20 26 BENEFITS HANDBOOK

Fixed Term

McCOWNGORDON CONSTRUCTION

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DREAM TO BUILD. BUILD TO DREAM.
IT'S WHAT MAKES US McCOWNGORDON.

Our people make the difference.

There is more to McCownGordon Construction than meets the eye. It starts with delivering quality and value on each project through industry-recognized expertise, knowledge and technical excellence. However, it is through our people that McCownGordon truly differentiates ourselves in the industry.

Each member of the McCownGordon project team will deliver on our core principles of integrity, relationships and performance. Simply stated: We do what we say we will do when we say that we will do it. We put our clients' needs ahead of all else. And, we continually strive to exceed your expectations.

OUR VALUES. Not just words on walls.

INTEGRITY
We do what we say we will do when we say we will do it. Prioritizing honesty and accountability, trust becomes the bedrock for every interaction. Clients expect it. And we demand it of ourselves.

PERFORMANCE
We work hard to cultivate an integrated environment and offer a construction process unlike any other. We continually reset the bar and place relationships first–it's why clients continue to come back.

RELATIONSHIPS
From first thought to final nail, we seek to perform our best on every project. In practice, it translates to creative solutions and quality work, delivered on time and on budget with the highest safety standards.

BENEFITS SUMMARY

Fixed Term Associates

McCOWNGORDON CONSTRUCTION

McCOWNGORDON IS PLEASED TO OFFER A COMPREHENSIVE BENEFITS PACKAGE.

HEALTH AND WELLNESS

ELIGIBILITY *Fix Term associates who regularly work 30+ hours per week are eligible for benefits. Eligibility begins the first day of employment except where listed.*

Weekly Premiums*			Health Savings Account *Company contribution upon enrollment | Wellbeing Incentive*		2026
Associate Only	$27.00	$19.50**	$250.00	$250.00	*Individual Contribution Limit:* ***$4,400*** *Family Contribution Limit:* ***$8,750*** *(Maximum amount for Associate + Employer Contribution)* *Catch up for 55+:* ***$1,000***
Associate & Child	$35.00	$28.00**	$500.00	$500.00	
Associate & Spouse	$41.00	$34.00**			
Associate & Family	$55.00	$48.00**			

MEDICAL PLAN We offer a high-deductible plan through UMR, a division of United Healthcare (UHC), with a Health Savings Account through *Bank of America*. UMR gives you the freedom to see any physician or other health care professional from the network, including specialists. You may also choose outside of network with reduced benefits. ***You must acknowledge affirmatively on the Tobacco-Free affidavit to receive the Tobacco-Free premium discount.*

HEALTH SAVINGS ACCOUNT This type of savings account allows you to set aside money on a pre-tax basis to pay for qualified medical expenses. You may contribute up to the IRS contribution limit. An additional contribution can be earned through participation in the Wellbeing Program *(see Wellbeing Summary for details).* You must be enrolled in McCownGordon's medical plan to qualify.

Weekly Premiums*	
Associate Only	$4.83
Associate & Child	$8.42
Associate & Spouse	$8.31
Associate & Family	$10.01

DENTAL PLAN Delta Dental gives you the opportunity to visit the dentist of your choice on a treatment-by-treatment basis. You will have access to two networks of participating dentists, or you may visit a dentist outside of the network. The plan also provides additional services if eligible, to help reduce risks associated with periodontal disease and certain medical conditions, including brush biopsies for earlier detection of oral cancer *(see Healthy Smiles, Healthy Lives under Dental for details).*

Weekly Premiums*	
Associate Only	$2.49
Associate & Child	$4.06
Associate & Spouse	$3.98
Associate & Family	$6.54

VISION PLAN VSP offers insurance to cover quality care that focuses on your eyes – from Well Vision exams to frames, lenses and contacts. You will also receive extra savings and discounts on sunglasses and laser vision correction.

** Premiums are not deducted from the 5th payroll in months with 5 Thursdays.*

TELADOC Teladoc is a telehealth provider. You can speak with a Teladoc doctor via phone/ video consult within the secure member portal or within the Teladoc mobile app. Talk to a doctor anytime for $49. Mental Health Care is available for $90 or less / therapist visit, $220 or less/ psychiatrist first visit, $100 or less/ psychiatrist ongoing visit.

EMPLOYEE ASSISTANCE PROGRAM (EAP) Through the EAP, you may receive confidential support, guidance and resources including counseling, leadership coaching, financial, legal assistance and more to support you and your family. Eight (8) sessions per issue are available to you at no cost. The program is available 24 hours a day. *Eligibility: Regular and Fixed term associates, excluding internships.*

FITNESS CENTER Access our onsite fitness center complete with cardiovascular machines, weight training equipment, infrared sauna, and locker rooms. Associates living and working 20+ miles from a company fitness facility and associates without access to the facility after hours are eligible for Fitness Center Reimbursement up to $120 per quarter. See Fitness Center Reimbursement Policy on the Loop and complete the Fitness Center Reimbursement Form in Workday.

VITALITY Interactive and personalized wellbeing program that makes it easy for you to live your healthiest life! Whether you'd like to become more active, improve your diet or simply maintain a healthy lifestyle, you'll receive inspiration and support here. Get active and encourage others to participate in challenges. As you complete activities and achieve recommended goals, you'll also earn points that you can redeem for hundreds of items in the Rewards Mall.

PRESCRIPTION SAFETY GLASSES Prescription Safety Glasses may be reimbursed up to $200, every two years. Benefit is available to all associates with a business need.

INCOME PROTECTION

TERM LIFE INSURANCE through Sun Life allows you peace of mind that your loved ones will have financial protection in the event of your death. The company provides one times your annual base salary up to $150,000 at no cost to you. Policies that cover more than $50,000, will pay federal tax as imputed income.

ACCIDENTAL DEATH & DISMEMBERMENT COVERAGE is provided through Sun Life. This coverage provides payment to your beneficiaries in the event of your death by a covered accident. The company provides coverage of one times your annual base salary at no cost to you.

SHORT-TERM DISABILITY benefits through Sun Life offer you 66.66% of your pay (up to $1,500 per week) for up to 11 weeks, beginning on the eighth day of qualifying disability. You may use available Sick Leave during the first 5 days of disability leave. The company covers the full cost of coverage.

LONG-TERM DISABILITY benefits through Sun Life offer you 60% of your pay (up to $10,000 per month), beginning on the 91st day of qualifying disability. The company covers the full cost of coverage. See Benefit Handbook for age requirements.

TRAVEL EMERGENCY ASSISTANCE & ID PROTECTION are available through Sun Life. To activate this service, go to www.assistamerica.com/sunlife and use reference # 01-AA-SUL-100101. The travel emergency assistance program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical or nonmedical emergency while traveling 100 miles away from your permanent residence, or in another country. ID protection offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. The company covers the full cost of coverage.

RISE ABOVE FUND | NATURAL DISASTER & HARDSHIP RELIEF The Rise Above Fund assists associates during personal hardships or natural disasters. Associates may elect to make tax-deductible donations to a registered 501c3 fund where 100% of funds go back to our own people. The Rise Above Fund continues to enhance our culture by allowing associates the opportunity to care for their peers in a confidential manner. All regular and fixed term full-time associates are eligible to apply up to twice a year for a maximum amount $1,500/grant.

FINANCIAL OPPORTUNITIES

100% EMPLOYEE STOCK OWNERSHIP PLAN (ESOP) McCownGordon is 100% employee owned. We embrace a participatory management style with a commitment to listening to each associate and valuing their thoughts and ideas. McCownGordon believes this provides the best direction for success and builds the strongest teams. Shared governance, shared responsibility and empowering our associates have continually been a goal. For these and many other reasons, we believe the culture and success of our team is a natural fit for an ESOP. *Eligibility: You are eligible to participate in the ESOP distribution at the end of the first year in which you complete 1,000 hours of service*. (The distribution for the first year would be pro-rated according to time worked).

401(k) PROFIT SHARING PLAN Through the Principal Financial Group, the company offers a 401(k) plan and currently matches 100% of the first 4% of pay you contribute to the plan through salary deferral. You may defer up to 100% of your income to the 401(k), up to the annual IRS maximum. *Eligibility: First of the month following employment*.

FLEXIBLE SPENDING ACCOUNTS (FSA) This plan offers a unique way for you to save money on taxes by setting medical and dependent care accounts with pre-tax dollars. You may contribute up to the annual maximum amount in both the medical and dependent care accounts. *Bank of America* administers the plan and offers handy debit cards for easy access to the medical account funds. Associates enrolled in the high-deductible medical plan may enroll in a Limited Purpose FSA. *(Note: The medical FSA is not available with the high-deductible plan/HSA plan).*

CANDIDATE REFERRAL Second best to filling open positions with our own associates is hiring referrals. We welcome referrals of qualified candidates by our associates, and we will pay for it. If your referral is hired, you will receive a bonus amount dependent on the position, less applicable taxes, after the associate has successfully completed three months with the company. *Eligibility: Subject to the guidelines outlined in the Candidate Referral policy on The Loop*.

MATCHING GIFTS This program supports the company's philosophy of giving back to the community. The objective is to encourage you to give financial gifts and/or volunteer time, and for the company to support nonprofit organizations that are important to you. McCownGordon will match up to $250 per associate per year for financial contributions to eligible organizations- dollar-for-dollar match and for hours volunteered at eligible organizations - $25 per hour.

VOLUNTARY BENEFITS

LEGAL SHIELD *Provides you with the ability to talk to an attorney on any personal legal matter without worrying about high hourly costs.*	***Associate Only*** $4.24	***Associate & Family*** $4.73

VOLUNTARY LIFE INSURANCE through Policygenius allows you to purchase additional life insurance flexible to your needs

PROFESSIONAL DEVELOPMENT

McCOWNGORDON UNIVERSITY At McCownGordon we are always learning. Our internal training programs allow our associates to stay in the know on everything from technology to safety.

TUITION REIMBURSEMENT McCownGordon supports and encourages your ongoing educational and professional development. The Company offers reimbursement up to $5,250 per year for undergraduate, graduate and professional licensing that qualify under the program. *Eligibility: Full-time employment prior to beginning the program.*

TIME OFF

McCownGordon promotes a healthy balance of work, family, fun and relaxation. We recognize that everyone works hard and needs to balance professional commitments with personal ones. Please see the requirements below to determine your eligibility for either Flexible Paid Time-Off or Paid Time-Off benefits.

PAID TIME OFF *Eligibility: Regular and Fix Term full time associates.*
PTO will prorate from the start of the becoming fixed term to the end of the year, then prorate from the beginning of the year to the end of their fixed term.

YEARS OF SERVICE	1 - 2 YEARS	3 - 7 YEARS	8 + YEARS
FULL-TIME NON-EXEMPT ASSOCIATES	**15 DAYS**	**20 DAYS**	**25 DAYS**

FLEX PTO Flex-PTO allows you the flexibility to take time off when you need to, without a structured policy that prescribes accruals, limits, and rollovers. *Eligibility: PTO will prorate from the start of the becoming fixed term to the end of the year, then prorate from the beginning of the year to the end of their fixed term.*

REJUVENATION LEAVE Offers two consecutive weeks of paid leave to reward you for your service to McCownGordon, allows time for inspiration, innovation and the opportunity to return rejuvenated. See Rejuvenation policy for details. Time worked in a fixed term status will count toward eligibility if converted to regular full-time status. *Eligibility: Regular full-time associates.*

FLEX FRIDAY Flex Friday allows you to leave early on some Fridays by working additional hours Monday through Thursday. Flex Friday is intended to promote work/life flexibility. It is important that we balance that flexibility with client needs and the continued success of our company. It will take commitment from all of us to achieve that balance and continue with our flexibility.

SICK LEAVE McCownGordon recognizes that associates will occasionally need time away from work to attend to their own medical needs or those of a family member. Part-Time, Temporary, and Fixed-Term associates will accrue Paid Sick Time at the rate of one hour for every 30 hours worked. This policy is separate from the PTO and Flex PTO policy. *See the Sick Leave policy for details.*

PAID TIME OFF HOLIDAYS		
NEW YEARS DAY: *Thursday, January 1st*	**INDEPENDENCE DAY:** *Observed Friday, July 3rd**	**DAY AFTER THANKSGIVING:** *Friday, November 27th*
MLK DAY: *Monday, January 19th*	**LABOR DAY:** *Monday, September 7th*	**CHRISTMAS EVE:** *Thursday, December 24th*
MEMORIAL DAY: *Monday, May 25th*	**THANKSGIVING:** *Thursday, November 26th*	**CHRISTMAS:** *Friday, December 25th*

QUESTIONS ABOUT BENEFITS? CONTACT: **hr@mccowngordon.com**

HEALTH COORDINATORS

HealthJoy

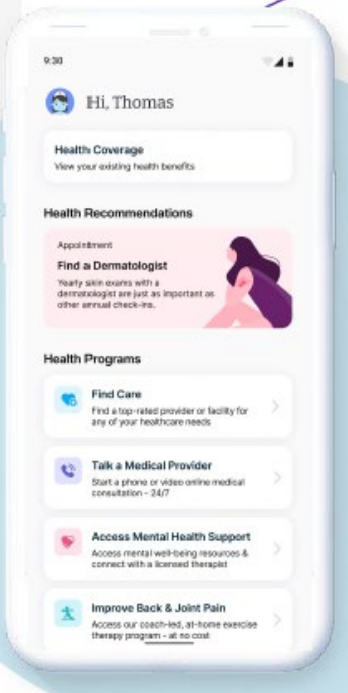
HealthJoy Makes it Easier to be Healthy and Well.

HealthJoy

HealthJoy is the virtual access point for all your healthcare navigation and employee benefits needs. We're provided free by your employer to help understand and make the most of your benefits. We connect you and your family with the right benefits at the right moment in your care journey, saving you time, money, and frustration.

Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team, visits, and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and navigate your benefits. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.



BENEFITS WALLET

HEALTHCARE CONCIERGE

RX SAVINGS REVIEW

APPOINTMENT BOOKING

PROVIDER RECOMMENDATIONS

HSA / FSA SUPPORT

Chat with us today by logging into the HealthJoy app or call (877) 500-3212

Download on the App Store

GET IT ON Google Play

PROVIDER SEARCH & COST TRANSPARENCY

Compare quality and costs before you go

The next time you're in the market for a new doctor or are wondering how much you'll pay for a possible medical procedure, visit **umr.com** first. Your online services make it easy to look up UnitedHealthcare network providers and health care facilities and find cost estimates for different services – all in one place.

You'll get the information you need to make the right choices for you and your family and know what to expect before making an appointment

Stay in-network

With **umr.com**, you have anytime access to a searchable directory of UnitedHealthcare network providers in your area. Choosing a doctor or facility in the network ensures your benefits are paid at the highest level, so you can expect to pay less out of your own pocket. And when you go to a network provider for preventive services, there's typically no cost to you.

You can narrow your search to primary care providers or look up physicians by specialty. Then select a physician from your search results to learn more about where they went to school, where they practice and how to schedule an appointment.

START SHOPPING TODAY

Log into **umr.com** and select Find a provider. Then choose View providers to search for medical providers. Or log in and look for the health cost estimator shopping cart icon to get started.

MEDICAL

Benefit	United Healthcare PPO Network	Out of Network
Calendar Year Deductible – Includes Rx		
Per Individual	$2,000	$5,000
Per Family	$4,000	$10,000
Calendar Year Out of Pocket Maximum Includes deductible, coinsurance and copays if applicable.		
Per Individual	$3,000	$10,000
Per Family	$6,000	$20,000
Services		
Emergency Room/Ambulance	100% after deductible	
Urgent Care	100% after deductible	70% after deductible
Hospital Services other than Mental Health and Substance Abuse		
Inpatient Services/Inpatient Physician Charges		
Outpatient Services/Outpatient Physician Charges		
Outpatient Lab and X-Ray Charges		
Outpatient Surgery/Surgeon Charges		
Physician and Specialist Office Visit		
Physician Office Services (Office Surgery)		
Therapy Services – Outpatient Hospital and Office Therapy		
Preventative Services Routine Care Benefits		
Routine Physical Exams at Appropriate Ages	100%, deductible waived	70% after deductible
Immunization (Including Flu Vaccine)		
Routine Diagnostic Tests, Lab and X-Rays		
Routine Mammograms and Breast Exams: Limited to 1 exam per year		
Routine Pelvic Exams and Pap Test: Limited to 1 exam per year		
Routine PSA and Prostate Exams: Limited to 1 exam per year		
Routine Colonoscopy, Sigmoidoscopy and Similar Routine Surgical Procedures		
Limits Apply as Follows:		
Physical	20 visits per year	
Occupational		
Speech		
Pulmonary		
Cardiac	36 visits per year	

The information provided in the Benefits Overview is presented for illustrative purposes. For more detailed information, please refer to your summary plan description. In the case of discrepency, the actual plan documents will prevail.

PHARMACY BENEFITS

Your pharmacy benefits will be administered by RxBenefits in partnership with OptumRx. The RxBenefits service model delivers enhanced safety, better cost savings, and top-notch customer service. With OptumRx, you'll have access to a massive network of more than 64,000 pharmacies nationwide.

Visit the Medical page at mccowngordon.millercares.com for a link to search for an in-network pharmacy.

If you need to fill a prescription before your card arrives, simply provide the following, along with your member number or Social Security number, to the pharmacy:

RXBIN: 610011 RXBPCN: IRX
RXGRP: RXBENHOSP
Pharmacy Member Services: 800.334.8134
Pharmacist Helpdesk: 800.880.1188

Participating Pharmacy	Retail 30 Day Supply	Retail 90 Day Supply	Mail Order 90 Day Supply
Maximum Day Supply Allowed	31	90	90
Tier 1/Generic Copay	$10	$25	$25
Tier 2/Brand Copay	$35	$87.50	$87.50
Tier 3/Non-Preferred Brand Copay	$60	$150	$150
Generic Specialty Medication Copay	$10 with a maximum 30 day supply allowed per fill		
Formulary Specialty Medication Copay	$100 with a 30 day supply allowed per fill		
Non-Formulary Specialty Medication Copay	$300 with a 30 day supply allowed per fill		

Annual Medical / Rx Combined Deductible	$2,000 per Individual, $4,000 per Family beginning every January 1st. Once you have met this amount, you will pay the above copays until the end of the benefit year, December 31st, or until you reach the Out-of-Pocket maximum as stated below.
Annual Medical / Rx Combined Out-of-Pocket Maximum	$3,000 per Individual, or $6,000 per Family beginning every January 1st. Once you have met this amount, you will pay $0 copay until the end of the benefit year, December 31st.

Download the **OptumRx App** now from the Apple App Store or Google Play.

REGENEXX

Regenexx uses your body's natural healing agents to replace the need for up to 70% of elective orthopedic surgeries. Your stem cells and blood platelets are concentrated in our on-site orthobiologics lab and injected under image guidance into the precise area of your injury where they repair and regrow damaged bone, cartilage, muscle, tendon, and ligament tissues. With Regenexx, you can get back to doing what you love without invasive surgery and lengthy recovery.

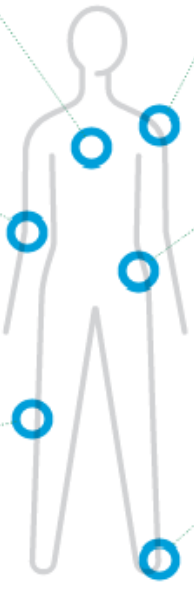
Helping your body heal itself

Conditions Treated

Spine
- bulging, collapsed, or herniated disc
- ruptured or torn disc
- degenerative disc disease
- disc extrusion
- disc protrusion
- back or neck nerve pain

Hand/Wrist/Elbow
- arthritis
- tennis elbow
- ulnar nerve entrapment
- CMC joint arthritis (thumb)
- carpal tunnel
- trigger finger

Knee
- arthritis
- meniscus tear
- sprain or tear of ACL/PCL
- sprain or tear of the MCL/LCL
- tendinopathy
- joint replacement alternative



Shoulder
- arthritis
- rotator cuff tears
- labral tear
- rotator cuff tendinosis
- joint replacement alternative

Hip
- arthritis
- osteonecrosis
- bursitis
- labral/labrum tear
- tendinopathy
- joint replacement alternative

Ankle/Foot
- arthritis
- instability
- bunions
- ligament sprain or tear
- plantar fasciitis
- achilles tendinopathy

Visit regenexxbenefits.com/mccowngordon to get started.

HSA HEALTH SAVINGS ACCOUNT BANK OF AMERICA

A Health Savings Account (HSA) is a tax-free savings account that works with a qualified health plan to help you pay for the cost of out of pocket health care and prescription medication expenses. You can take the money you would have paid for higher health insurance premiums and use it to pay for qualified medical expenses or save it and let it grow!

- HSA money, including all the money McCownGordon contributes, is yours, ALWAYS! You won't lose it if you don't spend it, change jobs, retire, or change health plans.
- Never pay taxes on withdrawals for qualified medical expenses.
- Money earns interest and you don't pay taxes on the interest earned.
- Contributions are tax-free and reduce your overall taxable income.
- Change your contributions to the HSA any time during the year.

2026 Individual HSA Contribution Limit
$4,400 (Max amount for Associate + Employer Contributions)
2026 Family HSA Contribution Limit
$8,750 (Max amount for Associate + Employer Contributions)
2026 Catch-Up HSA Contribution Limit
$1,000 Age 55+

Anyone meeting the following requirements is eligible for an HSA:

- Enrolled in a McCownGordon qualified medical plan.
- Not covered under another medical plan that is not HSA compatible.
- Not enrolled in Medicare.
- Not eligible to be claimed on another person's tax return.
- Not active in the military.
- United States resident.

Visit our Learn Center

Find tools and resources to help you manage your health care spending. healthaccounts.bankofamerica.com

Download the app

Get the "MyHealth BofA" app directly from the App Store or Google Play .

We're here to help

If you have questions, please call the number on the back of your debit card.

DENTAL

DELTA DENTAL®

Benefit	Delta Dental PPO	Delta Dental Premier	Out of Network
Diagnostic and Preventative Services			
• Oral exams (all types) twice per calendar year • Bitewing and Periapical x-rays as needed • Full-mouth x-rays once in any 36 consecutive months • Cleanings (all types) twice per calendar year • Fluoride, once per calendar year for dependents under the age 19 • Emergency palliative treatment • Space maintainers, once in 5 years to age 16	100%	100%	100%
Basic Services			
• Fillings, including composite fillings on all teeth • Periodontics: treatment for diseases of gums and bone supporting the teeth • Endodontics: root canal filling and pulpal therapy • Sealants for dependent children under 19, once per tooth every 5 years, limited to non-decayed first and second permanent molars • Simple and surgical extractions	90%	80%	80%
Major Services			
• Oral surgery, except for extractions covered under Basic • Prosthetics: bridges and dentures; replacement will be covered only once in 5 years, but not during the first 12 months of coverage • Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposed, once in 5 years	60%	50%	50%
Orthodontic Services			
For dependent children to age 19 who begin treatment while covered by this plan	50%	50%	50%
Calendar Year Deductible			
Per Person Per Family	$50 $150		
Calendar Year Benefit Maximum			
Per Person	$1,500 + MAXAdvantage		
MAXAdvantage – Claims paid for exams, cleanings, x-rays and fluoride treatment do not apply to your calendar year benefit maximum.			
Orthodontic Lifetime Maximum			
Per eligible dependent child	$1,500		

The information provided in the Benefits Overview is presented for illustrative purposes. For more detailed information, please refer to your summary plan description. In the case of discrepency, the actual plan documents will prevail. Possession of this document is not a guarantee of coverage.

DELTA DENTAL®

Healthy Smiles, Healthy Lives®

Extra protection for your oral and overall health

If eligible, Delta Dental's Healthy Smiles, Healthy Lives® benefits, provides you with additional services to help reduce the risks associated with periodontal disease and certain existing medical conditions. This benefit also covers brush biopsies for earlier detection of oral cancer.

Basic added benefits

Additional cleaning benefit
Extra dental cleanings are available for those with certain specified conditions since good oral health and more frequent cleanings have been shown to improve the health of those with the conditions as outlined below.

Up to four cleanings per year are offered to eligible members with the following medical conditions:

- Periodontal disease
- Pregnancy
- Diabetes
- Suppressed immune systems due to chemotherapy and/or radiation treatment, HIV infection, organ transplant and/or stem cell (bone marrow) transplant

If eligible, you can self-report your condition(s) to Delta Dental to obtain the additional cleanings. You have the option to report online or by mail. Your dentist can also file a report for you.

Brush biopsy benefit
The benefit covers brush biopsies to help detect oral cancer sooner. Early detection of oral cancer can result in greatly improved odds of recovery, as well as a reduced need for extensive treatments.

VOLUNTARY VISION

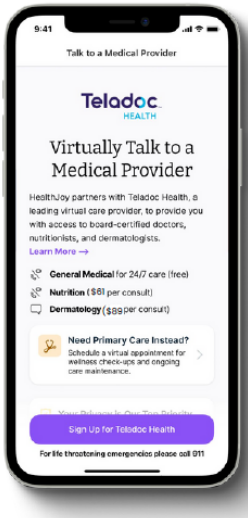
Benefit	Copay	Frequency
Well/Vision Exam		
• Focuses on your eyes and overall wellness	$10	Every Calendar Year
Prescription Glasses	**$10**	**See Frames and Lenses**
Frame • $200 frame allowance • $220 featured frame brands allowance • 20% savings on the amount over allowance • $110 Costco frame allowance • $200 Sam's/Walmart frame allowance	Included	Every Calendar Year
Lenses • Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included	Every Calendar Year
Contacts (instead of glasses)		
• $180 allowance for contacts; copay does not apply • Contact Lens Exam (fitting and evaluation)	Up to $60	Every Calendar Year
Extra Savings		
• 20% savings on additional glasses and sunglasses within 12 months of your last Well Vision Exam. • Laser Vision Correction: Average 15% off the regular price; discounts only available from contracted facilities.		
Your Coverage with Out-of-Network Providers		
Call member services for out-of-network plan details		

For illustrative purposes only. For complete benefit information please refer to the plan documents for each benefit. In the event of a discrepancy between this brochure and the plan document, the plan document will prevail. Possession of this document is not a guarantee of coverage.

TELADOC GENERAL MEDICAL

General Medical

General Medical provides critical care 24/7 for non-emergency conditions like cold and flu, sinus infections, and allergies, as well as care for specialty needs such as dermatology and nutrition consultations.



Request an on-demand visit or schedule a visit at your preferred time

Secure a telemedicine visit available in several language options via interpreter, including American Sign Language (ASL)

Access Teladoc through the HealthJoy App!

How It Works

- Access the service through the HealthJoy home screen and quickly connect with a licensed care provider via phone or video for a broad range of everyday healthcare issues, from cold and flu to a rash or sunburn, as well as dermatology and nutrition consultations
- Request an on-demand visit or schedule a visit at your preferred time. Receive a diagnosis as well as treatment, and prescriptions when necessary
- Receive a visit summary to your file and send a prescription to your local pharmacy if necessary

EMPLOYEE ASSISTANCE PROGRAM (EAP)

HealthJoy

HealthJoy EAP is here to help you and your family.

At some point in our lives, we can all use some help. HealthJoy EAP is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work.

ANXIETY • DEPRESSION • MARRIAGE AND RELATIONSHIP PROBLEMS • GRIEF AND LOSS • SUBSTANCE ABUSE ANGER MANAGEMENT • WORK-RELATED PRESSURES • STRESS

Expert referrals and consultations

Whether you are a new parent, a caregiver, selling your home, or looking for legal advice, you're likely to need guidance and referrals to expert resources.

LEGAL ASSIST - Free phone or in-person legal consultation

FINANCIAL ASSIST - Expert financial planning and consultation

FAMILY ASSIST - Consultation and Referrals for Everyday Issues, Such as Dependent Care, Auto Repair, Pet Care and Home Improvement

Contact us today

PHONE 1-888-731-3EAP (3327)
WEB EAP.HEALTHJOY.COM

Confidential support 24 hours a day, 365 days a year.

GROUP CODE MCCOWNGORDON

PARETO HEALTH

HUSK

Husk Marketplace

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

YOUR LANDING PAGE:

Marketplace.huskwellness.com/paretohealth

Click on Activate Benefit to register for the program and unlock your discounts and exclusive offers. Be sure to use the provided "Eligibility ID" to register.

Have questions? Reach out to our Customer Support team at customerservices@huskwellness.com or call 800-294-1500

As part of the HUSK Marketplace program, you are eligible for exclusive discounts on:

GYMS & FITNESS CENTERS

HUSK Marketplace members can access exclusive savings and flexible membership options to a variety of facilities. From national chains to specialty studios, HUSK has something for every workout.

HUSK NUTRITION

HUSK Nutrition provides evidence-based virtual health and nutrition programs. You will meet with a Registered Dietitian who will implement a complete 1-on-1 nutrition program specifically designed to answer your nutrition related questions, meet your health goals, individual needs and busy lifestyle.

HOME EQUIPMENT & TECH

Whatever your fitness level is, HUSK has exclusive equipment and wearable technology to help support you on your wellness journey. Whether you want to monitor an everyday activity or start a new fitness routine, find the best products and deals here.

ON-DEMAND FITNESS

Take advantage of all the benefits of group exercise classes in the comfort of your own home. HUSK's streaming membership options will take your wellness and workouts to the next level.

MENTAL HEALTH

We all need help sometimes. We all go through difficulties and struggles. HUSK Mental Health connects you with licensed therapists through technology. Our therapists empower you through guidance and support using evidence-based practices.

McCownGordon Eligibility ID: **P13558**

VITALITY REWARDS PROGRAM

At McCownGordon we are passionate about enhancing the wellbeing of associates and their families by joining them on their wellness journey; providing resources, connection and encouragement to enjoy healthy, energetic lives. The Vitality Portal provides comprehensive resources to help associates achieve their wellbeing goals and earn rewards along the way!

Ways to **EARN REWARDS** in Vitality portal	**INDIVIDUAL COVERAGE** *($250 Maximum Contribution)*	**FAMILY COVERAGE** *Associate + Child, Spouse, or Family ($500 Maximum Contribution)*	**NOT PARTICIPATING IN MGC HEALTH PLAN** *($250 Maximum Associate / $250 Maximum for Spouse)*
Complete *Vitality Health Assessment*	$125 HSA: **Associate**	$125 HSA: **Associate** $125 HSA: **Spouse**	$125 Payroll Deposit: **Associate** $125 Payroll Deposit: **Spouse**
Complete *Health Screening*	$125 HSA: **Associate**	$125 HSA: **Associate** $125 HSA: **Spouse**	$125 Payroll Deposit: **Associate** $125 Payroll Deposit: **Spouse**
Complete *Activities, Challenges, Training & more*	Earn points you can redeem for thousands of items in the Vitality Mall within the Vitality Portal.		

Associates completing their *Vitality Health Assessment* and *Health Screening* uploads by the date in the left column will receive their HSA or Payroll Deposit according to the schedule in the right column.

Vitality Health Review Completion / Health Screening **UPLOAD*** Date	HSA/Payroll **DEPOSIT** Date
By March 15	2nd Thursday in April
By June 15	2nd Thursday in July
By September 15	2nd Thursday in October
By November 15	2nd Thursday in December

**Health Screenings must be uploaded to the Vitality Portal by November 15th to receive incentive dollars.*

LIFE & DISABILITY

Sun Life

Life Insurance and Accidental Death & Dismemberment

- 1 times Your Annual Salary up to $150,000
- Benefit amount reduced to 65% at age 65, 40% at age 70, and 20% at age 75

Short Term Disability

- Benefit Percentage: 66 2/3%
- Maximum Weekly Benefit: $1,500
- Maximum Benefit Period: 12 weeks
- Day Benefit begins: 8th calendar day of Disability due to accidental injury or sickness

Long Term Disability

- Benefit Percentage: 60%
- Maximum Monthly Benefit: $10,000
- Minimum Monthly Benefit: $100 or 15% of the Gross Monthly Benefit, whichever is greater. (Own occupation for 24 months)
- Elimination Period is 90 calendar days or the date your short term disability benefits end.
- Maximum benefit period (for sickness or injury): The insured Employee's Social Security Normal Retirement Age, or the maximum benefit period shown below, whichever is greater.

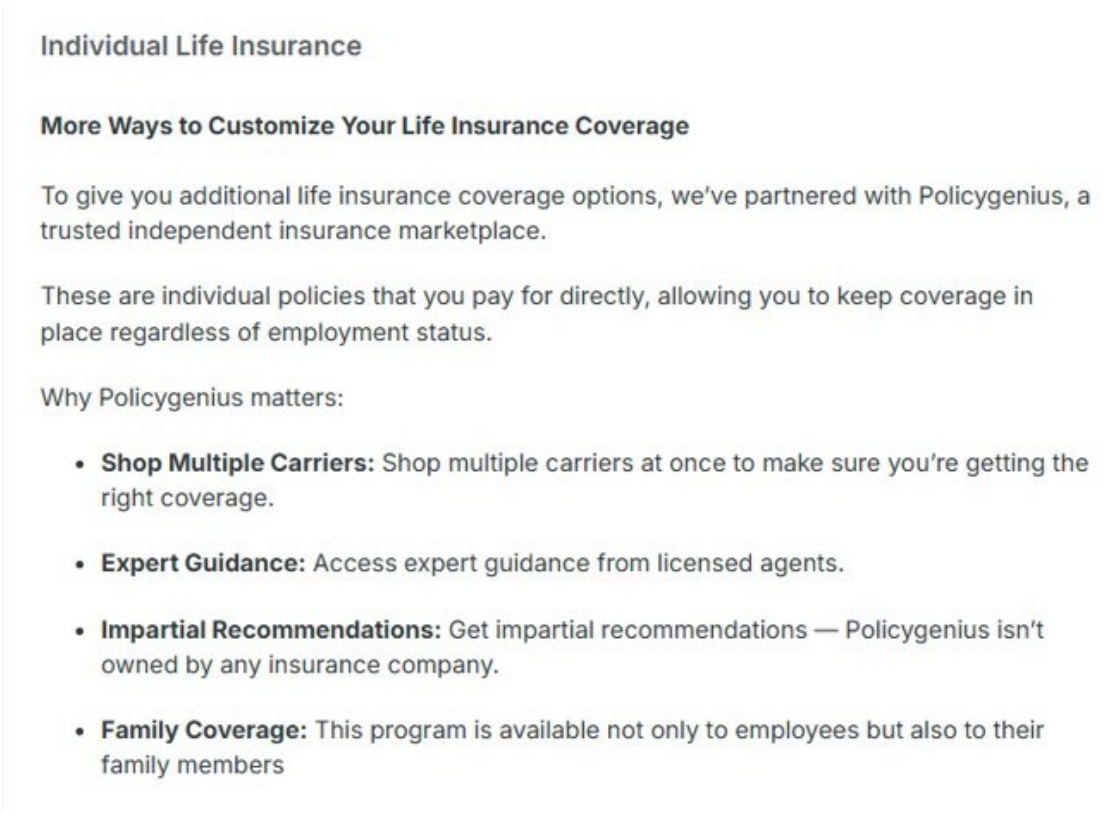
Age at Disability	Maximum Benefit Period
61 or less	To age 65 or to your SSNRA or 3 years and 6 months, whichever is longer
62	To your SSNRA or 3 years and 6 months, whichever is longer
63	To your SSNRA or 3 years and 6 months, whichever is longer
64	To your SSNRA or 3 years and 6 months, whichever is longer
65	2 years
66	1 year and 9 months
67	1 year and 6 months
68	1 year and 3 months
69 or older	1 year

For illustrative purposes only. For complete benefit information please refer to the plan documents for each benefit. In the event of a discrepancy between this brochure and the plan document, the plan document will prevail. Possession of this document is not a guarantee of coverage.

VOLUNTARY LIFE INSURANCE

Policygenius

Through our benefits broker, The Miller Group, associates have access to purchase additional individual life insurance coverage directly through Policygenius. Please note: this coverage is purchased directly with Policygenius and is not part of the company's annual enrollment process. Click here or scan below to get started.



Individual Life Insurance

More Ways to Customize Your Life Insurance Coverage

To give you additional life insurance coverage options, we've partnered with Policygenius, a trusted independent insurance marketplace.

These are individual policies that you pay for directly, allowing you to keep coverage in place regardless of employment status.

Why Policygenius matters:

- **Shop Multiple Carriers:** Shop multiple carriers at once to make sure you're getting the right coverage.
- **Expert Guidance:** Access expert guidance from licensed agents.
- **Impartial Recommendations:** Get impartial recommendations — Policygenius isn't owned by any insurance company.
- **Family Coverage:** This program is available not only to employees but also to their family members

RISE ABOVE FUND

McCownGordon is committed to improving lives. One way that we can provide support to one another is to provide financial support in hard times. An Associate Disaster Relief & Hardship Fund ("Rise Above Fund") is our internal charity that grants money to our own associates in times of need. All dollars flow through a registered 501c3 and donations are tax deductible.

Eligibility Requirements

Applicants must be an active, regular or fixed term full time associate with a qualifying event and hardship must have occurred while the individual was employed by McCownGordon. Associates may qualify for up to two grants per year for a total of $1,500 per grant (maximum eligible amount $3,000/year).

Associates do not have to contribute to the fund to be eligible to submit an application.

How to Apply for a Grant

Applications can be submitted through an online portal. Proper documentation must be provided for an application to be considered. Review the information provided at the end of the application form to ensure that you have all the required supporting documentation available. You must upload all supporting documentation at the same time you submit the application.

Qualifying Events

Disaster Relief qualifying events are defined by the IRS as:

- Disasters that result from terrorist or military actions
- Disasters that result from accidents involving common carriers
- Presidentially declared disasters
- Any other events that the Secretary of the Treasury determines are catastrophic

Hardship Relief support associates who have suffered personal hardship and demonstrate a financial need based on objective criterial. Qualifying events are defined by the IRS as:

- Victim of a crime
- Natural disasters that are not presidentially declared disasters
- House fires
- Automobile or other accidents
- Medical emergencies or sudden deaths of family members

All applications submitted by associates are reviewed and approved or declined by the third-party administrator and are not determined internally by McCownGordon Associates.

Tax Deductible Receipt

You will receive a tax-deductible receipt for all your contributions to the Rise Above Fund by January 31st of the proceeding year.

FSA FLEXIBLE SPENDING ACCOUNT BANK OF AMERICA

A Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for qualified expenses. The Dependent Care funds you contribute to your account need to be spent before the grace period or you lose them. The Medical funds you contribute to your account need to be spent before the runout period or you lose anything over the IRS Limit.

Type	Projected Contribution Limit (2026)*	How It Works	Grace Period (Jan 1st- Mar 15th)	Deadline to Submit (Mar 31st)
Medical (Limited Purpose if enrolled in HSA)	$3,400	• Set Contribution amount for the year. • Amount will be deducted pre-tax from each paycheck. • Your total contribution is available on the first day of coverage.	Use previous year's FSA dollars for expenses in grace period.	All previous year FSA expenses including grace period expenses.
Dependent Care	$7,500	• Set Contribution amount for the year. • Amount will be deducted pre-tax from each paycheck. • Funds are available as soon as your contributions are deposited into your account each pay period.		

**The IRS does not release limits on FSA until usually Late November for the following year.*

Visit our Learn Center

Find tools and resources to help you manage your health care spending. healthaccounts.bankofamerica.com

Download the app

Get the "MyHealth BofA" app directly from the App Store or Google Play .

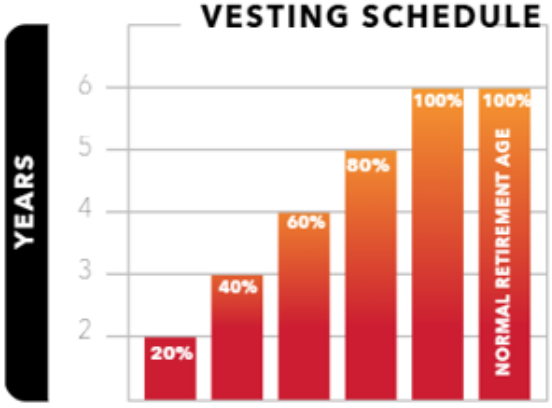
We're here to help

If you have questions, please call the number on the back of your debit card.

ESOP EMPLOYEE STOCK OWNERSHIP PLAN

ESOP EMPLOYEE STOCK OWNERSHIP PLAN

VESTING SCHEDULE



TRIGGERING EVENTS FOR DISTRIBUTION ELIGIBILITY ARE:

SEPARATION • RETIREMENT
PERMANENT DISABILITY
DEATH

EMPLOYEE ELIGIBILITY

1,000+ HOURS
IN A CALENDAR YEAR

+

NON-UNION & NON-LEASED

McCOWNGORDON'S PLAN EFFECTIVE DATE

JAN 01 2015

SHARE DISTRIBUTION

OF SHARES = AN EMPLOYEE'S TOTAL GROSS INCOME

÷

TOTAL COMPENSATION OF ALL ELIGIBLE EMPLOYEES

2024 PROFIT PER FULL-TIME ASSOCIATE

$59,975

2023	$67,955
2022	$33,156
2021	$60,965
2020	$76,171

PROFIT PER FULL-TIME ASSOCIATE
Quantifies the value, as reflected by profit or loss, each associate contributes to the organization annually.

COMPANY LEADERSHIP

- &-

DAY-TO-DAY MANAGEMENT REMAINS THE SAME

McCOWNGORDON CONSTRUCTION

401(K) PLAN

Associates are eligible to join the plan unless you are an employee who is:

- a nonresident alien
- a leased employee
- represented by a bargaining unit that has bargained with us in good faith on the subject of retirement benefits

If you meet the above requirements, you are eligible to join the plan if you are age 18 and enter the plan the 1st of the month following hire.

Are there limits to my contributions?

You may choose to contribute up to 100% of your total pay. Your taxable income is reduced by the amount you contribute pre-tax through salary deferral. Your total salary deferral in 2025 may not be more than $23,500.00. Your maximum contribution percentage and/or dollar amount may be limited by Internal Revenue Service regulations. Salary deferral amounts for 2026 were not available as of the published date of this summary.

Catch-Up Contributions (2025): If you are age 50 or older, you may contribute up to an additional $7,500 above the contribution limit. For ages 60–63, the additional catch-up amount increases to $11,250.

Your salary deferral contributions are included in the wages used to determine your Social Security tax.

Can I make after-tax, Roth salary deferral contributions?

You may designate any amount of the available salary deferral limit for a plan calendar year as Roth salary deferral contributions. Roth salary deferral contributions are made on an after-tax basis. Roth salary deferral contributions plus your pre-tax salary deferral contributions are counted toward the annual salary deferral contribution limit and salary deferral contribution percentage mentioned above.

Can I change my contributions to my employer's retirement plan?

You may stop or change your salary deferral contributions at any time. Changes will be implemented as soon as administratively feasible.

Employer Contributions

McCownGordon will match 100% of the first 4% of pay you contribute to the plan through salary deferral. When a matching contribution is made to the plan, it will be calculated based on salary deferrals and pay as of the end of the plan year.

You will receive contributions if you are an active participant at any time during the plan year. Employer contributions may change in the future.

Plan Summary

This plan summary includes a brief description of McCownGordon's retirement plan features. The legal plan document provides full details. If there are any discrepancies between this plan summary and the legal plan document, the legal plan document will govern. McCownGordon may elect to amend the retirement plan provisions. Until a plan amendment is adopted, the legal plan document will govern.

Most withdrawals/distributions are subject to taxation and required withholding. Check with your financial/tax advisor on how this may affect you. The Principal is required by the IRS to withhold 20% of the portion of a distribution that is eligible for rollover if it is not directly rolled over to another eligible retirement plan or used to purchase an annuity to be paid over a minimum period of the lesser of 10 years or the participant's life expectancy.

The retirement account may be affected differently by individual state taxation rules. Contact your tax advisor with questions. If you have questions about the retirement plan, call 1.800.547.7754 Monday through Friday, 7am-9pm (Central time) to speak to a retirement specialist at The Principal. To learn more about The Principal visit principal.com. Insurance products and plan administrative services are provided by Principal Life Insurance Company, a member of the Principal Financial Group (The Principal) Des Moines, IA 50392.

LEGAL ASSISTANCE

LegalShield™

Have You Ever...

- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Needed your Will prepared or updated?
- ☐ Had concerns regarding child support?
- ☐ Had trouble with a warranty or defective product?
- ☐ Been overcharged for a repair or paid an unfair bill?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Will/Living Will/Health Care Power of Attorney
- **Traffic Ticket Consultation** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

Put your law firm in the palm of your hand with the LegalShield mobile app.

For more information, contact your Independent Associate.	Associate Name	Michelle Cruse
	Email	michellecrusekc@gmail.com
	Phone Number	913-788-0889

MEDICARE ELIGIBILITY

SmartConnect™
POWERED BY SMARTMATCH

The SmartConnect Process

Here's what concierge service from SmartMatch looks like:

SmartConnect is a program created for working or retiring adults (and family members) who are Medicare-eligible and may not have fully explored the benefits of Medicare coverage. Compares employer health offerings and Medicare coverage, provides options, and much more!

Connect
First, we get to know you. We'll ask you some questions about your health insurance needs and preferences so we can head down the right path.

Educate
The next step is to ensure you feel confident about the details that could impact your enrollment, costs, and coverage.

Evaluate
Then, we'll provide you with the plan and carrier options available to you.

Enroll
While our services are obligation-free, if you find something you like and you're ready to take action, we can enroll you on the spot.

Support
We have a team who is dedicated to your Medicare experience. They're available to answer questions, conduct policy reviews, and even help you work with the carrier when necessary.

Whether you're familiar with Medicare or just starting out, we're here to guide you confidently through your options.

Get started: connect.smartmatch.com/pareto

SmartConnect
POWERED BY SMARTMATCH

ParetoHealth

(855) 248-1648 | TTY: 711
Mon - Fri, 7:30 a.m. - 5 p.m. CT

PRESCRIPTION DRUG COVERAGE & MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. We have determined that the prescription drug coverage offered by the health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current coverage (you cannot drop your prescription drug coverage without dropping your medical coverage), be aware that you and your dependents may enroll back into the benefit plan during an open enrollment period under the benefit plan. *Remember*: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information about this Notice or Your Current Prescription Drug Coverage

Contact the person listed below for further information. *NOTE*: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your current health plan changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call 1-800-772-1213 (TTY 1-800-325-0778).

Company: McCownGordon Construction
Contact: Brandi Riggs, Senior Vice President, People

Address: 850 Main Street; Kansas City, MO 64105
Phone Number: (816) 960 - 1111

LEGAL & SPECIAL ENROLLMENT NOTICES

Notice of Special Enrollment Rights
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Notice of Patient Protections
Your plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For children, you can designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Human Resources Department.

You do not need prior authorization from your plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Human Resources Department.

Women's Health and Cancer Rights Act
Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

Newborns' and Mothers' Health Protection Act
Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay in excess of 48 hours (or 96 hours).

HIPAA Privacy
Your employer is required by law to take reasonable steps to ensure the privacy and inform you about the uses of your protected health information (PHI). The use and disclosure of PHI is regulated by the federal law known as HIPAA (the Health Insurance Portability and Accountability Act). A more complete description of your privacy rights and protections is available to you on request. Contact the Human Resources Department with any questions or to request a copy of the full HIPAA privacy notice.

PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office at 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer sponsored plan.
If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www. askebsa.dol.gov or call 1-866-444-

3272. If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your state for more information on eligibility.

ALABAMA - Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	**NEW HAMPSHIRE – Medicaid** Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number: 1-800-852-3345, ext 5218
ALASKA - Medicaid The AK Health Insurance Premium Payment Program Website: http://myalhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://health.alaska.gov/dpa/Pages/default.aspx	**NEW JERSEY – Medicaid and CHIP** Medicaid Website: https://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
ARKANSAS - Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	**NEW YORK – Medicaid** Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
CALIFORNIA - Medicaid Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	**NORTH CAROLINA - Medicaid** Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
COLORADO – Health First Colorado & Child Health Plan Plus Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	**NORTH DAKOTA - Medicaid** Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
FLORIDA – Medicaid Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268	**OKLAHOMA - Medicaid and CHIP** Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
GEORGIA – Medicaid HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	**OREGON - Medicaid** Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
INDIANA - Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479	**PENNSYLVANIA - Medicaid and CHIP** Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP- Program.aspx Phone: 1-800-692-7462 CHIP Website: pa.gov CHIP Phone: 1-800-986-KIDS (5437)
IOWA - Medicaid and CHIP (Hawki) Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	**RHODE ISLAND - Medicaid and CHIP** Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
KANSAS - Medicaid Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	**SOUTH CAROLINA - Medicaid** Website: https://www.scdhhs.gov Phone: 1-888-549-0820

KENTUCKY - Medicaid Kentucky Integrated Health Insurance Premium Payment Program Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	**SOUTH DAKOTA - Medicaid** Website: http://dss.sd.gov Phone: 1-888-828-0059
LOUISIANA - Medicaid Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	**TEXAS - Medicaid** Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493
MAINE - Medicaid Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	**UTAH - Medicaid and CHIP** Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
MASSACHUSETTS - Medicaid AND CHIP Website: https://www.mass.gov//masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	**VERMONT - Medicaid** Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427
MINNESOTA - Medicaid Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	**VIRGINIA - Medicaid and CHIP** Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
MISSOURI - Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	**WASHINGTON - Medicaid** Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
MONTANA - Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	**WEST VIRGINIA - Medicaid and CHIP** Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free: 1-855-MyWVHIPP (1-855-699-8447)
NEBRASKA - Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	**WISCONSIN - Medicaid and CHIP** Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
NEVADA - Medicaid Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	**WYOMING - Medicaid** Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269
All other Medicaid: Website: https://www.in.gov/medicaid/ and Phone: 1-800-457-4584	

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Services Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

COBRA RIGHTS NOTICE

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage.
For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?
COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage for COBRA must pay the premiums for it.
If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer, or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA continuation coverage provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage
If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?
Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?
In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit https://www.medicare.gov/medicare-and-you.

If you have questions
Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes
To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

HEALTH INSURANCE COVERAGE OPTIONS

General Information
When key parts of the health care law took effect in 2014, there was a new way to buy health insurance, the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2023 for coverage starting as early as January 1, 2024.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution as well as your employee contribution to employer-offered coverage is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact your Human Resources Department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

RIGHTS & PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?
When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of- pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for: Emergency services?
If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center
When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
    - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
    - Cover emergency services by out-of-network providers.
    - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
    - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed:
You may contact the entity responsible for enforcing the federal and/or state balance or surprise billing protection laws. Visit https://www.commonwealthfund.org/publications/maps-and-interactives/2022/feb/map-no-surprises-act#map for information and to view the No Surprises Act Map.

For more information about the impact of the No Surprises Act on consumers, including how to file complaints, please refer to the Centers for Medicaid and Medicaid Services' No Surprises Act Consumer FAQ page.

Visit https://www.cms.gov/nosurprises/policies-and-resources/overview-of-rules-fact-sheets for more information about your rights under federal law.

Visit https://www.ncsl.org/health/surprise-and-balance-billing-state-policy-options for more information about your rights under state law.

To contact state regulators regarding the No Surprises Act, please click here for agency websites.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

CONTACT INFORMATION

BENEFITS PORTAL: https://mccowngordon.millercares.com

Have benefit questions?
Looking for an in-network provider or need an advocate to help you with benefits?
Contact **HealthJoy** or **visit go.healthjoy.com/activate**

Download the Mobile App HealthJoy to chat with our Healthcare Concierge or call 877.500.3212

MEDICAL – UMR
Group #76-412134

DENTAL – DELTA DENTAL
Group #21171000

VISION – VSP
Group #30045415

PHARMACY - OPTUMRX
Contract #RXBENEFIT

EAP – HEALTHJOY EAP
Code: MCCOWNGORDON

TELEHEALTH – TELADOC
800.835.2362

REGENEXX
816.281.6648
regenexxbenefits.com/mccowngordon

LEGAL SHIELD
Michelle Cruse
913.788.0889
www.legalshield.com

VITALITY WELLBEING PROGRAM
Sarah Blogref
316.734.7704
sblogref@mccowngordon.com

401(k) PRINCIPAL PLAN
800.547.7754
www.principal.com
Contract No. #520877

SUNLIFE
Short & Long Term Disability
Group Term Life & AD&D
Voluntary Life & Accident
Group #946076
www.sunlifeconnect.com

TRAVEL EMERGENCY ASSISTANCE
Assist America provided by SunLife
www.assistamerica.com
Reference #01-AA-SUL-100101
Inside US Call: 1.800.872.1414
Outside US Call: 1.609.986.1234

IDENTITY THEFT PROTECTION
Activate membership:
Use the Assist America App or
Inside US Call: 1.877.409.9597
Outside US Call: 1.609.986.1234
Access code: 18327

BANK OF AMERICA
Health Savings/ Flex Savings Accounts
1.866.791.0250
MyHealth.bankofamerica.com