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MOTT
MACDONALD

2023

Benefit guide



*Energy Field Service Staff in
Survey, Right of Way (ROW),
Inspection, and Field Routing
Design Job Families (Levels I - III)*

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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

If you are scheduled to work 30+ hours per week (or exceed 130 hours per month) you're eligible for coverage on the first day of the month of your fourth full month of employment. 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).

RESOURCES



EMPLOYEE BENEFITS WEBSITE

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

<http://mm.epiceb.com>

Login: mmfield

Password: mmfield

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





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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UNDERSTANDING YOUR MEDICAL PLAN



Mott MacDonald is proud to offer a high deductible health plan (HDHP) with or without an integrated health savings account (HSA) through Cigna. You may receive care from any provider, but you'll 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.

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.

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.





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).

HSA LIMITS

Each year, you're allowed to save up to the federally-mandated maximum for HSAs, 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.

MEDICAL COVERAGE



You have access to a quality and comprehensive medical plan that includes prescription drug coverage. The information below is a summary of coverage only.

	Choice Fund Open Access Plus (OAP) High Deductible Health Plan (HDHP)	
	Cigna OAP Providers	Non-OAP Providers ^{1,2}
Calendar Year Deductible		
Individual	\$3,000 per person	
Family	Not to exceed \$5,000 per family	
Out-of-Pocket (OOP) Maximum		
Individual	\$5,200 per person	\$7,000 per person
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	
Coinsurance (portion you pay)	10% after deductible ¹	40% after deductible ¹
Claim Payment Basis	Cigna negotiated rates	Maximum reimbursable charge
Physician Services		
Office Visit	10% after deductible ¹	40% after deductible ¹
Urgent Care Visit	10% after deductible ⁽¹⁾	
Maternity Visit	10% after deductible ¹	40% after deductible ¹
Preventive Care	No charge	40% after deductible ¹
Diagnostic Lab and X-Ray Services	10% after deductible ¹	40% after deductible ¹
Physical and Occupational Therapy	10% after deductible ¹	40% after deductible ¹
	Limit of 60 days per calendar year	
Chiropractic Care	10% after deductible ¹	40% after deductible ¹
	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.



MEDICAL COVERAGE - CONTINUED



	Choice Fund Open Access Plus (OAP) High Deductible Health Plan (HDHP)	
	Cigna OAP Providers	Non-OAP Providers ^{1,2}
Hospital Services		
Inpatient (per admission)	10% after deductible ¹	40% after deductible ¹
Outpatient	10% after deductible ¹	40% after deductible ¹
Diagnostic Lab and X-Ray Services	10% after deductible ¹	40% after deductible ¹
Emergency room	10% after deductible ¹	
Other Services		
Durable Medical Equipment	10% after deductible ¹	40% after deductible ¹
Infertility Treatment	Not covered	
Retail Prescriptions (Retail: 30-day supply / Mail order: 90-day supply)		
Generic	20% after deductible ¹	Not covered
Preferred brand	20% after deductible ¹	Not covered
Non Preferred brand	20% after deductible ¹	Not covered
Mail order	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 **signalap.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 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 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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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
Benefits Help Desk	EPIC	800-925-4802	epichelpdesk@epicbrokers.com	N/A

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>.



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	
	High Deductible Health Plan Open Access Plus
Employee Only	\$154.13
Employee + Spouse/RDP	\$757.74
Employee + Child(ren)	\$556.43
Employee + Family	\$1,210.76

PLAN ARRANGED BY:

EPIC[®]

WWW.EPICBROKERS.COM

