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MOTT
MACDONALD

2023

Benefit guide



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WELCOME TO YOUR BENEFITS

As a token of our appreciation for all that you do, Mott MacDonald strives to offer cost-effective, quality benefits to meet your needs and those of your loved ones. Please review all options in this guide to make the best choices for your lifestyle.

IMPORTANT NOTICE

Mott MacDonald has made every attempt to ensure the accuracy of the information described in this guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this guide will be resolved according to the insurance contracts and legal documents. Nothing in this guide will amend, modify, increase, expand, enhance or in any other way alter the terms of the underlying benefit plans as set forth in the insurance contracts and other legal documents that govern them. Mott MacDonald reserves the right to amend or discontinue the benefits described in this guide in the future, as well as change how eligible employees and Mott MacDonald share plan costs at any time. This guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Mott MacDonald.

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WELCOME



ELIGIBILITY

Regular, full-time employees working 40 hours per week and regular, part-time employees working 30 or more hours per week who aren't assigned temporary or contract status are eligible for coverage, which begins the first of the month following or coinciding with your date of hire. Employees working less than 30 hours per week may be eligible for medical benefits as required under the Affordable Care Act (ACA). Please see your Human Resources representative for more details.

Elections must be made within 31 days of your date of hire or during an open enrollment period. Your elections will remain in effect throughout the plan year (January 1 – December 31) unless you experience a change in status, as explained on the following page. Otherwise, your next opportunity to change your elections will be during the next open enrollment period.

Review the summary plan descriptions (SPDs) for additional details regarding eligibility, including the company's definition of domestic partner. Waived coverage will stay in place unless you affirmatively elect coverage when available (i.e., qualified family status changes or during open enrollment).

DEPENDENTS

Eligible dependents include your:

- Spouse
- Domestic partner¹
- Children up to age 26, including:
 - » Biological and adopted children (including those placed in your home for adoption)
 - » Stepchildren and domestic partner's children
 - » Children for whom you are responsible to provide health coverage under a qualified medical support order
 - » Child of any age if chiefly dependent upon you for support and maintenance because of physical or mental disability

Proof of Dependent Eligibility

You may be required to provide documentation that demonstrates dependent eligibility. Failure to provide requested documentation may prevent your dependent from enrolling, or might cause his or her coverage to terminate. Please note that enrolling an ineligible dependent could subject you to disciplinary action up to and including employment termination. If your dependent becomes ineligible for coverage during the year, you must contact Human Resources within 31 days. Failure to provide notification may lead to disciplinary action up to and including employment termination.

¹ Important note: Due to federal and state tax regulations, benefits provided to domestic partners are generally taxable and therefore deducted from your pay on an after-tax basis. Additionally, any premium contributions made by Mott MacDonald on behalf of your domestic partner are generally considered taxable income to you. Contact Human Resources if you believe your domestic partner is exempt from federal or state taxes.



ENROLLMENT PROCESS

First-time Users

- Go to **www.benetrac.com**
- Click **Log in** at the top right corner
- Enter Employer ID **HMMD3393**
- Enter your **Employee ID number** in the **User Name** box
- Enter the last four digits of your Social Security number in the password box (you'll then be prompted to change your password)
- Click **Log in**
- Read the Legal Notice and click **I agree**
- Review your current enrollment selections

If you would like to make a change to your coverage, select the correct health plans and coverage levels.

Already Enrolled Users

- Follow the same steps as above, but your password has already been changed based on what was previously set
- If you forget your user name or password, click **forgot my password** and follow the instructions

CHANGE IN STATUS

The elections that you make will generally remain in effect throughout the plan year unless you experience a change in status that affects eligibility for benefits or you experience another qualified status change event, in accordance with Internal Revenue Code (Code) rules. You must generally request an election change within 31 days.

Examples of qualified status change events include (but are not limited to) a change in:

- Marital status, including marriage, death of a spouse, divorce, annulment or legal separation
- Domestic partnership status, including establishment or termination of the partnership
- The number of your eligible children, including by birth, adoption, placement for adoption or death
- Eligibility status of your children (e.g., due to age)

For a complete description of the company's election change rules, see the summary plan description (SPD).

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EMPLOYEE BENEFITS WEBSITE

For more details about your benefits and policies, visit our employee benefits website at:

<http://mm.epiceb.com>

Login: mm

Password: benefits

On the site, you'll be able to review and compare plans offered in your area, find in-network physicians, hospitals and other providers near you, access the summary of benefits coverage (SBC) and health plan notices, learn about eligibility and access benefit plan rules, as well as get answers to your coverage questions.

If you're eligible for Medicare and would like to see the latest notice, click on **News and Communications** under the **Additional Resources** tab or the Quick Links section.

BENEFITS HELP DESK

Our Benefits Help Desk is here for all of your benefits and claims needs. The Benefits Help Desk is available Monday through Friday from 8:00 a.m. to 8:00 p.m. EST.

800-925-4802

epichelpdesk@epicbrokers.com

When contacting the Benefits Help Desk and/or carriers:

- Privacy regulations may require a written authorization to discuss benefit issues.
- If you reach voicemail, leave a detailed message with your call back information. Voicemails and emails left with the Benefits Help Desk are returned within 24 hours Monday through Friday.
- Have your supporting bills ready for reference.
- Make a note of the date, time, and contact name(s) for all messages left and/or discussions.





WHERE TO RECEIVE CARE

Your out-of-pocket costs can vary from place to place depending on what type of care you're receiving. When you're deciding where to go, keep the following in mind.



Primary Care Physician

You should go to your doctor for preventive and routine care.

- Check-ups
- Wellness exams
- Vaccinations



Urgent Care

You should go to urgent care when your doctor isn't available and you need care as soon as possible (but it's not an emergency).

- Minor burns or cuts
- Minor broken bones
- Small cuts



Emergency Room

You should only go to the ER for life-threatening emergencies/serious conditions that need immediate attention – you should also call 911 in these instances.

- Difficulty breathing
- Chest pain
- Heavy bleeding
- Head injury



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CIGNA ONE GUIDE

Cigna One Guide offers concierge-level support to help you effectively use your coverage. When you use this benefit, you can:

- Ask health care and coverage questions with live support
- Get cost estimates and service comparisons before you seek care
- Find in-network providers to save the most money
- Keep track of your in-network, no-cost preventive care visits
- Understand how to use your plan
- Talk with health coaches, pharmacists and experts on how to get the most from your Cigna resources

Call **1.800.Cigna24** or download the **myCigna app** to access this benefit. Through the app, you can click to chat for immediate support, receive personal messages to guide your care and more.

MYCIGNA APP

We encourage you to download the **myCigna app** – an online hub for all things wellness. With this valuable tool you can:

- Review your coverage
- Access a variety of health tools and resources
- Track your balances and deductible
- Order refills or talk to a pharmacist
- Find medical providers near you
- And more!

Even if you don't download the app, you can always access these resources and information by visiting **myCigna.com**.



KEY TERMS

While reviewing all of the options available to you, here are some key terms to understand.

Deductible

The amount of money you need to pay out of pocket before your insurance begins contributing money to your health care costs.

Network

A group of doctors, hospitals, labs, and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate.

Copay

A predetermined dollar amount you pay for visits to the doctor, prescriptions, and other health care (as specified by your plan).

Coinsurance

The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 10%, you would pay 10% of the cost of the service and your insurance would pay the remaining 90%.

Out-of-Pocket Maximum

The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.

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MEDICAL OPTIONS



Mott MacDonald is proud to offer you two comprehensive medical plans through Cigna that include prescription drug coverage.

- Traditional Plan Open Access Plus (OAP)
- Choice Fund Open Access Plus (OAP) High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Please review these options to determine which is best for your needs. With both plans, you may receive care from any provider. However, you'll typically save more money and receive the highest level of coverage when you see a Cigna Open Access Plus (in-network) provider. If you see an out-of-network provider, the plan will cover services up to a certain amount and your out-of-pocket expenses will be higher than with in-network coverage.

HOW TO FIND A DOCTOR

To find in-network providers near you, follow these steps:

- Visit www.cigna.com
- Click **Find a Doctor**
- Choose **For plans offered through work or school**
- Enter your location
- Click **Select a Plan**
- Under **Medical plans**, choose **Open Access Plus (OAP), OA plus, Choice Fund OA Plus**
- Click **Choose** and enter your search selection



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SAVE HEALTH CARE DOLLARS

With all plans in our benefits package, there are best practices that can help you make the most out of your benefits. When you make educated decisions, you're a smart consumer of health care.

- **Use a tax-advantaged account.** Our flexible spending account (FSA) and health savings account (HSA) allow you to save on out-of-pocket costs for qualified health care and dependent care.
- **Review and compare coverage.** Be aware of all benefits options through Mott MacDonald, your spouse, state-based exchange, Medicare or Medicaid.
- **Understand what you'll pay.** Determine what your out-of-pocket costs will be before receiving care so you can plan your budget.
- **Use in-network care.** When you see in-network providers and avoid the ER for non-emergencies, you'll save the most on out-of-pocket costs.
- **Get generic prescriptions when available.** When prescribed a prescription drug, ask your doctor if there is a generic version available so you can save on refills.
- **Lead a healthy lifestyle.** Exercising, refraining from tobacco, maintaining a healthy diet, getting enough sleep and taking advantage of your no-cost annual exams will help prevent potential health problems – keeping your costs down.



PREVENTIVE CARE

If additional services other than preventive care, as outlined by the US Preventive Services Task Force Recommendation, are received during the visit, a copay, coinsurance, and/or deductible will apply.

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HIGH DEDUCTIBLE HEALTH PLAN (HDHP)



Mott MacDonald would like to provide you with details about our high deductible health plan (HDHP) – a medical plan that empowers you to take charge of your health care. Here are some key features of the HDHP.

- Much lower monthly premiums, which means less money out of your paycheck.
- When coupled with a health savings account (HSA), you can save pretax dollars to pay for qualified expenses, which allows you to budget your spending and save money on what you would have paid in taxes.
- While you must pay for all your covered medical expenses (including prescriptions) until your annual deductible is met, once you've met your deductible you then pay a certain coinsurance until you reach the out-of-pocket maximum – your qualified medical expenses are covered by the plan for the rest of the year after you've met that maximum.
- There is no calendar year or lifetime benefit maximum for qualified expenses under the plan.
- Preventive care like wellness exams and vaccinations are always covered at 100% – at no cost to you – when you see an in-network provider.

Because you cover the cost of health care expenses until your deductible is met, there's a much bigger incentive to seek value. Knowing the true cost of care and treatment should encourage you to carefully choose where you receive care and the most cost-effective options.



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HIGH DEDUCTIBLE HEALTH PLAN (HDHP) - CONTINUED



HEALTH SAVINGS ACCOUNT (HSA)

The HDHP plan is an IRS-qualified health plan that is paired with a Health Savings Account (HSA). Employees enrolled in the HDHP can open an HSA; Mott MacDonald has a relationship with Fidelity HSA. You do have the option to elect the HDHP without the HSA, but you will lose access to a tax-advantage savings account that is only available when you're enrolled in an HDHP.

Under the HDHP with HSA election, you can make pretax payroll contributions to your HSA which may be used for a variety of medical services that may not be covered by traditional health insurance plans.

KEY ADVANTAGES

- **Funds won't expire:** Your HSA balance is yours. If you don't spend your balance in a year, it'll roll over into the following year.
- **The account follows you:** You own your HSA. Think of it as a personal checking account for qualified health care expenses. If you switch jobs or retire, you'll take it with you.
- **Triple tax advantages:** Once you've opened your HSA, you'll contribute pretax money, your account will grow tax-free, and you may pay for eligible health care expenses tax-free. Note: HSA contributions and earned interest are taxable income in CA and NJ (but they're federally tax free).

LIMITED USE FLEXIBLE SPENDING ACCOUNT (FSA)

When you enroll in our HDHP, you can also take advantage of a limited use FSA. This FSA is for the reimbursement of certain dental and vision care expenses only. FSAs work like a savings account. Each pay period, a pretax payroll deduction based on your annual FSA election is deposited into your account.

HSA AND FSA LIMITS

Each year, you're allowed to save up to the federally-mandated maximum for HSAs and the limited use FSA, which can be found at www.irs.gov.



HSA payroll deductions may only be made into the Fidelity HSA. Visit nb.fidelity.com or call 800-835-5095 for more information.

HSAs involve very complex rules, including limitations on eligibility, contribution limits and expense reimbursement. Federal and state tax penalties may be assessed upon you if these requirements are not met. You should talk to a tax advisor about your personal circumstances regarding HSA rules.

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MEDICAL COVERAGE



You have the choice of quality and comprehensive medical plans that include prescription drug coverage. When choosing your plan, consider your budget, your preferences, your health and your covered dependents' health. The information below is a summary of coverage only.

	Traditional Plan Open Access Plus (OAP)		Choice Fund Open Access Plus (OAP) High Deductible Health Plan (HDHP)	
	Cigna OAP Providers	Non-OAP Providers ^{1,2}	Cigna OAP Providers	Non-OAP Providers ^{1,2}
Calendar Year Deductible				
Individual	\$750 per person		\$3,000 per person	
Family	Not to exceed \$2,250 per family		Not to exceed \$5,000 per family	
Out-of-Pocket (OOP) Maximum				
Individual	\$3,250 per person	\$6,000 per person	\$5,200 per person	\$7,000 per person
Family	Not to exceed \$7,750 per family	Not to exceed \$15,000 per family	Not to exceed \$10,000 per family	Not to exceed \$14,000 per family
Deductibles, covered charges and Rx copays apply to the OOP maximum. OAP (in-network) and Non-OAP (out-of-network) maximums cross apply.				
Lifetime Maximum	Unlimited		Unlimited	
Coinsurance (portion you pay)	20% after deductible ¹	40% after deductible ¹	10% after deductible ¹	40% after deductible ¹
Claim Payment Basis	Cigna negotiated rates	Maximum reimbursable charge	Cigna negotiated rates	Maximum reimbursable charge
Physician Services				
Office Visit	Primary care physician: \$40 Specialist: \$60	40% after deductible ¹	10% after deductible ¹	40% after deductible ¹
Urgent Care Visit	\$50 copay (waived if admitted)		10% after deductible ⁽¹⁾	
Maternity Visit	\$40 PCP or \$60 Spec, then 20% after deductible ¹	40% after deductible ¹	10% after deductible ¹	40% after deductible ¹
Preventive Care	No charge	40% after deductible ¹	No charge	40% after deductible ¹
Diagnostic Lab and X-Ray Services	20% after deductible ¹	40% after deductible ¹	10% after deductible ¹	40% after deductible ¹
Physical and Occupational Therapy	20% after deductible ¹	40% after deductible ¹	10% after deductible ¹	40% after deductible ¹
	Limit of 60 days per calendar year		Limit of 60 days per calendar year	
Chiropractic Care	20% after deductible ¹	40% after deductible ¹	10% after deductible ¹	40% after deductible ¹
	Limit of 24 days per calendar year (medical review after first five visits)		Limit of 24 days per calendar year	

The above information is provided for illustrative purposes only. Refer to the applicable carrier material for an exact description of plan benefits and conditions. See the following page for footnotes regarding medical coverage.

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MEDICAL COVERAGE - CONTINUED



	Traditional Plan Open Access Plus (OAP)		Choice Fund Open Access Plus (OAP) High Deductible Health Plan (HDHP)	
	Cigna OAP Providers	Non-OAP Providers ^{1,2}	Cigna OAP Providers	Non-OAP Providers ^{1,2}
Hospital Services				
Inpatient (per admission)	20% after deductible ¹	\$500 then 40% after deductible ¹	10% after deductible ¹	40% after deductible ¹
Outpatient	20% after deductible ¹	40% after deductible ¹	10% after deductible ¹	40% after deductible ¹
Diagnostic Lab and X-Ray Services	20% after deductible ¹	40% after deductible ¹	10% after deductible ¹	40% after deductible ¹
Emergency room	\$150 copay (waived if admitted)		10% after deductible ¹	
Other Services				
Durable Medical Equipment	20% after deductible ¹	40% after deductible ¹	10% after deductible ¹	40% after deductible ¹
Infertility Treatment	Not covered		Not covered	
Retail Prescriptions (Retail: 30-day supply / Mail order: 90-day supply)				
Generic	\$15 copay	Not covered	20% after deductible ¹	Not covered
Preferred brand	\$250 ded, then \$35 copay	Not covered	20% after deductible ¹	Not covered
Non Preferred brand	\$250 ded, then \$55 copay	Not covered	20% after deductible ¹	Not covered
Mail order	2x copay	Not covered	20% after deductible ¹	Not covered

1. In addition to dollar and percentage copays, you are responsible for deductibles, unless otherwise specified. Coverage applies after you've met the deductible and up to the covered expense limit. Charges that are considered covered expenses will apply toward satisfaction of a deductible except as specifically indicated in your summary plan description (SPD) booklet. For out-of-network services you are responsible for amounts billed over the covered expense. If there is any conflict between the information in this guide and the plan documents, the plan documents will govern.

2. Out-of-network payments are based on Cigna's maximum reimbursable charge for non-Cigna hospitals and non-Cigna outpatient surgery centers.

The above information is provided for illustrative purposes only. Refer to the applicable carrier material for an exact description of plan benefits and conditions.

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MEDICARE & INDIVIDUAL HEALTH COVERAGE ADVISORY SERVICE



Medicare Choice Group provides Medicare education programs and enrollment services to employees and their family members. Services include one-on-one, unbiased advice, practical decision support, and detailed coverage options based on the specific needs of eligible beneficiaries. This service will start in 2023 and is free to all employees and their spouses, parents, and loved ones who are eligible for Medicare. Medicare Choice Group can also assist with finding individual health plan coverage for those that need health plan coverage and do not qualify for company health plans (i.e., early retirement or children turning age 26).

- Visit: go.medicarechoicegroup.com/mottmacdonald
- Call: **609-849-5075**



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FOCUS ON WELLNESS



MENTAL HEALTH AND SELF-CARE

Cigna offers various tools that can help with stress, depression, anxiety and other mental health needs.

Cigna Behavioral Health network

When you visit cignalap.com, you can speak with a Cigna Behavioral Health network provider from the comfort of your own home. These visits cost the same as an in-office doctor visit. Trained specialists talk through your symptoms and provide helpful solutions.

Stress management program

Cigna's wellness coaches assess your situation, pinpoint stressors, help set goals and refer you to resources to minimize stress' effect on your mind and body. Call **1-800-CIGNA24** (1-800-244-6224) or visit myCigna.com to learn more.

One-on-one case managers

- Cigna's support programs can help with concerns related to: Autism spectrum disorder
- Bipolar disorder
- Coaching and support for children, young adults and families
- Eating disorders
- Intensive case management
- Substance abuse disorders

Call **1-800-CIGNA24** (1-800-244-6224) or visit myCigna.com to learn more.

HEALTH COACHES

Whether you're trying to get fit, quit tobacco or reduce stress, you can access support from Cigna's health coaches online or via phone. These specialists can help you manage your weight, develop positive lifestyle changes, pinpoint sources of stress, offer coping strategies and more.

Call **1-800-CIGNA24** (1-800-244-6224) or visit myCigna.com to get started.

HEALTH ASSESSMENT

After completing Cigna's health assessment, you'll get a report that gives you a wellness score and recommended programs to help you achieve your goals. You can also bring the report with you to your next doctor appointment to help guide your care. Simply log in at myCigna.com to access this beneficial resource.

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CIGNA HEALTHY REWARDS

You're eligible for discounts on health products and programs you use for wellness goals, such as:

- Weight management and nutrition
- Fitness
- Quitting tobacco
- Mind/body
- Vision and hearing care
- Alternative medicine
- Healthy lifestyle

Simply show your Cigna ID card when you pay! Visit [myCigna.com](https://www.mycigna.com) or call **1-800-870-3470** to learn more.

MOTIVATE ME PROGRAM

This free program rewards you for improving your well-being with small, achievable steps.

When you complete various actions – such as getting your no-cost preventive exam, creating a workout plan, working towards quitting tobacco or eating a healthier diet – you can earn various incentives, including **up to \$75!**

Visit [myCigna.com](https://www.mycigna.com) and search for the **Incentive Reward Program**, download the **myCigna App** or call the number on the back of your Cigna ID card to learn more.



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You have access to quality dental coverage through Cigna. You may receive care from any provider, but you'll likely pay less out of pocket if you stay in network. If you see a non-network dentist, Cigna will pay the maximum reimbursable charge (MRC) charge and you'll be responsible for any charges the dentist bills over that amount.

To find a Cigna provider near you, visit www.cigna.com and:

- Click **Find a Doctor**
- Choose **For plans offered through work or school**
- Enter your location
- Click **Select a plan**
- Under **Dental Plans**, select **Cigna Dental PPO or EPO** and click **Choose** to enter your search selection

DENTAL PLAN SUMMARY

The deductibles and coinsurance below indicate the amounts for which you are responsible.

	Cigna PPO Dentists	Non-Network Dentists
Annual Calendar Year Maximum Benefit	\$2,500	
Calendar Year Deductible Individual / Family	\$50 / \$150	
Preventive Services (no deductible)	No charge	No charge
Basic Services	20% after deductible	20% of MRC after deductible
Major Services	50% after deductible	50% of MRC after deductible
Orthodontics	50%	
Orthodontics lifetime maximum	\$1,000 (per child up to age 19)	

The above information is provided for illustrative purposes only. Refer to the applicable carrier material for an exact description of plan benefits and conditions.



CIGNA DENTAL ORAL HEALTH INTEGRATION PROGRAM

Did you know that oral health can be tied to certain non-dental health issues, such as stroke, heart attack and diabetes? As a Cigna Dental member, if you have a qualified medical condition you can receive enhanced dental coverage and discounts.

To see if you qualify, follow the steps below:

- Complete the Registration Form on **myCigna.com**, **Cigna.com** or by calling the number on the back of your Cigna ID to have a form mailed to you.
- Mail your completed form to Cigna at the address listed on the Registration Form.
- Visit your dentist for the covered service and pay the usual deductible, copay or coinsurance amount for the procedure. If you qualify, Cigna will then send reimbursement in about 30 days.

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VISION COVERAGE



Our vision plan is offered through VSP. The plan pays for eligible expenses at a higher level when you visit an in-network provider. When you visit a non-network provider, the plan pays for eligible expenses but you may pay more out-of-pocket costs before expenses are covered.

To find a VSP provider near you, visit www.vsp.com and:

- Under the **Find a Doctor** tab, enter your zip code
- Change the **Doctor Network** drop down option to **Choice** for the correct list of providers

VISION PLAN SUMMARY

The copays below indicate the amounts for which you are responsible.

	VSP Providers ³	Non-VSP Providers
Exam (every 12 months)	\$25 copay	Plan pays up to \$45
Lenses (every 12 months) ¹	\$25 copay	Plan pays up to \$30-\$100 on selected lenses
Frames (every 24 months) ¹	\$25 copay; up to \$130 on select frames	Plan pays up to \$70
Contact Lenses Instead of Glasses (every 12 months) ²	Up to \$60 copay for lens fitting and evaluation (plan pays up to \$120)	Plan pays up to \$105
Contact Lenses (every 12 months) ²	No charge	Plan pays up to \$210

1. If lenses and frames are purchased in same appointment there is only one copay of \$25.
2. This applies to conventional, disposable and medically necessary lenses. Your allowance applies to the cost of your contact lens exam and your contact lenses. You will receive 15% savings off the cost of your contact lens exam from a VSP doctor. Your contact lens exam is in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts.
3. Mott MacDonald's plan includes VSP's retail chain affiliate providers. Retail chain affiliate providers include Costco Optical, Eye Care Centers of America Inc. and TM/Visionworks—their stores include EyeMasters and Hour Eyes, and Wisconsin Vision and Heartland Vision. Members can enjoy a covered-in-full benefit experience with equivalent benefits with any of these retail chain affiliate providers.

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LIFE AND DISABILITY



In addition to health benefits, we also provide income protection benefits to provide financial assistance for you and your beneficiaries in the event of disability, accident, or death. For complete information about your income protection benefits, please refer to the summary plan description (SPD) or certificate of coverage available at mm.epiceb.com.

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Basic Life and AD&D Insurance

We provide you with basic life insurance equal to two times your annual salary to a maximum of \$500,000. If your death is the result of an accident, the accidental death and dismemberment (AD&D) policy will pay an additional amount equal to the life insurance amount.

Voluntary Life and AD&D Insurance

You may purchase additional life and AD&D insurance coverage for yourself, your spouse/registered domestic partner, or your children. This additional coverage can help offset financial hardship in the event a covered family member suffers a loss of life due to illness or accidental death. Employee election is required for dependent election.

Please log on to www.benetrac.com to enroll. If you don't enroll when you're first eligible, you must prove good health to gain coverage. New York Life (NYL) provides up to \$200,000 of voluntary coverage for employee elections without proof of good health during the first 31 days of employment.

DISABILITY

Short-Term Disability (STD) – Outside of CA

You may receive STD coverage in the event you're unable to work due to injury or illness. Benefits represent 66 2/3% of your salary to a maximum determined by the policy. These disability benefits will be reduced by any disability income payments received through mandated state disability programs.

STD rates are employee paid and differ for employees in New Jersey and New York. NYL will administer the STD plan and the required state plans for these employees.

Please contact Human Resources if you expect to be off work for more than three days in a row.

Long-Term Disability (LTD)

Company-paid LTD coverage provides 66 2/3% of your annual base salary up to a maximum benefit of \$10,000 per month if you become disabled and are unable to work. You can also elect a higher benefit with up to a \$15,000 monthly maximum. Benefits begin after you've been disabled for 180 continuous days. Coverage may be subject to pre-existing conditions (refer to plan documents for more information).

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FLEXIBLE SPENDING ACCOUNT (FSA)



We offer FSAs that can help you pay for certain qualifying expenses with pretax dollars and can reduce your out-of-pocket costs.

FSAs work like a savings account. Each pay period, a pretax payroll deduction based on your annual FSA election is deposited into your FSA. Paying pretax means your FSA contributions aren't taxed, which saves you money.

You select your annual election based on your estimated health care and dependent care expenses for the next year. Each plan's contribution maximum can be found at www.irs.gov. To receive reimbursement, eligible expenses must be incurred before the end of the plan year and submitted in accordance with the FSA administrator's rules.

When deciding how much to contribute to an FSA, estimate your future medical and dependent care expenses to the best of your ability. For a list of eligible expenses, claim filing deadlines and other information regarding your FSAs, visit www.benefitresource.com.

Submitting FSA claims

You can submit claims on the go via the BRiMobile app. Follow these steps:

- Log into the participant website
- Under the FSA tab, select **Submit an Online Claim** and complete your claim
- Either upload the complete form to Benefit Resource or print it so you can fax or mail it

Fax: 585-427-9320

Mail: ATTN: Claims Department, Benefit Resource, Inc.
245 Kenneth Drive
Rochester, NY 14623-4277

Participant Login Information

- Company Code: mmgroup
- Member ID: Employee SSN (no dashes)
- Password: Employee Home Zip Code



QUALIFIED TRANSPORTATION EXPENSE SAVINGS ACCOUNT

You may set aside funds to help pay for qualified transportation expenses on a pretax basis. You're allowed to elect up to the federally-mandated maximum for both parking and transit, which can be found on the BRI website under the **Commuter Benefit Plan** section (click on **CBP Basics**). When you log in to BRI, you can view balances, list of transactions, submit a claim, send in substantiation, and view eligible items. Please visit mm.epiceb.com or contact our Benefits Help Desk at **800-925-4802** and ask for a QTE flyer for additional information.

Participant Login Information

- Company Code: mmgroup
- Member ID: Employee SSN (no dashes)
- Password: Employee Home Zip Code

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HEALTH CARE REIMBURSEMENT FSA

With the health care reimbursement flexible spending account (FSA), you can allocate your elected amount up to the IRS annual maximum on a pretax basis for medical, dental, and vision expenses that aren't covered by our company plans. Eligible expenses include copays, deductibles, chiropractic services, orthodontics, vision care, hearing care, and more. An FSA debit card will be issued to you upon enrollment (paid by the company) and can be used when you incur qualified health care expenses.

Please note: Participants in the Choice Fund HDHP are not eligible for this benefit.

Over-the-Counter (OTC) Drugs

OTC medications require a written prescription from a physician in order to be eligible for reimbursement from this FSA. Because of this requirement, you may not purchase OTC medications with the FSA debit card.

LIMITED PURPOSE FSA

If you're enrolled in the HDHP, you have access to the limited purpose FSA – an account that allows you to set aside funds for expected/planned **dental and vision** expenses (such as Lasik vision correction, orthodontia, dental implants or eyeglasses).

While an HSA can be used for dental and vision expenses, the limited purpose FSA allows you to save up to a certain amount of additional funds. The account helps you avoid withdrawing from your HSA, but doesn't replace the HSA – think of the limited purpose FSA as a supplement.

Account funds must be used before March 15 of the following calendar year or they'll be forfeited.

DEPENDENT CARE FSA

This plan allows you to put aside pretax dollars to pay for dependent daycare expenses incurred by working parents. Eligible dependents include children under age 13 as well as adults, children, spouses, or parents that are mentally or physically disabled and unable to care for themselves (and who qualify as your IRS dependent).

Grace Period

Mott MacDonald allows a 2 ½ month grace period (from January 1 until March 15) to incur claims for eligible FSA expenses. Expenses incurred during this grace period are deducted from the prior year's FSA balance before the current year's money is paid out. You have until April 15 to submit claims for reimbursement from your prior year's balance.

Once the new plan year starts on January 1, all claims incurred during the grace period must be submitted by paper claim if you want to use funds from the prior plan year. The debit card can't be used to pay for claims incurred in the prior year after the new plan year starts.

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OTHER VALUABLE BENEFITS



TRAVEL ASSISTANCE SERVICES

You have access to New York Life Group Benefit Solutions (NYL GBS) Secure Travel, a program that offers you and your dependents medical, travel, legal and financial assistance services 24/7 anywhere in the world. You can access assistance when faced with an emergency while traveling internationally or domestically when more than 100 miles away from home. Call **888-226-4567** within the US or **1-202-331-7635** collect when outside of the US.

Staff visiting locations outside their home country for work purposes should contact Human Resources prior to departure for appropriate benefit information.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Our EAP through Cigna can help with the everyday challenges of life that may affect your health, such as personal and work-related matters. You and the members of your household are entitled to up to three confidential counseling sessions per year. Your sessions may be conducted via phone or in person at an EAP counselor's private office. Call **877-622-4327** or visit **mycigna.com** to access the Employee Assistance Program under "Coverage".

THE 988 SUICIDE AND CRISIS LIFELINE

Previously known as the National Suicide Prevention Lifeline, the 988 Suicide and Crisis Lifeline provides 24/7, confidential support to people in suicidal crisis or mental health-related distress. This new, shorter phone number which is now active across the United States makes it easier for people to remember and access mental health crisis services. To learn more, visit <https://www.fcc.gov/988Lifeline>.



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CONTACTS

KEY BENEFITS CONTACTS				
For Questions About	Carriers	Phone Number	Website/Email	Plan/Group ID
Medical - One Guide (Personal Guide)	Cigna	800-244-6224	www.cigna.com	3339278
Virtual Care Visits	MDLive	888-726-3171	mycigna.com	3339278
Ginger Virtual Behavioral Health	Cigna	—	Website: ginger.com Email: help@ginger.com	3339278
TalkSpace Mental Health Support	Cigna	—	talkspace.com/covered	3339278
Health Savings Account (HSA)	Fidelity HSA	800-835-5095	nb.fidelity.com	N/A
Medicare Coverage	Medicare Choice Group	609-849-5075	go.medicarechoicetagroup.com/ mottmacdonald	N/A
Dental	Cigna	800-244-6224	www.cigna.com	3339278
Vision	VSP	800-877-7195	www.vsp.com	12227055
Basic and Voluntary Life	New York Life (NYL)	800-244-6224	www.nyl.com	FLX967266
Basic and Voluntary AD&D			www.nyl.com	OK968776
Short-term Disability (outside CA)			888-842-4462 (STD or FMLA claims)	www.nyl.com
Long-term Disability		800-244-6224	www.nyl.com	LK964990
CA State Disability	N/A	800-480-3287	www.edd.ca.gov	N/A
Employee Assistance Program (EAP)	Cigna	877-622-4327	www.mycigna.com	N/A
Travel Assistance Services	NYL GBS	888-226-4567	Email: ops@ us.generaliglobalassistance.com	57
Flexible Spending Accounts (FSAs)	Benefit Resource	800-473-9595	www.benefitresource.com	N/A
Transportation Expense Savings Account		800-473-9595	www.benefitresource.com	N/A
Benefits Help Desk	EPIC	800-925-4802	epichelpdesk@epicbrokers.com	N/A

CONTRIBUTIONS

Your health plan cost is determined by your enrollment tier. Contributions are deducted from the first and second pay check each month (24 payments per year).

2023 MONTHLY EMPLOYEE CONTRIBUTIONS				
	Traditional Plan Open Access Plus	High Deductible Health Plan Open Access Plus	Cigna Dental	VSP Vision
Employee Only	\$223.66	\$51.90	\$10.99	\$2.52
Employee + Spouse/RDP	\$491.67	\$114.09	\$22.08	\$4.00
Employee + Child(ren)	\$402.28	\$93.34	\$24.47	\$4.08
Employee + Family	\$692.83	\$160.75	\$33.11	\$6.58

PLAN ARRANGED BY:

EPIC

WWW.EPICBROKERS.COM

