

Structural Engingeering | Special Inspection | Project Management | Investigative Engineering

BOARD OF DIRECTORS

George H. Bradley III, P.E. Chairman of the Board

Chris Youngblood, P.E. President/CEO

David H. Grieves, P.E. Vice President/Principal

Chris Romero, P.E. Vice President/Principal

Steven Vasquez, P.E. Vice President/Principal

Nicholas Torres, P.E. Vice President/Principal

Employee Benefits

January 1, 2024



ENGINEERING EXCELLENCE SINCE 1980

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RE: EMPLOYEE BENEFITS

At Chavez-Grieves, we recognize that our people, without exception, are our most valuable resource. For this reason, we believe that our highest purpose is to foster an enriched, fulfilling and rewarding environment where each of us has the opportunity to build a career, leave a legacy, achieve personal well-being and stretch ourselves to reach our greatest potential, all while contributing to the success of everyone we come in contact with.

With this in mind and in keeping with our core value of "Personal and Corporate Well-being", Chavez-Grieves spends a tremendous amount of time and resources each year analyzing and designing the employee benefits outlined in this notebook. Accordingly, we strongly encourage you to spend time reviewing and understanding all of the benefits detailed in following pages and we hope that you will take full advantage of all of the benefits offered to you.

As an employee of Chavez-Grieves, we greatly value you and your contributions to the company and we are fully vested in your personal and professional success and in the personal well-being of both you and your family members. Therefore, we are available to work with you, to answer any questions you might have in regards to your benefits, and to be a resource for you in this quest. Please do not hesitate to contact your team leader, Human Resources or myself, at any time, and with any and all questions, comments and/or suggestions in this regard.

Looking forward to a tremendously successful year for each of us!

Sincerely,

Chris Youngblood, PE

President/CEO, Managing Partner



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SECTION 1

PURPOSE OF THE ORGANIZATION THE CG WAY

Core Values

PURPOSE OF THE ORGANIZATION THE CG WAY

Vision

To be the Engineering Firm of Choice...

Mission

...by establishing strong, long-lasting relationships with our valued clients as a result of providing them with unparalleled customer service, making their lives easier, managing their risk and contributing to their ongoing success.

Purpose

Recognizing that our people, without exception, are our most valuable resource, Chavez-Grieves' Highest Purpose is to foster an enriched, fulfilling and rewarding culture where each of us has the opportunity to build a career, leave a legacy, achieve personal well-being and stretch ourselves to reach our absolute greatest potential, all while contributing to the success of everyone we come in contact with.

Core Values

At Chavez-Grieves, we value...

- · Personal and Corporate Well-Being
- · Our Familes They are why we do what we do
- Building and Maintaining Strong and Long Lasting Relationships
- Team Players with Can-Do Attitudes
- · Resourceful, Pro-Active Self-Starters
- · Forward-Thinkers with Intentional Mindsets
- Effective Innovation and the Power of 16x (Focusing on the vital few and minimizing the trivial many)
- · The Ability to Adapt and Manage Change
- The Ability to Make Decisions
- · Leadership
- · Dedication
- · Loyalty
- · Critical Thinking
- Taking Ownership and Demanding Accountability
- · Active and Continuous Development
- · Having Fun and Enjoying What We Do!





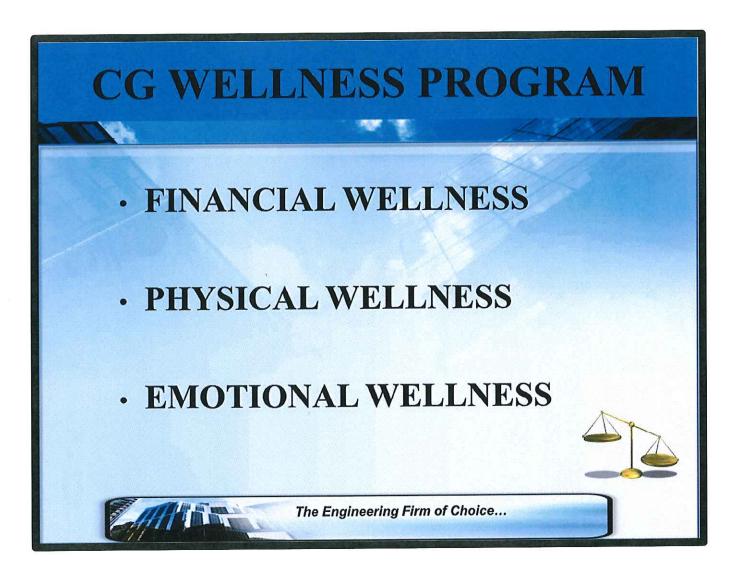
SECTION 2

CHAVEZ-GRIEVES WELLNESS PROGRAM



Chavez-Grieves Wellness Program

At Chavez-Grieves, one of our core values is "Personal and Corporate Well-Being". In keeping with this value, Chavez-Grieves has designed a three-tiered Wellness Program with the primary goal of assisting each employee with increasing their overall wellness and wellbeing. All of the benefits outlined in this notebook are designed to support this program. Our three-tiered program consists of the following:





SECTION 3 EMPLOYEE BENEFITS SUMMARY



2024 EMPLOYEE BENEFITS SUMMARY

1. PERSONAL FINANCIAL PLANNING AND 401(K) RETIREMENT PLAN BENEFITS

As part of our "Financial Wellness Program", Chavez-Grieves (CG) provides each employee with a level of personal financial planning services through our corporate financial planner. See **Section 4** of this notebook for complete details.

Chavez-Grieves provides a 401 (K) Retirement Plan and matching contributions for all Regular, Full-time employees. Regular, Full-time employees are automatically enrolled in the 401 (K) Plan at the time of employment unless they manually elect to "OPT OUT". See the "Chavez-Grieves Employee Handbook" for a definition of Regular, Full-time employee. See Section 4 of this notebook for a summary of benefits and your "John Hancock Enrollment Guide" for all of the plan details.

2. IDENTITY THEFT PROTECTION AND CREDIT MONITORING BENEFIT

As part of our "Financial Wellness Program", CG provides this benefit for all employees and their family members. **Allstate Identity Protection Pro** is an Identity theft and credit monitoring service provided through Allstate Insurance. See **Section 5** of this notebook for more details.

3. MEDICAL INSURANCE

As part of our "Physical and Emotional Wellness Programs", CG offers the most generous and comprehensive medical insurance benefits available, offered through our Cigna Health Insurance Plan. See Section 6 of this notebook for plan descriptions and premiums and see the "Cigna Health Insurance Enrollment" package provided to you for enrollment forms and additional plan details. You can also log on to our easecentral webpage to review and manage your personal profile and review all important plan documents. You can also log on to myCigna to manage and track claims, view ID cards, find doctors, and access many other features. myCigna can be accessed at myCigna.com or through the myCigna Mobile App. See Section 6 of this notebook for more information.

Finally, see **Section 6** of this notebook for an example spreadsheet for analyzing your own personal situation in order to determine which health plan will be best for you and your family. Contact **Human Resources** for an electronic copy of this spreadsheet in order to run your own scenarios.

4. HEALTH & WELLNESS FAIR

As part of our "Physical and Emotional Wellness Programs", each January CG hosts a company Health & Wellness Fair. Each participating employee and family member receives a Health Report Card, which includes detailed and comprehensive information regarding their personal health. See **Section 6A** of this notebook for more details.

5. Coach by Cigna

As part of our "Physical and Emotional Wellness Programs", each employee and family member has access to **Coach by Cigna**, an online tool that can help in creating personalized health improvement plans, while also providing the most up-to-date health information and resources, making it easy to get on the path to better health. **Coach by Cigna** also features a powerful Personal Health Assessment (PHA) tool that helps members identify personal



health risks, provides recommendations for improving those risks, and offers easy-to-use tools to help make healthy lifestyle changes. Each participant receives a confidential, personalized report. See **Section 6B** of this notebook for more details.

6. HEALTH SAVINGS ACCOUNT FUNDING

For employees who select a Cigna insurance plan in **Section 6** that is eligible for a Health Savings Account (HSA), Chavez-Grieves will determine at the start of each year the amount of funding it will provide for each employee's HSA. The determined amount will be deposited directly into each employee's HSA account on a monthly basis. The employee has the option to increase their HSA account, up to the maximum amount allowed by the IRS, with Pre-tax payroll deductions. See Human Resources for an Authorization Form. See **Section 7** of this notebook for more details.

7. DENTAL AND VISION INSURANCE

Chavez-Grieves offers both dental and vision insurance to all Regular, Full-time employees. Dental insurance is offered through Delta Dental and vision insurance is offered through VSP. See **Section 8** of this notebook for plan descriptions and premiums.

8. FITNESS CENTER MEMBERSHIP

Chavez-Grieves employees who are covered by our Cigna Health Insurance Plan have access to the **Active&Fit Direct** program which offers fitness center memberships to 8,000+ fitness centers nationwide for \$28 a month. To learn more see **Section 6** and visit: www.ActiveandFitDirect.com/fitness/Cigna.com.

9. EMPLOYEE WELLNESS BENEFIT

As part of our "Physical Wellness Program", CG will reimburse employee for the cost of any approved wellness related activity undertaken by an employee, **up to \$35 per month**. This benefit may be used by employees for any activity that can be shown to improve the employee's wellness, such as reimbursement of the monthly **Active&Fit Direct** benefit fee noted above, reimbursement for fitness centers not covered under the **Active&Fit Direct** benefit, and for other activities to include participation in sports leagues, chiropractic treatment, yoga classes, mindfulness classes, etc. See **Human Resources** for more details.

10. STANDING DESKS

As part of our "Physical Wellness Program", CG provides each employee with a Standing Desk. Research has shown that sitting for long periods of time, day after day, can be one of the unhealthiest things that we do and can have severe negative consequences for our health, performance, energy and overall wellness. With CG being committed to assisting each employee in achieving personal well-being, we believe that finding a proper balance between sitting, standing walking throughout the workday has many short and long term health benefits. See **Section 14** of this notebook for additional information.

11. TERM LIFE INSURANCE AND AD&D COVERAGE

Chavez-Grieves provides each employee with a Term Life and AD&D insurance policy with a benefit amount of \$50,000. The premium for this benefit is 100% paid for by Chavez-Grieves and the benefit payout is tax free to the employee. See **Section 9** of this notebook for additional benefit details.



12. SHORT TERM DISABILITY INSURANCE

Chavez-Grieves provides short term disability insurance for all Regular Full-time employees. There is a two (2) week waiting period from the time of a qualifying disability and then this benefit provides the employee with 70% of the employee's weekly earnings; tax free, up to a maximum of \$1,500 per week. The maximum benefit pay-out period for this benefit is nine (9) weeks. The benefit payout will cease eleven (11) weeks after the time of qualifying disability (2 week waiting period + 9 week payout period = 11 weeks). The premium for this benefit is 100% paid for by Chavez-Grieves, but the amount of the premium is added as income to each employee's W-2 at the end of the year for tax purposes. Adding the premium to each employee's W-2 ensures the benefit payout is tax free. See **Section 10** of this notebook for additional benefit details.

13. LONG TERM DISABILITY INSURANCE

Chavez-Grieves provides long term disability insurance for all Regular Full-time employees. This benefit provides the employee with 60% of the employee's monthly earnings; tax free, up to a maximum of \$6,000 per month. The premium for this benefit is 100% paid for by Chavez-Grieves, but the amount of the premium is added as income to each employee's W-2 at the end of the year for tax purposes. Adding the premium to each employee's W-2 ensures the benefit payout is tax free. Payouts for this benefit begin the later of the 91st day after the qualifying disability occurs, and the day after the employee's Short Term Disability payments end, if applicable. The maximum period of payment of this benefit is dependent both on the employee's age at the time that the qualifying disability occurs and the current, published "Normal Social Security Retirement Age". See **Section 11** of this notebook for benefit highlights and contact **Human Resources** for more detailed benefit summary documents, which include tables for determining the maximum benefit payment period.

14. EMPLOYEE ASSISTANCE PROGRAM (EAP)

As part of our "Emotional Wellness Program", Chavez-Grieves provides an Employee Assistance Program (EAP) benefit for all employees and their family members through our EAP provider, Outcomes, Inc. EAP services are free, voluntary and **CONFIDENTIAL**. EAP benefits include professional counseling for all employees and their family members who are experiencing personal or work-related problems. Whether the problem is everyday stress or something more involved, Outcomes caring staff of professionals can help work through the issues affecting you and/or your family member's lives. See **Section 12** of this notebook for additional benefit details.

15. AFLAC

Employees have access to the insurance policies provided by Aflac on a pre-tax basis. Aflac will make a representative available to meet with employees at any time to provide additional information on the options available through this voluntary plan. This benefit is 100% paid by the employee. See the "Aflac Enrollment Guide" and Section 13 of this notebook for details. You can also log on to our easecentral webpage to review all important plan documents.

16. DIRECT DEPOSIT

Chavez-Grieves provides direct deposit for your paycheck each pay period.



17. SICK LEAVE

Chavez-Grives abides by the New Mexico Healthy Workplace Act (HWA). Employees earn one (1) hour of Earned Sick Leave (ESL) for every thirty (30) hours worked or 0.0333 ESL per hour. See the Chavez-Grieves Employee Handbook for additional details.

18. VACATION

Employee begins accumulating vacation time on the first day of employment and becomes eligible to utilize accumulated time after 6 months of employment.

Vacation time is accumulated at **80 hours** per year for **years 1-5** of employment, **120 hours** per year for **years 6-10** of employment, and **160 hours** per year when an employee reaches **10 years** of employment.

19. HOLIDAYS

Chavez-Grieves provides a minimum of seven (7) paid holidays per calendar year. At the beginning of each year Human Resources will post a list of holidays (and dates observed) for the year on the company intranet. The seven holidays are generally:

- New Year's Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day and the Day after Thanksgiving Day
- Christmas Day

20. FLEXIBLE SCHEDULES

Chavez-Grieves offers employees a flexible work schedule with typical 9-hour work days for Monday thru Thursday and 4-hour work days on Friday. Core work hours are from 7am till 6pm, Monday thru Thursday, and from 7am till 12 noon on Friday. Each employee has the flexibility to select their own schedule (e.g. 7:30am till 5:30pm Monday thru Thursday and 7:30am till 11:30am on Friday).



SECTION 4

PERSONAL FINANCIAL PLANNING AND 401(K) RETIREMENT PLAN BENEFITS



Personal Financial Planning and 401(K) Retirement Plan Benefits

At Chavez-Grieves, one of our core values is for each employee to achieve personal well-being. In keeping with this value, Chavez-Grieves dedicates corporate resources toward assisting each employee with increasing their financial wellness. Most of these resources are provided through our "Financial Wellness Program", which consists of, but is not limited to, the following:

- 1. Personal Financial Wellness Assessment: Contained in this section you will find a copy of the Chavez-Grieves "Personal Financial Wellness Assessment". This 21 question assessment is provided for your personal use and is designed to assist you with assessing your current level of financial wellness and identifying areas for improvement. Information from this assessment is for your confidential use, but can also be shared and discussed during your annual meeting with our corporate financial planner (see 3. Below), at your discretion.
- 2. **Financial Wellnesses Classes**: Each month Chavez-Grieves teaches/hosts Financial Wellness Classes on one of the topics from the Personal Financial Wellness Assessment or other related topics.
- 3. **Smartdollar**: Chavez-Grieves also provides each employee and their family members with an online Financial Wellness platform through Dave Ramsey, called Smartdollar. Smardollar is an online financial wellness platform that provides continuous access to video, audio and written content any time and from any device. See the flyer contained in this section for more information and sign up instructions.
- 4. Personal Financial Planning: Chavez-Grieves also provides each employee with a level of personal financial planning and retirement planning through our corporate financial planner. At the start of employment, each employee is provided with an "Employee Wealth Management Handbook" and is encouraged to schedule an initial consultation meeting with our financial planner. This initial meeting will entail completing a "Financial Objectives" and a "Your Future by Design" worksheet, in order to identify risk tolerance and to set personal goals. Each employee is then encouraged to schedule an annual meeting in order to review progress and update goals. Our financial planner is also available at any time during the year to answer any questions or concerns regarding your personal plan or the state of the financial markets. Our financial planner's contact information is as follows:

Chris Cates, CFP®
Financial Advisor
The Cates Team at RBC Wealth Management
6301 Uptown Blvd. NE, Ste. 100
Albuquerque, NM 87110
Direct: 505-872-5910

email: chris.cates@rbc.com



5. **401(K)** Retirement Plan: Chavez-Grieves also provides a 401 (K) Retirement Plan and matching contributions for all Regular, Full-time employees. Regular, Full-time employees are automatically enrolled in the 401 (K) Plan at the time of employment unless they manually elect to "OPT OUT". For detailed information on our 401 (K) plan see the "John Hancock 401 (K) Plan Summary" contained in this section and also review the "John Hancock Enrollment Guide" that was provided to you with this notebook. We also encourage you to schedule your initial meeting with our personal financial planner to assist you with your investment portfolio selection when you are enrolling in our 401 (K), and then also schedule annual portfolio review meetings.



The Engineering Firm of Choice

PERSONAL FINANCIAL WELLNESS ASSESSMENT

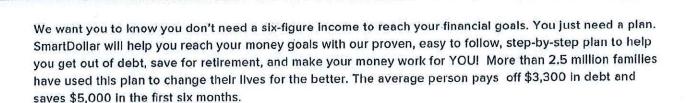
Please answer each of the following questions as truthfully as possible. When you have completed this exercise, please follow the instructions for calculating your score and assessing your personal financial wellness. If you find yourself NOT being able to answer "True" to very many questions, don't worry, you are like most Americans today. The good news is that we are here to help!

$\mathbf{T}\Box$	$\mathbf{F}\Box$	1.	RETIREMENT I have a current retirement plan, I have a ballpark idea of how much net worth I must acquire to meet my retirement goals, and my plan addresses how I will reach these goals.
$T\Box$	$F\square$	2.	I have a pretty good idea of my current net worth. I have a current personal balance sheet and I review it and update it several times per year.
T□	F□	3.	I know the current balance of each of my retirement accounts, the current rate of return, the approximate percentage of my gross income that I am contributing, the approximate percentage my employer is contributing and my current vesting schedule.
			SPENDING
$T\Box$	$\mathbf{F}\square$	4.	I regularly have money left over at the end of each month.
T□	F□	5.	I currently have an emergency fund with a balance that is equal to between six and nine months of my net monthly income and I only use this fund for true emergencies.
$T\Box$	$F\square$	6.	I always comparison shop when making large purchases.
$T\Box$	F□	7.	I have a current "Income Distribution Plan" (also know as a budget). I have established spending goals, I track my income versus expenses every month, and I know approximately what percentage of my income I spend on debt service and discretionary items.
$\mathbf{T}\Box$	F□	8.	I have tools available to me that allow me to plan ahead for large expenses such as buying a home, saving for children's college education, funding a vacation, or buying an automobile.
			CREDIT AND IDENTITY THEFT
$\mathbf{T}\Box$	$\mathbf{F}\square$	9.	I always pay my bills on time and do not have any late payments on my credit report.
$\mathbf{T}\Box$	$\mathbf{F}\Box$	10.	I thoroughly review a copy of my credit report for accuracy at least four times a year.
$\mathbf{T}\Box$	$\mathbf{F}\square$	11.	I know my current FICO score and monitor my score on at least a quarterly basis.
$\mathbf{T}\Box$	$\mathbf{F}\Box$	12.	I am currently taking proactive measures to protect myself from the threat of identity theft.
			DEBT PAY-DOWN
$\mathbf{T}\Box$	$\mathbf{F}\Box$	13.	I usually pay off my credit card balances each and every month.

Τ□	$F\square$	14.	I have tools available to me that allow me to create a plan for determining the most efficient way of paying down my debt obligations.			
T□	F□	15.	INSURANCE & ASSET PRESERVATION I know how much life insurance I have, I am comfortable that the cumulative values of my current policies are adequate for my current personal situation, and my beneficiary information is up to date.			
am comfortable that my current policies are adequate for my current person		I have a good idea of how much short-term and long-term disability insurance I have and I am comfortable that my current policies are adequate for my current personal situation. I know the amount of coverage my policies will provide, when the benefits would start and end and whether or not they are taxable or tax free.				
T□	F□	17.	I have reviewed my homeowner's (or renter's), automobile and personal umbrella insurance policies within the last 24 months and I am comfortable that my current limits are adequate for my current personal situation.			
T□	F□	18.	ESTATE PLANNING I currently have an up-to-date will or living trust. I understand the provisions of each and am comfortable that they meet my current personal situation.			
T□	F□	19.	FINANCIAL EDUCATION I am constantly seeking to improve my financial knowledge by regularly reading personal financial magazines and articles and attending personal financial courses and seminars.			
T□	$F\square$	20.	I currently have one or more financial mentors who hold me accountable and serve as true partners and advisors in my financial progress.			
T□	F□	21.	BONUS QUESTION I currently have an organized filing system in which I have current copies of each of my financial plans, my most current policy information and my most current account statements.			
			SCORING			
,			rrself one point for every time you answered "True," and zero points for every time you a "False" to each of the above questions.			
16 to 20 points: 12 to 15 points:		oints:	Great job! You obviously have a good grasp of the state or your finances and posses very good personal financial habits and behaviors. But don't stop now, there is always room for improvement.			
		oints:	Be cautious! You are not completely in the dark, but your knowledge is not quite adequate in some areas. This could prove to be disastrous. You need to change some personal financial habits and behaviors. The good news is that these changes are easy and we are here to help!			
Below 12 points:		ooint	DANGER! You are running the risk losing control of your personal finances and are susceptible to being severely hurt by a financial catastrophe. You need to work on creating several new personal financial habits and behaviors. The good news is that these changes are easy and we are here to help!			



The problem, though, is that there never seems to be enough.



ACCESS

✓ EASY ONLINE Access amazing video, audio and written content any time and from any device.

INSPIRATION

Learn from the best speakers on personal finance, and stay motivated by earning SmartPoints!

TOOLS FOR SUCCESS

Revolutionize your budget with the best online budgeting tool on the planet, and find answers to your personal finance questions.

WHAT ARE YOU WAITING FOR?

Don't look back five years from now and wish you had started sooner. Get started today!

SIGN UP INFO

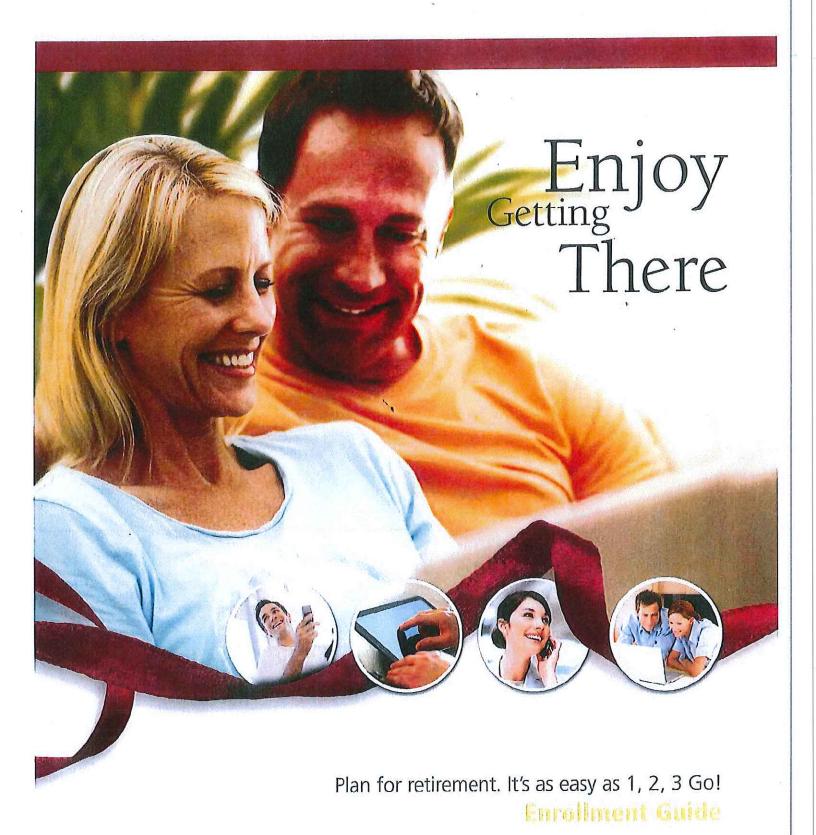
To create your account, use the following link and your Chavez-Grieves email address.

https://www.smartdollar.com/enroll/chavezgrievesconsulting4416

Contact Joseph Anderson with any questions or additional information.



- See the Plan Highlights Sheet in this section for a quick overview of our 401(K) Retirement Plan
- See Human Resources for a copy of this Enrollment Guide



This document summarizes the Plan's provisions based on information provided to John Hancock as of January 19, 2016 and is not the Plan's Summary Plan Description (SPD). To obtain the SPD, speak with your plan administrator. Where this summary conflicts with the SPD and/or plan document, the plan document governs.

Eligibility

The following are excluded from participating in the Plan: Union employees; nonresident aliens.

Provided you are not excluded, you are eligible to join the Plan once you have met the following requirements:

Money Type	Minimum Age	Period of Service (consecutive)
EMPLOYEE ELECTIVE DEFERRAL EMPLOYEE ROTH CONTRIBUTIONS		
QUALIFIED NON-ELECTIVE CONTRIBUTIONS	21	3 months
SAFE HARBOR MATCHING CONTRIBUTIONS		
EMPLOYER MATCHING CONTRIBUTIONS EMPLOYER PROFIT SHARING	21	6 months

Entry Dates

The 1st day of any month

The Plan provides for **automatic enrollment**. This means that once you become eligible, you will automatically be enrolled into the Plan, and 6% of your earnings will be deducted from every pay and invested into the Plan's default investment option. If you want to contribute a different percentage or select a different investment option, you must complete an Enrollment Form. If you do not want to participate in the Plan, you must provide your Plan Administrator your affirmative election to opt out. Refer to the SPD for details.

Your Contributions

You can make "before tax" 401(k) contributions between 1% and 100% of your compensation, subject to the annual maximum amount allowed by law (\$18,000 in 2016). If you are 50 years of age or older, you can make an additional catch-up contribution (up to \$6,000 in 2016). Changes to your contribution amount can be made on the first day of any month.

You can also make "after tax" Roth 401(k) contributions. The combined total of your "before tax" and "after tax" contributions cannot exceed the maximum above.

Rollovers from other eligible plans will be accepted once you have satisfied the Plan's eligibility requirements.

Your Employer's Contributions

Money Type	Your Employer's Contribution		
SAFE HARBOR MATCHING CONTRIBUTIONS	Your employer will match 100% of the first 3% of your contribution, plus 50% of the next 2%.		

For more information about your employer's contributions, refer to the SPD.

Vesting

Your contributions are always 100% vested.

Your employer's contributions are vested as follows:

	Vesting Percent by Years of Service						
Money Type	0	1	2	3	4	5	6+
EMPLOYER MATCHING CONTRIBUTIONS EMPLOYER PROFIT SHARING	0%	20%	40%	60%	80%	100%	100%
QUALIFIED NON-ELECTIVE CONTRIBUTIONS	100%	100%	100%	100%	100%	100%	100%
SAFE HARBOR MATCHING CONTRIBUTIONS							

Loans

You can borrow up to 50% of your vested account balance to a maximum of \$50,000, subject to limits imposed by law. The minimum loan amount is \$1,000. Only one loan can be outstanding at any time. Loans will be repaid by "after tax" payroll deductions.

Withdrawals

Money can be withdrawn from your account in the event of retirement, termination of employment, death, disability or financial hardship. The plan may also allow for pre-retirement and/or early retirement withdrawals; refer to the SPD for specific details on the option(s) permitted by your plan including any age and/or service requirements.

Withdrawals can be taken as follows: a lump-sum.

Note: Any taxable withdrawal you receive that is not rolled over to another qualified plan or IRA will be included as part of your taxable income and be subject to federal income tax withholding. If the withdrawal is made before age 59½, it may be subject to an additional 10% penalty. State and local taxes may also apply.

Investment Options

All money in your account can be directed to any of the investment options available under the Plan. If you do not provide instructions, your money will be invested in one of the JH Retirement To - Managed Portfolios, which is the default investment option selected by the Plan Trustee.

Reporting and Changes

You will receive quarterly retirement account statements that summarize your account balance, investment option performance and personal rates of return. You can also review your account at any time, rebalance your investments and make other changes by visiting www.jhpensions.com or calling the toll-free service line at 1-800-395-1113. Para ayuda en español, por favor marque 1-800-363-0530.



Accessing John Hancock

Track your progress towards retirement at any time



Take control of your retirement with John Hancock. We have the tools, tips and resources to help you make informed retirement planning decisions.

Our website provides your:

Account balance

- Personalized action plan for retirement
- Progress towards your retirement goal
- Personal rate of return
- Investment options and performance
- Account activity and transactions
- Quarterly statements for up to 2 years

You will be able to:

- Build your retirement goal
- Determine your risk tolerance
- Test your retirement fitness and receive personalized education
- Find tips and tools on how to help save more for retirement
- Make changes to your contribution amount or investment options*
- Update your personal information

Need help to register? Follow these easy steps to get started now.

Go to www.jhpensions.com (or for plans domiciled in New York, www.jhnypensions.com) and click on Register.

1	Tell us about yourself	Enter your Contract Number, Last Name, Social Security Number and date of birth. Click continue .
2	Create your username and password	You'll also enter your email address. Click continue .
3	Choose your challenge questions and answers	These will be used to help verify your identity should you forget your password. Click continue .

Confirm your information and you're registered. For future visits, you will need your username and password to access your account. If you ever forget it, you can click on **forgot username/password** from the log-in page.

Can't get online? Access your account with our toll-free phone service.

You will be able to:

- ▶ Find out your account balance
- ▶ Make changes to your investment options*
- Find information on recent transactions or investment returns/unit values

Need help to register? Follow these easy steps to get started now.

Call us at 1-800-395-1113 (or 1-800-363-0530 for Spanish) to set up your account on our Interactive Voice Response (IVR) system.

1	Tell us about yourself	Enter your Contract Number, Social Security Number and date of birth at the prompts.
2	Validate your account	Your home address on file with your Plan Sponsor will be validated.
3	Create your PIN	Your Personal Identification Number will be used to access your account with future visits.

Your future is important and planning for your retirement is part of it. **Take control** and **register today**.





*If available to your plan, changes made to your account after the close of the New York Stock Exchange (normally weekdays at 4 pm. (ET)) will take effect at the end of the next market day. Exchanges are subject to our short-term trading guidelines. In addition, some fund companies charge redemption fees for fund shares sold within a specified period of time. For more information, go to "manage your account" on our website or select the "investment change option" on our toll-free phone service.

John Hancock Life Insurance Company (U.S.A.) and John Hancock Life Insurance Company of New York are collectively referred to as "John Hancock".

Group annuity contracts and recordkeeping agreements are issued by: John Hancock Life Insurance Company (U.S.A.)("John Hancock USA"), Boston, MA (not licensed in New York) and John Hancock Life Insurance Company of New York ("John Hancock NY"), Valhalla, NY. Product features and availability may differ by state. John Hancock USA and John Hancock NY each make available a platform of investment alternatives to sponsors or administrators of retirement plans without regard to the individualized needs of any plan. Unless otherwise specifically stated in writing, John Hancock USA and John Hancock NY do not, and are not undertaking to, provide impartial investment advice or give advice in a fiduciary capacity.

NOT FDIC INSURED | MAY LOSE VALUE | NOT BANK GUARANTEED

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SECTION 5

IDENTITY THEFT PROTECTION AND CREDIT MONITORING BENEFIT



Identity Theft Protection and Credit Monitoring Benefit

At Chavez-Grieves, one of our core values is for each employee to achieve personal well-being. In keeping with this value, Chavez-Grieves dedicates corporate resources toward assisting each employee with increasing their financial wellness. Most of these resources are provided through our "Financial Wellness Program". See **Section 4** of this notebook for a description of the primary benefits provided through our Financial Wellness Program.

In addition to the resources noted in **Section 4**, Chavez-Grieves also provides an "**Identity Theft Protection and Credit Monitoring Benefit**". This benefit is proved through **Allstate Insurance**, via a secure and confidential online platform and a product called **Allstate Identity Protection Pro**. This benefit is available to all employees and each of their family members who are "under wallet". For detailed information on the **Allstate Identity Protection Pro** benefit, see the brochure provided in this section. A short summary of the plans benefits is as follows:

Allstate Identity Protection Pro Employee Benefits:

- Identity Monitoring: Monitors employees and family member's identity to detect fraud and identity theft.
- **Credit Monitoring:** Annual credit report, monthly credit score and credit monitoring and alerts.
- Internet Surveillance: Searches and monitors misuse of your personal information.
- Lost Wallet Protection: Online repository makes lost wallet replacement quick and easy.
- Social Media Reputation Monitoring: Monitors social media and sends alerts for potential reputational damaging information.
- **Highly Trained and Certified Support Team:** Access to trained experts in identity restoration.
- \$1 Million Identity Theft Expense Reimbursement
- Solicitation Reduction: Reduce root cause of up to 20% of identity theft by decreasing junk mail.
 Note: Each employee will have their own secure, online account to view and manage their benefits.

The **Allstate Identity Theft** benefit is available to all Chavez-Grieves employees and their family members who are "under wallet". In order to activate this benefit you must login to the online platform and activate an account for yourself and each family member. To activate your account, simply logon to www.myaip.com/cgce. You should see the **Chavez-Grieves** logo appear at the bottom right-hand side of the page. On the main page, click on the **ENROLL** tab at the top right-hand side of the page and follow the prompts.



stay connected, stay protected

Since so much of daily life is now spent online, it's more important than ever to stay connected. But more sharing online means more of your personal data may be at risk. In fact, 1 in 6 Americans were impacted by an identity crime in 2020.¹

Identity theft can happen to anyone. That's why your company is offering you Allstate Identity Protection as a benefit. So you can be prepared and help protect your identity and finances from a growing range of threats.

For 90 years, Allstate has been protecting what matters most. Prepare for what's next with:

- Financial account and credit monitoring
- 24/7 alerts and fraud recovery
- Up to \$1 million identity theft expense coverage[†]





Questions? 1.800.789.2720

1: 2021 Identity Fraud Study, Javelin Strategy & Research



with Allstate Identity **Protection Pro** you'll be able to



Check your Identity Health Status



View and manage alerts in real time



Monitor your TransUnion credit score and report for fraud



Receive alerts for cash withdrawals, balance transfers, and large purchases



Get reimbursed in the event of fraud with our \$1 million identity theft expense reimbursement



Protect yourself and your family (everyone that's "under your roof and wallet"), plus get senior family coverage for parents, in-laws, and grandparents over the age of 65*

'For family plans only

Terms and conditions apply. Certain features require additional activation and will not be available until a later date. Product may be updated or modified prior to availability.

tidentity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

It's easy to get started

- Choose your plan You're protected from your effective date.
- **Activate key features** Explore additional features in our easy-touse portal.
- Live your best life online We've got you covered with 24/7 alerts.



FEATURES

Allstate Identity Protection

Product features

Comprehensive monitoring and alerts

Proactive monitoring helps you stop fraud at its earliest sign and enables quick restoration for minimal damage and stress.

Enhanced identity monitoring

Our proprietary monitoring platform detects high-risk activity to provide rapid alerts at the first sign of fraud.

Dark web monitoring

In-depth monitoring goes beyond just looking out for a participant's Social Security number. Bots and human intelligence scour closed hacker forums for compromised credentials and other personal information. Then we immediately alert participants who have been compromised.

High-risk transaction monitoring

We send alerts for non-credit-based transactions like student loan activity and medical billing.

Account activity

You're alerted when unusual activity on your personal banking accounts could be a sign of account takeover.

Financial activity monitoring

Alerts triggered from sources such as bank accounts, thresholds, credit and debit cards, 401(k)s, and other investment accounts help you take control of your finances.

Social media monitoring

We keep tabs on social accounts for everyone in the family, watching for vulgarity, threats, explicit content, violence, and cyberbullying.

Lost wallet protection

Easily store, access, and replace wallet contents. Our secure vault conveniently holds important information from credit cards, credentials, and documents.

Solicitation reduction

We aid you in opting in or out of the National Do Not Call Registry, credit offers, and junk mail.

Digital exposure reports

You can see and identify where your personal information is publicly available on the internet.

Credit monitoring and alerts

We alert for transactions like new inquiries, accounts in collections, new accounts, and bankruptcy filings.

Data breach notifications

We send alerts every time there's a data breach affecting you directly so you can take action immediately.

Credit assistance

Our in-house experts will help you freeze your credit files with the major credit bureaus. You can even dispute credit report items from your portal.

Sex offender notifications

Our monitoring system notifies you if a sex offender is registered in a nearby area.



Mobile app

Access the entire Allstate Identity Protection portal on the go! Available for iOS and Android.

Protect the entire family

We have a generous definition of family, covering those who live in the participant's household and those they take care of financially — everyone that's "under roof and wallet." If they are dependent on you financially or live under your roof, they're covered.

Best-in-class customer care

Should fraud or identity theft occur, highly trained in-house experts are available 24/7 to fully restore compromised identities, even if the fraud or identity theft occurred prior to enrollment. And with a \$1 million identity theft expense reimbursement, you can rest assured that you're protected.

Full-service case management and resolution

We fully manage your restoration case, helping you save time, money, and stress.

Highly trained and certified support team

Our in-house experts are trained and certified to handle and remediate every type of identity fraud case. When resolving complex cases of identity theft, our satisfaction score is an industry-leading 100%.

24/7 U.S.-based customer care center

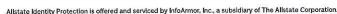
We believe customer care is an essential part of our team. Our support center is located directly in our corporate headquarters, and our customer care team is available 24/7.

\$1 million identity expense reimbursement

If you fall victim to fraud, we will reimburse your out-of-pocket costs.†

*Terms and conditions apply. Certain features require additional activation and will not be available until a later date. Product may be updated or modified prior to availability.

tidentity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage may not be available in all jurisdictions.

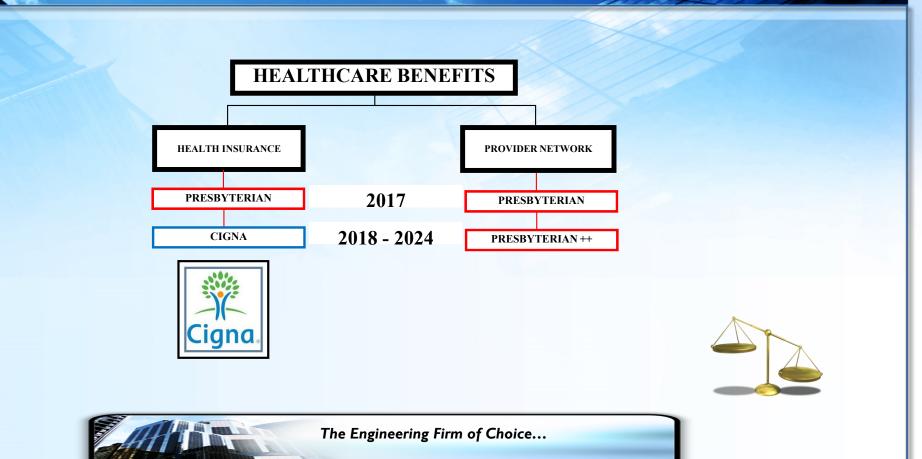






SECTION 6 CIGNA HEALTH INSURANCE PLAN SUMMARY

HEALTHCARE BENEFITS



BENEFITS ENROLLMENT



2024 Cigna Health Plan⁽¹⁾

CIGNA 3600/6900 PPO w/HSA

(1) Presbyterian Provider Network Plus.

Logon to myCigna.com for information on all in-network providers.





The Engineering Firm of Choice...

HEALTH & WELLNESS

2024 Cigna 3600/6900 PPO



- \$3600 Deductible
- \$6,900 Out-of-Pocket
 Maximum (OOPM)





The Engineering Firm of Choice...

High Deductible Health Plan (HDHP)

- No co-pays. Individual pays 100% of the cost of care, with the exception of preventative care, up to the plan deductible, per year
- Once deductible is reached, co-insurance kicks-in and individual pays a % of health care cost until out-ofpocket max is reached
- Once out-of-pocket max is reached, insurance pays 100% of the cost of care for remainder of the year



High Deductible Health Plan (HDHP)

No Charge Preventative care services:

- Annual Physicals and Blood Work
- Adult and Child Immunizations
- Preventative Mammograms
- Preventative Colonoscopies
- Well Baby and Child Care
- Vision and Hearing Screening
- Health & Family Education & Planning



The Engineering Firm of Choice...

2024 CIGNA HEAI	TH INSURANCE PLA	AN .			
January 2024	CIGNA 3600/	/6900 PPO			
CIGNA HEALTH PLAN	Employee Only	Employee + Family			
(EXPANDED NETWORK) Deductible	\$ 3,600.00	\$ 7,200.00			
Out of Pocket Maximum (OOPM)	\$ 6,900.00	\$ 13,800.00			
Eligible for Health Savings Account (HSA)?	φ 0,900.00 YES	,			
Chavez-Grieves After-Tax HSA Contribution Amount	\$ 4,150.00	\$ 8,300.00			
Actual Potential Annual Out of Pocket Maximum	\$ 2,750.00	\$ 5,500.00			
PLAN BENEFITS	IAIAI	OON			
Individual Deductible (Family x 2)	INN \$3,600	00N			
Individual Deductible (Family x 2) Individual Out-of-Pocket Max (Family x 2)	\$6,900	\$10,000 \$16,000			
Fitness Center Membership	Discounted				
Preventive Care	\$0	50%			
Primary Care Provider Visit	30%	50%			
Video Visit	30%	50%			
Specialist Visit	30%	50%			
Mental Behavioral Health (Outpatient)	30%	50%			
Diagnostic Lab	30%	50%			
Diagnostic X-Ray	30%	50%			
Imaging (CT/PET/MRI)	30%	50%			
Urgent Care	30%	50%			
Emergency Room	30%	50%			
Ambulance	30%	50%			
Inpatient and Outpatient Hospital	30%	50%			
Chiropractic and Acupuncture	30%	50%			
Durable Medical Equitpment	30%	50%			
Prescription Drugs per 30 day supply					
Tier 1: Preferred Generic	30%	30%			
Tier 2: Non-Preferred Generic	30%	30%			
Tier 3: Preferred Brand	30%	30%			
Tier 4: Non-Preferred Drug	30% 30%	30%			
Tier 5: Specialty Pharmaceuticals	30%	30%			

Notes:

In fields that contain a \$ amount, this is the amount paid by the employee, per visit (or per month per prescription), up until the total out-of-pocket maximum has been reached. After the out-of-pocket maximum has been reached, this \$ then becomes \$0 for the remainder of the plan year.

In fields that contain a %, this is the % of the total bill paid by the employee, per visit (or per month per prescription), after the full deductible, if any, has been met and up until the out-of-pocket maximum has been reached. After the out-of-pocket maximum has been reached, this % then becomes 0% for the remainder of the plan year.

For family plans, the deductible and out-of-pocket maximums listed are for the entire family. Each family member has an individual deductible and out-of-pocket maximum that is equivalent to the employee only deductible and out-of-pocket maximum.

2024 CIGNA HEALTH INSURANCE PREMIUMS AND DEDUCTIBLES

	CIGNA HEALTH PLAN (EXPANDED NETWORK)						
CIGNA 3600/6900 PPO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family			
Deductible (INN)	\$ 3,600.00	\$ 7,200.00	\$ 7,200.00	\$ 7,200.00			
Out-of-Pocket Maximum (OOPM)	\$ 6,900.00	\$ 13,800.00	\$ 13,800.00	\$ 13,800.00			
Employee Base Monthly Premium	\$ 250.00	\$ 720.00	\$ 675.00	\$ 900.00			
Employee Monthly Premium with Level 1 Discount ⁽¹⁾	\$ 240.00	\$ 685.00	\$ 645.00	\$ 860.00			
Employee Monthly Premium with Level 2 Discount ⁽²⁾	\$ 230.00	\$ 650.00	\$ 615.00	\$ 820.00			

(1) Level 1 Discount

An employee can receive the Level 1 Discount rate by completing **either** Option A **or** Option B, as outlined below.

(2) Level 2 Discount

In order to receive the Level 2 Discount rate, an employee must complete **both** Option A **and** Option B, as outlined below.

OPTION A

In order to qualify for Option A, each individual over the age of 18 that is listed on the employee's insurance plan must confirm that they have not used any tobacco products within the last six (6) months. Each individual also understands that if they start to use tobacco products at any time in the future they will lose this discount and they agree that in the event they start the use of tobacco products they will notify Chavez-Grieves.

OPTION B

In order to qualify for Discount B, each individual over the age of 18 that is listed on the employee's insurance plan must complete Preventative Health Care Activities (a) and (b) listed below, all of which are zero cost the employee, on an annual basis. Each employee and family members over the age of 18 are also highly encouraged to participate in Preventative Health Care Activity (c).

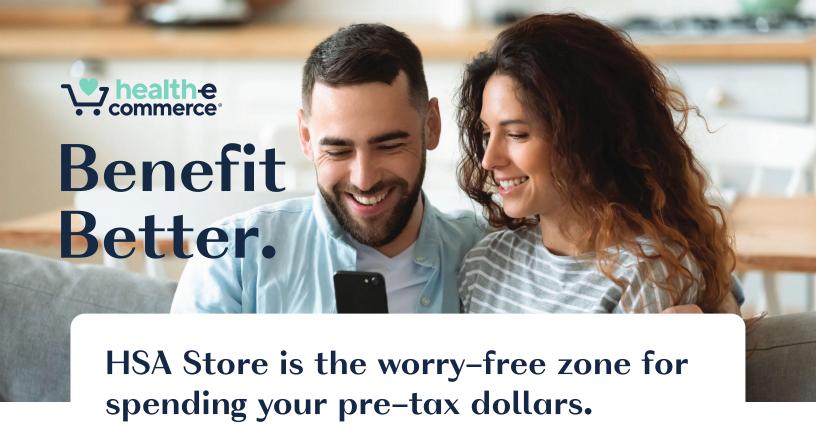
Preventative Health Care Activities

- (a) Annual Chavez-Grieves Health Fair
- (b) Annual on-line Personal Health Risk Assessment
- (c) Educational programs offered throughout the year

2024 ANNUAL COMPANY HSA CONTRIBUTIONS

CIGNA 3600/6900 PPO	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
Chavez-Grieves After-Tax Contribution Amount for 2024 ⁽³⁾	\$	4,150.00	\$ 8,300.00	\$	8,300.00	\$	8,300.00	
IRS Annual Allowable HSA Contribution for 2024	\$	4,150.00	\$ 8,300.00	\$	8,300.00	\$	8,300.00	

(3) Each month, CG will make a deposit into each participating employees HSA account equal to 1/12th of the applicable amount from above. Participants who start with CG during the course of a given year will receive a pro-rata contribution. If the "Chavez-Grieves After-Tax Contribution" is less than the "IRS Annual Allowable HSA Contribution", participants may make personal contibutions to their HSA up to the "IRS Annual Allowable HSA Contribution" and may fully deduct the amount of their contribution on their next income tax return.



Did you know that your HSA covers more than bandages and over the counter medicines?



Funds stretch far to cover 2,500+ items including physician visits, hi—tech kits, and plenty of items you'd never expect.

Try out HSA Store with an exclusive savings of \$5 at: hsastore.com/healthequity.

Use code HealthEquity5 (1 per customer, expires June 2023)

In addition to our products, tools, and services, HSA experts are available 24/7 via phone and chat.



They are able to answer general questions about year—end deadlines, maximum contributions, order statuses, returns, exchanges, products, and pricing.



Last but not least, HSA Store makes payment processing seamless with no purchase verification when using your HSA card.





Chavez-Grieves Consulting Engineers, Inc

Understanding Your Cigna Health Plan

Plan year: 2024

Offered by Cigna Health and Life Insurance Company or its affiliates In Utah, plans are offered by Cigna Health and Life Insurance Company.

974336 06/23



Understanding terms in your health plan

Deductible:

The annual amount you pay for care before your health plan begins to pay.

Copay:

A predetermined amount you pay for eligible health care services or medication. Your copay usually is due when you receive the service.

Co-insurance:

Your share of the cost of covered services, usually after you meet your deductible. The health plan pays the rest.

Out-of-pocket maximum:

The most you pay before the health plan begins to pay 100% of covered health care costs. You'll still need to pay for any expenses the health plan doesn't count toward the limit.

In-network:

Health care providers and facilities that have contracts with us to deliver services at a discounted rate.

Out-of-network:

A health care provider or facility that doesn't contract with your plan and doesn't provide services at a discounted rate. Using an out-of-network provider usually will cost you more.



Understanding terms in your pharmacy plan

Generics:

Generic medications have the same active ingredients, strength, dosage, effectiveness, quality and safety as the brand-name medications.

Preferred brands:

You'll often pay more for a preferred brand-name medication than for generic medications because they typically have lower-cost generic alternative available to treat the same conditions.

Non-preferred brands:

Medications that typically have lower-cost generic and/or preferred brand alternatives available to treat the same conditions.

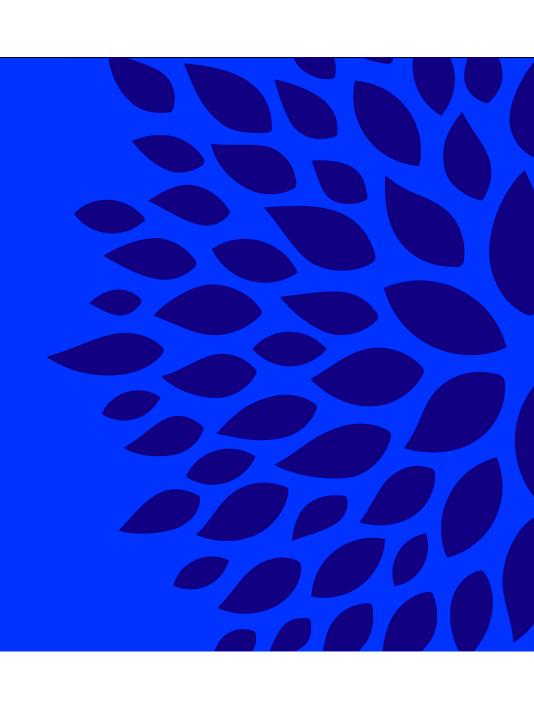
Specialty:

These high-cost medications are used to treat complex medical conditions. They're often injected or infused and may require special handling, such as refrigeration.



Medical plan options





Open Access Plus High Deductible Health Plan (OAP HDHP)



Primary Care Provider: A primary care provider (PCP) is recommended but not required



Specialist: You can see a specialist without a referral



Network: Lower costs by using providers and health care facilities in the OAP network

 Use the Cigna Healthcare[®] network of providers, health care facilities, labs, x-ray and radiology centers, as well as emergency care



Deductible: You may pay an annual amount — a deductible — before your health plan begins to pay for covered health care costs.¹ Only services covered by the health plan count toward the deductible



Copay and co-insurance: Once you meet your deductible, you will pay a portion of covered health care costs and the plan pays the rest²



Out-of-pocket maximum: Once you meet an annual limit on your payments — out-of-pocket maximum — your plan pays 100% of covered costs



Coinsurance is what you pay for covered services after you've met your deductibles. It does not include charges for services not covered by your plan. If you use an out-of-network provider, your expenses may be more than the coinsurance amount shown because the out-ofnetwork provider can bill you for charges that are more than what your benefit plan will pay.



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Virtual care¹



Cigna Healthcare has partnered with MDLIVE® to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you.

Primary Care

Preventive care, routine care and specialist referrals

- Preventive care checkups/ wellness screenings available at no additional cost²
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities³

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, grief and depression

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the ER
- Prescriptions available, if appropriate

Dermatology⁴

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours
- 1. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Not all preventive care services are covered, refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.
- 2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.
- 3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
- 4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.



Virtual medical care¹

MDLIVE

Cigna Healthcare has partnered with MDLIVE $^{\otimes}$ to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. Conditions treated include:



- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu

- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches

- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes

- Respiratory and sinus infections
- Sore throats
- Urinary tract infections

^{2.} This is not an all-inclusive list. See your plan documents for details.



^{1.} Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Not all preventive care services are covered, refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.

Virtual behavioral care¹



Now you don't have to wait — or travel — for behavioral care. Cigna Healthcare has partnered with MDLIVE® so you can connect by video or phone to licensed therapists and psychiatrists, all from the privacy of home. Non-emergency behavioral/mental health conditions treated include:



- Addiction
- Bipolar disorder
- Child/adolescent issues
- Depression

- Eating issues
- Grief/loss
- Life changes
- Men's issues

- Postpartum depression
- Panic disorders
- Relationship and marriage issues

- Stress
- Parenting issues

^{1.} This is not a full list and is subject to change. Cigna Healthcare provides access to virtual care through participating in-network providers. Not all providers have virtual capabilities. Cigna Healthcare also provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. All health care providers are solely responsible for the treatment provided to their patients; providers are not agents of Cigna Healthcare. Not all preventive care services are covered, refer to plan documents for complete description of virtual care services and costs.



Planning for your medical costs

[Plan Name]

	Single	Family		
Payroll deduction	[\$XX]	[\$XX]		
Deductible	[\$XXX] In-network [\$XXX] [Out-of-network]	[\$XXX] In-network [\$XXX] [Out-of-network]		
Out-of-pocket maximum ¹	[\$XXX] In-network [\$XXX] [Out-of-network]	[\$XXX] In-network [\$XXX] [Out-of-network]		
Lifetime maximum	Unlimited	Unlimited		

If you choose to receive care outside of your plan's network, only covered expenses will be applied to your deductible – subject to your plan's Maximum Reimbursable Charge provisions. All plans have exclusions and limitations. See your enrollment materials for more information about costs and details about covered and non-covered services, including plan exclusions and limitations.

^{1.} This is the most a family (employees plus covered family members) will pay for in-network, out-of-pocket expenses. It's important to note that each individual family member's out-of-pocket costs are capped at \$8,700 for 2022 health plans, and overall family in-network costs are capped by the IRS at \$17,400. The out-of-pocket costs for people with individual coverage are capped at \$7,050 for 2022. To see examples of how this works, please visit www.InformedOnReform.com > Federal Regulations > Cost Sharing Limits, or Cigna.com/health-care-reform/embedded-oop-customer-impacts.



The claim process



^{1.} Your plan may apply a deductible. Copays are paid at the time of service. If a coinsurance applies, it is not paid at the time of service and is billed to you or charged to an HSA/HRA after the claim is processed and the EOB is issued.



Take control of your health and your health costs

Here are a few easy ways to save on out-of-pocket health care expenses:



Stay with in-network providers and facilities



Visit an urgent care center instead of the ER for non-life-threatening health concerns



Use a convenience care clinic (inside supermarkets, pharmacies and other retail stores) for routine care



Access virtual care¹ through MDLIVE® 24/7 for a range of minor conditions

This information is for educational purposes only. It is not medical advice. Always consult your doctor for examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest emergency room.



^{1. [}Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.]

Take control of your health and your health costs

Additional ways to save



In-network providers

Visit **myCigna.com**® and use the "Find Care & Costs" tool to locate in-network providers and facilities



Lower-cost labs

Stay with lower-cost national labs like Quest Diagnostics® or LabCorp®



MRIs and CT scans

Choose independent radiology centers (versus hospital-based radiology) for MRIs and CT scans



Outpatient centers

Select an in-network, freestanding outpatient surgery center for procedures like colonoscopy, endoscopy or arthroscopy

This information is for educational purposes only. It is not medical advice. Always consult your doctor for examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest emergency room.



Behavioral health support





Emotional well-being resources

When your challenges are large or small, Cigna Healthcare is here to connect you with solutions.1

Emotional health:

- Three face-to-face visits with a licensed behavioral health provider in our employee assistance program (EAP) network
- Live chat with an EAP advocate
- Unlimited telephone counseling
- Access to work/life resources and self-service tools on myCigna.com

Legal services: Services include a 30-minute consultation with a program attorney for civil, personal/family, and Internal Revenue Service (IRS) issues, with 25% off select fees if the program attorney is retained.

Financial services: Get 25% off tax preparation and a 30-minute complimentary phone consultation with a financial specialist on debt counseling, student loans and more

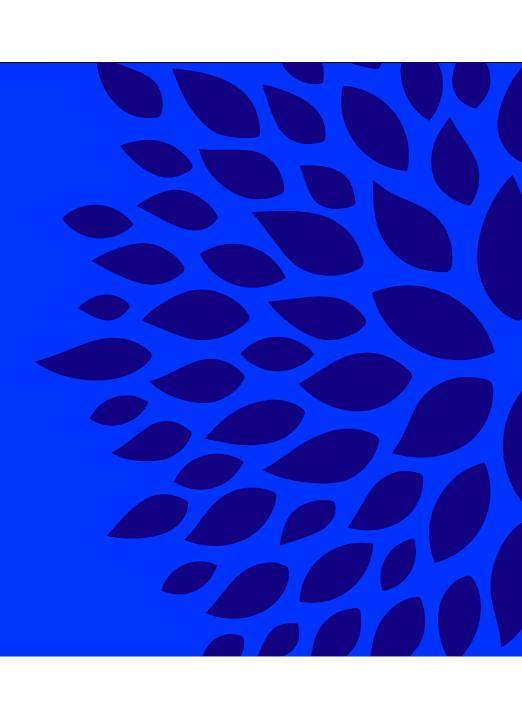
Identity theft support: Support includes a 60-minute consultation with a fraud resolution specialist who can help with identity theft recovery and how to protect yourself in the future

^{1.} Employee assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location, and are not available where prohibited by law.



Your pharmacy plan options





Use the myCigna® App¹ or website – 24/7

Manage all your prescriptions on the My Medications page

- See which medications your plan covers
- Price a medication²
- Search for lower-cost alternatives, if available
- View all the prescriptions you've filled in the last 18 months
- Find an in-network pharmacy
- Ask a pharmacist a question
- Switch a prescription from a retail pharmacy to our home delivery pharmacy

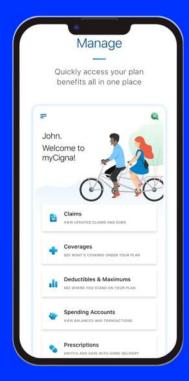
For home delivery prescriptions:

- Refill and track your orders
- Pay your bill online
- Sign up for automatic refills
- Request a payment plan
- For specialty medications, connect to your online Accredo® account

- 1. App/online store terms and mobile phone carrier/data charges apply.
- 2. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information.



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For illustrative purposes only.

Spend smarter on medications

Use the Price a Medication tool

- Compare the price of your medication at in-network retail pharmacies and through our home delivery pharmacy
- View lower-cost alternatives, if available
- See which medications your plan covers
- View your costs for a 30-day and 90-day supply, depending on your plan
- Find out if your medication needs approval before your plan will cover it



1. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information.



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Save a trip with home delivery













Order, manage, track and pay for medications on your phone

or online

Standard shipping at **no extra cost**¹

Fill up to a **90-day supply** at one time²

Automatic refills³ or refill reminders so you don't miss a dose Helpful pharmacists available 24/7

Flexible payment options



To learn more about Express Scripts® Pharmacy,

go to Cigna.com/homedelivery or call 800.835.3784

- 1. Standard shipping costs are included as part of your prescription plan.
- 2. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
- 3. Express Scripts Pharmacy can automatically refill certain medications. You can sign up for the automatic refill program when you call. Or, you can log in to the myCigna App or website to sign up on your own.



18

Help with your medications



Talk with a pharmacist from the privacy – and comfort – of your own home.

As part of your pharmacy plan, you can talk with a licensed, specially trained pharmacist from Express Scripts[®]. They'll help you stay on track with your medication routine.

- Find ways to save on your medication
- Better understand how your medication works and how it helps keep you healthy
- Learn how to work through side effects
- Get tips to help you remember to take your medication
- See how you can make refills easier





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Help with specialty medications

Accredo[®], your specialty pharmacy, is focused on supporting complex medical conditions.

- Easily order, manage and track your medications on your phone or online1
- Fast shipping, at no extra cost²
- Easy refills and free reminders to help make sure you don't miss a dose. Refill certain prescriptions by text.³
- 24/7 access to specialty-trained pharmacists and nurses experienced in complex medical conditions
- Personalized care services including counseling and training on how to administer your medication
- Help with applying for third-party copay assistance programs and other options
- 1. You'll see your first order in the myCigna App or website once Accredo ships it.
- 2. Standard shipping costs are included as part of your prescription plan.
- The ability to refill prescriptions by text is only available for certain medications. To get text messages, you'll have to sign up for Accredo's texting service. You can do this when you call Accredo to refill your prescription. Once you sign up, simply reply to their welcome text to get started. Standard text messaging rates apply.



messaging rates apply.

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Consider a 90-day supply for maintenance medications

90-day supplies are more convenient and help make your life easier.¹

90-day (or 3-month) supply²

Use Express Scripts® Pharmacy (our home delivery pharmacy)³
 OR an approved in-network retail pharmacy

30-day supply

- Use any retail pharmacy in your plan's network
- Option to switch to 90-day supply at any time
- Internal Cigna analysis performed Jan 2019, utilizing 2018 Cigna national book of business average medication adherence (customer adherent > 80% Proportion Days Covered), 90-day supply vs. those who received a 30-day supply taking antidiabetics, blood pressure medications and statins.
- 2. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.
- 3. Not all plans offer home delivery as a covered pharmacy option. Log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna maintains an ownership interest in Express Scripts Pharmacy's home delivery services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless of where you fill your prescriptions. To find a retail pharmacy in your plan's network, log in to the myCigna App or myCigna.com and use the Price a Medication tool



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3 easy steps to filling prescriptions

For **90-day fills** through home delivery or select retail pharmacies

- 1. Ask your doctor for a 90-day prescription with refills
- 2. Have the office send your prescription electronically to Express Scripts Home Delivery¹ or an approved in-network retail pharmacy
- 3. Get a convenient 90-day (or 3-month) supply of your medication

For **30-day fills** at in-network retail pharmacies

- 1. Ask your doctor for a 30-day prescription
- 2. Have the office send your prescription electronically to an in-network retail pharmacy
- 3. Get a 30-day supply of your medication

1. Not all plans offer home delivery as a covered pharmacy option. Please log in to the myCigna app or website, or check your plan materials, to learn more about the pharmacies in your plan's network. Cigna maintains an ownership interest in Express Scripts® Pharmacy's home delivery services. However, you have the right to fill prescriptions at any pharmacy in your plan's network. You won't be penalized regardless



Price a Medication tool.

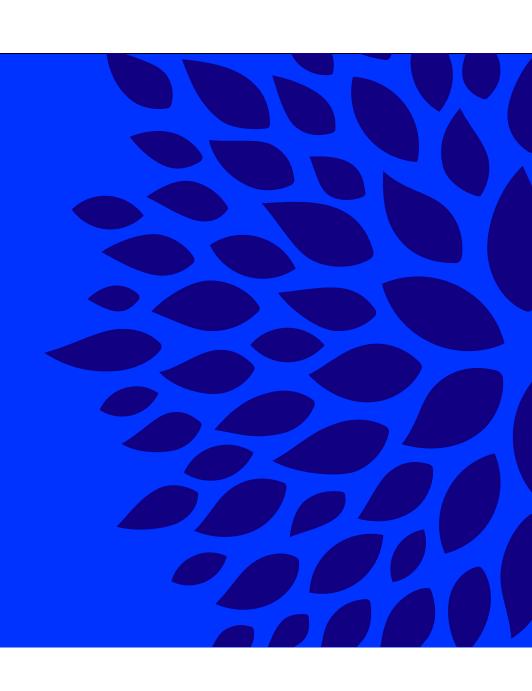
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of where you fill your prescriptions. To find a retail pharmacy in your plan's network, log in to the myCigna App or myCigna.com and use the



Enrollment





Enrollment checklist



Before you decide, take these steps to learn more about your health plan — and your health. This checklist will help you choose wisely. 1

- ✓ Think about your health history and health care needs.
- On average, how much do you spend on health care? How might that change in the upcoming year?
- Check the provider directory on Cigna.com to see if your health care providers participate in our network.
- ✓ Review your Summary of Benefits for specific plan details.
- Enroll in your HSA and decide how much you would like to add to your account. Check IRS.gov for contribution limits.
- ✓ If you are approaching age 65 and exploring Medicare, call Cigna's Medicare Concierge Services at 1.866.317.4116 (TTY 711) to learn more.²

Review the medications on your plan's online drug list at Cigna.com/druglist or myCigna.com.

- 1. This information is for educational purposes only.
- 2. [This information is not a complete description of benefits, which vary by individual plan. You must live in the plan's service area. Contact the plan for more information. Cigna Healthcare contracts with Medicare to offer HMO and PPO plans and Part D Prescription Drug Plans (PDP) in select states, and with select State Medicaid programs. Enrollment in Cigna Healthcare depends on contract renewal.]





Support to Improve Your Health and Well-being

Offered by Cigna Health and Life Insurance Company or its affiliates In Utah, plans are offered by Cigna Health and Life Insurance Company.

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Cigna One Guide®

Cigna One Guide helps you make informed choices and get the most from your plan, offering personalized support to help you stay healthy and save money.

During enrollment, we're just a call away to help:

- Answer questions about the basics of coverage for medical plans and products as well as Cigna Healthcare[®] pharmacy
- Identify the types of health plans available to you to help you choose the one that best meets your needs
- Find out if your doctors are in network to help you avoid unnecessary costs
- Get answers to any other questions you may have about the plans or provider networks available to you





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Cigna One Guide®

After enrollment, personalized support helps you:

- Resolve health care questions and issues
- Save time and money
- Get the most out of your plan(s)
- Find in-network providers, hospitals and labs
- Get cost estimates
- Understand your bills
- Navigate the health care system

1. App/online store terms and mobile phone carrier/data charges apply.



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After you've enrolled, access Cigna One Guide the way that's most convenient to you.



myCigna® website or app¹



Live chat



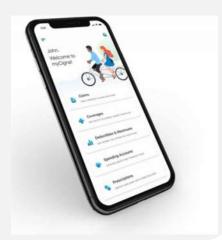
Phone

myCigna.com®

Your online home for assessment tools, plan management, medical updates and much more:

- Find in-network doctors, dentists and medical services
- View, print and email ID cards
- Review your coverage
- Manage and track claims, account balances and deductibles
- Compare cost and quality information for doctors and hospitals

- Access a variety of health and wellness tools and resources
- Receive alerts when new plan documents are available
- Manage your home delivery prescription orders² or talk with a pharmacist
- Use the Price a Medication feature to explore medication costs³





Download the **myCigna**® app and access your account.¹

For illustrative purposes only.

- 1. App/online store terms and mobile phone carrier/data charges apply. Actual myCigna® features may vary depending on your plan and individual security profile.
- 2. [Not all plans include home delivery as a covered pharmacy option. Please log in to the myCigna® app or website, or check your plan materials, to learn more about the pharmacies in your plan's network.]
- 3. [Prices shown on myCigna® are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna® for more information.]



Digital ID Cards

Enjoy easy, secure access to your ID cards.

No longer worry about misplacing your ID. Simply log in to the myCigna® mobile app or website to view your digital ID card.¹

Getting your digital ID card is easy!

- Log in to myCigna® website or app.
- Click or tap "ID Cards."
- View your card(s) and the cards of any dependents.²

You can **show** your digital ID card on your phone screen, **print** it, or **email** it to your doctor's office.

- 1. The transition to digital ID cards does not apply to the following: all insured medical clients sitused in Texas, New York, Florida, and Colorado (ASO will be included); all medical clients sitused in Minnesota regardless of funding type; all D-HMO plans sitused in Texas; all D-HMO and D-PPO plans sitused in Georgia and Minnesota; all vision plans sitused in Georgia, Minnesota, and Texas. Clients with situs in Texas, North Carolina, New York, Tennessee, Colorado, Georgia, and Florida will transition beginning with 7/1/2023 new and renewal effective dates unless prohibited by a state mandate.
- 2. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.



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24/7 Customer Assistance



Reach us 24 hours a day, seven days a week



Get answers to your health, claims and benefit questions



Ask for a Spanish-speaking service representative, or someone who can translate one of 200 languages



Order an ID card, update insurance information, check claim status and more



The answers you need are just a phone call away. Anytime you need us, feel free to call the toll-free number on your ID card.



Health Information Line



Call the number on your ID card, 24/7/365



- Offers access to a trained clinician¹ to help you determine when and where to get treatment for immediate health care needs
- Provides guidance and education about both specific health concerns and general health topics
- Provides suggestions for online tools or local resources to help support your physical and mental health needs
- Delivers access to audio health library (both in English and Spanish), as well as podcasts

- 1. These health advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.
- Excluding holidays.



Cigna Healthy Babies



Available at no additional cost to you, Cigna Healthy Babies supports you throughout your pregnancy journey — and works to keep you and your baby healthy.

You'll get:

- A downloadable guide to help you learn about important pregnancy topics, including prenatal care, exercise, stress and depression
- 24/7 telephone access to a maternity specialist
- Access to information on the myCigna® website or from the Cigna Healthy Pregnancy® app¹
- Personalized support from a case manager if you're hospitalized during pregnancy or if your baby is in the NICU

You'll learn how to:

- Plan for a healthy pregnancy
- Monitor your pregnancy week by week
- Prepare for labor and delivery
- Care for your new baby



For more information about Cigna Healthy Babies, just call the number on your ID card.

1. The app is for educational purposes only. Medical advice isn't provided. Don't use information in this app to diagnose yourself. Always check with your health care provider for information about examinations, treatment, testing, and care recommendations. In an emergency, dial 911 or visit the nearest emergency room. App/online store terms and mobile phone carrier/data charges apply.



Cigna Healthy Pregnancy® App

With the Cigna Healthy Pregnancy app, you can:

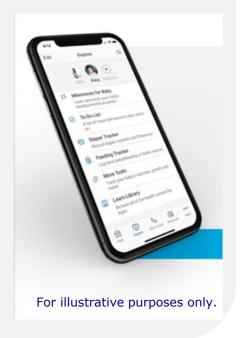
- Enroll in the Cigna Healthy Pregnancies, Healthy Babies® program
- Learn about available incentives for completing the program
- View helpful information in the expanded content library
- Keep track of topics to discuss with your doctor and set reminders

- View educational videos about your baby's weekly development
- Connect to your baby through the Baby Boost relaxation tool
- Get personalized notifications about developmental milestones and to-dos for baby's first two years
- Link to benefits and resource pages

Download the app now.^{1,2}







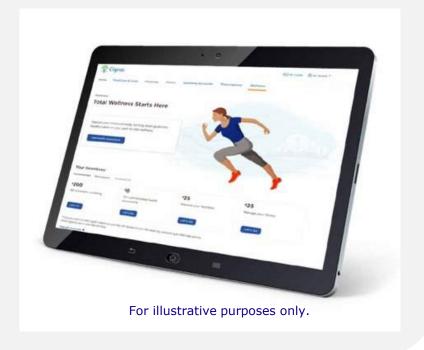
^{1.} The app is for educational purposes only. Medical advice is not provided. Do not rely on information in this app as a tool for self-diagnosis. Always consult your doctor for appropriate examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest hospital.

^{2.} The downloading and use of the app is subject to the terms and conditions of the app and the online stores from which it is downloaded. App Store is a registered service mark of Apple Inc. Google Play is a trademark of Google LLC.



Health Assessment

- First, complete your quick and easy online health assessment.
- Then, get a wellness score, as well as recommendations to start on a path to better health.
- Share your report with your doctor at your next visit.





Cigna Healthy Rewards® Program¹

Get discounts on the health products and programs you use every day, including:



Weight management and nutrition



Alternative medicine



Vision and hearing care



Fitness memberships and devices



Yoga products and virtual workouts

1. Healthy Rewards programs are NOT insurance. Rather, these programs give a discount on the cost of certain goods and services. The customer must pay the entire discounted cost. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Participating providers are solely responsible for their goods and services.





Flu Vaccinations

One of the best ways to avoid catching the flu is to get vaccinated. Help protect yourself and others against the flu by getting a flu shot.



1. Flu shot clinics are independently administered by third-party providers and not by Cigna Healthcare. Always speak to your doctor about appropriate treatment, testing and care recommendations.



Your Personal Health Team



When it comes to feeling better about your health, everyone has different needs. That's why we provide a designated personal team of health advocates to listen and help you find solutions.

- Address chronic conditions like diabetes, back pain, depression, arthritis, asthma or cardiac issues
- Partner one-on-one with a health advocate and take a more active role in your health
- Find help managing your care and get information about a variety of treatment options

- Get 24/7 support when you need help with things like your child's high fever or finding late-night medical treatment
- Know what to expect if you need to spend time in the hospital or require surgery
- Get answers to questions about your health plan



Preventive Care



Many preventive services from in-network providers are covered 100% by your health plan.¹ That means you won't pay anything out of your own pocket.

Covered preventive care services can include, but are not limited to:1

- Screenings for blood pressure, cholesterol and diabetes
- Screenings for colon/rectal cancer
- Mammograms and Pap tests
- PSA blood tests

^{1.} Includes eligible in-network preventive care services. Some preventive care services may not be covered, including most immunizations for travel. Reference plan documents for a list of covered and non-covered preventive care service.





Omada® for Cigna Healthcare®1

Omada is a digital lifestyle change program focused on building healthy, long-lasting habits.

- Designed to help you lose weight, gain energy and reduce the risks of type 2 diabetes and heart disease
- Surrounds you with the tools and support you need to make lasting, meaningful changes to the way you eat, move, sleep and manage stress — one small step at a time
- Teaches healthy habits guided by interactive online lessons and support groups, professional health coaching and a digitally connected scale
- Receive the program at no additional cost if you or your covered adult dependents are enrolled in the company medical plan offered through Cigna Healthcare[®], are at risk for type 2 diabetes or heart disease, and are accepted into the program

The Omada® program is administered by Omada Health, Inc., an independent third-party service provider. Cigna Healthcare does not
endorse or guarantee the products or services of any third parties and assumes no liability with respect to any such products or services.





Here for you 24/7/365



By phone 1-866-494-2111

- Call any time, day or night, for live customer service
- Request a Spanish-speaking representative; interpreter service is available in more than 200 languages
- Speak with a nurse advocate¹ any time, day or night, through Cigna's Health Information Line



myCigna.com® website or app

- Find in-network providers and facilities
- View your coverage and claims
- Track account balances and deductibles
- Compare costs between providers and facilities for common procedures
- Click to chat available weekdays,
 7:00am 6:00pm EST

1. These nurse advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.



Compare and select providers



Cigna Care Designation

Cigna Heallthcare evaluates in-network providers in the most common specialties. Only those who meet these standards for both quality and cost efficiency receive the Cigna Care Designation.¹



Cigna Centers of Excellence

Cigna Healthcare identifies hospitals as Centers of Excellence when they achieve the highest performance in both health outcomes and savings.¹



Example for illustrative purposes only. Actual costs will vary.

1. The Cigna Healthcare Center of Excellence designation and Cigna Care designation are a partial assessment of quality and cost-efficiency and patient experience and should not be the only basis for decision-making (as such measures have a risk of error). Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Quality designations and ratings found in Cigna Healthcare's online provider directories are not a guarantee of the quality of care that will be provided to individual patients. Providers are solely responsible for any treatment provided and are not agents of Cigna Healthcare.



COVID-19 Resource Center

Stay informed with the latest guidance.

Go to Cigna.com/COVID for:

- Information about vaccines and booster shots
- Updates on testing, including over-the-counter tests
- Answers about treatments and medications
- Links to Centers for Disease Control (CDC) resources





IdentityForce



Monitor, alert, and fix

Identity theft impacts both the **financial** and **emotional** well-being of victims.

That's why Cigna Healthcare teamed up with IdentityForce® to offer its services as part of your medical coverage at **no additional cost**.¹ The identity theft protection provides monitoring, alerts, and restoration services.

The program and services are provided by an independent company/entity and not by Cigna Healthcare. Program
and services are subject to all applicable program terms and conditions. Program availability is subject to change.



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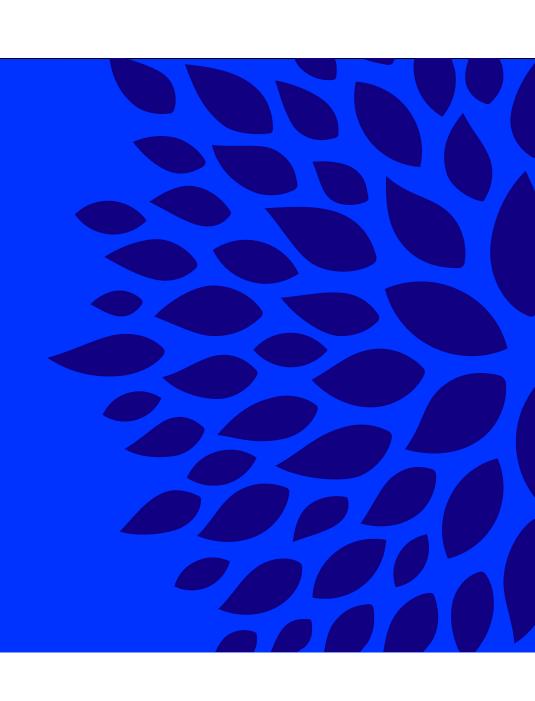


Proactive protection and restoration

- Credit monitoring and tracking
- Bank and credit card activity alerts
- Fraud monitoring
- Credit report monitoring
- Credit score simulator
- Restoration services
- Identity theft insurance

Questions and answers





You cannot open an HSA if, in addition to coverage under an HSA-qualified High Deductible Health Plan ("HDHP"), you are also covered under a Health Flexible Spending Account (FSA) or an HRA or any other health coverage that is not a HDHP. The HSA provider and/or trustee/custodian will be solely responsible for all HSA services, transactions and activities related thereto. Neither your employer nor Cigna is responsible for any aspects of the HSA services, administration and operation.

Rates will vary by plan design. Coverage is subject to any applicable plan deductibles, copay and/or coinsurance requirements. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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JOIN NOM



Break a Sweat

Without Breaking the Bank™

As a Cigna customer, through the Cigna Healthy Rewards[®] program, you have access to the Active&Fit Direct[®] program beginning September 1, which offers fitness center memberships to 8,000+ fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee).

The program offers:

- Online directory maps and locator for fitness centers (available on any device)
- A free guest pass to try out a fitness center before enrolling (where available)
- The option to switch fitness centers at any time
- Online fitness tracking from a wide variety of popular wireless fitness devices, apps, and exercise equipment

To learn more, visit ActiveandFitDirect.com/fitness/Cigna.

The Cigna name, logo, and "Healthy Rewards" are registered service marks of Cigna Intellectual Property, Inc. The Cigna Healthy Rewards program is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company or its affiliates.

This is a discount program and is NOT insurance. This program is separate from your medical plan benefits. You are required to pay the entire discounted charge. ASH is an independent company/entity and is solely responsible for the Active and Fit Direct program. ASH is not an affiliate of Cigna. Always consult your doctor prior to beginning a new exercise program. Your participation in this program may be subject to program terms and conditions and is at your sole risk.

M966-00IF-CIG 8/17 < 2017 American Specialty Health Incorporated (ASH), The Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., a subsidiary of ASH. Active&Fit Direct, Break a Sweat Without Breaking the Bank, and the Active&Fit logos are trademarks of ASH. Other names or logos may be trademarks of their respective owners.



SECTION 6A HEALTH AND WELLNESS FAIR



ENGINEERING EXCELLENCE SINCE 1980

Structural Engingeering | Special Inspection | Project Management | Investigative Engineering

BOARD OF DIRECTORS

George H. Bradley III, P.E. Chairman of the Board

> Chris Youngblood, P.E. President/CEO

David H. Grieves, P.E. Vice President/Principal

Chris Romero, P.E. Vice President/Principal

Steven Vasquez, P.E. Vice President/Principal

Nicholas Torres, P.E. Vice President/Principal

2016 Health & Wellness Fair Results

January 29, 2016



Health Report Card

Date of Screening			
Blood Pressure			
Blood Glucose			
Total Cholesterol			
LDL (bad cholesterol)			
HDL (good cholesterol)			
Non-HDL Cholesterol			
Triglycerides			
ABSI Relative Risk Value			
Coronary Risk Ratio			
Body Age® / Biological Age		 	

BLOOD PRESSURE

Blood Pressure readings can vary greatly depending on when and where you take them and the type of monitor used. Alert your doctor if your readings are consistently over 140/90.

Less than 120/80	Optimal
120-139/80-89	Prehypertention (at increased risk for developing high blood pressure)
140/90 or higher	High Blood Pressure

BLOOD GLUCOSE.

A blood glucose test measures the amount of sugar in the blood. It is used to help diagnose d'abetes and to monitor those who already have diabetes.

Less than 100 mg/dL	Optima!
100-125 mg/dL	Impaired/Pre-diabetes
126 or higher	Diabetes

BODYAGE™

BodyAge™ is a fitness assessment method that utilizes personal demographics and fitness tests to define a person's true physiological age or "hody age".

CHOLESTEROL

Cholesterol is a fat-like substance that can dog arteries, leading to heart disease. Cholesterol tests check the levels of your total blood cholesterol, LDL, HDL and triglycerides

TOTAL CHOLESTEROL

Less than 200 mg/dL | Desirable

200-239 mg/dL	Borderline High				
240 mg/dL orhigher	High				
NON-HOL CHOLESTE	ROL				
(TOTAL CHOLESTERO	L-HDL)				
130-159 mg/dL	Near Ideal				
below 130 mg/dL	Ideal				
LDL					
Less than 100 mg/dL	Optimal				
100-129 mg/dL	Near/Above Optima				
130-159 mg/dL	Borderline High				
160-189 mg/dl.	High				
190 mg/dl. or higher	Very High				

HD

Less than 40 mg/dL for men and 50 mg/dL for women increases the risk for heart disease. An IIDL level of 60 mg/dL or more helps lower your risk for heart disease.

TRIGLYCERIDES

Less than 150 mg/dL	Normal		
150-199 mg/dL	Borderline High		
200-499 mg/dL	High		
500 mg/dl. or higher	Very High		

A BODY SHAPE INDEX (ABSI)

- See accompanying literature and your personal health analysis & graph
- An ABSI Relative Risk Value of 1,0 Indicates an average risk for your age and sex. Alm for a value of 1.0 or less

CORONARY RISK RATIO

- -Divide Total Cholesterol by HDL (TC/HDL).
- -A higher ratio means a higher risk of heart disease.

Risk Level*	Men	Women	
Optimal (1/2 Average Risk)	3.40	3.30	
Average Risk	5.00	4.40	
2X Average Risk	9.51	7.00	
3X Average Risk	23.0	11.0	

*Advance for Medical Laboratory Professionals, November 2000.



Best Indicator of Obesity and Risk of Premature Death, Heart Disease and Diabetes – WC, BMI, WHtR or ABSI?

Numbers are a significant part of trying to live a healthier lifestyle. Be it pounds, inches, calories, or minutes, we are all counting our way to get there. While many of us have a goal weight or a goal **Waist Circumference (WC)**, others are focused on a goal **Body Mass Index (BMI)** or a goal **Weight to Height Ratio (WHtR)**. That is to say, most of us want to be healthy according to a **standard** measurement that screens for obesity, risk for premature death, heart disease and diabetes.

WC, BMI and WHtR are all standards that have been around and promoted by health professionals for years. The problem with these standards is that they each have shortcomings and leave many categorized incorrectly.

Enter ABSI, a newly proposed measurement tool that combines WC, BMI and WHtR along with your age and sex into one standard.

The A Body Shape Index (ABSI)

This new measurement tool was developed by researchers at The City College of New York. Using data from over 14,000 non-pregnant adults, they found mortality rates were best predicted by ABSI, compared to WC, BMI or WHtR alone.

ABSI is calculated as follows:

$$ABSI = \frac{WC}{BMI^{2/3} height^{1/2}}.$$

Once your ABSI is calculated, the data for your age and sex is graphed, your ABSI is plotted and your **Relative Risk Value** is determined.

Relative Risk Value: A Relative Risk Value of 1.0 Indicates an average risk of premature death. Aim for a Relative Risk Value of 1.0 or less.

To calculate your ABSI and your Relative Risk Value and determine if your health risk is above or below average, go to the ABSI calculator at www.absicalculator.eu.

The Bottom Line

As discussed above, standards like WC, BMI, and WHtR only tell part of the story. And while it helps create a more complete picture of your overall health risk, even ABSI isn't a perfect standard. So try not to put too much stock in meeting a certain number. The ultimate goal is to take baby steps toward a healthler you. After all, like life, achieving a healthy lifestyle is a journey, not a destination.

Welcome to Body Age testing!

The non-invasive fitness assessment that you are about to undergo is simple and easy and takes about 15 minutes. It gives an informative description of your current physical condition including the three main physiological areas of strength, cardiovascular fitness and flexibility as well as the assessment of body composition and blood

pressure. The program assesses the test results together and gives your "BodyAge", also known as your physical body age.

These are the tests that are going to be administered today during your session:

- Body composition test determines lean body weight and fat percentage by stepping on a highly accurate scale that uses bioelectrical impedance.
- OwnIndex Fitness test assesses heart rate variability to predict maximal oxygen uptake (VO2 max), which is commonly used to determine cardiovascular fitness.
- Blood pressure is the measurement of the force of blood flowing against the artery walls. It and has a large impact on your body age because high blood pressure is a major health risk.
- Muscular Strength test uses two different assessments to determine muscular strength: The bicep curl test is used to assess your upper body strength and the 60 second crunch test is used to assess your core strength.
- Sit and Reach Flexibility test registers how far forward a person can reach to establish their body flexibility.

Following testing (either today or at a later determined date), you will receive an overview report of your fitness level that gives a complete description of each physiological element tested. Simple graphs will give you a visual snapshot of how your current health status compares to acceptable health standards. This data can provide a starting baseline for you and enables you to track goals and progress over time with post testing.

BodyAge[™] is a fitness assessment method that applies personal demographics and fitness tests to define a person's true physiological age or BodyAge. The assessments are related to a person's biometrics, cardiovascular characteristics, body composition and musculoskeletal characteristics such as strength and flexibility. Assessments that affect life expectancy are weighted more heavily (i.e., cardiovascular fitness, body fat and blood pressure). A personalized report is generated that provides feedback on chronological age, calculated Body Age, and an obtainable BodyAge. In addition, a graphical comparison is provided that gives participants a visual of their ranking in comparison to the population average for each test, as well as facts regarding the importance of each fitness component. The BodyAge score is a unique and compelling way to represent the current fitness level of participants and provide motivation by setting realistic goals in each fitness area.

Available fitness test components are:

- Blood Pressure
- VO2 max (estimated)
- Body Fat %
- Body Water %
- Flexibility (Sit and Reach)
- Strength (bicep curl, crunches, wall sit)









SECTION 6B COACH BY CIGNA

Once you GO for your annual physical and KNOW your numbers, let Coach by Cigna help you

TAKE CONTROL OF YOUR HEALTH.



At Cigna, we're all about getting you to a healthy place. Sometimes you need some help getting there. That's why we created the Coach by Cigna mobile app. We've brought together a team of health coaches and put them in the palm of your hand to help you take control of your health.



With Coach by Cigna, you'll get personalized recommendations based on who you are and where you want to go in 5 integrated focus areas. Coach helps you work on one or all of them within one app.

- Access recommended programs that fit your personal needs and goals.
- View motivational and instructional videos from a team of health coaches.
- Keep on track with easy-to-follow programs and daily to-do lists.

Learn about other ways to take control of your health at Cigna.com/takecontrol starting with getting an annual check up, which is 100% covered by most Cigna health plans when you see an in-network health care professional.*

Start taking control of your health. Download the Coach by Cigna mobile app.

Available on both iOS and Android^{IM} mobile devices, Available FREE to users in 15 countries and 9 languages. Must be 18 years or older to download the app.







See legal disclaimers on reverse side.



*Not all preventive care services are covered. Plan coverage may vary, so see your plan documents for the details of your specific medical plan, including a complete list of covered and non-covered services.

The Coach by Cigna mobile app is for educational purposes only. It is not meant to provide medical advice tailored to you in any way. It coes not constitute medical advice and is not intended to be a substitute for proper medical care provided by a physician. Do not rely on information in this app as a tool for self-diagnosis. Always consult with your doctor for appropriate examinations, treatment, testing, and care recommendations.

The downloading and use of the Coach by Cigna mobile app is subject to the terms and conditions of the app and the online stores from which it is downloaded. The Apple logo is a trademark of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. ICS is a trademark or registered trademark of Cisco in the U.S. and other countries and is used under license. Android and Google Play are trademarks of Google Inc.

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SECTION 7

HEALTH SAVINGS ACCOUNT (HSA) BASICS



ENGINEERING EXCELLENCE SINCE 1980

Structural Engingeering | Special Inspection | Project Management | Investigative Engineering

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Health Savings Account (HSA) Basics

January 1, 2022





Below, Chavez-Grieves has provided a basic overview of some of the amazing and valuable benefits of Health Savings Accounts (HSAs). HSAs, without exception, are the most tax-advantaged investment account available today and understanding the benefits of an HSA and maximizing its effectiveness are incredibly important. For additional information on HSAs, see the *Perspective* at the end of this section entitled "HSAs build long term wealth with tax-favored savings". Also take the time to conduct your own research and review the IRS Publication 969 at the following website: https://www.irs.gov/publications/p969/ar02.html#en US 2014 publink1000204025.

HEALTH SAVINGS ACCOUNT BASICS:

- A Health Savings Account (HSA) is a tax-advantaged investment account that
 provides coverage for current healthcare expenses while also providing you with
 the option to save for future healthcare expenses and/or save for retirement.
- More precisely, an HSA is an Individual Retirement Account (IRA) that has enhanced tax benefits over a normal IRA because it is designated as an HSA.
- An HSA must be combined with a High Deductible Health Plan (HDHP) that kicks in once deductibles and/or out of pocket maximums have been reached.
- You and/or Chavez-Grieves can contribute to your HSA up to the IRS specified annual limits.
- Chavez-Grieves currently contributes the IRS maximum allowable annual amount
 into the HSA accounts of all employees with health insurance through the firm.
 See the section of the notebook that contains the health insurance plan
 summaries for more details.
- You own your HSA, even if you change jobs or retire. The account balance in your HSA rolls over from year to year and there is no limit on the growth of your HSA.
- You have investment options with an HSA similar to those found in a 401(K). We highly encourage each employee to schedule a meeting with our financial advisor to discuss investment options for your HSA funds. See the section of this notebook on "Personal Financial Planning and 401(K) Retirement Plan Benefits" for more details.
- The principle and investment earnings in your HSA grow and compound tax-free.
 If you can afford to pay medical expenses out-of-pocket and save your HSA for the future, then your HSA balance will grow until you need it most whether in a year, 10 years or in retirement.



- Distributions from your HSA are tax-free if used for qualified medical expenses, including some dental and vision expenses. More information on qualified medical expenses is provided at the end of this section.
- Distributions from your HSA can also be taken tax-free to cover qualified health expense for your spouse and dependent children, even if they are not covered under your plan, as long as the expenses are not reimbursed by another insurance plan.
- You can also take distributions from your HSA to pay for non-qualified expenses, but the distribution will be subject to income taxes and a 20% penalty, if you are under the age of 65.
- Once you turn 65 years of age, the benefits of an HSA become even more advantaged. The most important of these enhanced benefits includes:
 - The 20% penalty for using HSA funds for non-qualified expenses no longer applies. After turning 65 years of age HSA funds can be used to pay for any expense or to fund your retirement and you will only pay taxes on these types of distributions, just like you would with a conventional IRA or a 401(K).
 - The list of qualified health expenses expands to include things like Medicare supplemental insurance and Long Term Care Insurance.
- If you become disabled, your HSA also has certain enhanced benefits.

FILING YOUR TAX RETURN

With such great tax breaks, it is probably not a surprise that you will need to do some tax work in regards to your HSA. We can help you by providing the key IRS forms that need to be filed with your tax return every year, at your request. You will need to file these forms with your annual federal state income tax returns and also save your itemized receipts in case you need to prove to the IRS that distributions from your HSA were for qualified medical expenses. Please consult with your tax preparer for additional requirements and also please visit the IRS's website at:

https://www.irs.gov/publications/p969/ar02.html#en_US_2014_publink1000204025.

SETTING UP YOUR HSA

Contact Human Resources for information on setting up your Health Savings Account.



Are You Eligible for an HSA?

Because HSAs have certain tax advantages, the IRS defines specific rules for participation in an HSA.

In order to be eligible for an HSA:

- You must be enrolled in an "IRS-qualified" High Deductible Health Plan (HDHP).
 The current health plan offered by Chavez-Grieves is an "IRS-qualified" HDHP.
 See the section of the notebook that contains the health insurance plan
 summaries for more details.
- You cannot have any other health coverage, other than the qualifying HDHP, to include:
 - You cannot be covered by a spouse's medical or pharmacy plan.
 - You cannot be covered through Medicare Part A or Part B.
 - You cannot be covered through a general-purpose Flexible Spending Account (FSA) plan, either through an employer or a spouse.
 - You cannot be claimed as a dependent on another person's tax return.

What happens to funds in my HSA if I switch health plans to a plan that is no longer HSA compatible?

As discussed above, in order for you or your employer to be able to make contributions into your HSA, you have to be enrolled in a HDHP. Once funds have been deposited into your HSA, all of the information provided in this section relating to distributions applies, regardless of whether or not you are enrolled in a HDHP at the time the distribution is taken. So, if you change health plans to a plan that is no longer HSA compatible, contributions can no longer be made to your HSA, but the funds already in your HSA can be used under the same rules as when you were enrolled in a HDHP.

For additional information on "Qualifying for an HSA", please visit the IRS's website at: https://www.irs.gov/publications/p969/ar02.html#en_US_2014_publink1000204025.



HSA Qualified Medical Expenses

Funds you withdraw from your HSA are tax-free when used to pay for qualified medical expenses, as described in Section 213(d) of the Internal Revenue Service Tax Code. A list of these qualified expenses is available on the IRS Web site at www.irs.gov in IRS Publication 502, "Medical and Dental Expenses." This publication also provides a list of non-qualified expenses.

Any funds you withdraw for non-qualified medical expenses will be taxed at your income tax rate plus 20% tax penalty if you are under the age of 65.

The following list provides examples of qualified medical expenses. This list is not all-inclusive as the IRS will modify its list of qualified and non-qualified expenses from time to time. Please visit the website listed above for a complete and up-to-date list and also consult your tax advisor should you require specific tax advice.

Qualified medical expenses include, but are not limited to:

- Acupuncture
- Alcoholism
- Ambulance
- · Annual Physical Examination
- Artificial Limb
- Artificial Teeth
- Autoette
- Bandages
- · Birth Control Pills
- Body Scan
- Braille Books and Magazines
- · Breast Pumps and Supplies
- Breast Reconstruction Surgery
- Capital Expenses
- · Car
- Chiropractor
- Christian Science
 Practitioner
- Contact Lenses
- Crutches
- Dental Treatment
- Diagnostic Devices
- Disabled Dependent Care Expenses
- Drug Addiction
- Drugs
- Eye Exam
- Eyeglasses
- Eye Surgery
- · Fertility Enhancement
- Founder's Fee

- Guide Dog or Other Service
 Animal
- · Health Institute
- Health Maintenance Organization (HMO)
- Hearing Aids
- Home Care
- · Home Improvements
- Hospital Services
- · Insurance Premiums
- Intellectually and Developmentally Disabled, Special Home for
- Laboratory Fees
- Lactation Expenses
- Lead-Based Paint Removal
- · Learning Disability
- · Legal Fees
- Lifetime Care—Advance Payments
- Lodging
- Long-Term Care
- Meals
- · Medical Conferences
- · Medical Information Plan
- Medicines
- Nursing Home
- Nursing Services
- Operations

- Optometrist
- Organ Donors
- Osteopath
- Oxygen
- · Physical Examination
- Pregnancy Test Kit
- Prosthesis
- Psychiatric Care
- Psychoanalysis
- Psychologist
- Special Education
- Sterilization
- · Stop=Smoking Programs
- Surgery
- Telephone
- Television
- Therapy
- Transplants
- Transportation
- Trips
- Tuition
- Vasectomy
- Vision Correction Surgery
- Weight-Loss Program
- Wheelchair
- Wig
- X-ray



Health Savings Account (HSA) Basics

Chavez-Grieves Consulting Engineers, Inc.



- A Health Savings Account (HSA) is a tax-advantaged investment account that is much like an Individual Retirement Account (IRA), but with even more enhanced benefits. HSA funds can be used to cover current healthcare expenses or saved for future healthcare expenses, including in retirement when the benefits are even more enhanced.
- An HSA is combined with a qualified High Deductible Health Plan (HDHP). CG's current health plan is a qualified HDHP. With a HDHP, insurance benefits don't kick in until after deductibles have been met. HSA funds can be used to cover your deductibles and out of pocket maximums associated with you HDHP.

- You and/or CG can contribute to your HSA up to the IRS specified annual limits. Currently, CG contributes the IRS maximum allowable annual amount to your HSA.
- You own your HSA, even if you change jobs or retire, and the account balance rolls over from year to year.
- You have investment options within your HSA for funds above the specified minimum, typically \$1,000. Schedule a meeting with CG's financial advisor if you wish to discuss investment options for your HSA funds.

- The funds and interest in your HSA grow tax-deferred.
- If distributions from your HSA are used for a qualified health expense, the distributions are tax-free. Qualified health expenses are very inclusive, including dental and vision. See the partial list of qualified health expenses included in this section. Visit the IRS website for a complete list. After age 65 the list of qualified expenses expands to include items like Medicare Supplemental Insurance and Long-Term Care Insurance.
- You can also take distributions from your HSA to pay for non-qualified expenses, but the distribution will be subject to income taxes and a 20% penalty. After age 65, or in the event of a disability, the 20% penalty is dropped

Perspective

by Dennis Triplett





Dennis Triplett
CEO, UMB Healthcare Services

HSAs build long-term wealth with tax-favored savings

Most people don't realize that health savings accounts (HSAs) are one of the best long-term savings vehicles in the market today. Paired with high-deductible health plans, HSAs are available to help pay for current qualified medical expenses as well as to save for future expenses, all in a tax-exempt account.

Many consumers continue to use their HSA the same way they use their flexible spending account (FSA) – using available funds for current expenses. While that is an option with HSAs, it is not a requirement as the "use or lose it" rule doesn't apply with these accounts, and deposited funds are able to grow year-over-year, unlike FSAs. It is easy to understand where the confusion comes from as HSAs are still new to many consumers and are often overlooked in benefits education and communications.

We believe there's a great need for employers to educate themselves – and employees – about all that HSAs can offer beyond paying for the current year's medical expenses. HSAs can serve as a powerful tool for long-term savings and as a key part of an overall retirement strategy to build wealth for both medical and other general retirement expenses, including tax-free Medicare premiums.

Building wealth in an HSA

Even though HSAs are designed to pay current and future medical costs, only a handful of people fully grasp the opportunity to provide for future needs.

Our recent study of 175,000 HSA holders showed an average deposit balance of just \$1,800. Most people either used HSAs as a pass-through for each year's medical expenses or did nothing at all with them. The average contribution was \$1,016 per year.

At that rate, most people are short-changing their futures. The IRS allows a maximum HSA contribution of \$3,100 for individuals or \$6,250 for family coverage in 2012 (plus a catch-up amount of \$1,000 more for people over 55 years old). Those figures will rise modestly in 2013.

Less than 1 percent of the HSA holders we studied "maxed out" their allowable contributions.

Yet medical costs loom as a major financial burden for retirees. Industry estimates vary, but Fidelity's widely-recognized annual study shows an average healthy couple retiring in 2012 at age 65 will need \$240,000 for out-of-pocket health care costs (after Medicare and not including long-term care costs).

Consider the potential on the upside: If a 40-year-old employee earning \$80,000 today makes maximum HSA contributions, assuming a 5 percent return, the HSA alone will have more than \$306,000 by age 65 - enough to cover that average retired couple's health expenses.

Note: This is a hypothetical example of compounding returns over time and is not intended to represent any particular investment or savings vehicle. The rates of return are constant nominal rates, compounded monthly. Actual investments will fluctuate in value. Contributions are assumed to be made at the beginning of the month. It does not take into consideration taxes or other applicable deductions, which will lower returns.

Perspective

by Dennis Triplett



Of course, an earlier start adds more to savings, and delays limit the amount of the nest egg. And long-term returns vary. The point is, every employee faces the prospect of large medical costs in the future – and **every employee**, to prepare for those needs, should start saving now.

Gaining triple tax advantages

Employees should always first take advantage of any offered match for their HSA or 401k. After that, it can be a confusing task selecting where to invest remaining funds with the many types of accounts available. While many further invest in their 401k or IRAs, their HSA is actually a better option in terms of flexibility, tax advantages and long-term growth potential.

The comparison chart below illustrates the key tax considerations for each type of account.

	Traditional IRA	Roth IRA	401k	HSA
Contributions	Tax deductible	Taxed (not tax deductible)	Pre-tax (before income and payroll taxes)	Pre-tax (before income and payroll taxes) or Tax deductible**
Investments	Tax deferred	Not taxed	Tax deferred	Not taxed
Withdrawals	Tax deferred	Not taxed	Tax deferred	Not taxed*

^{*} Not taxed if funds are withdrawn for qualified medical expenses.

Taxes are an important consideration in long-term investing because of the compounding of savings. HSAs have the potential to offer triple tax advantages for individuals – something not seen in other retirement accounts. Only an HSA offers tax benefits at deposit**, during the account's life and upon withdrawal. So a person saving for future medical needs can avoid taxes at all three stages in this life cycle.

Investing for long-term growth

Major HSA providers now offer multiple investment options, including money market funds², self-directed accounts³ for mutual funds or individual stocks, and FDIC-insured accounts for cash needs. Yet only around 1 percent of the HSA holders we studied used the available investment options.

Employers should find an HSA plan that encourages long-term savings, including:

 Robust investment options – including dozens or hundreds of no-load or load waived mutual funds, capabilities for investing in equities, as well as bank and money market options.³

^{**} Note: States can choose to follow the federal tax-treatment guidelines for HSAs or establish their own; some states tax HSA contributions. If you have questions about your tax implications, consult your tax advisor.

Perspective





- Proactive educational approach communicating with employees on how HSAs work both to pay near-term medical costs and to bolster a long-term retirement plan.
- Integration with other benefits offering tools to help employees plan for the future, including investment objectives, risk tolerance and mix of assets across all accounts.

Today, most act as if the "S" in HSA stands for **spending** rather than **savings**. We have the opportunity to educate employees about the benefits of saving with an HSA, including preparing for future health care expenses during retirement or later in life.

'All mention of taxes is made in reference to federal tax law. Please check with your state's tax laws to determine the tax treatment of HSA contributions, or consult your tax adviser. Neither UMB Bank n.a., its parent, subsidiaries nor affiliates are engaged in rendering tax advice. You may be eligible for additional tax savings if your employer offers a cafeteria plan and allows HSA contributions via payroll deductions. Please contact your employer for more information. Contributions are subject to annual limits established by the IRS. Payments and withdrawals not made for qualified medical expenses are subject to taxes and penalties.

²A peg balance (currently \$1,000) is set to determine the amount of money that moves in and out of the money market mutual fund. Funds in your HSA up to the \$1,000 peg balance, are a deposit in an FDIC-insured account. Funds in excess of \$1,000 are an investment in a money market mutual fund that is not insured by the FDIC or any other governmental agency. Although the fund seeks to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in the fund.

³Investments you make through your HSA are not FDIC-insured. Securities offered through UMB Financial Services, Inc., member FINRA (www.finra.org), SIPC (www.sipc.com). UMB Financial Services, Inc. is a subsidiary of UMB Bank, n.a. UMB Bank, n.a. is a wholly owned subsidiary of UMB Financial Corporation. UMB Financial Services, Inc. is not a bank and is separate from UMB Bank, n.a. and other banks.

Investments in securities, whether through the Money Market Sweep Account or through investments in the Self-directed Brokerage Account are:

Not FDIC-Insured \cdot May Lose Value \cdot No Bank Guarantee.



SECTION 8

DELTA DENTAL AND VSP VISION INSURANCE BENEFITS

2024 DENTAL AND VISION INSURANCE PREMIUMS

	DELTA DENTAL AND VSP VISION							
Delta Premier and VSP Signature	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
Employee Monthly Premium	\$ 3	30.00	\$	85.00	\$	85.00	\$	130.00



Delta Dental PPO[™] Point of Service Summary of Dental Plan Benefits

For Group #12047-0001

Chavez Grieves Consulting Engineers, Inc.

Benefit Period: January 1 through December 31

Deductible:

Delta Dental PPO Provider: \$50 Deductible per person total per Benefit Period limited to a maximum

Deductible of \$150 per family per Benefit Period

Delta Dental Premier Provider or Non-Participating Provider: \$100 Deductible per person total per Benefit Period limited to a maximum Deductible of \$300 per family per Benefit Period Maximum **Benefit Amount:**

Delta Dental PPO Provider: \$1,500 per person total per Benefit Period

Delta Dental Premier Provider or Non-Participating Provider: \$1,000 per person total per Benefit

Period

These are not separate maximums by type of Provider

Orthodontic Lifetime Maximum: \$1,500 per person total per lifetime

Covered Services	Delta Dental PPO™ Provider	Delta Dental Premier® Provider¹	Non- Participating Provider ²
	You Pay	You Pay ¹	You Pay ²
Diagnostic and Preventive Services			
Diagnostic and Preventive Services – exams, cleanings, topical fluoride, and space maintainers	No Charge	No Charge	No Charge
Emergency Palliative Treatment – to temporarily relieve pain	No Charge	No Charge	No Charge
Sealants - to prevent decay of permanent teeth	No Charge	No Charge	No Charge
Brush Biopsy - to detect oral cancer	No Charge	No Charge	No Charge
Radiographs - images	No Charge	No Charge	No Charge
Basic Services			
Minor Restorative Services - fillings	20%	20%	20%
Endodontic Services - root canals	20%	20%	20%
Periodontic Services - to treat gum disease	20%	20%	20%
Oral Surgery Services - extractions and dental surgery	20%	20%	20%
Other Basic Services - misc. services	20%	20%	20%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Relines and Repairs - to bridges, dentures, and implants	50%	50%	50%
Prosthodontic Services - bridges, dentures, and implants	50%	50%	50%

Delta Dental Customer Service: (505) 855-7111 or toll-free (877) 395-9420
Address: 100 Sun Avenue NE STE 400, Albuquerque, NM, 87109
Web Site, Including Provider Search: www.deltadentalnm.com
Connect with DDNM on Our Blog, Facebook, Twitter, Instagram, and Pinterest

TMD Treatment - Medically Necessary treatment of Temporomandibular Joint Dysfunction, including diagnostic imaging	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit - child only	Dependent Children: To the end of the month of age 19	Dependent Children: To the end of the month of age 19	Dependent Children: To the end of the month of age 19

1) Schedule of higher fees applies. Delta Dental Premier Providers are subject to a schedule of higher Maximum Approved Fees than Delta Dental PPO Providers. You may have higher out-of-pocket costs when you visit a Delta Dental Premier Provider than if you visited a Delta Dental PPO Provider. This may be true even if the Coinsurance percentages are the same for these two types of Providers. You may have the lowest out-of-pocket costs when you select a Delta Dental PPO Provider. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.

2) Balance billing applies. Non-Participating Providers may bill you above the Non-Participating Maximum Approved Fees they receive from Delta Dental. You will have the highest out-of-pocket costs when you visit a Non-Participating Provider. This will be true even if the Coinsurance percentages in this column match the percentages for other types of Providers. In addition, Non-Participating Providers have not agreed to Delta Dental's in-network protections for Enrollees. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Routine prophylaxes (cleanings), periodontal maintenance, and scaling in the presence of generalized moderate or severe gingival inflammation are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or topical fluoride treatment. The patient should talk with his or her Provider about treatment.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19.
 Topical fluoride treatments are payable once per calendar year for people age 19 and older, but only when medically necessary.
- Fixed bilateral space maintainers are payable once per arch per lifetime for people up to age 14.
- Fixed unilateral, removable unilateral, and removable bilateral space maintainers are payable once per quadrant per lifetime for people up to age 14.
- Bitewing images are payable twice per calendar year and a complete series of radiographic images (which include bitewing images) or panoramic radiographic image is payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for permanent molars, excluding coverage where an occlusal restoration has been completed on the tooth, up to age 16. Sealants are payable once per tooth per five-year period for permanent molars, excluding coverage where an occlusal restoration has been completed on the tooth, for people ages 16 and older, but only when medically necessary.
- Composite resin (white) restorations are Covered Services on all teeth.
- Implants and implant-related services are payable once per tooth in any five-year period.
- Medically Necessary TMD is a covered Benefit. Pre-Treatment Estimate is required or the member may be liable for the full cost of the services.

Additional Plan Information

Deductible: Does not apply to Diagnostic and Preventive Services, radiographic images, sealants, emergency palliative treatment, consultations, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Maximum Benefit Amount: This dental Plan includes Preventive Care Security (PCS); Diagnostic and Preventive Services will not reduce your Maximum Benefit Amount. The Maximum Benefit Amount applies to all services except Diagnostic and Preventive, radiographic images, sealants, emergency palliative treatment, consultations, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Orthodontic Lifetime Maximum: Applies to cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Pre-Treatment Estimates: Delta Dental recommends that you ask your Provider for a Pre-Treatment Estimate when more costly procedures are anticipated. A Pre-Treatment Estimate is not a guarantee of coverage. This free report estimates your applicable dental Benefits and out-of-pocket expenses for proposed dental services. Please see the Dental Benefit Handbook for more information. Pre-Treatment Estimates are optional unless specified otherwise in this Summary of Dental Plan Benefits.

Eligibility Provisions

An Eligible Employee is an Employee who satisfies the following: the eligibility definition(s) specified by the Group and accepted by Delta Dental; and the Eligibility Waiting Period specified by the Group and agreed to by Delta Dental. The Eligibility Waiting Period shall not exceed twelve (12) months.

Eligible Employees may enroll on the first day of the month following sixty (60) days of continuous employment, subject to any additional requirements which may apply.

Benefits will cease on the last day of the month in which the Employee is terminated, subject to any additional requirements which may apply.

Special Benefit Provisions

None.

Your Network: Delta Dental PPO Point of Service

This section describes the types of Providers you may visit under your Plan and how fees and payments will work for different Providers.

Delta Dental PPO Provider		
Participates with Delta Dental?	Yes	
Out-of-Pocket Costs for This Plan:	Lowest	
Delta Dental Pays Up To:	Delta Dental PPO Maximum Approved Fees	
Provider May Balance Bill You?	No	
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental PPO Maximum Approved Fees. You are also responsible for the full payment for any non-covered services.	

Delta Dental Premier Provider		
Participates with Delta Dental?	Yes	
Out-of-Pocket Costs for This Plan:	Higher than Delta Dental PPO	
Delta Dental Pays Up To:	Delta Dental Premier Maximum Approved Fees	
Provider May Balance Bill You?	No	
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental Premier Maximum Approved Fees. You are also responsible for the full payment for any non-covered services. Coinsurance amounts may be higher when selecting a Delta Dental Premier Provider.	

Non-Participating Provider	
Participates with Delta Dental?	No
Out-of-Pocket Costs for This Plan:	Highest
Delta Dental Pays Up To:	Delta Dental's Non-Participating Maximum Approved Fees
Provider May Balance Bill You?	Yes, up to the Provider's Submitted Amount
Description:	In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for any difference between Delta Dental's Non-Participating Maximum Approved Fees and the Provider's Submitted Amount. Subscribers are responsible for full payment to a Non-Participating Provider. Any payment made by Delta Dental for services received from a Non-Participating Provider may be paid to the Provider or directly to the Subscriber.

Understanding Your Benefits

This Summary of Dental Plan Benefits has been prepared only for Open Enrollment purposes.

READ YOUR PLAN CAREFULLY - THIS BENEFITS SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US. Refer to your Dental Benefit Handbook for other important eligibility and Plan provisions. This Summary of Dental Plan Benefits is attached to and is a component of the Dental Benefit Handbook. To the extent that the rules in the Dental Benefit Handbook conflict with the ones stated in this Summary of Dental Plan Benefits, the rules in this Summary of Dental Plan Benefits control.

Call Delta Dental's Customer Service Department at (877) 395-9420, or log into the Member Portal via www.memberportal.com, for answers to questions about Benefits and claims.

Contact the New Mexico Office of Superintendent of Insurance (OSI) at any time for assistance with a claim appeal:

Office of Superintendent of Insurance

Phone: 1-855-4-ASK-OSI www.osi.state.nm.us



What is Preventive Care Security (PCS)?

Your dental plan includes the Preventive Care Security option. PCS is an oral health benefit enhancement from Delta Dental of New Mexico. With PCS, the benefits paid for Diagnostic and Preventive (D&P) Services never reduce the Annual Maximum Benefit Amount. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

Did you know that every dollar you spend on preventive care, such as brushing and cleaning, may help save you money later in additional costly dental procedures?

It's true-keeping your teeth and gums healthy by seeing your dentist regularly can help you avoid more serious oral health problems and more extensive and expensive treatment. For every dollar spent on prevention an estimated four dollars is saved in future treatment. With better preventive dental care, early detection, and treatment, savings in the U.S. alone could be \$4 billion annually.

Preventive Care Security:

- Allows you to take advantage of D&P services even in benefit years when other types of services are anticipated
- Does not penalize you for using D&P benefits by leaving you with less of a Maximum Benefit Amount
- Makes it easier to visit the dentist at least once a year, which can help you identify problems early and reduce the extent of restorative care needed
- ✓ Eliminates the confusion that sometimes occurs when benefits paid at 100% are applied to your Annual Maximum Benefit Amount
- Promotes wellness and encourages better oral health behaviors

Questions on PCS?

Call us today at (505) 855-7111 or toll-free (877) 395-9420





Evidence Based Dentistry (EBD)

Delta Dental's **Evidence-based Dentistry (EBD)** plan benefit provides enhanced dental coverage for enrollees with certain high-risk medical conditions that have oral health implications. Research has shown that increased frequency of cleanings can greatly impact oral health and sometimes even play an important role in managing conditions, such as¹:



Diabetes & Periodontal Disease



Pregnancy & Periodontal Disease



Heart disease & defects



Head & neck radiation



Cancer



Rheumatoid arthritis



Renal failure or dialysis



Suppressed immune systems (due to chemotherapy/radiation, HIV positive, organ transplant or stem cell/bone marrow transplant)

The improved benefits include coverage of up to four teeth cleanings (routine cleanings or periodontal maintenance cleanings) per calendar year, as opposed to the typical two. Additional cleanings are benefits at the coinsurance level specified on your Summary of Dental Plan Benefits. For people undergoing head & neck radiation, fluoride applications by your dentist are also covered twice per calendar year.

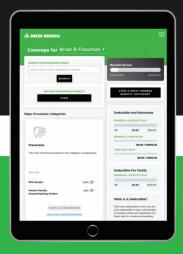
What should I do if I have one of the conditions listed?

Talk with your dentist and physician about if and when treatment is right for you. The timing of treatment is important when serious medical conditions exist.





Stay Informed About Your Dental Benefits With Member Portal



Member Portal gives you 24/7 access to important information about your dental benefits.

With Member Portal, you can:

- See which members are covered on your plan, now and in the future
- Find an in-network dentist
- See common procedures
- Access an online ID card
- View the status of all claims and toggle between different family member claims
- View and print Explanation of Benefits (EOBs)

NOTE: Member Portal has replaced Consumer Toolkit.

Get started today



Visit www.memberportal.com



Log in using your existing Consumer Toolkit® credentials

OR

If you do not have existing credentials, click "Sign up"

Complete the required fields and follow the on-screen instructions to register as a new user

NOTE: You will need the subscriber's ID (the person whose name is on the benefit package). The member ID is an assigned number unique to the subscriber. In many cases, the member ID is the same as the subscriber's Social Security number.



? Questions? Call Toolkit Support at 866-356-0301

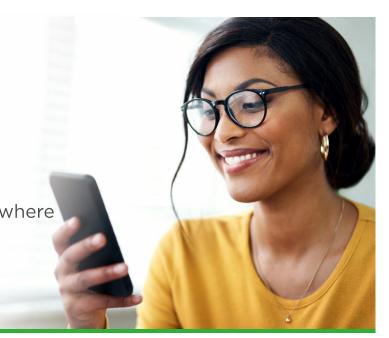
Privacy of your online benefit information is assured through highly secure encryption technology.

GROUP



Delta Dental Mobile App

Manage your oral health anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.



Delta Dental Mobile App features

Sign in to access the full range of tools and resources



Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.



Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.



Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.



Save your preferred dentist for quick access

Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.



You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.





Your VSP Vision Benefits Summary

CHAVEZ GRIEVES CONSULTING ENGINEERS, INC. and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature



01/01/2023



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	Focuses on your eyes and overall wellness	\$20	Every calendar year
ESSENTIAL MEDICAL EYE CARE	 Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSE	:S	\$20	
FRAME [†]	\$200 featured frame brands allowance\$180 frame allowance20% savings on the amount over your allowance	Included in Prescription Glasses	Every calendar year
LENSES	Single vision, lined bifocal, and lined trifocal lensesImpact-resistant lenses for dependent children	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	 Progressive lenses Anti-glare coating Tints/Light-reactive lenses Scratch-resistant coating Average savings of 40% on other lens enhancements 	\$0 \$0 \$0 \$0	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	\$150 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
EXTRA SAVINGS	Glasses and Sunglasses • Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provide on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. Routine Retinal Screening • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		ellVision Exam

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider.

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details. +Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

Maximize your benefits at a Premier Program location, including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



Preferred private practice and retail in-network choices

private practice doctors

Visionworks

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

vision care

More Ways to Save

Extra

\$20

to spend on Featured Brands[†]

bebe

CALVIN KLEIN

COLE HAAN

@DRAGON.

FLEXON





See all brands and offers at **vsp.com/offers**.



Up to

40%

Savings on lens enhancements:

Savings Never Looked So Good

Get access to more than \$3,000 in savings from VSP and other popular brands for your eye care and overall wellness needs.



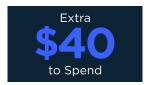
Discover Exclusive Member Extras

Eyewear and eye care Special Offers are available at all VSP® network doctor locations! This interactive flier allows you to click on any offer shown below and find out more details.

GLASSES AND SUNGLASSES



Get more value with an **Extra \$20** to spend on Featured Frame Brands like bebe, Calvin Klein, Cole Haan, Dragon®, Flexon®, Lacoste, Nike, and more. ¹²



Get an **Extra \$40** to spend on select Featured Frame Brands. 13



Upgrade your lenses and save up to 40% off lens enhancements such as anti-glare coatings and light-reactive lenses.²³



Savings on Eyeconic® when you shop online for glasses, sunglasses, and contacts with your VSP benefits.

HOYA

Get 6-month satisfaction guaranteed protection with Hoya lenses.



Save 20% on additional pairs of Nike glasses and sunglasses.

sunsync

Save up to 40% on SunSync® Light-Reactive Lenses.²³

techshield

Save up to 40% on all TechShield® Anti-Reflective Coatings.²³



Try Unity® single vision or progressive lenses risk-free with The Unity Promise for six months.



Try ZEISS Lenses risk-free for six months.



PREMIER

Premier Offers

Maximize your savings with Premier Offers only available at Premier Program locations.

Eyewear Protection Get a one year worry-free warranty on Featured Frame Brands.

BAUSCH + LOMB
See better. Live better.

Save up to \$310 on an annual supply of contact lenses.

Glasses Rebate Get up to a \$100 rebate on the perfect pair of glasses.⁴

HOYA

Try Hoya lenses worry-free for six months.



Try Unity® lenses risk-free with The Unity Promise for 12 months.



Try ZEISS Lenses risk-free for 12 months.

Improve Your Health and Increase Your Savings



CONTACTS

HEARING HEALTH

BAUSCH+LOMB

See better. Live better.

Receive savings of up to \$300 in rebates and rewards when you purchase an annual supply of Bausch + Lomb contact lenses from your VSP network doctor.

TruHearing®

Save up to 60% on top-of-the-line hearing aids, get 120 batteries shipped to your door for only \$39, and access a free online hearing screening.⁵

LASIK



Save up to \$1,000 off LASIK.⁶



Save up to \$1,000 off LASIK.⁶



Get up to \$1,000+ off all custom LASIK and PRK.⁶



Get up to \$1,000 off LASIK at TLC.6

HEALTH & WELLNESS

Support for Diabetes Management

Find resources to help prevent or delay Type 2 Diabetes like lifestyle coaching, diabetes educational materials, and more.

LEISURE & LIFESTYLE



Receive free access to a variety of everyday savings like family entertainment, health and wellness, cash rewards, travel, and more.⁷

HEALTH & FINANCIAL WELL-BEING



Get instant, in-office application for promotional financing available on eye care and eyewear.



Get your home and life organized with a smart digital vault built to securely store your important documents and information for just \$27 a year.

View all Exclusive Member Extras at vsp.com/offers.

Offers subject to change without notice. Some members may not be eligible for all offers. Visit vsp.com/offers for terms and conditions on specific offers.

1. Brands and promotions are subject to change. 2. Available to VSP members with applicable plan benefits. 3. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. 4. Perfect Pair up to \$100 rebate expires 11/30/2022, rebate offer terms and conditions apply and are subject to change. Rebate offer valid from 7/1/2022 through 11/30/2022, and must be redeemed by 12/31/2022. The Sponsor/Offeror of this rebate is Plexus Optix, Inc. 5. VSP is providing information to its members but does not offer or provide any discount hearing program. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information please visit https://www.vsp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California. 6. Not all locations are on the VSP Laser VisionCare Network. Please call VSP Member Services at 800.877.7195 to confirm the location you're interested in visiting is in-network. 7. Some members may not be eligible for this program; visit vsp.com/simplevalues for terms and conditions.

All third-party marks, product names, logos, and brands are the property of their respective owners. Use of these marks, names, logos and/or brands does not imply endorsement. Members who participate in a Medicaid/state-funded plan are not eligible for the above offer.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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Eyeconic® seamlessly connects your eyewear, your insurance coverage, and the VSP® doctor network. Plus, you get the convenience of online shopping along with the personal touch from a VSP doctor.





Online shopping with benefits

Online shoppers will love:

- A huge selection of contact lenses and designer frames 24/7—and the Virtual Try-On tool.
- Free shipping and returns.*
- Free frame adjustment or contact lens consultation.
- Verification of your prescriptions and the 25-point inspection process to ensure your eyewear is just right.

It's easy to use your VSP benefit

- Create an account at vsp.com. Review your vision benefit and access your eligibility and coverage information, including how to apply your benefits at Eyeconic.
- Find superior eye care near you. The decision is yours—choose a conveniently located VSP doctor or any out-of-network provider. Visit vsp.com or call 800.877.7195 to find the best provider for you.
- 3. Check out Eyeconic and browse the frame brands you love. You can connect to your VSP benefits, upload your prescription at checkout, and order your glasses following your WellVision Exam®.



Already used your benefits for the year?

As a VSP member, you still receive 20% savings on glasses and sunglasses at Eyeconic.

Experience eyeconic.com®, a convenient retail option.



SECTION 9

TERM LIFE INSURANCE AND AD&D COVERAGE HIGHLIGHTS





CHAVEZ-GRIEVES CONSULTING ENGINEERS INCORPORATED SU

Life/AD&D Coverage Highlights & Descriptions:

Some features listed below may be applicable only to certain employee classes. Please see the "Plan Description" section of your Life/AD&D Benefits and Cost Summary for specific plan details.

Legal Resources:

Life Planning Financial & This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill employees at no cost to them. This service is also extended to employees upon the death or terminal illness of their covered spouse. The financial consultants are master level consultants. They will help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the consultants offer or sell any product or service.

Accelerated Benefit:

Pays a portion of the insured employee's Life benefit in the event the insured employee becomes terminally ill, and the employee's life expectancy has been reduced to less than 12 months. The employee's death benefit will be reduced by the Accelerated Life Benefit paid.

Delayed Effective Date:

Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Portability:

Allows an insured employee to elect portable coverage, at group rates, if the employee terminates employment, reduces hours or retires from the employer. Employees are not eligible for portable coverage if they have an injury or sickness, under the terms of this plan, that has a material effect on life expectancy.

Waiver:

Life Insurance Premium Life insurance premiums will be waived for insured employees who become disabled prior to a specified age, and who remain disabled during an elimination period.

Premium Waiver Benefit To Age 65 Maximum:

Life Insurance Conversion Privilege:

When an insured employee's group coverage ends, employees may convert their coverage to individual life policies without providing evidence of insurability.

AD&D Covered Losses and Benefits:

The AD&D plan provides additional protection for insured employees in the event of an accidental bodily injury resulting in death or dismemberment.

Benefits resulting from the accidental death are paid to the named beneficiary. Benefits resulting from a dismembering injury are paid to the insured. The loss must occur within 365 days of the accident.

Fo	r Loss of:	The Benefit will be:
•	Life	The full amount
•	Both hands or both feet or sight of both eyes	The full amount
٠	One hand and one foot	The full amount
•	One hand or one foot and the sight of one eye	The full amount
•	Speech and hearing	The full amount
•	One hand or one foot	One half the full amount
•	Speech or hearing	One half the full amount
•	Sight of one eye	One half the full amount
•	Thumb and index finger of the same hand	One quarter the full amount



Life/AD&D Highlights

CHAVEZ-GRIEVES CONSULTING ENGINEERS INCORPORATED SU

No more than the full amount will be paid for all losses resulting from the same accident.

AD&D Education Benefit:

Pays an additional lump sum benefit, to each qualified child of a deceased insured employee (provided death occurs within 365 days of the accidental bodily injury), equal to the lesser of:

- 6% of the employee's AD&D benefit amount; or
- \$6,000.

Maximum Benefit Payments: 4 per lifetime Maximum Benefit Amount: \$24,000

Maximum Benefit Period: 6 years from the date of the first benefit payment

In order to qualify, a child must continue to be enrolled full-time in an accredited post-secondary institution of higher learning beyond the 12th grade level. If still at the 12th grade level, then the child must enroll in such an institution within 365 days of the employee's date of death.

AD&D Repatriation Benefit:

Pays an additional accidental death benefit of up to \$5,000 for preparation and transportation of a deceased insured employee, provided death occurs at least 100 miles from the employee's principal residence.



Life/AD&D Highlights

CHAVEZ-GRIEVES CONSULTING ENGINEERS INCORPORATED SU

AD&D Seat Belt and Airbag Benefit:

Pays an additional accidental death benefit if an insured employee dies while properly wearing a seat belt, and an additional accidental death benefit if the employee was protected by an airbag.

Benefit Amount:

- Seatbelt: 10% of the Full Amount of the insured employee's accidental death and dismemberment insurance benefit.
- 5% of the Full Amount of the insured employee's accidental death and dismemberment insurance benefit.

Maximum Benefit:

Seatbelt: \$25,000 Airbag: \$5,000.

AD&D Exposure and Disappearance Benefit:

Pays a benefit if the insured employee sustains an accidental bodily injury and is unavoidably exposed to the elements and suffers a loss.

Unum will presume the insured employee suffered loss of life due to an accident if:

- they are riding in a common public passenger carrier that is involved in an accident covered under the contract; and
- as a result of the accident, the common public passenger carrier is wrecked, sinks, is stranded, or disappears; and
- the insured employee's body is not found within one year of the accident.

Unum Security Account: For Life and AD&D claims that are \$10,000 or greater, a Retained Asset Account (the Unum Security Account) will be made available to the designated beneficiary. This account allows access to all paid benefits immediately, while paying interest on benefits that have not been accessed.

> Claim payment is satisfied by establishment of the Unum Retained Asset Account. The funds are retained in Unum's general account and Unum pays a guaranteed rate of interest on the funds in the retained asset account regardless of the investment performance of Unum's general account. The beneficiary can request a lump sum check instead of the retained asset account or they can access all or part of the funds in the retained asset account by writing a single or multiple drafts.

While the funds are not FDIC insured, they are guaranteed by State Guaranty Associations.

For more information regarding the Unum Retained Asset Account please contact your Unum representative.

BENEFITS AT A GLANCE

LIFE INSURANCE PLAN

This life insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death. The amount your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death according to the terms and provisions of the plan.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE:

January 1, 2023

IDENTIFICATION

NUMBER:

920981 002

ELIGIBLE GROUP(S):

All Full-Time Employees in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before January 1, 2023: None

For employees entering an eligible group after January 1, 2023: First of the month coincident with or next following 60 days of continuous active employment

REHIRE:

If your employment ends and you are rehired within 12 months, your previous work while in an eligible group will apply toward the waiting period. All other Summary of Benefits' provisions apply.

WAIVE THE WAITING PERIOD:

If you have been continuously employed by your Employer for a period of time equal to your waiting period, Unum will waive your waiting period when you enter an eligible group.

WHO PAYS FOR THE COVERAGE:

Your Employer pays the cost of your coverage.

ELIMINATION PERIOD:

Premium Waiver: 9 months

Disability-based benefits begin the day after Unum approves your claim and the elimination period is completed.

LIFE INSURANCE BENEFIT:

AMOUNT OF LIFE INSURANCE FOR YOU

\$50,000

AMOUNT OF LIFE INSURANCE AVAILABLE IF YOU BECOME INSURED AT CERTAIN AGES OR HAVE REACHED CERTAIN AGES WHILE INSURED

If you have reached age 65, but not age 70, your amount of life insurance will be:

- 65% of the amount of life insurance you had prior to age 65; or

- 65% of the amount of life insurance shown above if you become insured on or after age 65 but before age 70.

There will be no further increases in your amount of life insurance.

If you have reached age 70 or more, your amount of life insurance will be:
- 50% of the amount of life insurance you had prior to your first reduction; or
- 50% of the amount of life insurance shown above if you become insured on or after age 70.

There will be no further increases in your amount of life insurance.

SOME LOSSES MAY NOT BE COVERED UNDER THIS PLAN.

OTHER FEATURES:

Accelerated Benefit

Conversion

Continuity of Coverage

Portability

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section.

BENEFITS AT A GLANCE

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLAN

This accidental death and dismemberment insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death or for you in the event of any other covered loss. The amount you or your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death or any other covered loss according to the terms and provisions of the plan.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE: January 1, 2023

IDENTIFICATION

NUMBER:

920981 002

ELIGIBLE GROUP(S):

All Full-Time Employees in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before January 1, 2023: None

For employees entering an eligible group after January 1, 2023: First of the month coincident with or next following 60 days of continuous active employment

REHIRE:

If your employment ends and you are rehired within 12 months, your previous work while in an eligible group will apply toward the waiting period. All other Summary of Benefits' provisions apply.

WAIVE THE WAITING PERIOD:

If you have been continuously employed by your Employer for a period of time equal to your waiting period, Unum will waive your waiting period when you enter an eligible group.

WHO PAYS FOR THE COVERAGE:

Your Employer pays the cost of your coverage.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT:

AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE FOR YOU (FULL AMOUNT)

\$50,000

AMOUNT OF ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE AVAILABLE IF YOU BECOME INSURED AT CERTAIN AGES OR HAVE REACHED CERTAIN AGES WHILE INSURED

If you have reached age 65, but not age 70, your amount of AD&D insurance will be:

- 65% of the amount of AD&D insurance you had prior to age 65; or

- 65% of the amount of AD&D insurance shown above if you become insured on or after age 65 but before age 70.

There will be no further increases in your amount of AD&D insurance.

If you have reached age 70 or more, your amount of AD&D insurance will be:

- 50% of the amount of AD&D insurance you had prior to your first reduction; or

- 50% of the amount of AD&D insurance shown above if you become insured on or after age 70.

There will be no further increases in your amount of AD&D insurance.

REPATRIATION BENEFIT FOR YOU

Maximum Benefit Amount:

Up to \$5,000

The Repatriation Benefit is separate from any accidental death and dismemberment benefit which may be payable. To receive the Repatriation Benefit, your accidental death benefit must be paid first.

SEATBELT(S) AND AIR BAG BENEFIT FOR YOU

Benefit Amount:

Seatbelt(s): 10% of the Full Amount of your accidental death and

dismemberment insurance benefit.

Air Bag:

5% of the Full Amount of your accidental death and

dismemberment insurance benefit.

Maximum Benefit Payment:

Seatbelt(s): \$25,000

Air bag:

\$5,000

The Seatbelt(s) and Air Bag Benefit is separate from any accidental death and dismemberment benefit which may be payable. To receive the Seatbelt(s) and Air Bag Benefit, your accidental death benefit must be paid first.

EDUCATION BENEFIT

Each Qualified Child

Benefit Amount per Academic Year for which a Qualified Child is enrolled:

6% of the Full Amount of the employee's accidental death and dismemberment insurance to a maximum of \$6,000.

Maximum Benefit Payments:

4 per lifetime

Maximum Benefit Amount:

\$24,000

Maximum Benefit Period:

6 years from the date the first benefit payment has been made.

The Education Benefit is separate from any accidental death and dismemberment benefit which may be payable. In order for your Qualified Child to receive the Education Benefit, your accidental death benefit must be paid first.

EXPOSURE AND DISAPPEARANCE BENEFIT FOR YOU

Maximum Benefit Amount:

The Full Amount

SOME LOSSES MAY NOT BE COVERED UNDER THIS PLAN.

OTHER FEATURES:

Portability

Continuity of Coverage is available under this plan - refer to the **ACCIDENTAL DEATH AND DISMEMBERMENT OTHER BENEFIT FEATURES** for further details.

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section.



SECTION 10

SHORT TERM DISABILITY INSURANCE PLAN HIGHLIGHTS

BENEFITS AT A GLANCE

SHORT TERM DISABILITY PLAN

This short term disability plan provides financial protection for you by paying a portion of your income while you are disabled. The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE:

January 1, 2023

POLICY NUMBER:

920981 001

ELIGIBLE GROUP(S):

All Full-Time Employees in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before January 1, 2023: None

For employees entering an eligible group after January 1, 2023: First of the month coincident with or next following 60 days of continuous active employment

REHIRE:

If your employment ends and you are rehired within 12 months, your previous work while in an eligible group will apply toward the waiting period. All other policy provisions apply.

WAIVE THE WAITING PERIOD:

If you have been continuously employed by your Employer for a period of time equal to your waiting period, Unum will waive your waiting period when you enter an eligible group.

WHO PAYS FOR THE COVERAGE:

Your Employer pays the cost of your coverage.

ELIMINATION PERIOD:

14 days for disability due to an injury

14 days for disability due to a sickness

Benefits begin the day after the elimination period is completed.

WEEKLY BENEFIT:

70% of weekly earnings to a maximum benefit of \$1,500 per week

Your payment may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered under this plan.

MAXIMUM PERIOD OF PAYMENT:

11 weeks

Premium payments are required for your coverage while you are receiving payments under this plan.

Your Short Term Disability plan does not cover disabilities due to an occupational sickness or injury.

REHABILITATION AND RETURN TO WORK ASSISTANCE BENEFIT:

10% of your gross disability payment to a maximum benefit of \$250 per week.

In addition, we will make weekly payments to you for 3 weeks following the date your disability ends if we determine you are no longer disabled while:

- you are participating in the Rehabilitation and Return to Work Assistance program; andyou are not able to find employment.

OTHER FEATURES:

Minimum Benefit

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section.

The plan includes enrollment, risk management and other support services related to your Employer's Benefit Program.



SECTION 11

LONG TERM DISABILITY INSURANCE PLAN HIGHLIGHTS

BENEFITS AT A GLANCE

LONG TERM DISABILITY PLAN

This long term disability plan provides financial protection for you by paying a portion of your income while you are disabled. The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE:

January 1, 2023

POLICY NUMBER:

920981 001

ELIGIBLE GROUP(S):

All Full-Time Employees in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before January 1, 2023: None

For employees entering an eligible group after January 1, 2023: First of the month coincident with or next following 60 days of continuous active employment

REHIRE:

If your employment ends and you are rehired within 12 months, your previous work while in an eligible group will apply toward the waiting period. All other policy provisions apply.

WAIVE THE WAITING PERIOD:

If you have been continuously employed by your Employer for a period of time equal to your waiting period, Unum will waive your waiting period when you enter an eligible group.

WHO PAYS FOR THE COVERAGE:

Your Employer pays the cost of your coverage.

ELIMINATION PERIOD:

The later of:

- 90 days; or

- the date your insured Short Term Disability payments end, if applicable.

Benefits begin the day after the elimination period is completed.

MONTHLY BENEFIT:

60% of monthly earnings to a maximum benefit of \$6,000 per month.

Your payment may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered or may have limited coverage under this plan.

MAXIMUM PERIOD OF PAYMENT:

Age at Disability Less than Age 62 Age 62 Maximum Period of Payment
To Social Security Normal Retirement Age
60 months

Age 63 Age 64 Age 65 Age 66 Age 67 Age 68 Age 69 or older	48 months 42 months 36 months 30 months 24 months 18 months 12 months
Year of Birth 1937 or before 1938 1939 1940 1941 1942 1943-1954 1955 1956 1957 1958 1959 1960 and after	Social Security Normal Retirement Age 65 years 65 years 2 months 65 years 4 months 65 years 6 months 65 years 8 months 65 years 10 months 66 years 66 years 2 months 66 years 4 months 66 years 6 months 66 years 8 months 66 years 8 months 67 years

No premium payments are required for your coverage while you are receiving payments under this plan.

REHABILITATION AND RETURN TO WORK ASSISTANCE BENEFIT:

10% of your gross disability payment to a maximum benefit of \$1,000 per month.

In addition, we will make monthly payments to you for 3 months following the date your disability ends if we determine you are no longer disabled while:

- you are participating in the Rehabilitation and Return to Work Assistance program; and
 you are not able to find employment.

DEPENDENT CARE EXPENSE BENEFIT:

While you are participating in Unum's Rehabilitation and Return to Work Assistance program, you may receive payments to cover certain dependent care expenses limited to the following amounts:

Dependent Care Expense Benefit Amount: \$350 per month, per dependent

Dependent Care Expense Maximum Benefit Amount: \$1,000 per month for all eligible dependent care expenses combined

TOTAL BENEFIT CAP:

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings.

OTHER FEATURES:

Minimum Benefit

Pre-Existing: 3/12

Survivor Benefit

Work Life Assistance Program

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section.

The plan includes enrollment, risk management and other support services related to your Employer's Benefit Program.



SECTION 12 EMPLOYEE ASSISTANCE PROGRAM

EAP CAN HELP WITH:

- Marital Problems
- Family Difficulties
- Alcohol Abuse
- Chemical Dependency
- Gambling Addiction
- Physical Abuse
- Financial Difficulties
- Grief
- Anxiety
- Stress
- Other Personal or Emotional Problems

Your EAP Benefit:

- Up to 5 sessions of professional counseling, each time you use the EAP.
- No limit on the number of times you can use EAP –use it whenever you need to.
- All employees are eligible to use EAP

 no need to sign up. All household members are also eligible to use

 EAP.
- All EAP services are free and private.
- EAP counseling is provided by Outcomes Inc., a local non-profit agency specializing in counseling services.
- Address for Outcomes Inc.: 1503 University Blvd NE Albuquerque, NM 87102
- Phone for Outcomes Inc.: 505-243-7145 or 800-677-2947 (toll-free)

Please remember -- In order to take care of our customers, we have to take care of ourselves:

All employees are vital to the success of our business!

Employee Assistance Program



A Benefit for ALL Employees:

Providing a Helping Hand for Personal and Work Success



EAP: CARING SUPPORT WHENEVER YOU NEED IT



In today's world there are a lot of challenges that employees and families must face. Difficult situations, whether they come up at work or home, are always easier to handle when we have the support of someone who cares. That's why Chavez-Grieves offers a free EAP benefit to all employees.

What is EAP? The Employee Assistance Program (EAP) provides professional counseling to all employees, and their household members, who need assistance with personal or work-related problems.

Whether the problem is everyday stress or something more involved, EAP can help you with it.

EAP FOCUSES ON SOLUTIONS

Choosing to use your EAP benefit is a positive step toward resolving problems. Our licensed EAP counselors will work with you to find solutions that lead to wellness.

USING THE EAP

Our EAP services are provided by **Outcomes Inc.**

Outcomes specializes in providing effective, compassionate EAP counseling services.

You can arrange EAP counseling for yourself or a household member simply by calling **Outcomes Inc**. to schedule an appointment.

Call OUTCOMES INC. for EAP Services: 505-243-7145 or 800-677-2947



Remember:

EAP Services are:

- FREE <u>never</u> a cost to the employee
- VOLUNTARY use them when you decide; simply call no authorization needed.
- CONFIDENTIAL

 Chavez
 Grieves never receives

 information on employees who
 voluntarily use the EAP benefit.

Because EAP services are **confidential**, you can attend EAP counseling with confidence that this is a *private* benefit.

Chavez-Grieves and Outcomes, Inc. –

Working together for success

Chavez-Grieves recognizes that our success begins with our employees. By using the EAP benefit whenever you need it, you can work more effectively, with greater satisfaction and fewer distractions.



SECTION 13 AFLAC SUPPLEMENTAL INSURANCE



AFLAC Supplemental Insurance

A number of supplemental insurance policies are available to Chavez-Grieves employees on a pre-tax basis through AFLAC. These policies can be very valuable in helping to cover unexpected medical expenses and are especially useful in combing with one of Chavez-Grieves health plans, helping to cover deductibles and out-of-pocket costs for unexpected expenses.

Premiums for AFLAC policies are 100% paid for by the employee, but are deducted from payroll on a pre-tax basis, resulting in a savings to the employee. Please see **Human Resources** for an enrollment package and information on contacting and AFLAC representative for scheduling a free, no-obligation consultation.

Costs of AFLAC plans vary depending on age and type of coverage. Examples of available plans include:

- Accident Indemnity Advantage
- Hospital Protection
- Specified Health Event Protection
 - Heart Attack
 - o Stroke
 - o Organ Transplant
 - o Plus...much more
- Life Protector
- Cancer Indemnity Insurance



SECTION 14 STANDING DESKS

Chris Youngblood

Subject:

Standing Desks

In 2016, as part of our Physical Wellness program, CG started providing standing desks to employees in response to research indicating that sitting is one of the most unhealthy things we do during the work day. While the research is compelling, we always recommend that we do our own research and utilizes this type of benefit in a way that is best for each of us, individually.

As I have shared previously, I have been extremely happy with my desk. But like with everything, overuse is never good and the research also shows that standing too much is also not good for us.

The bottom line is we all have to find the proper balance between standing, sitting and walking that works best for us personally. But there is little doubt that motion and the proper balance of alternating between standing, sitting and walking is a GOOD thing and has many short and long term benefits.

I have attached what I found to be one of the best articles on the subject. This is a really good article and it recommends alternating between 20 minutes of sitting, 8 minutes of standing and 2 minutes of walking each half hour. I personally have not been tracking my time, just listening to my body as to when I alternate. However, like the article says, it makes a huge difference in energy level and flexibility, along with the many other not so immediately obvious benefits. And, it feels good when I sit down and then good when I stand up.

I have also attached excerpts from a presentation that Dr Alissa Albers gave to us regarding use of our standing desk, ergonomics and recommendations on stretches (YWTL's) to do throughout the day while standing.

Additionally:

You can watch the manufacturer's video on motion and the use of the desk

here: http://www.varidesk.com/about-varidesk

You can also find additional information on the manufacturer's website here: http://www.varidesk.com/

You can also find information on the APP they have available for download

here: http://www.varidesk.com/varidesk-standing-desk-companion-application

Chris Youngblood, P.E.

President/CEO, Managing Partner

Chavez-Grieves Consulting Engineers, Inc. 4700 Lincoln Road NE, Suite 102 Albuquerque, NM 87109 O: 505-344-4080 C: 505-259-3309



Albuquerque | Dallas | Tulsa | San Diego | Santa Barbara | Las Vegas <u>www.CG-Engrs.com</u>

SITTING

Sitting more than 8 hours a day is associated with a 90% increased risk of type 2 diabetes, heart disease, cancer and all cause mortality.

Research suggests exercise

CANNOT counteract the effects of too much sitting.

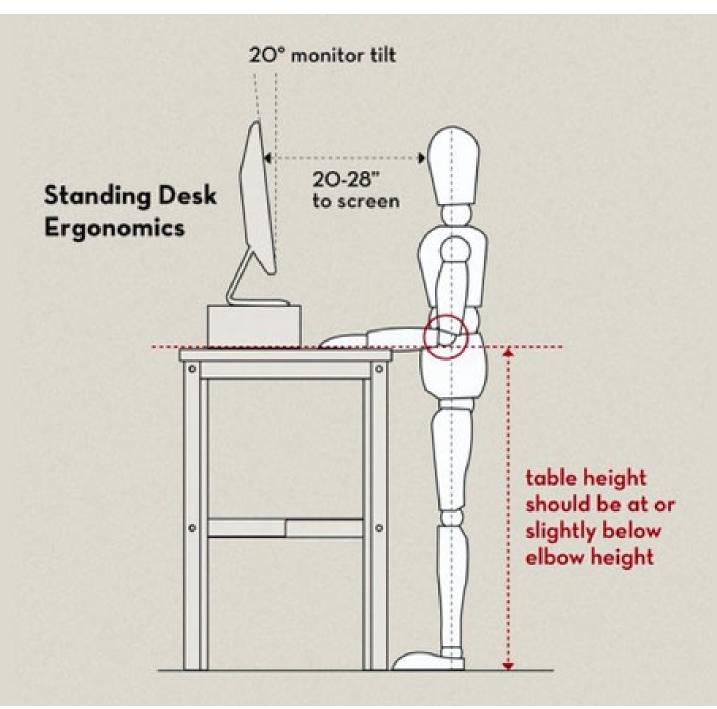
Research shows getting up and walking around for two minutes every 30 minutes can increase your lifespan by 33%



SIT - STAND DESK BENEFITS

- Lowers risk of weight gain (1000 extra calories per week)
- Lowers blood sugar levels (standing after lunch reduces blood sugar spike by 43% compared to those who sit)
- Lowers risk of heart disease (prolonged sitting increased risk of heart disease by 147%)
- Decreased back pain (reduces low back pain by 32% and mid back and neck pain by 53% within 4 weeks)
- Improves mood and energy
- Boost productivity
- Live longer (reducing sedentary time can improve physical, metabolic and mental health.)
- This is why sitting less and standing more is such an important lifestyle change!!!













2 MINUTE BREAK - TIME TO MOVE! Y W T | 'c

MENSJOURNAL

Sitting: The Most Unhealthy Thing You Do

By Lisa Marshall

Too much time behind the desk has far worse consequences for your health, performance, and energy than you thought.

Ultrarunner Adam St. Pierre thought he had training down to a science. An exercise physiologist and running coach in Boulder, Colorado, he ran 40 to 70 miles a week, stretched 15 minutes twice a day, and saw a massage therapist twice a month. But at the peak of the 2014 racing season, the 33-year-old athlete was nearly sidelined by tight hip flexors. "The muscles run from your femur up to the pelvis. When they're tight, you lose range of motion and considerable speed, and you feel like you have to pee all the time," he says. That's untenable for an average day, let alone a 100-mile race.

St. Pierre hunted for a solution. He tried Pilates, stretching more, strengthening his core. Still, the pain persisted. Finally, he realized that he'd overlooked one crucial part of his daily routine: The six hours he spent sitting at his desk. "I was doing everything I could to keep my hip flexors loose enough to allow me to run, but I neglected this small, obvious change," says St. Pierre.

He converted his office desk to a standing station and cut his sedentary time in half. In weeks, his hip muscles released. Two months later, he raced a 50-miler in Vermont in his personal-best time of eight hours, 18 minutes. "I felt great," he says. "Since, I've even noticed my chronic low-back pain fade away."

RELATED: 10 Ways to Sneak a Workout in at the Office

If too much time behind a desk can mess up a hard-core athlete like St. Pierre, imagine the impact it has on the typical guy. That's exactly what experts in the emerging field of inactivity physiology are exploring, and their conclusions may surprise you. Most of us sit 10-plus hours a day, more than we sleep. While we're seated, a lot of bad things happen: Blood sugar rises; muscles become tighter; and blood flow to the heart slows, even in those who exercise regularly. "This is one reason why so many frustrated people can't make big changes in their health," says Marc Hamilton, a professor at Louisiana's Pennington Biomedical Research Center, who has studied inactivity physiology for 20 years. According to Hamilton, your good habits, like working out and eating well, aren't enough. "Something extremely potent is happening in your body in the hours you sit idle," he says.

Imagine a long day in your desk chair. That moment you start to feel lethargic? That's when red blood cells in your legs begin to clump together, thickening inside your vessels and slowing circulation. If, later, you notice a further drop in energy, it's because your body's insulin production is down: The sugars from your morning oatmeal linger in your bloodstream, rather than being ushered into your muscles for energy. Soon a key enzyme (lipase) responsible for vacuuming fat out of the blood deactivates. Small amounts of fat begin to accumulate in your blood; your body will store it in an easy-to-access, central location — your gut. (One reason it may be tough to shed extra pounds, despite those morning runs.) You may also have hunger cravings, even though you haven't moved. That's because your appetite-regulating hormones leptin and ghrelin have gone off-kilter. Meanwhile, a more subtle physiological change occurs:

Deep within your leg muscles, a gene (LPP1) critical for suppressing clotting and inflammation switches off. By the end of the day, even with a lunch break and trips to the water cooler, your good cholesterol and insulin sensitivity may have fallen 20 to 40 percent.

A day, even a week, of this isn't much of a problem. But repeat the process for years, and it's easier to understand this stat: Those who sit the majority of their waking hours — even if they take breaks and regularly exercise — have two-and-a-half times the risk of developing cardiovascular disease, according to a 2012 meta-analysis of nearly 800,000 people.

RELATED: How a 5 Minute Walk Can Undo an Hour of Sitting

Gym rats don't get a pass, either. In fact, studies consistently show that people who work out often spend more time on their butts than nonexercisers. A recent study found that marathoners sit nearly 11 hours on days they train. Perhaps that's because they believe a workout grants them the right to lounge. (Exercisers are twice as sedentary on the days they hit the gym, research shows.) "It is foolish to think that 30 to 45 minutes of exercise every other day will immunize you from the effects of being sedentary 70 to 80 hours a week," Hamilton says.

Of course, even a focused office drone gets up from his desk to grab food or run an errand. Those things help. A recent Indiana University study compared people who sat for three hours straight with those who got up and walked for five minutes every hour. In the continuous sitters, circulation fell by half, while the walkers saw no dips in blood flow. But five minutes of moving in an hour won't counteract the physiological impacts — lower insulin sensitivity, higher inflammation — of sitting for the rest of it. That's like trying to undo a fast-food diet by eating healthy snacks. "Your body is responding to what you're doing over the whole day," Hamilton says.

Sitting's effects can be dramatic on the outside as well, says corrective-exercise specialist Elizabeth Pongo. According to Pongo, here's what happens to the typical nine-to-fiver: The shoulders round and the head settles into a forward tilt; this makes it harder for the lungs to expand and take in air when you're sprinting down a basketball court or running a 5K. That classic office-worker hunch means the humerus (the upper bone in your arm) may be tilted in and lightly grinding into the shoulder socket; now, when you lift weights, you're causing excessive wear and tear on your rotator cuff, cartilage, and joint capsule. All day, your body is "learning" this repetitive slumped-over posture; hip flexors and pecs shorten and tighten, and the glutes weaken, decreasing power and range of motion during squats, lunges, and any activity that requires explosive movement.

RELATED: The Right Way to Sit, A Guide to Healthy Posture

Fortunately, the solution is fairly simple. In addition to thinking, "How much will I exercise this week?" ask yourself, "How little will I sit?" Small movements can have a big impact. The experts call it nonexercise activity thermogenesis, or NEAT — think flexing your calves, stretching, even fidgeting in your chair. All of those movements require energy, and the calories add up, says Mayo Clinic researcher James Levine. Levine tracked workers who wore ultrasensitive movement sensors. His finding: When all other variables were accounted for, the leanest people sat 2.25 fewer hours per day, and engaged in more minor movements that helped them burn 350 more daily calories. "This supports the idea that there is a direct relationship between your NEAT and your ability to stave off weight gain," says Levine.

Companies from Facebook to the Federal Reserve Bank have invested in standing desks, and others have shrunk the size of cubicles to create wider hallways for "walking meetings." In one study by Levine, employees who were outfitted with sit-stand units lowered their sitting time by 91 minutes per day, and boosted NEAT movements by 33 percent. In a classic case of "you don't know how bad you felt until

you feel better," many also reported being more alert and less depressed, not only at work but after they clocked out.

That was the intent of John Folkestad, co-founder of Minneapolis-based financial staffing firm Salo LLC, when he outfitted employees with standing desks. "Frankly, we didn't go into this saying, 'For the sake of our health, we need to stand more,' " says Folkestad. "It was about energy." Which is something he says he has a lot more of now. Before the switch, Folkestad would rise at 5 am five days a week to work out. By 3 pm, he'd hit a wall, and he spent evenings on the couch. Now, having cut his sitting time in half, Folkestad churns through 16-hour days. "It makes sense to me," he says. "A body at rest stays at rest. A body in motion stays in motion."

Your Guide to Sitting Less

1. Plan by Minutes

Cornell ergonomist Alan Hedges recommends 20 minutes sitting, 8 minutes standing, 2 minutes walking. Repeat. The formula also improves productivity and posture, studies show.

2. Default to a Walk

Instead of mulling at your desk when you're drawing a blank, get up and take a 5-minute walk. Research suggests that you'll be 60 percent more creative when you return.

3. Stand When Tired

Make this automatic: If you yawn, stand up. Rising fires the Ascending Reticular Activating System, a network of neurons in the cerebral cortex that enhances alertness.

4. Shift Your Mind-Set

Before you take a seat, think of this quote from Mayo Clinic researcher James Levine: "The goal of sitting should be sin-gular: to give our bodies a break from moving."