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EMPLOYEE BENEFITS

BENEFITS PERIOD: 01.01.21-12.31.21



Welcome to AeroVironment!

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you would like more information about any of the benefits described here, please contact the People and Culture Benefits Group at Benefits@AVinc.com.

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Important Information

The Affordable Care Act and You

The Affordable Care Act (ACA) requires applicable large employers to make affordable coverage available to their employees or risk paying a penalty. Please note that if you are a taxpayer in California, Massachusetts, New Jersey, Rhode Island, Vermont, or the District of Columbia, you will be required to have health coverage (unless you qualify for an exemption) or pay the penalty for the 2021 tax year – these states have an individual mandate requirement. It is important that you understand your options for health insurance coverage. You may consider these options below:

- Enroll in a medical plan offered by Spireon or another group plan
- Purchase coverage through a health insurance marketplace
- Enroll in coverage through a government-sponsored program if eligible

Because AeroVironment's medical plans are considered affordable and meet minimum value under the Affordable Care Act, you will not generally see lower premiums or out-of-pocket costs through the marketplace. In addition, employer contributions to your medical benefits will be lost if you choose to purchase coverage through the marketplace, and your portion of medical premiums will no longer be paid via payroll deductions on a pre-tax basis.

For more information on your coverage options, please visit www.healthcare.gov.

Annual Notices

ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. AeroVironment has posted all federally required annual notices on [My AV Benefits](#) for you to download and read at your convenience. The following is a list of the annual notices:

- Medicare Part D Notice of Creditable Coverage
- HIPAA Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act
- Special Enrollment Rights
- Medicaid & Children's Health Insurance Program
- Grandfathered Plan

Summary of Benefits and Coverage (SBC)

Health insurance issuers and group health plans are required to provide you with an easy-to-understand summary about your health plan's benefits and coverage, referred to as a Summary of Benefits and Coverage (SBC). This guide is designed to help you understand the medical plan options offered to you by AeroVironment. Please refer to the SBC and carrier contracts provided by Anthem Blue Cross for additional plan details.

Grandfathered Status Disclosure

This AeroVironment, Inc. Employee Benefit Plan (Plan) believes that the Anthem Blue Cross PPO and EPO Medical Plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, grandfathered health plans can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. For example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act. For example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at:

AeroVironment, Inc.
900 Innovators Way
Simi Valley
Phone: (805) 520-8350

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Enrollment Information

Who May Enroll

If you are a regular full-time employee working at least 30 hours per week, you and your eligible dependents may participate in AeroVironment's benefits program. Your eligible dependents include:

- Legally married spouse
- Registered domestic partner (enrollment varies by plan). See plan documents for details.
- Children under the age of 26, regardless of student or marital status

In an ongoing effort to provide affordable health insurance to employees, AeroVironment has enlisted a professional dependent verification firm. All dependent verification processes and supporting documents will be completed by our dependent verification firm. You are required to participate in the verification process to ensure medical, dental and/or vision insurance for your dependents.

When You Can Enroll

As an eligible employee, you may enroll at the following times:

- As a new hire, you may participate in the company's benefits program on your date of hire (Vision enrollment is always effective the 1st of the month following your hire date)
- Each year, during open enrollment
- Within 30 days of a qualifying event as defined by the IRS (see Changes To Enrollment below)
- You may enroll in Voluntary Life and AD&D insurance at any time, subject to proof of good health and carrier approval

Paying For Your Coverage

The Employee Assistance Program, Basic Life/AD&D, Advance Medical and Long Term Disability benefits are provided at no cost to you and are paid entirely by AeroVironment. You and the company share in the cost of the Medical and Dental benefits you elect. Any Vision, Voluntary Life/AD&D, Short Term Disability, Long Term Care or Supplemental benefits you elect will be paid by you at discounted group rates. Your Medical, Dental, and Vision contributions are deducted before taxes are withheld which saves you tax dollars. Paying for benefits before-tax means that your share of the costs are deducted before taxes are determined, resulting in more take home pay for you. As a result, the IRS requires that your elections remain in effect for the entire year. You cannot drop or change coverage unless you experience a qualifying event.

Changes To Enrollment

Our benefit plans are effective January 1st through December 31st of each year. There is an annual open enrollment period each year, during which you can make new benefit elections for the following January 1st effective date. Once you make your benefit elections, you cannot change them during the year unless you experience a qualifying event as defined by the IRS. Examples include, but are not limited to the following:

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- A change in your dependent's eligibility status
- Loss of coverage from another health plan
- Change in your residence or workplace (if your benefit options change)
- Loss of coverage through Medicaid or Children's Health Insurance Program (CHIP)
- Becoming eligible for a state's premium assistance program under Medicaid or CHIP

Please note that coverage for a new dependent is not automatic. If you experience a qualifying event, you have 30 days to update your coverage. You may login to Oracle to update your dependent information as needed. If you do not update your coverage within 30 days from the qualifying event, you must wait until the next annual open enrollment period to update your coverage.

Benefits

Medical Insurance

Anthem Blue Cross | PPO & EPO Medical Plans

The Preferred Provider Organization (PPO) and the Exclusive Provider Organization (EPO) plans allows you to direct your own care. You are not limited to the physicians within the network and you may self-refer to specialists. If you receive care from a physician who is a member of the network, a greater percentage of the entire cost will be paid by the insurance plan. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Anthem Blue Cross | HDHP Medical Plan

The high deductible health plan (HDHP) plan, combines a health plan with a special, tax-qualified savings account (HSA). Similar to the PPO plan, you have the freedom to choose your doctor without the requirement of selecting a PCP and you may self-refer to specialists. You may use a network provider whose negotiated rates provide richer levels of benefits with claim forms filed by the providers. You may also obtain services using a non-network provider; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

You may use your HSA funds to pay for current medical expenses or save toward future medical expenses. For details on how the corresponding tax-qualified health savings account (HSA) is funded and administered, please see page 8 of this guide.

Note: If you elect the HDHP with HSA, an HSA will be established in your name at Health Equity, our HSA administrator. Health Equity accounts are subject to US government regulations requiring proof of identify to open a bank account. If you do not comply, your account will not be opened and you will not be eligible to receive the full company contribution (as outlined on page 8 of this guide).



Finding a Medical Provider

Go to www.myTrustmarkBenefits.com or call Trustmark at (866) 280-4120.

- When logged in to your account, go to My Links, then Find a Provider.
- Click on Anthem - Blue Cross Providers.
- Refer to the Blue Cross Prudent Buyer network (California) or Blue Cross Blue Card network (all other states) when prompted.



Benefits– Medical Insurance

Anthem Blue Cross PPO		Anthem Blue Cross EPO	
Network	Non Network	Network	Non Network

Health Benefits

	Anthem Blue Cross PPO		Anthem Blue Cross EPO	
	Network	Non Network	Network	Non Network
Lifetime Maximum Benefit	Unlimited		Unlimited	
Annual Maximum Benefit	Unlimited		Unlimited	
Calendar Year Deductible*				
- Individual	\$0	\$300	\$0	\$500
- Family	\$0	\$900	\$0	\$500 per Member
Co-Insurance (You Pay)	0%	20%	0%	50%
Office Visit Copay				
- Primary Care Physician	\$25 Copay	Ded, 20%	\$13 Copay	Ded, 50%
- Specialist Office Visit	\$25 Copay	Ded, 20%	\$13 Copay	Ded, 50%
Out-of-Pocket Maximum				
- Individual	N/A	\$6,000	N/A	\$12,500
- Family	N/A	\$6,000 per Member	N/A	\$12,500 per Member
Hospitalization				
- Inpatient	\$300 Copay	Ded, \$300 Copay, 20%	\$300 Copay	Ded, \$300 Copay, 50%
- Outpatient	\$130 Copay	Ded, \$130 Copay, 20%	\$130 Copay	Ded, \$130 Copay, 50%
Lab and X-Ray	\$25 Copay	Ded, 20%	\$13 Copay	Ded, 50%
Emergency Services	\$65 Copay	\$65 Copay	\$65 Copay	\$65 Copay
Urgent Care	\$25 Copay	Ded, 20%	\$13 Copay	Ded, 50%
Preventive Care - - <i>Includes Colonoscopy, Mammography, Pap Smears, Well Child Care up to 2 years of Age and Physical Exams (up to \$250 annual maximum benefit). See Plan Document & SPD for more details.</i>	100%	Ded, 20%	100%	Ded, 50%
Chiropractic Care / Acupuncture	\$25 Copay	Ded, 20%	\$13 Copay	Ded, 50%
	Coverage limited to 100 visits, \$1,000 max benefit/ calendar year		Coverage limited to 100 visits, \$1,000 max benefit/ calendar year	
Skilled Nursing Facility/ Rehabilitation Center	\$0 Copay	Ded, 20%	\$0 Copay	Ded, 50%
	Coverage limited to 60 visits/ confinement		Coverage limited to 60 visits/ confinement	
Home Health Care	\$0 Copay	Ded, 20%	\$0 Copay	Ded, 50%
	Coverage limited to 100 visits/calendar year		Coverage limited to 100 visits/calendar year	

Pharmacy Benefits

	Anthem Blue Cross PPO		Anthem Blue Cross EPO	
	Network	Non Network*	Network	Non Network*
Retail Rx - 30 Day Supply				
- Generic Formulary	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
- Brand Name Formulary	The greater of \$20 Copay or 15% \$200	The greater of \$20 Copay or 15% \$200	The greater of \$20 Copay or 15% \$200	The greater of \$20 Copay or 15% \$200
- Brand-Name Maximum Copay				
Mail Order Rx - 90 Day Supply				
- Generic Formulary	\$10 Copay	Not Covered	\$10 Copay	Not Covered
- Brand Name Formulary	The greater of \$20 Copay or 15% \$300	Not Covered	The greater of \$20 Copay or 15% \$300	Not Covered
- Brand-Name Maximum Copay				

* Non network pharmacy claims - Members will be reimbursed the contracted (discounted) cost of the medication minus their applicable copay. Claims must be submitted by completing the paper claim form. which can accessed and downloaded by going to your account at www.Caremark.com. For more information, you can also contact CVS Caremark Customer Care at the number on the back of your medical ID card.

Benefits– Medical Insurance

Anthem Blue Cross HDHP PPO w/ HSA

Network

Non Network

Health Benefits

	Unlimited	
	Unlimited	
Lifetime Maximum Benefit	Unlimited	
Annual Maximum Benefit	Unlimited	
Calendar Year Deductible*		
- Individual	\$2,700	\$5,200
- Family	\$5,200	\$10,400
Co-Insurance (You Pay)	20%	50%
Office Visit (Co-Insurance)		
- Primary Care Physician	Ded, 20%	Ded, 50%
- Specialist Office Visit	Ded, 20%	Ded, 50%
Out-of-Pocket Maximum		
- Individual	\$5,200	\$10,400
- Family	\$7,900	\$20,800
Hospitalization		
- Inpatient	Ded, 20%	Ded, 50%
- Outpatient	Ded, 20%	Ded, 50%
Lab and X-Ray	Ded, 20%	Ded, 50%
Emergency Services	Ded, 20%	
Urgent Care	Ded, 20%	Ded, 50%
Preventive Care <i>(This benefit includes all Preventive Care Services required by the Affordable Care Act (ACA)).</i>	No Charge	Ded, 50%
Chiropractic Care / Acupuncture	Ded, 20%	Ded, 50%
	Coverage limited to 100 visits, \$1,000 max benefit/ calendar year	
Skilled Nursing Facility/ Rehabilitation Center	Ded, 20%	Ded, 50%
	Coverage limited to 60 visits/ confinement	
Home Health Care	Ded. 20%	Ded, 50%
	Coverage limited to 100 visits/calendar year	

* HDHP HSA Deductible:

Under the family deductible, the entire amount must be met before the insurance starts paying.

After reaching the family deductible, the plan starts paying at 80% in-network, 50% non-network.

For Pharmacy benefits, you will need to reach the medical deductible before the plan will begin paying at the copay and coinsurance level.

For more info, go to myTrustmarkBenefits.com.

**** Pharmacy Non-Network** Members will be reimbursed the contracted (discounted) cost of the medication minus their applicable copay.

Claims must be submitted by completing the paper claim form which can be accessed and downloaded by going to your account at www.Caremark.com.

For more information, you can also contact CVS Caremark Customer Care at the number on the back of your medical ID card.

Pharmacy Benefits

	Network	Non Network**
Retail Rx - 30 Day Supply		
- Generic Formulary	Deductible, \$10 Copay	Deductible, \$10 Copay
- Brand Name Formulary	Deductible, the greater of \$20 Copay or 15%	Deductible, the greater of \$20 Copay or 15%
- Brand-Name Maximum Copay	\$200	\$200
Mail Order Rx - 90 Day Supply		
- Generic Formulary	Deductible, \$10 Copay	Not Covered
- Brand Name Formulary	Deductible, the greater of \$20 Copay or 15%	Not Covered
- Brand-Name Maximum Copay	\$300	Not Covered

Medical Insurance

How the Health Savings Account (HSA) Works

The opportunity to establish and contribute to a Health Savings Account is available when you elect the Anthem HDHP with HSA medical plan option. It's like a personal, tax-free savings account for health care expenses that earns interest. Any unused money rolls over from year to year.



In 2021, Aerovironment will make the following biweekly HSA contributions into your account. Annual contribution is prorated monthly for each of the month you are covered by the HDHP Plan:

- Employee: \$19.23 biweekly up to \$500 annually
- Family: \$38.46 biweekly up to \$1,000 annually

In addition to your employer's contribution, you may also choose to contribute into the same HSA account. The combination of your election and employer contribution may not exceed the yearly IRS maximum limit for the year.

IRS maximums for 2021 are:

- Employee: \$3,600
- Family: \$7,200
- Catch-up if you are 55 years of age or older: \$1,000

The portion of your paycheck that you contribute to your HSA will be taken out before you pay federal income taxes, Social Security taxes and most state taxes (excluding state taxes in AL, CA and NJ). Any contributions you decide to have deducted can be changed at any time. Contact People & Culture department for details.

You can decide how to manage your money. The money in your HSA is yours to save and spend on eligible health care expenses whenever you need it, whether in this plan year or in future plan years. You can use the funds in your account to pay tax-free for qualifying out-of-pocket Medical, Dental and Vision expenses such as deductibles, coinsurance and copays. Your account balance earns interest and the unused balance rolls-over from year to year. The money is yours to keep even if you leave Aerovironment, no longer participate in a high deductible health plan (like the Anthem HDHP medical plan), or retire. You may continue to make contributions to your HSA if you enroll in another qualified high deductible health plan, or elect COBRA continuation coverage of your Anthem HDHP PPO w/ HSA medical plan coverage if your employment terminates.

HSA Tax Savings Comparison	Without the HSA	With the HSA
Gross Annual Pay	\$45,000	\$45,000
Employee pre-tax HSA contributions	Not Elected	\$2,500
Taxable Gross Income	\$45,000	\$42,500
Payroll Taxes (at 30%)	\$13,500	\$12,750
Net Pay	\$31,500	\$32,250
Annual Tax Savings	\$0	\$750

Examples of Eligible HSA Expenses

- MEDICAL**
 - Providers (Doctors, Specialists, Nurses)
 - Prescription Drugs
 - Inpatient Hospital Services
 - Laboratory & X-Ray
 - Emergency Services
 - Acupuncture / Chiropractic
- DENTAL**
 - Providers (Dentists, Specialists, Orthodontists)
 - Teeth Cleaning
 - Dental Treatment
 - Orthodontia
- VISION**
 - Providers (Optometrists, Ophthalmologists)
 - Exams
 - Glasses
 - Contact Lenses
 - Lasik Surgery
- PREMIUMS**
 - COBRA
 - Long-Term Care
 - Medicare

Examples of Ineligible HSA Expenses

Ineligible HSA expenses include expenses that are not medical or health related as well as cosmetic surgery.

Medical Insurance - Value Added Benefits

Trustmark

Trustmark is AeroVironment's third party benefits / claims administrator for our self-funded medical, prescription and dental plans. AeroVironment utilizes the networks listed below and claims are processed through Trustmark.

- Medical - Anthem Blue Cross Network
- Prescription - CVS Caremark
- Dental - Cigna Shared Administrator Plus

Trustmark is your one stop shop to review anything related to the plans above when it comes to what is covered by my plan, which doctors, facilities and dental providers are in network and your central location for all of your EOB's otherwise known as your explanation of benefits which breaks down what was charged to the plan and what your responsibility was for a specific claim.

To view your information online, go to www.myTrustmarkBenefits.com and register by clicking on "Create My Account" under "I am a Participant" and follow the prompts. You may also call them at (866) 280-4120.

MyNurse 24/7

AeroVironment employees enrolled in any of the company's medical plans have access to MyNurse 24/7 through Trustmark. Employees can seek immediate clinical advice without having to take a trip to their doctor's office or even the ER. In addition, employees have access to the following resources:

- Health Center (online personal health management system)
- Personal Health Record
- Health Risk Assessment (interactive self-triage program)
- Wellness Programs

To learn more, you can go to www.myTrustmarkBenefits.com or by calling (866) 375-6877.

Advance Medical

AeroVironment is now offering a valuable expert second opinion service through **Advance Medical**. This benefit can be used to ensure that you and your family get the best healthcare possible. The service is free, easy and 100% confidential.

Advance Medical matches patients to the leading doctors on their specific conditions. They will work with the patient to be sure of their diagnosis and recommend the best path for treatment. You should use Advance Medical when you:

- Have a documented diagnosis from a doctor and would like an expert's second opinion regarding the diagnosis and treatment plan
- Find yourself confronting a complex medical condition
- Would like your medications or treatment plan reviewed
- Are scheduled for surgery or major procedure

With Advance Medical, members receiving a medical opinion will have unlimited concierge access to a specialist. For more information, call 866.778.9219 or go to www.advance-medical.net/aerovironment.

Anthem LiveHealth Online - Telemedicine

Virtual Visits on All Medical Plans

You are able to talk and chat with board certified doctors for commonly treated conditions such as cough, cold, minor rashes, allergies, diarrhea, ear pain, fever, flu, headache and pink eye.

To access this benefit, please register at LiveHealthOnline.com or download the **LiveHealth Online** app .

Medical Insurance

Tips for Using Your Medical Benefits

Please refer to the “AeroVironment, Inc. Benefit Document & Summary Plan Description of the Medical, Prescription and Dental Benefits” document for details of the plan’s operations.

- 1** Choice of Network or Non-Network Providers.
Please read the section of the plan document (see above) for details on using network or non-network providers, and how benefit payments differ.

There may be circumstances when a network provider cannot be used, and the plan may cover those expenses at the network benefit levels, applied to usual, customary and reasonable charges. These circumstances include, medical emergency, network directed care is when a network provider directs care or treatment to a non-network physician (applies only to the PPO plan option), instances in which you have no choice over the provider (while in a network facility, a person receives ancillary or emergency room services from a non-network provider and the member has no control over the provider’s selection) and other circumstances listed in the document.

- 2** Ask questions when in doubt.
If you are having a procedure or planning an upcoming procedure, make sure you know how the procedure will be covered and what your out-of-pocket cost will be, if any.
- 3** Utilize your free preventive care benefits to stay healthy.
Preventive care benefits are covered at no charge to you. Regular preventive care can reduce the risk of disease, detect health problems early, protect you from higher costs down the road, and most importantly... save your life! Take advantage of these no cost benefits now to hopefully avoid major illnesses and costs in the future.
- 4** Use urgent care centers versus hospital emergency rooms whenever possible.
Frequently, patients seek the services of the hospital emergency department for ailments or injuries that could be treated more economically, and just as effectively, at an urgent care center. It is not always easy to determine when you should choose urgent care over the hospital emergency department. Generally, you should visit an urgent care center for any illness or injury that would prompt you to see your primary care physician. Examples of emergency situations include but are not limited to any accident or illness that may lead to loss of life or limb, serious medical complication or permanent disability. If you believe you may be experiencing a heart attack, call 911 immediately, and do not drive yourself to the emergency room.
- 5** Use generic and over the counter drugs when available.
The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay. Generic drug companies do not have to develop a medication from scratch, so the costs are significantly less to bring the drug to the market. Once a generic medication is approved, several companies can produce and sell the drug. This competition helps lower prices. In addition, many generic drugs are well-established medications that do not require expensive advertising. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards.
- 6** Use the mail-order prescription drug benefit for maintenance medications.
The mail order pharmacy is a fast, easy and convenient way to save time and money on your maintenance medications. See provisions provided by CVS Caremark for details.



Educational Videos

- Deductibles, Copays, Coinsurance, and Out-of-Pocket Maximums
<http://video.burnhambenefits.com/terms/>
- Flexible Spending Accounts
<http://video.burnhambenefits.com/fsa/>
- HDHP & HSAs
<http://video2.burnhambenefits.com/hdhp>

Dental Insurance

Cigna | PPO Dental Plan

With the Cigna Preferred Provider Organization (PPO) dental plan, you may visit a PPO dentist and benefit from the negotiated rate or visit a non-network dentist. When you utilize a PPO dentist, your out-of-pocket expenses will be less. You may also obtain services using a non-network dentist; however, you will be responsible for the difference between the covered amount and the actual charges and you may be responsible for filing claims.

Cigna PPO	
Network	Non-Network

Dental Benefits

Calendar Year Maximum Benefit	\$2,000	
Calendar Year Deductible*		
- Individual	\$50	
- Family	\$150	
Preventive (Plan Pays) Diagnostic Oral Examinations, 2 Cleanings/Year, X-Rays, Sealants and Fluoride treatments up to the age of 15	100% Deductible Waived	80% Deductible Waived
Basic Services (Plan Pays) Fillings, Dentures, Anesthesia, Extractions, Oral Surgery, Pathology, Injections, Sealants, Space Maintainers, Endodontics, Periodontics, Palliatives, Repairs	90%	80%
Major Services (Plan Pays) Crowns, Implants, Inlays, Onlays, Gold Fillings, Bridgework	50%	50%
Orthodontia Child only Ortho Lifetime Maximum	50% \$1,500	

*Eligible expenses incurred in the last 3 months of a calendar year and applied toward that year's deductible can be carried forward and applied toward your deductible for the next calendar year.



Finding a Dental Provider

Go to www.myTrustmarkBenefits.com or call TrustmarkBenefits at (866) 280-4120.

- When logged in to your account, go to My Links, then Find a Provider.
- Click on Cigna Dental SA Plus Providers.

Note

We strongly recommend you ask your dentist for a predetermination if total charges are expected to exceed \$300. Predetermination enables you and your dentist to know in advance what the payment will be for any service that may be in question.

Vision Insurance

Eye Med Vision | PPO Vision Plan

The Eye Med Vision plan provides professional vision care and high quality lenses and frames through a broad network of optical specialists. You will receive richer benefits if you utilize a network provider. If you utilize a non-network provider, you will be responsible to pay all charges at the time of your appointment and will be required to file an itemized claim with Eye Med Vision.

	Eye Med Vision PPO	
	Network	Non-Network
Vision Benefits	(Reimbursement Amounts)	
Copay - Examination (Every 12 months) - Materials	\$10 Copay \$0 Copay up to \$150, 20%	Up to \$40 Up to \$105
Lenses (In lieu of contacts, Every 12 Months) - Single Vision - Bifocal - Trifocal - Progressive	\$0 copay \$0 copay \$0 copay \$55 / \$85/ \$95/ \$110/ \$175 (Standard to tier 4)	Up to \$30 Up to \$50 Up to \$70 Up to \$50
Frames (Every 24 Months)	\$150 Allowance	Up to \$105
Contact Lenses (Every 12 Months) - Conventional - Disposable - Medically Necessary	In Lieu of Frames and Lenses	
	Up to \$150 allowance, 15% Up to \$150 allowance 100%	Up to \$105 Up to \$105 Up to \$210

Note

The Eye Med Vision network includes access to independent ophthalmologists and optometrists, as well as LensCrafters, Pearle Vision, Sears Optical, Target Optical and JCPenney .



Finding a Vision Provider

Go to www.EyeMed.com or call (866) 804-0982 for more information.

Employee Assistance Program

Curalinc | Employee Assistance Program

The Employee Assistance Program (EAP) provides you and your household members with free, confidential assistance to help with personal or professional problems that may interfere with work or family responsibilities and obligations. Services are available 24 hours a day, 7 days a week via a toll-free nationwide number. You and your household members can receive up to 3 counseling sessions per person, per problem, per year.



Accessing the EAP

Go to www.curalinc.com or call (800) 490-1585 to be immediately connected to an EAP counselor.

Website Login— Username: aerovironment

Life and AD&D Insurance

Mutual of Omaha | Basic Life and AD&D

Life insurance protects your family or other beneficiaries in the event of your death while you are still actively employed with the company. AeroVironment pays for coverage, offered through Mutual of Omaha, in the amount of 1 times your annual salary to a maximum benefit of \$100,000. For your specific basic life coverage amount, please log in to your benefits portal. If your death is due to a covered accident or injury, your beneficiary will receive an additional amount through Accidental Death and Dismemberment (AD&D) coverage.

Mutual of Omaha | Voluntary Life and AD&D

In addition to the company provided Basic Life and AD&D benefits, you may elect to purchase additional Term Life and AD&D insurance at discounted group rates provided by Mutual of Omaha. If elected, you pay for this coverage with after-tax dollars through convenient payroll deductions .

Employee
You may purchase coverage for yourself in increments of \$5,000 with a minimum benefit of \$10,000 and a maximum benefit of \$500,000. Please note your benefit may not to exceed 7 times your annual salary.
Spouse
If you buy coverage for yourself, you may also purchase coverage for your eligible spouse. Benefits for your spouse are available in increments of \$5,000 to a maximum benefit of \$150,000 and may not exceed your employee election. Elected coverage amount above the guarantee issue listed below will be subject to Evidence of Insurability.
Child(ren)
If you buy coverage for yourself, you may also purchase coverage for your eligible dependent child(ren). Benefits for your child(ren) (ages birth to 26 years of age) are available in the amount of \$10,000.

Guarantee issue is a pre-approved amount of coverage that does not require you to provide proof of good health, and is available to you during your initial eligibility period (upon hire). Guarantee issue is available in the following amounts:

- Employee = 7 times your annual salary to a maximum of \$250,000
- Spouse = 100% of employee benefit up to a maximum of \$50,000
- Child(ren) = 100% of employee benefit up to a maximum of \$10,000

If you are no longer in your initial eligibility period, you may enroll in Voluntary Life and AD&D insurance anytime during the year as long as you provide proof of good health. To provide proof of good health or Evidence of Insurability, you will be asked to complete a health questionnaire and are subject to insurance carrier approval. Mutual of Omaha may approve or decline coverage based on a review of your health history.

Disability Insurance

Mutual of Omaha | Voluntary Short Term Disability

AeroVironment offers you the opportunity to purchase Voluntary Short Term Disability (STD) income replacement at discounted group rates, through Mutual of Omaha. If you experience a temporary disability, benefits begin 7 days after the start of your accident, sickness or pregnancy and will continue up to a maximum of 25 weeks. This plan pays in addition to any state disability programs (if applicable) an additional 30% of your pre-disability earnings up to a maximum benefit of \$2,500 per week. If you reside in a state which does not have mandated state disability coverage, your benefit level under this plan would be 60% of your pre-disability earnings, up to \$2,500 per week.

Mutual of Omaha | Long Term Disability

AeroVironment offers you Long Term Disability (LTD) to provide income replacement if you become disabled for an extended period of time, through Mutual of Omaha. If you meet the definition of disability under the plan, there is an elimination period before benefits are payable. Your benefits under this plan would begin 180 days after the onset of your disabling injury or illness. The LTD benefit will cover 60% of your monthly pay to a maximum of \$10,000 amount. LTD works with state disability programs, Social Security, and any other group disability coverage, to provide you with a combined monthly benefit. See the plan summary provided by People & Culture for details on this plan.

Long Term Care Insurance

Unum | Long Term Care

AeroVironment provides you the opportunity to purchase Long Term Care insurance at discounted group rates through Unum. Long Term Care provides resources that might be needed when you or an eligible family member requires help with two or more activities of daily living or when suffering a severe cognitive impairment.

Your initial eligibility and enrollment period is up to 30 days from your hire date. During that time, you will not be subject to underwriting if you enroll up to the guarantee issue. Coverage amounts above the guarantee issue, enrolling past the initial eligibility and enrollment period as well as coverage for your spouse and eligible dependent will always be subject to Evidence of Insurability.

Plan options are available that provide monetary assistance for nursing and residential care facilities, community-based and immediate family member care. Your plan can be purchased at a flat rate of coverage or with an inflation writer. Benefits are portable upon separation from the company.

Contributions are determined based on the coverage you elect and your age at enrollment. Once you are enrolled, your contributions will not increase as you age or if a claim is filed.



For More Information or To Enroll

Call (800) 227-4165 or visit <http://www.unuminfo.com/aerovironment/enrollment.aspx>

Supplemental Benefits

You may purchase voluntary policies from Mutual of Omaha including Accident and Critical Illness. Your premiums are paid through payroll deductions on an after-tax basis. Mutual of Omaha policies offer direct-to-the-policyholder cash payouts to help cover what other insurance doesn't.

Mutual of Omaha | Critical Illness

Mutual of Omaha's Critical Illness Plan will provide a lump sum benefit payment upon the first and second diagnosis of any qualified Critical Illnesses. Covered conditions include cancer, heart attack, stroke, heart failure, coronary arteriosclerosis, organ failure and kidney failure. Benefits are paid directly to you, and funds can be used under your discretion for things such as childcare, transportation and to fill in gaps in your medical plan, like copays and deductibles. Benefits are paid even if medical insurance is paying 100% of the cost. An additional wellness benefit pays when you complete health screenings such as mammography, colonoscopy, pap smear, PSA, serum cholesterol testing, completion of smoking cessation, and weight reduction programs. Evidence of Insurability is not required. Please note, you must be enrolled in a major medical plan for yourself and your covered dependents in order to elect this plan. Age restrictions apply.

Plan options are available so you can select the level of coverage that is best for you:

- **Employee:** You may choose a lump sum benefit of \$5,000, \$10,000 or \$15,000.
- **Spouse:** You may choose a lump sum benefit of \$5,000, \$10,000 or \$15,000. Please note, your elected spousal benefit may not exceed 100% of your employee election.
- **Child(ren):** The child benefit will be 25% of your employee elected benefit.

Mutual of Omaha | Accident

Mutual of Omaha's Accident plan will pay you a benefit to help cover your out-of-pocket medical costs in the event of an accident. For covered accidental injuries, fixed benefits are paid directly to you, regardless of any other coverage. Benefits are paid according to a fixed schedule that includes benefits for specified accidents, x-rays, treatment by a physician, treatment received in a hospital room, ambulance, follow-up treatment, rehabilitation, lodging, transportation, and more. On the High plan an additional wellness benefit includes coverage for screenings and procedures such as well visits, mammography, colonoscopy, pap smear, PSA, serum cholesterol test and many more. You must be enrolled in a major medical plan for yourself and your covered dependents in order to elect this plan. Age restrictions apply.



Flexible Spending Accounts

You can set aside money in Flexible Spending Accounts (FSAs) before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. Only expenses for services incurred during the plan year are eligible for reimbursement from your accounts. You choose how you would like to pay for your eligible FSA expenses. You may use a debit card provided by Health Equity or pay in full and file a claim for reimbursement. Please remember that if you are using your debit card, you must save your receipts, just in case Health Equity needs a copy for verification. Also, all receipts should be itemized to reflect what product or service was purchased. Credit card receipts are not sufficient per IRS guidelines.

Health Equity | Health Care Spending Account (HCSA)

This plan is used to pay for expenses not covered under your Medical, Dental, and Vision plans, such as deductibles, coinsurance, copays and expenses that exceed plan limits. You may defer up to \$2,750 pre-tax per year. If you are enrolled in the Anthem HDHP PPO plan, you are not eligible to participate in the HCSA. Please refer to pages 4 and 8 for more options for you.

Health Equity | Dependent Care Assistance Plan (DCAP)

This plan is used to pay for eligible expenses you incur for child care, or for the care of a disabled dependent, while you work. You may defer up to \$5,000 pre-tax per year (or \$2,500 if you are married but file taxes separately).

FSAs offer sizable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the use-it-or-lose-it rule. According to this rule, you must forfeit any money left in your account(s) after your expenses for the year have been reimbursed. The IRS does not allow the return of unused account balances at the end of the plan year, and remaining balances cannot be carried forward to a future plan year. We encourage you to plan ahead to make the most of your FSA dollars. If you are unable to estimate your health care and dependent care expenses accurately, it is better to be conservative and underestimate rather than overestimate your expenses.

Example

Dan estimates that he will have approximately \$1,200 in out-of-pocket health care expenses next year and is looking to increase his take-home pay.

	Without the Health Care FSA	With the Health Care FSA
Gross Annual Pay	\$45,000	\$45,000
Pre-Tax Health Care FSA	Not Elected	\$1,200
Taxable Gross Income	\$45,000	\$43,800
Payroll Taxes (at 30%)	\$13,500	\$13,140
Health Care Cost	\$1,200	\$0
Net Pay	\$30,300	\$30,660
Annual Net Pay Increase	\$0	\$360



Accessing Your FSA Account

Call (866) 735-8195 or create an online account at www.healthequity.com. You can view transaction status, upload receipts, and much more. The site is secure and fully encrypted for your protection.

Important Note About the FSA

It is important to note that your FSA elections will expire each year on December 31st. If you plan to participate in the FSA for the upcoming plan year, you are required to re-enroll.

Benefits

ADP | 401(k) Plan

Take an important step toward making tomorrow financially secure and join your retirement savings plan today. Take advantage of AeroVironment's 401K plan, which offers a rewarding way to invest for your retirement. Employees are eligible to defer from 1% to 75% of pay. Employees can change their contribution percentages at any time. AeroVironment makes a matching contribution directly into your account each pay period. The company match is 100% of the first 5.75% of your compensation that you contribute per pay period.

401(k) IRS Maximums	2020	2021
Elective Deferral	\$19,500	\$19,500
Catch-Up for Employees Age 50+	\$6,500	\$6,500



Accessing the 401(K)

For more information regarding the 401(k) plan, including enrollment, loans, contributions and investment election changes, visit ADP at www.mykplan.com.



Educational Assistance Program

AeroVironment | Educational Assistance Program

The educational assistance program provides financial assistance for pre-approved educational courses or seminars which directly relate to your current job responsibilities and will enhance your job effectiveness, relate to skills and knowledge necessary to advance to another position within the company, and/or will allow you to obtain special training or knowledge that is required by the company.

The Educational Assistance Program offers up to **\$1,000** per calendar year for tuition, books, and lab costs, and up to **\$50** per course for textbooks. Reimbursement will be provided after course completion with a “B” or better grade, or a certificate of completion. Reimbursement will not be paid for incomplete course work or grades lower than a “B”, for miscellaneous fees, parking or mileage. **Company required** courses and seminars **do not** count against your benefit maximum.

Tuition Reimbursement Program

AeroVironment | Tuition Reimbursement Program

AeroVironment is committed to providing employees with the opportunity to enhance and develop their knowledge and skills to meet the individual’s career development goals as well as develop our workforce capabilities. AV recognizes that obtaining a higher education can be a key component to support this objective.

Annual reimbursement for Undergraduate Degree Programs is \$5,250.00 and Graduate Degree Programs is \$8,000.00 reimbursable upon completion of courses with a grade of B or better. Reimbursement can be requested for expenses such as tuition fees, examination fees, laboratory fees and textbooks.

Credit Union

Technology Federal Credit Union | Credit Union

You and your family members may join the Technology Federal Credit Union (Tech Fed), which provides a wide array of services for a nominal membership fee. Tech Fed is now among the top 1% of the nation’s largest credit unions with seven full service branches in the Silicon Valley. Tech Fed is affiliated with other credit unions to make these benefits more accessible to you. To find associated branches, visit www.techcu.com.



For More Information or To Enroll

Go to www.techcu.com or call (800) 553-0880.

Identity Theft

LifeLock | Identity Theft

LifeLock is a leader in identity theft protection services. Their focus is on helping you protect your identity—to help keep you safer—in an always connected world. AeroVironment employees will have a choice of two LifeLock options, Benefit Elite and Ultimate Plus. Both options include the following 3 Layers of Protection:

- Detect – LifeLock searches over a trillion data points looking for potential threats to your identity.
- Alert – The patented LifeLock Identity Alert System will let you know about suspicious activity by text, phone or email.
- Restore – If you become a victim of fraud, an Identity Restoration Specialist handles your case every step of the way.

LifeLock Benefit Elite helps protect your identity along with your nest egg and includes scanning for misuse of your 401(k), Social Security Number, change of address and court records, and 3 Layers of Protection.

LifeLock Ultimate Plus provides the services of Benefit Elite plus bank account application and takeover alerts, online credit reports and credit scores and the 3 Layers of Protection.

Resources and Contacts

Below is a list of insurance carrier contacts, should you require assistance with your benefit questions following open enrollment. If you are unable to resolve your issues or questions with the insurance carriers directly, please contact the People & Culture Department.

Medical - Anthem Blue Cross / Trustmark	
Trustmark Member Services	(866) 280-4120
CVS/Caremark Retail Pharmacy	(866) 823-5182
CVS/Caremark Mail Order Pharmacy	(866) 823-5182
Trustmark Carrier Website	www.mytrustmarkbenefits.com
Nurseline - MyNurse24/7	
Member Services	(866) 375-6877
Trustmark Carrier Website	www.mytrustmarkbenefits.com
Medical Review - Advance Medical	
Member Services.....	(866) 778-9219
Carrier Website.....	www.advance-medical.net/aerovironment
Dental - Cigna / Trustmark	
Member Services	(866) 280-4120
Carrier Website	www.cigna.com
Vision - EyeMed Vision	
Member Services	(866) 804-0982
Carrier Website	www.eyemed.com
Employee Assistance Program - Curalinc	
Member Services	(800) 490-1585
Carrier Website	www.curalinc.com
Life and AD&D / Disability - Mutual of Omaha	
Life and AD&D Claims Services	(800) 775-8805
STD Member Services	(800) 877-5176
LTD Member Services	(800) 877-5176
Carrier Website	www.mutualofomaha.com
Long Term Care - Unum	
Counselor Services	(800) 227-4165
Counselor Fax	(866) 867-3054
Carrier Website	www.unum.com
Flexible Spending Accounts –Health Equity	
Member Services	(866) 735-8195
Carrier Website	www.healthequity.com
Heath Savings Account - Health Equity	
Member Services	(866) 735-8195
Carrier Website.....	www.healthequity.com
Retirement Savings Plan - ADP	
Carrier Website.....	www.mykplan.com
Credit Union - Technology Federal Credit Union	
Member Services	(800) 553-0880
Carrier Website	www.techcu.com
Identity Theft - LifeLock Identity Theft	
Member Services	(800) 607-9174
Carrier Website	https://memberportal.lifelock.com/

Employee Contributions

This chart compares the bi-weekly contributions for our employee benefit plans. Your cost for coverage will vary depending on the option and level of coverage you choose. For your convenience, your age-banded Voluntary Life and AD&D premiums have been pre-calculated for you in Oracle.

Employee contributions for Medical, Dental, and Vision are deducted from your paycheck with pre-tax dollars. This means that contributions are taken from your earnings before taxes, resulting in lower taxes and increased take home pay.

Medical PPO - Anthem Blue Cross	
Employee Only	\$80.23
Employee + Spouse	\$248.52
Employee + Child(ren)	\$207.77
Employee + Spouse & 1 Child	\$359.59
Employee + Family	\$432.84
Medical EPO - Anthem Blue Cross	
Employee Only	\$35.91
Employee + Spouse	\$134.52
Employee + 1 Child(ren)	\$131.55
Employee + Spouse & 1 Child	\$253.85
Employee + Family	\$295.38
Medical HDHP - Anthem Blue Cross	
Employee Only	\$11.57
Employee + Spouse	\$68.88
Employee + Child(ren)	\$75.05
Employee + Family	\$162.74
Dental PPO - Cigna	
Employee Only	\$0.00
Employee + Spouse	\$14.27
Employee + Child(ren)	\$17.12
Employee + Family	\$27.11
Vision - EyeMed Vision	
Employee Only	\$4.27
Employee + Spouse	\$8.12
Employee + Child(ren)	\$8.55
Employee + Family	\$12.56

The following benefits are provided to you at no charge and are paid by AeroVironment:

- Basic Life/AD&D
- Long Term Disability
- Employee Assistance Program
- Advance Medical

The following benefits are available to you at discounted group rates. Should you elect these benefits, you will pay 100% of the cost:

- Vision
- Voluntary Life/AD&D
- Voluntary Short Term Disability
- Voluntary Accident Insurance
- Voluntary Critical Illness
- Long Term Care

Dependent Verification

Documentation to Submit



The following is a list of acceptable documentation required to verify the eligibility of your claimed dependent(s).

**To protect your privacy, redact or black out account/financial information and Social Security Numbers.*

Dependent Relationship	Acceptable Documentation
Legal Spouse	<p>Two Documents Required:</p> <ul style="list-style-type: none"> • Marriage registration document and • Page 1 of your current federal tax return or extension. <p>If “married - filing separately,” submit page 1 of both federal tax returns. If you have not been married long enough to file a joint tax return (married in 2017), only submit a phot copy of your marriage license or certificate.</p>
Natural Child	<p>One Documents Required:</p> <ul style="list-style-type: none"> • A copy of a birth certificate showing the employee as the parent
Step Child	<p>Multiple Documents Required:</p> <ul style="list-style-type: none"> • Documentation showing the name of the parent/guardian of child, and • Proof that the parent is the current Spouse of the employee (see appropriate requirements)
Adopted Child	<p>Submit one of the Following:</p> <ul style="list-style-type: none"> • A copy of a birth certificate (long form) showing the employee as parent; or • Court documentation verifying completed adoption; or • A letter of placement from an adoption agency, an attorney or the Department of Social Services, verifying the adoption is in progress.
Foster Child	<ul style="list-style-type: none"> • A court order or other legal document placing the child with the employee and/or eligible Spouse who is a licensed foster parent.
Disabled Child over the Age of 26	<p>Two Documents Required:</p> <ul style="list-style-type: none"> • Proof of relationship based on the appropriate child type (see appropriate requirements) and • A copy of page 1 of your federal tax return demonstrating that the child is principally dependent on you, the subscriber, for support and maintenance. <p>Note: Additional verification may be required through the health plan provider</p>
Other Dependent Children	<p>For all other children for whom an employee has legal custody</p> <ul style="list-style-type: none"> • A court order or other legal document granting custody of the child to the employee is required. Documentation must verify the employee has legal guardianship responsibility for the child, not merely financial responsibility.

Eligibility Tip #1

Mothers, fathers, grandparents, aunts, uncles, brothers, sisters, grandchildren, nephews, nieces, boyfriends and girlfriends, cousins, etc., are almost never eligible dependents. They would need to meet one of the criteria listed above.

Eligibility Tip #2

A former or divorced spouse/domestic partner is not eligible for continued coverage as a dependent under the employee’s benefit programs, even if the court orders the subscriber to provide coverage.



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Learn more at www.burnhambenefits.com

This employee benefits guide provides an overview of some of your benefit plan choices. It is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between this guide and the plan documents, the plan documents will govern.

In addition, the plans described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the People & Culture Department.

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