three coverage levels ($10,000, $20,000, and $40,000) in the event you or your covered dependents are diagnosed with one of the covered medical conditions (as they are defined by the group certification):

Base Condition:

- Benign brain tumor
- Cancer (invasive and non-invasive*)
- Coma
- Coronary Artery Disease*
- Heart attack
- Major organ failure (including heart and renal failure)
- Permanent paralysis
- Ruptured aneurysm
- Stroke

Additional Conditions:

- ALS
- Complete blindness or loss of hearing
- Advanced Alzheimer's, Multiple Sclerosis, Parkinson's

*Child only Conditions:***

- Cerebral Palsy
- Cleft lip/palate
- Cystic Fibrosis
- Down Syndrome
- Muscular Dystrophy
- Spina Bifida

**Non-invasive cancer or Coronary Artery Disease diagnoses will pay out at 25% of the benefit amount elected.*

***When you purchase coverage for yourself, the child-only conditions are automatically part of your plan, and are paid at 25% of your coverage amount. If a child is diagnosed with more than one child only condition, benefits will only be paid for one condition.*

Hospital Indemnity Plan

The UnitedHealthcare Hospital Indemnity Plan provides extra financial protection if you or a covered family member is hospitalized due to an accident, illness, or planned event such as pregnancy/childbirth. This can help cover out-of-pocket expenses. There are two levels of coverage available.

Hospital Indemnity Plan Selected Benefit Schedule*		
Hospital Coverage	Low Plan	High Plan
Hospital Admission Benefit	$500	$1,000
Hospital Confinement Benefit	$100 per day	$200 per day
Inpatient Rehabilitation Unit Benefit (accident only)	$100 per day	$200 per day
Additional Coverage	Low Plan	High Plan
Health Screening Benefit	$50 per year	$100 per year
Lodging (up to 30 days/plan year)	$100 per day	$200 per day

**See plan document for full coverage information, premium rates, and limitations for pre-existing conditions.*

Group Accident Plan

The UnitedHealthcare Group Accident Plan provides added financial protection if you or a family member is injured in an accident, regardless of whether you need hospital care. This benefit provides a cash payout to help defray costs associated with the accident. There are two levels of coverage available.

Accident Selected Benefit Schedule*		
Injuries	Low Plan	High Plan
Fracture Benefit** Chip fractures paid at 25% of fracture benefit	$150-$4,500	$225-$6,600
Dislocation Benefit** Partial dislocations paid at 25% of dislocation benefit	$250-$4,500	$375-$6,000
Burn Benefit (2nd and 3rd degree)**	$500-$8,000	$750-$12,000
Concussion Benefit	$150	$200
Coma Benefit	$10,000	$15,000
Paralysis Benefit	$5,000-$10,000	$7,500-$15,000
Ruptured Disk with Surgical Repair Benefit	$400	$600
Laceration (Cut) Benefit**	$30-$400	$45-$600
Torn/Ruptured/Severed Tendon/ Ligament/Rotator Cuff Benefit**	$150-$800	$200-$1,200
Emergency Dental Work	$200	$300
Medical Services and Treatment	Low Plan	High Plan
Ground Ambulance Benefit	$200	$300
Air Ambulance	$1,200	$1,800
Rehabilitation Therapy (per visit, to 10 visits)	$25	$30
Surgery Benefit**	$100-$1,000	$150-$1,500
Lodging (up to 30 days)	$150 per day	$225 per day
Hospital Services and Treatment	Low Plan	High Plan
Hospital Admission Benefit– non-ICU or ICU admission	$1,000 or $2,000	$1,200 or $2,400
Hospital Confinement Benefit– non-ICU or ICU confinement	$175 or $500 per day	$250 or $500 per day
Inpatient Rehabilitation Unit Benefit	$100 per day	$150 per day
Follow-up Care	Low Plan	High Plan
Appliances Benefit (e.g., wheelchair, crutches, air cast)	$50-$150	$75-$225
Follow-Up Physician Visit	$50	$75
Prosthetic Device(s)	$500-$1,000	$750-$1,50
Accidental Death	Low Plan	High Plan
Accidental Death Common Carrier (child benefit is 50% of employee/ spouse)	$80,000	$120,000

**See plan document for full coverage information and premium rates.*
***Payment varies by type and severity.*

Commuter Benefits

Transit Subsidy

ICF provides financial support if you commute by public transit, by contributing up to $100 per month toward commuting costs with a dollar for dollar match on the first $100 contributed through the transit benefit plan.

Pre-Tax Transit Benefit

This program allows you to pay for mass transit via pre-tax payroll contribution up to the monthly IRS limit. If you use public transportation or a van pool, you can purchase your fare on a tax-free basis up to the monthly IRS limit. Any costs exceeding the IRS limit are deducted from your paycheck on a post-tax basis. In addition to saving you money, this program is convenient. You receive a Beniversal card that operates like a credit card for qualified transit expenses at approved vendors. This card is loaded automatically with your transit payroll deductions and the ICF match each month (half of monthly election from two pay periods each month).

Pre-Tax Parking Benefit

This program allows you to set aside money for work-related parking expenses up to the monthly IRS limit.

Bicycle Subsidy

This program allows you to receive an after-tax reimbursement for approved items that support the maintenance and upkeep of a bicycle used to get to work at least three to four times a week. Reimbursements are up to $25 per month and will be reimbursed on a quarterly basis. If you purchase a bike for the first time to participate in this program, you eligible for a one-time $75 reimbursement. A one-time reimbursement would count toward the quarterly maximum. The bicycle subsidy benefit cannot be combined with the Pre-tax Transit Benefit.

Employee Discounts

ICF Employee Discount Program (offered through Perks at Work)

This one-stop resource offers you access to national discounts and special money-saving offers. You can access this site through the **Benefit Marketplace** or direct at **perksatwork.com**. You will view a wide variety of products and services in consumer electronics, travel, and entertainment. Click on the products that interest you and you will be directed to a nationally recognized vendor website. You will receive wholesale prices or deep discounts. Items are added to the site regularly, so visit often.

Fitness Program

The fitness program available through Perks at Work provides discounts on membership rates at independent health clubs throughout the United States that have contracted with GlobalFit. You can also receive discounts on the purchase of certain home exercise equipment.

Auto and Home Insurance

This program is designed to provide cost-effective auto, home, and other types of personal property insurance, such as marine coverage for a boat. Participation in this program gives you access to special group rates and payment options, including payroll deduction. MetLife Auto policies offer built-in protection and rewards for safe drivers that could save you money. Learn more about MetLife policies on the **Benefit Marketplace** website.

Pet Insurance

From minor problems to life-threatening situations, there will come a time when your pet needs veterinary medical attention. Veterinary pet insurance through Nationwide gives you access to affordable policies that cover a variety of services including diagnostic tests, prescriptions, office visits, x-rays, lab fees, hospitalization, and surgery. Optional vaccination and routine care coverage also are available. More information can be found on the **Benefit Marketplace** website.

General Notices

This booklet provides highlights of the ICF benefit program that is available if you're United States-based, benefits-eligible, and eligible for the ESPP. It is not intended to provide complete descriptions of the underlying plans, which are governed by company policies or plan documents. If there are any inconsistencies between this booklet and company policies or plan documents, or between company policies or plan documents and any statement by an ICF employee or benefit vendor, company policies or plan documents will govern, respectively. ICF reserves the right to change, amend, or terminate any benefit at any time. This booklet is not an employment contract and participation in a benefit plan or program does not guarantee employment or affect employment-at-will status.

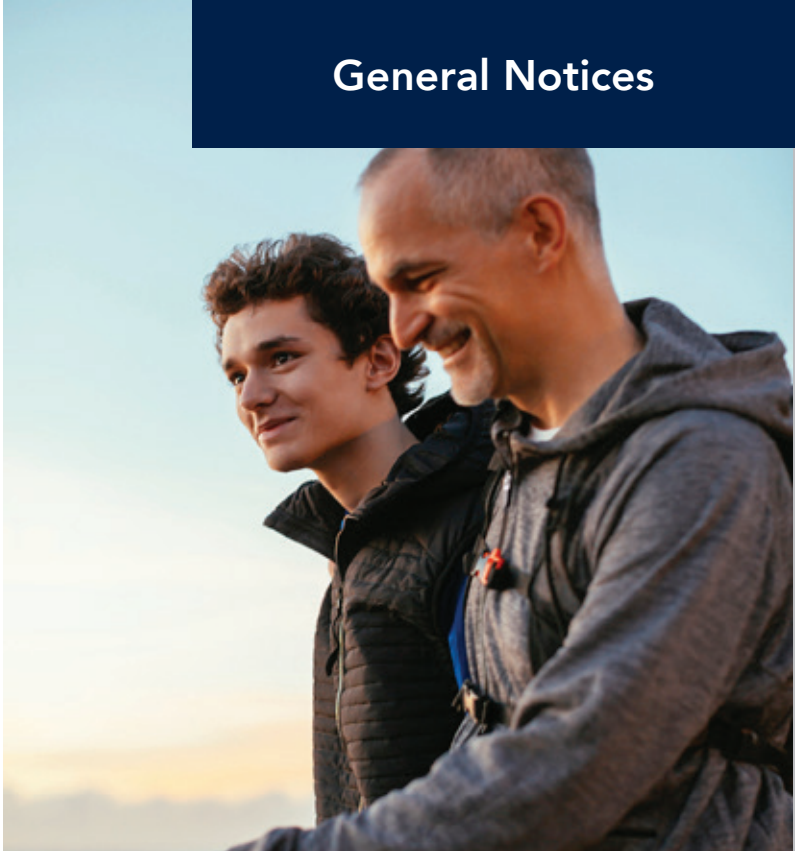
If you're employed by certain subsidiaries within the ICF corporate structure, you may be eligible for benefits that are different from those described in this booklet. Direct questions about coverage availability to the benefits team at +1.855.423.2363 or ICFBenefits@benefitfocus.com.

Notice of Special Enrollment Rights for Health Plan Coverage

If you decline enrollment in ICF's health plan for you or your dependents (including your spouse) because of other health plan coverage, you or your dependents may be able to enroll in ICF's health plan without waiting for the next Open Enrollment period if you:

- Lose other health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you're no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

In addition, you may enroll in ICF's medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within *60 days* after you gain eligibility for medical plan coverage.



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

Medicare Part D–Creditable Coverage

Important Notice from ICF About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with ICF and your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you're considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

IMPORTANT—This is an abbreviated copy of the Medicare Part D notice. If you require the full notice, please contact the Benefits Department.

You need to know two important things about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- ICF has determined that the prescription drug coverage offered by the ICF Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

  Date: October 1, 2021
  Name of Entity/Sender: ICF
  Contact—Position/Office: Benefits Department
  Address: 9300 Lee Hwy., Fairfax, VA 22031
  Phone Number: +1.855.423.2363

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA requires that you be given a Notice of Privacy Practices by the health plan under which you're covered. You will receive this notice when you first enroll in an ICF health plan and at least every 3 years. You may receive a copy of the notice at any time by contacting the benefits team at +1.855.423.2363 or **ICFBenefits@benefitfocus.com**.

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
- 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 +1.855.423.2363.

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 sooner 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 +1.855.423.2363.

Patient Protection Notice

Kaiser Permanente generally requires the designation of a primary care provider. You may select any primary care from the following areas: internal medicine, family practice, and pediatrics who is available to accept the Member. If you do not select a primary care provider upon enrollment, Kaiser Permanente will assign you one near your home. A listing of all primary care physicians is provided to you on an annual basis. For information on how to select a primary care provider, and for a list of primary care providers, contact Kaiser Permanente.

Mental Health Parity and Addiction Equity Act Notice

ICF's group medical plans provide and administer mental health and substance abuse benefits as required by the Mental Health Parity and Addiction Equity Act of 2008 ("MHPAEA"). For more information about ICF's group medical plans and their compliance under the MHPAEA, please contact your plan administrator at +1.855.423.2363.

Wellness Program Notice

ICF's wellness program is a voluntary wellness program available to everyone. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may be asked to complete a biometric screening, which may include a blood test. You're not required to complete the HRA or to participate in the blood test or other medical examinations.

However, if you choose to participate in the wellness program, you will receive an incentive. Although you're not required to complete the HRA or participate in the biometric screening, you will only receive the incentive if you do so.

Additional incentives may be available if you participate in certain health-related activities. If you're unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting your plan administrator at +1.855.423.2363.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

Health-Contingent Wellness Program Notices: Reasonable Alternative Standards

Stop smoking today! We can help! If you're a smoker, we offer a smoking cessation program. We will work with you and your doctor to help you stop smoking. If you complete the program, you can avoid a surcharge. For more information, please contact the benefits team at +1.855.423.2363 or **ICFBenefits@benefitfocus.com**.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on **pages 43** and **44**, 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 (543.7669) or **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** 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, 2021. Contact your State for more information on eligibility.

MEDICAID CONTACT SHEET

Medicaid	Website	Phone
ALABAMA	http://myalhipp.com/	+1.855.692.5447
ALASKA	**The AK Health Insurance Premium Payment Program:** http://myakhipp.com/ CustomerService@MyAKHIPP.com **Medicaid Eligibility:** http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	+1.866.251.4861
ARKANSAS	http://myarhipp.com/	+1.855.MyARHIPP (855.692.7447)
CALIFORNIA	http://dhcs.ca.gov/hipp	+1.916.445.8322
FLORIDA	https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html	+1.877.357.3268
GEORGIA	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp	+1.678.564.1162, ext. 2131
INDIANA	**Healthy Indiana Plan for low-income adults 19-64:** http://www.in.gov/fssa/hip/ **All other Medicaid:** https://www.in.gov/medicaid/	+1.877.438.4479 +1.800.457.4584
KANSAS	https://www.kancare.ks.gov/	+1.800.792.4884
LOUISIANA	www.medicaid.la.gov www.ldh.la.gov/lahipp	+1.888.342.6207 +1.855.618.5488
MAINE	**Enrollment:** https://www.maine.gov/dhhs/ofi/applications-forms **Private Health Insurance Premium:** https://www.maine.gov/dhhs/ofi/applications-forms	+1.800.442.6003 TTY: Maine relay 711 +1.800.977.6740 TTY: Maine relay 711
MINNESOTA	https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/other-insurance.jsp	+1.800.657.3739
MISSOURI	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	+1.573.751.2005
MONTANA	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	+1.800.694.3084
NEBRASKA	http://www.ACCESSNebraska.ne.gov	+1.855.632.7633 Lincoln: +1.402.473.7000 Omaha: +1.402.595.1178
NEVADA	http://dhcfp.nv.gov	+1.800.992.0900
NEW HAMPSHIRE	https://www.dhhs.nh.gov/oii/hipp.htm	+1.603.271.5218 Toll free number for the HIPP program +1.800.852.3345, ext. 5218
NEW YORK	https://www.health.ny.gov/health_care/medicaid/	+1.800.541.2831
NORTH CAROLINA	https://medicaid.ncdhhs.gov/	+1.919.855.4100
NORTH DAKOTA	http://www.nd.gov/dhs/services/medicalserv/medicaid/	+1.844.854.4825
OREGON	http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html	+1.800.699.9075
PENNSYLVANIA	https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx	+1.800.692.7462
SOUTH CAROLINA	http://www.scdhhs.gov	+1.888.549.0820
SOUTH DAKOTA	http://dss.sd.gov	+1.888.828.0059
TEXAS	http://gethipptexas.com/	+1.800.440.0493
VERMONT	http://www.greenmountaincare.org/	+1.800.250.8427
WASHINGTON	https://www.hca.wa.gov/	+1.800.562.3022
WEST VIRGINIA	http://mywvhipp.com/	+1.855.MyWVHIPP (1.855.699.8447)
WYOMING	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	+1.800.251.1269

continued on next page

MEDICAID/CHIP CONTACT SHEET

Medicaid and CHIP	Website	Phone
COLORADO	**Health First Colorado Website:** https://www.healthfirstcolorado.com/ **CHP+:** https://www.colorado.gov/pacific/hcpf/child-health-plan-plus **Health Insurance Buy-In Program (HIBI):** https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program	+1.800.221.3943 State Relay 711 +1.800.359.1991 State Relay 711 +1.855.692.6442
IOWA	**Medicaid:** https://dhs.iowa.gov/ime/members **Hawki:** http://dhs.iowa.gov/Hawki	+1.800.338.8366 +1.800.257.8563
KENTUCKY	**Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)**: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx KIHIPP.PROGRAM@ky.gov **KCHIP:** https://kidshealth.ky.gov/Pages/index.aspx **Kentucky Medicaid:** https://chfs.ky.gov	 +1.855.459.6328 +1.877.524.4718
MASSACHUSETTS	https://www.mass.gov/info-details/masshealth- premium-assistance-pa	+1.800.862.4840
NEW JERSEY	**Medicaid:** http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ **CHIP:** http://www.njfamilycare.org/index.html	**Medicaid Phone:** +1.609.631.2392 **CHIP Phone:** +1.800.701.0710
OKLAHOMA	http://www.insureoklahoma.org	+1.888.365.3742
RHODE ISLAND	http://www.eohhs.ri.gov/	+1.855.697.4347 +1.401.462.0311
UTAH	**Medicaid:** https://medicaid.utah.gov/ **CHIP:** http://health.utah.gov/chip/	+1.801.538.6155
VIRGINIA	https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp	+1.800.432.5924
WISCONSIN	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	+1.800.362.3002

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
+1.877.267.2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

GINA Notice to Avoid Providing Genetic Information

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. Please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling, or genetic diseases for which an individual may be at risk.

Health Insurance Marketplace Coverage Options + Your Health Coverage

When key parts of the healthcare law took effect in 2014, there became a new way to buy health insurance: the Health Insurance Marketplace. 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. Open Enrollment for health insurance coverage through the Marketplace first began in October 2013.

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 9.5% 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 the Benefits team at +1.855.423.2363 or ICFBenefits@benefitfocus.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 for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Learn More and Manage Your Benefits

All ICF carriers have telephone numbers and interactive websites where you can check claim status, find a participating provider, research what is covered, review your eligibility, or print a temporary ID card. These websites provide convenient access to your account information 24 hours a day. Call these numbers or visit these sites for important information regarding your coverage.

ICF Benefits Service Center	Phone	Website	Group Number
General benefits questions	+1.855.423.2363 Option 1	ICFBenefits@Benefitfocus.com	
Medical			
UnitedHealthcare Plans Network: Choice Plus	+1.800.752.8893	myuhc.com	717461
Caremark (UHC Plans)	+1.877.542.0279	caremark.com	CVS Group Number: ICFKI (members prior to 5/1/15) RX1395 (members post 5/1/15)
Kaiser California	+1.800.278.3296	kp.org	Northern CA: 38587 Southern CA: 228015
Kaiser Colorado	+1.855.249.5005	kp.org	31506
Kaiser Georgia	+1.888.865.5813	kp.org	5525
Kaiser Mid-Atlantic (DC)	+1.855.249.5018	kp.org	6525
Kaiser Oregon (Northwest)	+1.800.813.2000	kp.org	16631
Kaiser Washington State	+1.888.901.4636	kp.org	5456700
TRICARE Supplement	+1.800.638.2610 Option 1	selmanco.com/tricare-supplement	C617A-B
Optum Bank (HSAs)	+1.800.791.9361	optumbank.com or myuhc.com	
Health Advocate	+1.866.695.8622	healthadvocate.com/icf	
2nd.MD	+1.866.269.3534	2nd.MD/ICF	
Dental			
Delta Dental Network: PPO (biggest discounts) or Premier (widest network)	+1.800.237.6060	DeltaDentalVA.com	000600412
Vision			
VSP Network: Signature	+1.800.877.7195	vsp.com	30009772
FSA Accounts (Healthcare and/or Dependent Care)			
Optum Bank	+1.800.791.9361	optumbank.com or myuhc.com	
Retirement Savings Plan			
Vanguard	+1.800.523.1188	vanguard.com	092664
Work-Life			
Optum Employee Assistance Program	+1.866.374.6061	liveandworkwell.com (password icf)	
Corporate Perks Discount Program		perksatwork.com	
ARAG Legal Plan	+1.800.247.4184	araglegalcenter.com (code: 16562icf)	
Nationwide Pet Insurance	+1.888.899.4874	petinsurance.com	
Benefit Resource, Inc. (Commuter and Parking Spending Accounts)	+1.800.473.9595	benefitresource.com	
Allstate Identity Protection	+1.800.789.2720	myaip.com	
UnitedHealthcare Supplemental Plans			
Critical Illness, Group Accident, and Hospital Indemnity	+1.866.556.8298	myuhcfp.com	306928

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