2023 BENEFITS ENROLLMENT

Engineered Services, Inc.

ESI engineered services inc.

since 1972

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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

BENEFITS OVERVIEW

Engineered Services, Inc. is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some of the (medical, dental and vision) benefits, and Engineered Services, Inc. provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

- Medical
- Dental
- Vision
- Flexible Spending Account (FSA)
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Voluntary Short Term Disability
- Long Term Disability

Eligibility

You and your dependents are eligible for Engineered Services, Inc. benefits on 90 days of employment.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Engineered Services, Inc. eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.

MEDICAL BENEFITS

Administered by Aetna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Engineered Services, Inc.

Engineered Services, Inc. offers you one (1) in area and one (1) out of area HSA medical plans.

	IHFA Open POSII 2750 HSA		AFA CPOSII 2750 HSA	
	In Area—MD, VA and DC		Out Of Area	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited		Unlimited	
Calendar Year Deductible	$2,750 single / $5,500 family	$10,000 single / $30,000 family	$2,750 single / $5,500 family	$10,000 single / $30,000 family
Calendar Year Out-of-Pocket Maximum	$7,500 single / $15,000 family	$20,000 single / $60,000 family	$7,500 single / $15,000 family	$20,000 single / $60,000 family
Coinsurance	0%	50%	0%	50%
DOCTOR'S OFFICE				
Primary Care Office Visit	$25 copay*	50% after deductible	$25 copay*	50% after deductible
Specialist Office Visit	$75 copay*	50% after deductible	$75 copay*	50% after deductible
Preventive Care (screening, immunizations)	0%	50% after deductible	0%	50% after deductible
Diagnostic Test (X-ray, blood work)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Imaging (CT/PET SCAN, MRI)	0% after deductible	50% after deductible	0% after deductible	50% after deductible
PRESCRIPTION DRUGS				
Retail—Generic Drugs (30-day supply)	T1A: $3 copay*; T1: $10 copay*	50% after deductible	T1A: $3 copay*; T1: $10 copay*	50% after deductible
Retail—Preferred Brand Drugs (30-day supply)	$50 copay*	50% after deductible	$50 copay*	50% after deductible
Retail—Non-Preferred Generic and Brand Drugs (30-day supply)	$80 copay*	50% after deductible	$80 copay*	50% after deductible
Specialty Drugs (Preferred / Non-Preferred) (30-day supply)	Preferred: 20% up to $250 after deductible; Non-preferred: 40% up to $500 after deductible	50% after deductible	Preferred: 20% up to $250 after deductible; Non-preferred: 40% up to $500 after deductible	50% after deductible
Mail Order—Generic Drugs (31-90-day supply)	T1A: $6 copay*; T1: $20 copay*	Not Covered	T1A: $6 copay*; T1: $20 copay*	Not Covered
Mail Order—Preferred Brand Drugs (31-90-day supply)	$100 copay*		$100 copay*	
Mail Order—Non-Preferred Generic and Brand Drugs (31-90-day supply)	$160 copay*		$160 copay*	

*After deductible Applies

MEDICAL BENEFITS (Continued)

Administered by Aetna

	IHFA Open POSII 2750 HSA		AFA CPOSII 2750 HSA	
	In Area—MD, VA and DC		Out Of Area	
	In-Network	Out-of-Network	In-Network	Out-of-Network
HOSPITAL SERVICES				
Emergency Room (Copay waived if admitted)	$500 copay*		$500 copay*	
Inpatient	$250 copay per admission*	50% after deductible	$250 copay per admission*	50% after deductible
Outpatient Surgery	$250 copay*	50% after deductible	$250 copay*	50% after deductible
Ambulance Service	0% after deductible		0% after deductible	
MENTAL HEALTH SERVICES				
Inpatient Services	$250 copay*	50% after deductible	$250 copay*	50% after deductible
Outpatient Services	0% after deductible	50% after deductible	0% after deductible	50% after deductible
SUBSTANCE ABUSE SERVICES				
Inpatient Services	$250 copay*	50% after deductible	$250 copay*	50% after deductible
Outpatient Services	0% after deductible	50% after deductible	0% after deductible	50% after deductible
OTHER SERVICES				
Maternity Services	0% after deductible	50% after deductible	0% after deductible	50% after deductible
All Other Maternity Hospital/ Physician Services	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Muscle Manipulation Services (Coverage is limited to 60 visits per year PT/OT/ST/Chiro combined)	$75 copay*	50% after deductible	$75 copay*	50% after deductible
Physical, Occupational and Speech Therapy Services (Coverage is limited to 60 visits per year PT/OT/ST/Chiro combined)	$75 copay*	50% after deductible	$75 copay*	50% after deductible
Skilled Nursing 60-day calendar year maximum	0% after deductible	50% after deductible	0% after deductible	50% after deductible

*After deductible Applies

HOW THE PLANS WORK

The plan uses the Aetna network and covers 100% of the cost for preventive care services like calendar year physicals and routine immunizations. The way you pay for care is different with each plan.

With the HDHP, you pay the full negotiated cost for medical services and prescription drugs until you meet your calendar year deductible. If you meet the deductible, you and the plan share the costs (coinsurance) until you reach the calendar year out-of-pocket maximum. After that, the plan pays for 100% of your claims for the rest of the year.

PAYING FOR HEALTH CARE

Engineered Services, Inc. offers several ways to set aside pre-tax dollars to pay for medical, prescription drug, dental and vision care expenses. The health care accounts available to you depend on the medical plan you choose.

	HSA	FSA
What medical plan can I choose?	HDHP	PPO plan
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for the types of expenses that may be eligible)	Medical, prescription, dental & vision care (See IRS publication 502 for the types of expenses that may be eligible)
When can I use the funds?	Funds are available as you contribute to the account	All of the funds you elect for the year are available on January 1
Can I roll over funds each year?	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)	No, you will lose any funds remaining in your account at the end of the year, unless your plan has a grace period or carryover
How do I pay for eligible expenses?	With your Aetna debit card (You can also submit claims for reimbursement online at www.aetna.com)	With your TASC debit card (You can also submit claims for reimbursement online at https://www.tasconline.com/)
How much can I contribute each year?	$3,850 for individual coverage or $7,750 for family coverage (this total includes company funding) and additional $1,000 for catch up contributions in 2023	You can contribute $3,050 for individual coverage or $5,000 for family coverage in 2023
Can I change my contributions throughout the year?	Yes, you can log on to www.aetna.com to change your HSA contributions at any time	No, unless you have a qualifying life event

H.S.A $1,800 employer contribution.

Smiles ahead

Aetna HealthFund® One-to-One HSA

Helping you save money now and in the future

Want to reduce your taxable income and increase your take-home pay? Enroll in a Health Savings Account (HSA). An HSA makes it easy to save money for eligible health care expenses for you and your family.

Aetna HealthFund One-to-One HSAs are powered by PayFlex®, one of the nation's leading account-based third-party administrators.

Simple tax-free savings, future peace of mind

With an HSA, you can:

- Contribute pretax and post-tax dollars
- Contribute up to **$3,850*** per individual and **$7,750*** per family (pretax) each year
- Roll over unused funds from year to year
- Keep your HSA even if you switch employers, change health plans or retire
- Transfer the balance from another HSA to your new HSA
- Earn interest and enjoy investment options

Use your HSA for eligible expenses like:

- Deductibles, copays and coinsurance
- Prescriptions
- Vision care, including LASIK eye surgery
- Dental care, including orthodontia

Three easy ways to pay:

1. **Use your PayFlex Card®**

   Use your PayFlex debit card to pay your expense right from your account.

2. **Pay yourself back**

   Pay for eligible expenses with cash, a check or your personal credit card. Then withdraw funds from your HSA to pay yourself back. You can even have your payment deposited directly into your checking or savings account.

3. **Pay directly**

   Use PayFlex's online feature to pay your provider from your account.

Watch your HSA grow

There aren't many other accounts where you can make tax-free contributions and withdrawals, and enjoy tax-free growth.** Here's how you can use your HSA to help maximize savings for your future:

- Open an investment account – you can do this as soon as you have a minimum balance (typically $1,000) in your HSA
- Choose from a variety of mutual funds
- Enjoy easy investment – there are no transfer or trading fees and no minimum investment amount for a trade request

*The maximum contribution limits shown are for 2023 and are subject to change annually.

**Please note that not all states provide favorable income tax treatment for HSAs

aetna® PAYFLEX®

How to qualify for an HSA

To enroll in an HSA, you must have a qualified High-Deductible Health Plan (HDHP) and *not* have:

- Other health coverage that pays for out-of-pocket expenses before you meet your plan deductible
- A general-purpose health care Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA) in the same year, for you or your spouse
- Medicare or TRICARE
- Veterans Affairs (VA) medical benefits that you've used in the prior three months — except in cases where the hospital care or medical services were for a service-connected disability
- Someone claim you as a "dependent" on their tax return

Questions?

You can visit **payflexwallet.com** or call us at **1-855-384-8249 (TTY:711)**. We're here to help Monday – Friday, 8 a.m. – 8 p.m. ET.

Helpful contribution tips

- You can see Internal Revenue Service (IRS) contribution limits on the PayFlex member website.
- Annual contribution limits include contributions made by you and your employer (if applicable).
- You can make a one-time, tax-free transfer from an Individual Retirement Account (IRA), which will count toward your annual contribution limit.
- If you're 55 or older, you can contribute up to an extra $1,000 a year.

Helpful expense tips

- Check the list of common eligible expenses on the PayFlex member website.
- Save your itemized statements, detailed receipts and any Explanation of Benefits statements for your records.
- Be aware that if you use your HSA for ineligible expenses, you'll need to pay income taxes and a 20% penalty tax on that amount. **Note:** If you're 65 or older or disabled at the time of this withdrawal, you won't have to pay the penalty tax. But you will still need to pay income taxes.

PayFlex Systems USA, Inc.

There may be fees associated with a Health Savings Account ("HSA"). These are the same types of fees you may pay for checking account transactions. Please see the HSA fee schedule in your HSA enrollment materials for more information.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (U.S.) economic or trade sanctions. For more information about PayFlex, go to **payflex.com**.

Investment services are independently offered through a third party financial institution. By transferring funds into an HSA investment account, you can potentially benefit from capital appreciation in the value of mutual fund holdings. However, you will also be exposed to a number of risks, including the loss of principal, and you should always read the prospectuses for the mutual funds you intend on purchasing to familiarize yourself with these risks.

The HSA investment account is an optional, self-directed service. We do not provide investment advice for HSA investment account participants. You are solely responsible for any investment account decisions you make. Mutual funds and brokerage investments are not FDIC-insured and are subject to investment risk, including fluctuations in value and the possible loss of the principal amount invested. The prospectus describes the funds' investment objectives and strategies, their fees and expenses, and the risks inherent to investing in each fund. Investors should always read the prospectus carefully before making any investment decision. System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, system performance, and other factors.

PayFlex Card® is a registered trademark of PayFlex Systems USA, Inc.

PayFlex Systems USA, Inc. is an affiliate of Aetna Life Insurance Company.

aetna® PAYFLEX®

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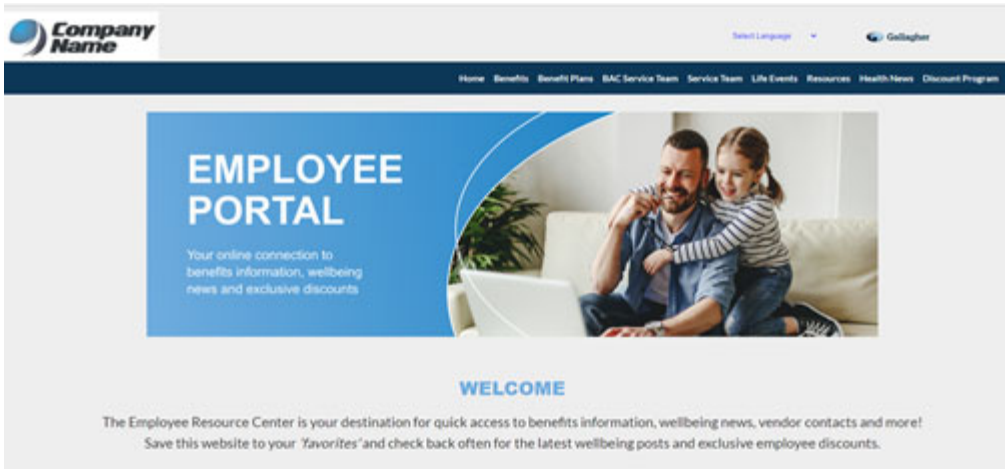
CONNECT 2 MY BENEFITS SITE:

Access our new site our custom URL https://c2mb.ajg.com/esi/home/

The new system makes it easier for you to find information about your employee benefit plans, company policies and provides access to other services and information by just using your company URL.

Access all information using your mobile phone or device.

- Information on company-provided benefits – what coverage you have and how to use it
- Benefit forms
- Company announcements
- Legislative updates
- Information for what to do when you experience a qualifying life event



DENTAL BENEFITS

Administered by Aetna

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Engineered Services, Inc. dental benefit plan.

Services	In-Network and Out-of-Network PPO
Calendar Year Deductible*	$50 per person; $150 family limit
Calendar Year Benefit Maximum	$2,500
Preventive Dental Services (oral examinations (a), cleanings (a) adult/child, fluoride (a), sealants (permanent molars only) (a), bitewing images (a), full mouth series Images (a), Space Maintainers)	100%
Basic Dental Services (root canal therapy, anterior teeth / Bicuspid teeth, root canal therapy, molar teeth, scaling and root planning (a), gingivectomy (a)*, amalgam (silver) fillings, composite fillings, stainless steel crowns, incision and drainage of abscess*, uncomplicated extractions, surgical removal of erupted tooth*, surgical removal of impacted tooth (soft tissue)*, osseous surgery (a)*, surgical removal of impacted tooth (partial bony/ full bony)*, general anesthesia/intravenous sedation*, crown lengthening)	90% after deductible
Major Dental Services (inlays, onlays, crowns, full & partial dentures, pontics, denture repairs Implants)	60% after deductible
Orthodontia Services (Adult and Child)	60% to $1,500 lifetime maximum

*Certain services may be covered under the Medical Plan. Contact Member Services for more details.

(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.

VISION BENEFITS

Administered by Mutual of Omaha

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Your coverage from an EyeMed doctor

	In-Network (any EyeMed provider)	**Out-of-Network Reimbursement** (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	$10 copay	Up to $37
Lenses — once every 12 months		
Single Vision Lenses	$25 copay	Up to $20
Lined Bifocal Lenses	$25 copay	Up to $36
Lined Trifocal Lenses	$25 copay	Up to $64
Lenticular Lenses	$25 copay	Up to $64
Frames — once every 12 months	$130 allowance, 20% off balance over allowance	Up to $58
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames		
Conventional	$130 allowance, 15% off balance over allowance	Up to $89
Disposable	$130 allowance	Up to $104
Medically Necessary	Covered in full	Up to $210

SPENDING ACCOUNTS

FLEXIBLE SPENDING ACCOUNT

Administered by TASC

You can save money on your healthcare and/or dependent day care expenses with an FSA. You set aside funds each pay period on a pretax basis and use them tax-free for qualified expenses. You pay no federal income or Social Security taxes on your contributions to an FSA. (That's where the savings comes in.) Your FSA contributions are deducted from your paycheck before taxes are withheld, so you save on income taxes and have more disposable income.

Healthcare Spending Limit	$3,050
Dependent Care Spending Limit	$5,000

Note: FSA is a January renewal and NOT in open enrollment.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Administered by Mutual of Omaha

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Engineered Services, Inc. The company provides basic life insurance of 2x annual salary up to $300,000 at no cost to you if you participate in the medical plans offered by Engineered Services, Inc.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Engineered Services, Inc. provides AD&D coverage of 2x annual salary up to $300,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above if you participate in the medical plans offered by Engineered Services, Inc.

VOLUNTARY LIFE AND AD&D INSURANCE

Administered by Mutual of Omaha

You may purchase life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (5x annual salary, up to $30,000* for you,100% of Employee's Benefit, up to $15,000 for your spouse and $10,000 for your children) without answering medical questions if you enroll when you are first eligible.

Employee— Increments of $10,000; 5X Annual Salary, up to $500,000 maximum amount

Spouse—** Increments of $5,000; up to $250,000 (100% of Employee's Benefit)

Children— Increments of $2,000; up to $10,000

*Guarantee Issue Amounts assume a participation rate of at least 25% of eligible employees.
**Dependent Spouse and/or Child coverage is only available if the Employee has coverage under this plan. Spouse coverage terminates at age 70.

DISABILITY INSURANCE

Engineered Services, Inc. also provides disability insurance through Mutual of Omaha. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
Voluntary Short-term Disability	You receive 60% of your income up to $1,300 per week. Benefits begin after 14 calendar days for accident and sickness of absence from work and continue for up to 11 weeks.	Employee
Long-term Disability	**Class 1—Def. of Owners:** You receive 60% of your income up to $6,000 per month. Benefits begin after 90 calendar days of absence from work and continue until you reach the RBD to SSNRA. **Class 2—Def. of Non Owners:** You receive 66 2/3% of your income up to $6,000 per month. Benefits begin after 90 calendar days of absence from work and continue until you reach the RBD to SSNRA.	Company

Will Preparation Services

Services provided by Epoq, Inc.

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.

Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).

Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Epoq provides the following FREE documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Here's how it works:

- Log on to www.willprepservices.com and use the code MUTUALWILLS to register
- Answer the simple questions and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements

Create your will at
www.willprepservices.com

and use the code MUTUALWILLS
to register

Mutual of Omaha

Employee Assistance Program
Available Services When You Need Help the Most

Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap

or call us: 1-800-316-2796

Enhanced EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	• An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments • Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters • Access to subject matter experts in the field of EAP service delivery
Counseling Options	• Three sessions per year (per household) conducted by either face-to-face* counseling or video telehealth via a secure, HIPAA compliant portal
Exclusive Provider Network	• National network of more than 10,000 licensed clinical providers • Network continually expanding to meet customer needs • Flexibility to meet individual client/member needs

*California Residents: Knox-Keene Statute limits no more than three face-to-face sessions in a six-month period per person.

Continued on back.

Mutual of Omaha

Enhanced EAP Services *(continued)*

Features	Value to Company and Employees
Access	• 1-800 hotline with direct access to a Master's level EAP professional • 24/7/365 services available • Telephone support available in more than 120 languages • Online submission form available for EAP service requests • EAP professionals will help members develop a plan and identify resources to meet their individual needs
Employee Family Legal Services	• Valuable resources – legal libraries, tools and forms – available on EAP website • A counseling session may be substituted for one legal consultation (up to 30 minutes) with an attorney • 25% discount for ongoing legal services for same issue
Employee Family Financial Services	• Inclusive financial platform powered by Enrich that includes financial assessment tools, personalized courses, articles and resources, and ongoing progress reports to help members monitor their financial health • A counseling session may be substituted for one financial consultation (up to 30 minutes) with an attorney • 25% discount for ongoing financial services for same issue
Employee Family Work/Life Services	• Child care resources and referrals • Elder care resources and referrals

Online Services	• An inclusive website with resources and links for additional assistance, including:
	  ◦ Current events and resources
	  ◦ Family and relationships
	  ◦ Emotional well-being
	  ◦ Financial wellness
	  ◦ Substance abuse and addiction
	  ◦ Legal assistance
	  ◦ Physical well-being
	  ◦ Work and career
	• Bilingual article library

Employee Communication	• All materials available in English and Spanish
Eligibility	• Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	• EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Your Hearing Discount Program

Program Benefits - In addition to your hearing care benefit, you will have access to complimentary aftercare*, including:

☑ Custom hearing solutions — wide choice of products from the industry's leading brands

☑ Risk-free trial — find your right fit by trying your hearing aids for 60 days

☑ Follow-up care — ensures a smooth transition to your new hearing aids

☑ Battery support — battery supply or charging station to keep your hearing aids powered

☑ Warranty — 3-year coverage for loss, repairs, or damage

☑ Financing — no interest for those who qualify

☑ Savings for family and friends — your parents, siblings, in-laws, and friends qualify, too

*Risk-free trial - 100% money back guarantee if not completely satisfied, no return or restocking fees.
Follow- up care - for one year following purchase.
Batteries - two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost.
Warranty - Exclusions and limitations may apply. Contact Client Services
(1-844-267-5436) for details.

Accessing Your Benefits is as Easy as ...

1. Call Amplifon at 1-888-534-1747 and a Patient Care Advocate will assist you in finding a hearing care provider near you.
2. Our advocate will explain the Amplifon process, request your mailing information and assist you in making an appointment with a hearing care provider.
3. Amplifon will send information to you and the hearing care provider. This will ensure your Amplifon discounts are activated.

To learn more visit amplifonusa.com/mutualofomaha.

	Level 1	Level 2	Level 3	Level 4	Level 5
Hearing Aid Features	Standard features	Additional, easy-to-use functions	Designed for work and play	Enhanced to keep you on the go	Leading technology keeps you connected
One Simple Price	$995	$1,495	$1,795	$2,195	$2,645

Mutual of Omaha

EMPLOYEE CONTRIBUTIONS

Benefit Plan	Per Pay
MEDICAL/RX AFA CPOSII 2750 HSA	
Employee	$88.145
Employee + Spouse	$191.21
Employee + Child(ren)	$172.63
Family	$289.21
MEDICAL/RX IHFA OPEN POSII 2750 HSA	
Employee	$72.64
Employee + Spouse	$155.80
Employee + Child(ren)	$140.81
Family	$234.88
DENTAL RATES	
Employee	$7.53
Employee + Spouse	$14.38
Employee + Child(ren)	$18.13
Family	$24.98
VISION RATES	
Employee	$1.11
Employee + Spouse	$2.55
Employee + Child(ren)	$2.83
Family	$4.32

CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email
Medical	Aetna	888.802.3862	www.aetna.com
Dental	Aetna	888.802.3862	www.aetna.com
Vision	Mutual of Omaha	301.206.9200	www.mutualofomaha.com
Flexible Spending Account	TASC	888.595.2261	https://www.tasconline.com/
Life and AD&D	Mutual of Omaha	301.206.9200	www.mutualofomaha.com
Voluntary Life and AD&D	Mutual of Omaha	301.206.9200	www.mutualofomaha.com
Short Term Disability	Mutual of Omaha	301.206.9200	www.mutualofomaha.com
Long Term Disability	Mutual of Omaha	301.206.9200	www.mutualofomaha.com
Chief Financial Officer	Tom Greer	703.471.6310	tgreer@engineeredservices.com
Benefit Advocate Center (BAC)	Engineered Services, Inc.	833.218.7571	bac.engineeredservices@ajg.com

Gallagher

Insurance | Risk Management | Consulting

Ask Your Advocate Team

Put our team to work to maximize your healthcare benefits.

Gallagher is ready to help you get the most from your benefits program by providing support from an advocate at no cost to you. Get assistance with:

1. **Insurance cards**
   Are you missing your insurance cards, need replacement cards or need to get in touch with an insurance carrier?
2. **Benefits questions**
   Do you need help with specific benefits questions relating to how plans work, coverage questions or in-network benefits?
3. **Eligibility rules**
   Who can be covered under the plan and when?
4. **Provider search**
   Do you need help finding an in-network or specialty provider?
5. **Prescription/pharmacy issues**
   Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting a pre-authorization on your medication?
6. **Claims**
   Are you unsure if your insurance will pay for a certain procedure? Did you receive a bill from a doctor and don't know why?

Hours of Operation

Monday–Friday
8 a.m.–6 p.m. in local time zone

Connect With Us

Engineered Services, Inc.

(833) 218-7571
bac.engineeredservices@ajg.com

ajg.com **The Gallagher Way.** Since 1927.

LEGAL NOTICES

Grandfathered Plan Disclosure

This disclosure is applicable to the following plan(s):

- AFA CPOSII 2750 HSA Plan
- IHFA Open POSII 2750 HSA Plan

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 703.471.6310. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Patient Protections Disclosure

The Engineered Services, Inc. Health Plan generally <<requires/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. Until you make this designation, Aetna designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Aetna at 888.802.3862 or www.aetna.com.

For children, you may designate a pediatrician as the primary care provider.
You do not need prior authorization from Aetna 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 Aetna at 888.802.3862 or www.aetna.com.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: IHFA Open POSII 2750 HSA (Individual: 0% coinsurance and $2,750 deductible; Family: 0% coinsurance and $5,500 deductible)
Plan 2: AFA CPOSII 2750 HSA (Individual: 0% coinsurance and $2,750 deductible; Family: 0% coinsurance and $5,500 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 703.471.6310 or tgreer@engineeredservices.com.

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed 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 or dial **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-EBSA (3272)**.

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

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ 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	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
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	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) 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	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
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	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – 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	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://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	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP)(pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA – Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	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
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

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

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights
Engineered Services, Inc. is committed to the privacy of your health information. The administrators of the Engineered Services, Inc. Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Tom Greer - Chief Financial Officer at 703.471.6310 or tgreer@engineeredservices.com.

HIPAA Special Enrollment Rights

Engineered Services, Inc. Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Engineered Services, Inc. Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 toward 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).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Tom Greer - Chief Financial Officer at 703.471.6310 or tgreer@engineeredservices.com.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from Engineered Services, Inc.

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Engineered Services, Inc. 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. **Engineered Services, Inc. has determined that the prescription drug coverage offered by the medical 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 15th to December 7th.

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 Engineered Services, Inc. coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Engineered Services, Inc. coverage, be aware that you and your dependents may be able to get this coverage back.

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 with Engineered Services, Inc. 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 October 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 Engineered Services, Inc. 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 them at 1-800-772-1213 (TTY 1-800-325-0778).

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).

Date:	**October 01, 2023**
Name of Entity/Sender:	**Engineered Services, Inc.**
Contact—Position/Office:	**Tom Greer - Chief Financial Officer**
Office Address:	**43670 Trade Center Pl Ste 100**
	Sterling, Virginia 20166-4410
	United States
Phone Number:	**703.471.6310**

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights
(For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

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 must pay for COBRA continuation coverage.

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; 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. You must provide this notice to: Tom Greer.

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[1] 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.

[1] https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods.

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.

Plan contact information

Engineered Services, Inc.
Tom Greer - Chief Financial Officer
43670 Trade Center Pl Ste 100
Sterling, Virginia 20166-4410
United States
703.471.6310

This benefit summary prepared by

Gallagher

Insurance | Risk Management | Consulting

Engineered Services, Inc.