2023 OPEN ENROLLMENT

BENEFITS GUIDE

Sargent & Lundy

Here's Where to Find ...

WELCOME TO OPEN ENROLLMENT!

Sargent & Lundy appreciates your commitment to our success. We're equally committed to providing you with competitive, affordable health and wellness benefits to help you take care of yourself and your family.

Please read this guide carefully as it has a summary of your plan options.

However, this guide is not your only resource, of course. Anytime you have questions about benefits or the enrollment process, you can email benefits@sargentlundy.com.

2023 OPEN ENROLLMENT HIGHLIGHTS AND IMPORTANT REMINDERS

What's Changing in 2023?

Medical—The medical plan benefits will remain unchanged. However, premiums are increasing and the salary tiers are being adjusted.

Dental—There are no changes to benefits or premiums.

Vision—The premiums will remain the same. In addition, the frame and contact allowance is increasing from $145 to $170.

Health Savings Accounts—The IRS is increasing the maximum HSA annual contribution for individual coverage (employee only) to $3,850 and family coverage (which includes employee plus spouse and employee plus children) to $7,750. The annual catch-up contribution (for employees 55 years of age and older) will remain at $1,000.

If you are contributing the maximum for 2022, you will need to increase your contribution for 2023 to take advantage of the IRS increased maximum.

WHAT HAPPENS IF YOU DO NOT MAKE ANY CHANGES DURING OPEN ENROLLMENT?

You will not be enrolled in a Flexible Spending Account (FSA) in 2023. The IRS requires employees to enroll in Flexible Spending Accounts (Healthcare and/or Dependent Care) each year.

All other 2022 benefit elections will default to 2023.

REMINDERS

Enrollment—You are encouraged to review the enrollment site to make sure your personal information, dependent information, and beneficiaries are up to date. Please save an Enrollment Summary for personal record keeping after you have completed your enrollment.

If you have a Health Savings Account with HealthEquity, you can log on to their participant site at any time at www.healthequity.com to view/update your HSA beneficiary data.

401(k) Beneficiary—The Open Enrollment beneficiary information does not include beneficiary information for SIP/401(k). To review beneficiary information or to make beneficiary changes to the SIP/401(k), log into your account at www.401k.com. If you have questions regarding your SIP/401(k) account, please call Fidelity at 800-835-5095.

Dependent Children—Children are eligible dependents until the end of the month in which they turn 26 regardless of student status, marital status, whether they reside with you or whether they are eligible for coverage through their own employer. However, the limiting age for orthodontia in the Delta Premier/PPO plan is 19.

Depending on your dependent children's tax code status, you may not be able to use your Healthcare FSA or HSA for their healthcare expenses. Consult with a tax advisor if you have questions.

MDLIVE (Virtual Visits)—Anyone enrolled in PPO coverage (PPO 2000 or PPO HSA) has access to MDLIVE, which offers 24/7/365 on-demand access to affordable healthcare anytime, anywhere in the U.S. They provide video consultations, phone consultations, and email advice for non-emergency medical issues. This is a great way to treat a minor condition without incurring expensive emergency room costs. The phone number for MDLIVE is 800-770-4622 and is located on the back of your BCBSIL ID card.

HSA Contributions—If you currently have an HSA (and have not already contributed your maximum-allowed contribution), you have until April 15, 2023, to deposit the maximum contribution allowed for 2022 along with any eligible catch-up contribution. These additional contributions cannot be deducted through payroll, but can be transferred from your bank account into your HSA. Please refer to the testing rules explained in the Health Savings Account section of this Guide to avoid over contributing.

Please note that you can change your HSA payroll contribution throughout the year by emailing benefits@sargentlundy.com with your requested change.

Spousal HSA Catch-up Contribution—The IRS allows individuals age 55 or older who are covered by their spouse's Consumer Driven Health Plan (our PPO HSA) to open a personal HSA and contribute (on a tax-free basis) $1000 catch-up contribution each year. For more information, go to The Loop>Benefits>Health Savings Account or call HealthEquity at 877-483-6448. HealthEquity has agreed to waive monthly fees for spousal HSA accounts.

Any questions regarding Open Enrollment should be sent to: benefits@sargentlundy.com.

BENEFITS ENROLLMENT CHECKLIST

1. Review the 2023 Benefits Open Enrollment Guide.
2. Enroll by Monday, November 14, 2022, 11 p.m. CT.
3. Log on to https://sargentlundy.benelogic.com for electronic enrollment or log in using the Benelogic chiclet on the Okta Home Page.
   - User ID = Your employee ID.
   - Password = The password that you previously established with Benelogic. If you do not remember it, please follow the online steps to create a new password.
4. Print the enrollment summary.
5. If adding your spouse (opposite- or same-sex) to coverage, provide your marriage certificate to benefits@sargentlundy.com for verification.*
6. If adding your civil union partner to coverage, provide your civil union certificate and Declaration of Tax Status form to benefits@sargentlundy.com for verification.*
7. If adding your domestic partner to coverage, provide your Certification of Domestic Partnership and Declaration of Tax Status to benefits@sargentlundy.com for verification.* These forms are required annually.
8. If adding dependent children to coverage, provide their birth certificates to benefits@sargentlundy.com for verification. If the children are the dependents of the civil union or domestic partner, the Declaration of Tax Status form must also be completed.*
9. Complete the Waiver of Medical Coverage form (if applicable) and submit it to benefits@sargentlundy.com.
10. Complete the Health Savings Account Employee Enrollment form and Beneficiary Designation form (if applicable) and submit them to benefits@sargentlundy.com.
11. Refer benefit questions to 312-269-2381 or 312-269-3579, or email benefits@sargentlundy.com.
12. Forms are available in the Resources-Forms section of the online enrollment site. Once the forms are completed you can send them to benefits@sargentlundy.com.

*If you currently have a dependent enrolled in coverage, you are not required to provide verification for that dependent. This requirement is for newly added dependents only.

Failure to enroll in a Flexible Spending Account (FSA) will result in no FSA election.

OPEN ENROLLMENT INTRODUCTION

This 2023 Open Enrollment guide explains the enrollment process and the benefits available to benefits-eligible employees of Sargent & Lundy (S&L). To make your benefit elections, log on to https://sargentlundy.benelogic.com or log in using the Benelogic chiclet on the Okta home page. To access the website, use your employee ID (employee number) as your user ID and the password that you previously created. If you do not remember your password, follow the online steps to create a new password. Be sure to click the "Submit" button to save your elections. Print your enrollment summary for your records.

Enrolling Your Dependents

S&L provides coverage for you and your eligible dependents. When you enroll in the Medical, Dental, and Vision plans, you may select from the following coverage categories:

- Employee
- Employee plus spouse
- Employee plus child(ren)
- Family (employee plus spouse and child(ren))

Your eligible dependents include:

- Your legal spouse (opposite- or same-sex).
- Your domestic partner (opposite- or same-sex).[1]
- Your civil union partner (opposite- or same-sex).[1]
- Your children up to age 26, regardless of student status, marital status, whether they reside with you, or whether they are eligible for coverage through their own employers.
- Your unmarried children, age 26 and older, who are mentally or physically disabled and unable to support themselves financially, provided that they had coverage through S&L before age 26.
- Your unmarried children living in Illinois who are on active military duty or veteran status up to age 30.

[1]You may pay taxes on imputed income equal to the premium equivalent for that individual's coverage subject to the tax-dependency determination.

Dependent Verification

If a dependent is added to coverage during Open Enrollment, the following documents need to be provided to benefits@sargentlundy.com to verify the dependent:

- Spouse—marriage certificate.
- Civil union partner—civil union certificate and Declaration of Tax Status.[1]
- Domestic partner—Affidavit of Domestic Relationship and Declaration of Tax Status. **(These forms are required annually.)**
- Dependent child—birth certificate and Declaration of Tax Status[1] if the child of your civil union partner or domestic partner.

[1]These forms are available in the Resources -Forms section of the online enrollment site.
If you currently have a dependent enrolled in coverage, you are not required to provide verification for that dependent. This requirement is for newly added dependents only.

If proper documentation is not provided by December 9, 2022, the dependent will be removed from coverage. You will be unable to add the dependent until the next Open Enrollment period.

Changing Your Benefit Elections

It is important to take the time to review your elections and enroll in the benefits that best fit your personal situation. You will not be able to change your benefit elections until the next Open Enrollment period unless you have an eligible life event.

The following are eligible life events that allow you to make limited benefit changes during the year:

- You get married, divorced, or legally separated, or you have your marriage annulled.
- You enter into a civil union or domestic partnership, or terminate a civil union or domestic partnership.
- You have a baby, adopt a child, or have a child placed with you for adoption.
- Your spouse, civil union partner, domestic partner, or dependent child starts or ends employment.
- You become a legal guardian.
- Your dependent child becomes eligible or ineligible for coverage.
- You are turning 26 and no longer an eligible dependent under your parent's coverage.
- Your spouse, civil union partner, domestic partner, or dependent child dies.
- COBRA coverage from another employer ends for either you or your spouse, civil union partner, or domestic partner, or your Medicare/Medicaid coverage expires.

Your life event must result in a change in eligibility for coverage for you or your eligible dependents, and the benefit change must be consistent with your life event. For example, if you have a baby, you can add your baby to Medical coverage, but you cannot change your spouse's Dental coverage. The change must be made within 31 days of the event and should include written proof.

In addition, there is a special 60-day enrollment period if:

- You or your dependents lose Medicaid or CHIP (Children's Health Insurance Program) coverage due to a loss of eligibility.
- You or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.

MEDICAL OPTIONS

You and S&L share the cost of the Medical program, such that S&L is currently covering about 85% of the total plan cost. You have the following options for Medical coverage:

- $2,000 Deductible PPO Plan.
- PPO with Health Savings Account ($1,500 deductible for individual coverage or $3,000 deductible for all other coverages).
- You can waive coverage.

S&L's Medical plans are self-funded, which means that S&L pays your eligible claims and Blue Cross Blue Shield of Illinois (BCBSIL) administers the plans for S&L.

A PPO is a participating provider option with a network of physicians, hospitals, and pharmacies that have agreed to provide services at negotiated rates. After you meet your deductible, the plan begins paying a portion of the cost for covered services. Your portion of the cost is referred to as coinsurance. After you reach your out-of-pocket limit, the plan will pay 100% of covered expenses for the remainder of the year. Under these plans, you receive benefits whether you receive care in or out of the network. You receive higher benefits and lower out-of-pocket costs with in-network care. If services are received out-of-network, you will be required to pay a separate out-of-network deductible. Once that deductible has been met, additional out-of-network services may be paid up to 50%.

Please note that if your doctor refers you for additional services (e.g., lab, X-ray, etc.), it is your responsibility to verify that the facility and each provided service are in the PPO network.

Each year, there is an annual out-of-pocket limit on the amount of money you are required to pay for services. You are not required to select a primary care physician to coordinate your care.

To obtain a list of in-network physicians and hospitals, you may access the BCBSIL website at www.bcbsil.com or call **800-810-BLUE (2583)**.

Wellness Benefits

To help PPO participants stay healthy, an annual wellness benefit is provided, which is not subject to the deductible. There is no annual dollar limit on wellness claims. These services are covered at 100% if received from an in-network provider. (Routine physicals, immunizations, and well-baby care are a few examples of eligible wellness services.)

Mail Order Prescription Drug Program

If you are enrolled in Medical coverage, you are also entitled to the mail order prescription drug program. Under this benefit, you can obtain covered maintenance prescriptions used to treat chronic or long-term health conditions (such as high blood pressure or diabetes).

When you are submitting your order form along with your prescription to the mail order program, it must be for at least a 90-day supply. The form is available on the The Loop>Benefits>Medical Plans>Prescription Program. Your physician can send the prescription electronically to the mail order program.

If you are enrolled in the PPO 2000 Medical plan, your copayment for a 90-day supply will be:

- Generic—$8.00.
- Brand with no generic available:
  - 30% of drug cost.
- Brand with generic available:
  - $8.00, plus the difference between the brand and generic cost of the medicine.

If you are enrolled in the PPO HSA Medical plan, you will need to meet the plan deductible before receiving any plan benefits. Once that deductible is met, you will pay:

- Generic—$8.00.
- Brand with no generic available:
  - 10% of drug cost.
- Brand with generic available:
  - $8.00, plus the difference between the brand and generic cost of the medicine.

MDLIVE—Virtual Visits

Enrollment in PPO 2000 or PPO HSA coverage includes access to telehealth through MDLIVE. MDLIVE provides video consultation, phone consultations, or email advice for nonemergency medical issues. This program is available within the US 24 hours a day, 7 days a week.

Vision Discount Program

The PPO plans also include a vision discount program that provides eye care discounts for all covered individuals. Under this program, participants are eligible to receive discounts for examinations, frames, lenses, and conventional contact lenses through specified providers. Additional information is on The Loop. To identify a participating provider, go to www.bcbsil.com (click on “Find a doctor”) or call **800-804-4384**.

Hearing Aid Discount

BCBSIL offers a discount program through TruHearing that offers digital hearing aids at a reduced price. This benefit is available to employees enrolled in PPO coverage, as well as their parents and grandparents who are not enrolled in a BCBSIL plan.

For more information about this program, for location information, or to schedule a hearing test, call **866-687-2020**.

Blue Access for Members

By enrolling in a PPO plan, you automatically become a member of Blue Access. With Blue Access, you can obtain benefits information online. You can check the status of a claim, confirm who is covered under your plan, and view/print an Explanation of Benefits. In addition, if you lose your BCBS identification card, you can order a new card as well as obtain a temporary card online. To register for Blue Access, log on to www.bcbsil.com and have your group and member identification numbers ready (these numbers are on your BCBS identification card). Blue Access is available to you on the effective date of your coverage.

Employees on Overseas Assignments

If you are on an overseas assignment, you may choose coverage through any of the BCBSIL PPO plans, unless precluded by country of assignment.

Waiving Medical Coverage

If you have Medical coverage elsewhere, for example, through your spouse’s employer, you can waive Medical coverage with S&L. You should compare the Medical coverage available to you and evaluate which option will provide the best coverage for your needs. You will need to complete a Waiver of Coverage form, which is available in the Resources-Forms section of the online enrollment site, and return it to: benefits@sargentlundy.com.

Medical Plans Comparison Chart

The definition of family coverage is any coverage that is not employee-only or individual coverage.

Plan Feature	BCBS of Illinois PPO Plans (Available Worldwide)			
Plan Type	PPO 2,000 ($2,000 deductible for individual coverage/$4,000 deductible for family coverage)		PPO HSA ($1,500 deductible for individual coverage/$3,000 deductible for all other coverages)	
Annual Deductible[1]	$2,000/individual $4,000/family[2]		$1,500/individual $3,000/family[3]	
Out-of-Pocket Maximum (Including Deductible)	In-network $6,000/individual $12,000/family	Out-of-network $10,000/individual $20,000/family	In-network $6,000/individual $12,000/family[4]	Out-of-network $10,000/individual $20,000/family[5]
Coinsurance	Plan pays (after deductible): 70% in-network 50% out-of-network		Plan pays (after deductible): 90% in-network 50% out-of-network	
Office Visit, Specialist Office Visit, Outpatient Surgery, Inpatient Hospital Rx	Plan pays (after deductible): 70% in-network 50% out-of-network		Plan pays (after deductible): 90% in-network 50% out-of-network	
Emergency Room Visit	Plan pays (after deductible): 70% in-network and out-of-network		Plan pays (after deductible): 90% in-network and out-of-network	
Wellness Benefit	Plan pays 100% for in-network wellness benefits only. There is no annual limit.			
Prescription Drugs Retail	Plan pays (after deductible): 70%		Plan pays (after deductible): 90%	
Prescription Drugs Mail Order (Up to a 90-Day Supply)	Mail order program available. • $8 copayments for generic (no deductible). • Plan pays 70% for name brands (no deductible). • Must purchase generic when one is available. Otherwise, pay the cost difference between name brand and generic, plus generic copay. • Please note that payments to the mail order program will not apply toward your deductible but will apply toward your BCBS out-of-pocket limits.		Mail order program available. **However, the benefit is subject to the deductible.** Please note that payments to the mail order program apply toward your BCBS deductible and out-of-pocket limits. • $8 copayments for generic. • Plan pays 90% for name brands. • Must purchase generic when one is available. Otherwise, pay the cost difference between name brand and generic, plus generic copay. • HSA can be used for purchasing prescriptions through the mail order program.	
MDLIVE—Virtual Visits	Access to telehealth through MDLIVE		Access to telehealth through MDLIVE	
Medicare Part D Enrollment	Prescription drug coverage in the PPO 2000 plan is creditable coverage for enrollment in Medicare Part D.		Prescription drug coverage in the PPO HSA plan is not creditable coverage for enrollment in Medicare Part D.	

1. There are separate deductibles for in-network and out-of-network services.
2. Each family member is responsible for a $2,000 deductible. If a family has paid a combined total of $4,000 toward the in-network deductible (due to family members incurring claims), then the in-network family deductible has been met for any additional family members. (This also applies to employee plus children coverage.)
3. For coverage other than employee-only, the entire $3,000 family deductible must be met before the plan will pay any coinsurance.
4. The in-network out-of-pocket maximum that one family member can pay in a calendar year is $6,000, which includes the $3,000 in-network family deductible. After the in-network out-of-pocket maximum has been paid by an individual, additional in-network benefits will be paid at 100% for that individual. If a family has paid a combined total of $12,000 for in-network expenses (deductible and coinsurance) as a result of multiple family members incurring claims, the in-network out-of-pocket maximum is then considered met for all family members. (This also applies to employee plus children coverage.)
5. The out-of-network out-of-pocket maximum that one family member can pay in a calendar year is $10,000, which includes the $3,000 out-of-network family deductible. After the out-of-network out-of-pocket maximum has been paid by an individual, additional out-of-network benefits will be paid at 100% for that individual. If a family has paid a combined total of $20,000 for out-of-network expenses (deductible and coinsurance) as a result of multiple family members incurring claims, the out-of-network out-of-pocket maximum is then considered met for all family members. (This also applies to employee plus children coverage.)

Health Plan Premiums

Per-pay-period premiums for the various health plans are listed below. All premiums are deducted on a pre-tax basis. Please note that Annual Base Salary is always calculated by multiplying the hourly rate by 2,088, which is the average number of working hours in a calendar year.

Medical Plan Premiums Per Pay Period

PPO Plans (Premiums Based on Annual Base Salary)				
	$54,999 and Below	$55,000-$94,999	$95,000-$129,999	$130,000 and Above
PPO 2000				
Employee Only	$23.44	$36.12	$63.51	$83.78
Employee + Spouse	$43.36	$73.81	$104.17	$145.94
Employee + Child(ren)	$40.25	$66.29	$92.17	$131.26
Employee + Family	$49.63	$103.36	$151.77	$197.23
PPO HSA Option[1]				
Employee Only	$18.97	$28.73	$48.34	$64.96
Employee + Spouse	$32.31	$55.39	$77.66	$109.11
Employee + Child(ren)	$27.16	$48.07	$66.56	$94.20
Employee + Family	$36.68	$78.32	$117.06	$142.28

[1]Refer to the HSA Eligibility section in this booklet (page 12).

HEALTH SAVINGS ACCOUNTS

The PPO HSA option is designed to meet the IRS requirements for participants to contribute to Health Savings Accounts (HSAs). HSAs are tax-advantaged trust or custodial accounts that allow participants to save money for current or future healthcare expenses when they are covered by a consumer-driven health plan (CDHP). The PPO 2000 plan is not HSA-eligible. HealthEquity is the custodian for HSAs for S&L employees. To learn more about HSAs, log on to www.healthequity.com/sargentlundy.

Tax Advantages

- Money is contributed pre-tax (employer and employee contributions).
- Money accumulates tax-free (interest and/or earnings).
- Money withdrawn for eligible health expenses is tax-free. (An HSA can be used to pay for eligible health expenses for a dependent, provided the dependent meets the definition of a tax code dependent.)

Other Advantages

- HSAs are portable, and unused balances carry forward to future years.
- Provides employees with an additional option for healthcare.

Eligibility

HSA participants must meet the eligibility criteria specified by the IRS. **Eligibility establishes the employee's ability to make contributions to the account.**

In order to contribute to an HSA, you must be:

- Covered under a CDHP (PPO HSA) as of the first day of the month.
- Not covered by any other health plan that is not a qualified CDHP.
- Not enrolled in Medicare.
- Not claimed as a dependent on another person's tax return.

There are some types of insurance that an HSA owner is permitted to have:

- Workers' compensation
- Liabilities relating to the ownership or use of property (home and automobile insurance)
- Insurance for a specified disease or illness
- Insurance that pays a fixed amount per day of hospitalization
- Accident insurance
- Disability insurance
- Dental care
- Vision care
- Long-term care

If you are unsure about eligibility due to any insurance that you have, check with your insurance provider.

Other things that affect eligibility include:

- You may not be covered as a spouse or dependent by another person's non-CDHP Medical coverage.
- If your spouse, civil union partner, or domestic partner has a general purpose Flexible Spending Account (FSA) for medical expenses, you are ineligible for an HSA.
- You may not have a balance in a General Purpose Healthcare FSA on January 1, 2023.
- You must be a U.S. taxpayer.

You are responsible for determining and maintaining eligibility for HSA participation. If you do not meet the eligibility requirements, you cannot contribute to an HSA, and you must notify benefits@sargentlundy.com that you are ineligible for employee/employer contributions into your HSA through payroll.

Contributions

Annual HSA contribution limits are set prior to the beginning of each year. For 2023, these limits are:

- $3,850* (for those with employee-only PPO HSA coverage).
- $7,750* (for those with PPO HSA coverage other than employee-only).

  *These amounts include S&L's contribution.
- $1,000 catch-up contributions for those 55 years or older (which is in addition to the above applicable limits).

HSA contributions through payroll can be changed throughout the year by sending an email to benefits@sargentlundy.com. Changes received by the last day of the month will become effective the first of the following month.

Please note that the IRS allows you to contribute the full year's contribution as long as you become eligible for an HSA on or before December 1. However, if you do contribute the full annual amount, you must continue eligibility from December 1 of the year in which you became eligible for an HSA through December 31 of the following year. This is known as the "testing period."

If you are not covered by a CDHP during the testing period, all contributions attributable to months (in the preceding tax year) for which you were not eligible must be included in gross income for the year in which you cease to be an eligible individual. For example, if you change employers during the 13-month testing period, you must elect COBRA or elect coverage under another CDHP to avoid the adverse tax consequences.

If you do not satisfy the testing period described previously, your maximum contribution and your catch-up contribution are prorated based on the number of months during the calendar year that your coverage was in effect. For example, if your coverage became effective on April 1, you have only nine months of coverage during the calendar year. Therefore, the most you can contribute to your HSA is 9/12ths of the annual allowable contribution. Conversely, if you terminate your coverage prior to calendar year-end, the same prorate formula will apply.

HSAs Can Be Funded in Several Ways

- Payroll deductions.
- Employer contributions—Employees who elect the PPO HSA plan will not receive the FSA employer match. S&L will contribute $25 per pay period (up to $600 annually) directly to the employee's HSA. This contribution is part of the annual limit.
- Contributions directly to your HSA (by yourself or others).
- IRA transfers—The program allows a one-time IRA transfer (subject to annual limit). Account owners should discuss this option with their financial advisor.

Tax Considerations

- Payroll deductions and employer contributions are made pre-tax and are not taxable income or subject to FICA.
- Direct contributions by the account owner or others may be taken as deductions from the account owner's income tax return (IRS Form 1040).
- HSA payroll deductions and employer contributions are not subject to state income taxes with the exception of California and New Jersey.
- Excess contributions are subject to tax and penalty.

Distributions

Funds from your HSA can be used in several ways:

- HSA funds can be used to pay qualified health expenses. Refer to www.irs.gov/pub/irs-pdf/p969.pdf for a complete list of eligible expenses. The qualified health expenses must be incurred after the HSA was established. **An HSA is established as of the first day of the month in which the HSA is opened.**
- HSA funds can be used to pay premiums for Medicare.
- HSA funds cannot be used to pay health insurance premiums except for the following:
  - Limited Long Term Care insurance premiums
  - Continuation of health insurance under COBRA
  - Health insurance premiums while receiving unemployment

Funds from your HSA cannot be used for:

- Medicare supplement premiums.
- "Retiree Gap" insurance.

Investment Options

HealthEquity (S&L's custodian for HSAs) offers interest rates based on the account balance. HSA balances of more than $1,000 can be invested in preselected mutual funds.

Nonqualified distributions prior to age 65 are subject to tax plus a 20% penalty. After age 65, nonqualified distributions are subject to tax, but no penalty. Distributions taken in error may be repaid by April 15 of the following year without penalty.

Account owners are responsible for verifying that a distribution is qualified and to maintain records of expenses, transactions, Explanation of Benefits statements, etc., should such verification be required by the IRS. Reference www.irs.gov/pub/irs-pdf/p969.pdf for more HSA details.

Administrative Items (for Employees Who Do Not Currently Have an HSA Through S&L)

Opening an HSA

An employee who selects the PPO HSA option will need to open an HSA with HealthEquity in order to receive employer contributions and contribute through payroll deductions. From the enrollment site, you will be able to print the enrollment and beneficiary forms that should be completed and returned to benefits@sargentlundy.com. When the account is opened, HealthEquity will send you a Welcome Kit including a debit card.

Account Ownership

HSAs are individual accounts. Joint accounts are not permitted. HSAs cannot be established for minor dependent children. An eligible individual may have more than one HSA if he or she wishes.

Beneficiaries

When the HSA is opened, a beneficiary should be named. Upon the death of the owner of the HSA, the beneficiary becomes the new owner. If the beneficiary is the spouse, civil union partner, or domestic partner, it can become his or her HSA tax-free. If the beneficiary is anyone other than the spouse, civil union partner, or domestic partner, the beneficiary is required to include the fair market value of the HSA assets as of the date of death in his or her gross income. Account holders can view/update beneficiary data by logging on to their HealthEquity account at www.healthequity.com.

Fees

HealthEquity charges a $25 setup fee at the time the HSA is opened, which S&L will pay.

Tax Filing

If you have an HSA, you may not use the Form 1040EZ for federal taxes. You must file Form 1040. However, since HSA deductions are done “above the line,” itemization is not mandatory. Form 8889, “Health Savings Account,” must also be completed and filed with the return.

Medicare Part D

It should be noted that the Prescription Drug coverage in the PPO HSA is not creditable coverage for enrollment in Medicare Part D.

Opening a Spousal Catch-up HSA

The IRS allows individuals age 55 or older who are covered by their spouse’s CDHP (our PPO HSA) to contribute a $1,000 catch-up contribution each year. For more information, go to The Loop>Benefits>Health Savings Account or call **HealthEquity at 877-483-6448**.

DENTAL OPTIONS

Quality dental care is an important part of good health. You have the following options for Dental coverage:

- Delta Premier/PPO High Plan
- Delta Premier/PPO Low Plan
- No coverage.

Definitions of eligible dependents can be found in the Enrollment Introduction section.

Dental expenses do not count toward the medical deductible.

Out-of-pocket dental expenses can be reimbursed from a Health Savings Account, Healthcare FSA, or HSA-Compatible Healthcare FSA. WageWorks will use the guidelines in IRS Publication 969 (www.irs.gov/pub/irs-pdf/p969.pdf) for processing dental claims from your FSA.

Delta Premier/PPO Plan (Through Delta Dental)

Both plan options allow you to receive services from the dental provider of your choice. In addition, there are dentists who have contracted with Delta Dental. These dentists will not charge more than usual and customary for services. To view this dentist listing, go to www.deltadentalil.com, click on the Find Provider tab, select the "dental" link. Enter city, state, or ZIP, then from the "select your network" drop-down menu, select "Delta Dental Premier or Delta Dental PPO." **IMPORTANT: Please make sure a dentist is in the network that applies to you: either the Delta Dental Premier or Delta Dental PPO.**

After you meet your deductible, the plan pays a set percentage of the cost, based on the type of service received.

If you decide to drop Dental coverage, you cannot re-enroll until two years have passed.

These Dental plans offer an Enhanced Benefit Program that provides high-risk participants with additional services as listed below. Participants must enroll in this program on Delta Dental's website. There is a 12-month waiting period for this benefit.

- Pregnant women—prophylaxis 3 x total.
- Persons with periodontal disease or history of periodontal surgery—prophylaxis and/or periodontal maintenance cleaning 4 x per year. Fluoride varnish following periodontal surgery 2 x total.
- Persons with diabetes; high-risk cardiac conditions; kidney failure or are undergoing dialysis; suppressed immune systems due to HIV positive status, organ transplant, and/or stem cell transplant; cancer being treated with chemotherapy and/or radiation—prophylaxis and/or periodontal maintenance cleaning 4 x per year.
- Persons with special needs; including those with autism, Alzheimer's disease, Down syndrome, spinal cord injuries, and other conditions where modifications are necessary—prophylaxis and/or periodontal maintenance cleaning 4 x per year.

In addition, all enrollees in the Enhanced Benefit Program are eligible for the oral CD x brush biopsy, as needed.

High Plan "To Go" Benefit

The "To Go" benefit allows participants to carry over unused annual maximums from year to year. The enrollee must have had a dental service that applies to the annual maximum during the year in order to carry over any unused annual maximum. The maximum amount to be carried over cannot exceed the annual maximum ($2,000).

High Plan Waiting Period

New Delta Premier/PPO High Plan enrollees will have a 12-month waiting period before the plan pays benefits for any major services, including orthodontia services. This waiting period can be waived by supplying a certificate of insurance to benefits@sargentlundy.com proving prior coverage of at least 12 continuous months. Contact your previous dental insurance carrier for the certificate of coverage.

Dental Plan Premiums

Per-pay-period premiums for the Dental plans are listed below. All premiums are deducted on a pre-tax basis.

Delta Premier/PPO (Nationwide)	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Plan	$22.18	$44.36	$50.61	$72.79
Low Plan	$12.67	$25.33	$28.90	$41.57

Dental Plans Comparison Chart

Plan Features	Delta Premier/PPO High Plan	Delta Premier/PPO Low Plan
Preventive and Diagnostic Services (Exam, Cleaning, X-Rays)	Plan pays 100% of U&C* fees up to two services each year with no deductible.	Plan pays 100% of U&C* fees up to two services each year with no deductible.
Annual Deductible	$50/individual $150/family	$100/person
Basic Services	Plan pays 80% of U&C* fees.	Plan pays 60% of U&C* fees.
Major Services	Plan pays 50% of U&C* fees **(A 12-month waiting period applies to new enrollees.**)**	N/A
Orthodontia	Plan pays 50% up to $1,500 for covered children up to age 19. **(A 12-month waiting period applies to new enrollees.**)**	N/A
Service Area	Everywhere in the US	Everywhere in the US
Dentist Selection	N/A—Participants do not need to select a dentist.	N/A—Participants do not need to select a dentist.
Special Feature	Enhanced Benefit Program (as described on page 16)—A 12-month waiting period applies to new enrollees.* TO GO—Allows participants to carry over unused annual maximums from year to year. Maximum carryover cannot exceed $2,000.	Enhanced Benefit Program (as described on page 16)—A 12-month waiting period applies to new enrollees.*
Maximum Annual Benefit	$2,000	$1,000

*Usual and customary.

**Waiting period can be waived if a certificate of insurance is provided to benefits@sargentlundy.com proving 12 months of continuous prior coverage.

VISION PLAN

As glasses, contacts, and other vision care services can be expensive, S&L offers a Vision plan to help you cover these costs.

You have the following options for Vision coverage:

- Vision Service Plan
- No coverage

Definitions of eligible dependents can be found in the Enrollment Introduction section.

Vision Service Plan (VSP)

VSP is a network vision program that allows you to receive benefits for exams and eyewear. You have the option of using an in-network (VSP member doctor) or out-of-network (nonmember doctor) provider. However, you receive a higher benefit if you choose a VSP member doctor.

To locate a VSP member doctor in your area, visit www.vsp.com. Select the “find a doctor” link on the home page, and click by “location,” “office,” or “doctor.”

If you enroll in the Vision plan, your coverage will last for a minimum of two years. If you decide to drop coverage, you cannot re-enroll in the plan until two years have passed.

Vision expenses do not count toward the medical deductible.

Out-of-pocket vision expenses can be reimbursed from a Health Savings Account, Healthcare FSA, or HSA-Compatible Healthcare FSA. WageWorks will use the guidelines in IRS Publication 969 (www.irs.gov/pub/irs-pdf/p969.pdf) for processing vision claims from your FSA.

Vision Plan Comparison Chart

Plan Feature	VSP Member Doctor	Nonmember Doctor
Copayment	$20 for examination $25 for eyewear $60 for contact lens exam $20 for diabetic eye care exam	N/A
Basic Exam	100% after copayment (every 12 months)	$50 maximum allowance
Lenses (Glass or Plastic)	100% after copayment (every 12 months)	$50-$125 maximum allowance depending on type of lenses
Frame Allowance	Plan allowance is $170 (every 24 months)	$70 maximum allowance
Contact lenses[1]	Up to $170 maximum allowance	$105 maximum allowance

[1]Contact lenses are available every 12 months in lieu of all other lens and frame benefits. After you receive contact lenses, you are not eligible for coverage for lenses for another 12 months.

When you choose contacts instead of glasses, your $170 allowance applies to the cost of your contact lenses. The contact lens exam has a separate copay.

Extra Discounts

Prescription Glasses

- Average 35%-40% savings on lens extras, such as scratch-resistant and anti-reflective coatings and progressives.
- Polycarbonate lenses for dependent children are covered in full.
- A 30% discount on additional prescription glasses and sunglasses.[1]

[1]Available from the same VSP doctor who provided your eye exam within the last 12 months.

Vision Service Plan Premiums

Per-pay-period premiums for the Vision Service Plan are listed below. All premiums are deducted on a pre-tax basis.

Coverage Level	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Vision Service Plan	$4.74	$7.39	$7.90	$12.15

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs), administered by HealthEquity-WageWorks, allow you to pay for certain healthcare and dependent care expenses with tax-free dollars.

The money you elect to contribute is taken out before income taxes and Social Security taxes are calculated, so you can reduce your taxes and save money. As healthcare and dependent care expenses continue to rise, Flexible Spending Accounts are very valuable.

There are two Flexible Spending Accounts:

- Healthcare FSA (covers health expenses for you and your eligible dependents). Please note that you cannot use your Healthcare FSA to pay for health expenses incurred by a non-tax dependent.
- Dependent Care FSA (covers eligible day care and elder care expenses).

For the most complete list of eligible FSA expenses, visit the Internal Revenue Service's website and review:

- Publication 969 (Health Savings Accounts and Other Tax-Favored Health Plans) www.irs.gov/pub/irs-pdf/p969.pdf.
- Publication 503 (Child and Dependent Day Care Expenses) www.irs.gov/pub/irs-pdf/p503.pdf.

You decide how much money you want to contribute throughout the year. For the Healthcare FSA, you can contribute up to $3,050 each year. (This limit is per person. A spouse can elect to contribute up to $3,050 into a Healthcare FSA through his or her employer.) For the Dependent Care FSA, you can contribute up to $5,000 each year—or up to $2,500 each year if you are married and filing taxes separately. Please note: If you participate in another employer's FSA, it is your responsibility to ensure that your annual deduction does not exceed the IRS limits.

Employees must enroll in the FSA annually. Employees who do not enroll during the Open Enrollment period will not be participants in FSAs for the new year.

Contributions are deducted from your pay before taxes (e.g., federal income, Social Security, and in most cases, state or local taxes) are deducted. This reduces your taxable pay and, as a result, your taxes. You have to plan carefully, because under IRS rules, you will lose any unused dollars not incurred and claimed by the appropriate deadlines.

FSA Grace Period

FSA participants can use funds deducted each year for eligible expenses incurred through March 15 of the next calendar year. In other words, money remaining in FSAs on December 31 can still be claimed using expenses incurred from January 1 through March 15 of the following calendar year. Also, FSA participants will have until May 31 to submit claims for reimbursement. **Please note that if you are enrolling in the PPO HSA, you may not open and contribute to an HSA if you have a balance in a General Purpose Healthcare FSA on January 1, 2023. You would not be able to open and contribute to an HSA until April 2023. Please contact benefits@sargentlundy.com for further details.**

General Purpose Healthcare FSA

Note: If you enroll in the PPO HSA, please refer to the HSA-Compatible Healthcare FSA section for more information.

Under the General Purpose Healthcare FSA, eligible expenses include but are not limited to:

- Deductibles and coinsurance.
- Prescription drugs.
- Medical expenses not reimbursed by a Medical plan.
- Dental or vision services not covered by the Dental or Vision plan (excluding cosmetic services).
- Contact lens solution.
- Chiropractors' fees.
- Hearing exams and hearing aids.
- Special equipment for disabilities (e.g., telephone equipment for the deaf).
- Crutches.
- Over-the-counter medicines.

Vitamins and other dietary supplements do not qualify for reimbursement under the General Purpose or HSA-Compatible Healthcare FSAs.

If you enroll in the PPO 2000 plan or even if you elect to waive Medical coverage, Sargent & Lundy will match 25% of your contributions to the General Purpose Healthcare FSA, up to a maximum of $100. For example, if you contribute $400 in one year, the company will contribute $100 (25% x $400)—giving you a total of $500 in your General Purpose Healthcare FSA.

HSA-Compatible Healthcare FSA

If you enroll in the PPO HSA plan, you are not eligible for a General Purpose Healthcare FSA. However, you are eligible for an HSA-Compatible Healthcare FSA. The company will not contribute toward the HSA-Compatible Healthcare FSA. Instead, S&L will contribute to your HSA. Please refer to the Health Savings Account section (page 12) for more information.

The HSA-Compatible Healthcare FSA covers vision and dental expenses. You can also use your HSA-Compatible Healthcare FSA for medical expenses incurred after you have met the IRS-required minimum medical deductible, which is $1,500 for employee-only coverage and $3,000 for all other coverages.

For a list of eligible expenses or for more information on submitting a claim, log on to www.wageworks.com. Under the "Employees" tab, select "Forms and Eligible Expenses," scroll down to Eligible Expenses and select your option.

Healthcare Card

Participants in a Healthcare or HSA-Compatible Healthcare FSA will be issued a healthcare card from HealthEquity-WageWorks, which will have the annual healthcare election amount loaded on it, plus any company match if applicable. This healthcare card can be used like a credit card to pay for eligible healthcare expenses.

The healthcare card will use the following plan order to access your available funds:

1. If an expense is incurred during the grace period (between January 1 and March 15), your previous year's Healthcare FSA will be used.
2. Next, the funds in your current year's Healthcare FSA will be used.

If you have an FSA balance from the previous year and do not have a Healthcare FSA election for the current year, you will not be able to use the healthcare card to spend down the FSA balance during the grace period.

Be sure to use the healthcare card for your out-of-pocket costs only. If you are not sure how much will be covered by your insurance, you should not use the card for payment. Instead, pay with another source and file a claim for your actual out-of-pocket costs.

These cards can be used from year to year. Therefore, please do not destroy the card after exhausting the current year's balance.

For more information on the healthcare card, log on to www.wageworks.com. Select the "Employees" tab, and then select "Account Management," then select "WageWorks Healthcare Card."

Dependent Care FSA

You can participate in the Dependent Care FSA if the expenses allow you and your spouse to work, look for work, or attend school full-time.

Under the Dependent Care FSA, eligible day care expenses for dependents include but are not limited to:

- Payments to nursery schools, child care/ elder care centers, or individuals for care of preschool children.
- Payments for before- or after-school care for disabled dependents of any age.
- Payments to a relative who is not your dependent for the care of qualifying dependents.
- Payments in lieu of regular day care to summer camp or other summer day care programs for which your dependent receives no educational credit.

Compare the advantages of the Dependent Care FSA with the federal child and dependent care credit and the earned income credit to see which approach provides the greatest tax advantage for you.

For more information, including how to file a claim, log on to www.wageworks.com. Select the "Employees" tab, then select "Forms and Eligible Expenses," then scroll down to Eligible Expenses and select your option." To learn more about the child and dependent care credit and the earned income credit, access the IRS website at www.irs.gov/pub/irs-pdf/p503.pdf, and click the appropriate topic.

LIFE AND AD&D INSURANCE

Life insurance provides financial protection in the event of your death or the death of one of your dependents. Accidental Death and Dismemberment (AD&D) insurance provides additional benefits if you die or lose vision, hearing, or a limb due to accidental causes. Life and AD&D insurance volumes are calculated based on your annual salary as of January 1 of each calendar year.

Company-Paid Life and AD&D Insurance

S&L provides the following options for company-paid Life insurance at no cost to you:

- 1 x your annual base salary (minimum of $50,000)
- 2 x your annual base salary

Your company-paid Life insurance also includes AD&D coverage. If you die of accidental causes, a benefit of twice the amount of your company-paid Life insurance would be paid to your beneficiary. If you lose your sight, hearing, or a limb as a result of an accident, you would receive a percentage of your company-paid Life insurance.

Company-paid Life insurance coverage of $50,000 does not require you to pay taxes. Coverage amounts greater than $50,000 are subject to taxes based on IRS schedules pertaining to Group Term Life.

Supplemental AD&D Insurance

You also have the opportunity to choose supplemental AD&D insurance. You pay the full cost for supplemental coverage. Benefits are paid to you in the event of loss of a limb, sight, hearing, or speech as a result of an accident and to your designated beneficiary if you die of accidental causes. You have the following options for supplemental AD&D insurance, to a maximum of $600,000:

- 1 x, 2 x, 3 x, 4 x, 5 x, or 6 x your annual salary
- No coverage

If you enroll in supplemental AD&D insurance, you must also choose a coverage category:

- Employee only
- Employee and family

If you elect the employee and family category, each eligible family member will be covered by AD&D insurance (refer to the Enrollment Introduction section for a definition of eligible dependents). Dependents will be covered at a percentage of your own supplemental AD&D coverage, depending on the actual composition of your family, as follows:

Supplemental AD&D Insurance Coverage Percentages for Dependents

Your Family	Percentage of Coverage
Spouse Only*	60% of your supplemental coverage amount
Spouse and Children*	50% of your supplemental coverage amount for your spouse* 10% of your supplemental coverage amount for each child, up to a maximum of $25,000
Dependent Children Only	15% of your supplemental coverage amount for each child, up to a maximum of $25,000

*Reference to spouse includes a domestic partner or civil union partner.

Monthly pre-tax premium rates for supplemental AD&D insurance are shown below:

Coverage Level	Monthly Rate per $1,000 of Coverage
Employee Only	$0.02
Employee + Family	$0.02

Optional Employee Life Insurance

You pay the full cost of optional employee Life insurance. You have the following options for optional employee Life insurance, to a maximum of $500,000. Amounts exceeding $350,000 require approval by the carrier.

- 1 x, 2 x, 3 x, or 4 x your annual salary ($350,000 is the maximum without evidence of insurability.)
- No coverage

(Please refer to the evidence of insurability process on page 29.)

If you voluntarily cancel coverage, you are not eligible to re-enroll at a later date.

Monthly post-tax premium rates for optional employee Life insurance follow. Rate is based on your age on January 1, 2023.

Age	Monthly Rate per $1,000 of Coverage
0-29	$0.041
30-34	$0.048
35-39	$0.075
40-44	$0.088
45-49	$0.150
50-54	$0.230
55-59	$0.427
60-64	$0.604
65-69	$0.930
70 and Over	$1.588

Spouse Life Insurance[1]

You have the following options for Spouse Life insurance:

- $10,000; $25,000; $40,000
- No coverage

You pay the full cost of this coverage. You are the beneficiary for this benefit.

[1]Reference to spouse includes a domestic partner or civil union partner.

If a married couple works at S&L, Spouse Life insurance cannot be elected.

If you voluntarily cancel coverage, you are not eligible to re-enroll at a later date.

Per-pay-period post-tax premium rates for Spouse Life insurance are:

Coverage Level	Per-Pay-Period Rate
$10,000	$1.20
$25,000	$3.00
$40,000	$4.80

Dependent Child Life Insurance

You have the following options for Dependent Child Life insurance:

- $5,000; $10,000; $20,000
- No coverage

You pay the full cost of this coverage. The cost of Dependent Child Life insurance is the same whether you have one or more children. You are the beneficiary for this benefit.

If both parents are S&L employees, only one parent can elect Dependent Child Life.

If you voluntarily cancel coverage, you are not eligible to re-enroll at a later date.

Per-pay-period post-tax premium rates for Dependent Life insurance are:

Coverage Level	Per-Pay-Period Rate
$5,000	$0.15
$10,000	$0.30
$20,000	$0.60

DISABILITY BENEFITS

Disability benefits provide financial protection if you are unable to work as the result of an illness or injury. S&L understands how important it is to have income protection in the event of a disability and provides Short Term Disability (STD) coverage at no cost to you. You also have the opportunity to enroll in Long Term Disability (LTD) coverage at your expense.

Short Term Disability (STD)

If you are unable to work due to an approved disability, company-paid STD coverage provides benefits after 14 calendar days following the date of your injury or illness. STD pays a benefit of 60% of your salary (maximum weekly benefit of $3,000) for up to 11 weeks. STD payments are taxable income. All full-time employees automatically receive STD coverage. You do not need to enroll in this benefit.

Long Term Disability (LTD)

Optional, employee-paid LTD coverage begins on the later of 90 days or the end of Short Term Disability and pays 60% of your gross monthly earnings, up to a monthly maximum of $15,000. Your disability benefits are offset by other disability income, including pension benefits, Social Security income, workers' compensation, and state disability benefits.

If your disability begins before age 65, the benefit will be paid until the later date: 36 months after your benefit begins or you attain Social Security Normal Retirement Age, provided you remain disabled.

If your disability begins on or after age 65, the benefit will be paid until the later of the date you attain Social Security Normal Retirement Age or the following, provided you remain disabled:

Your Age on the Date Disability Begins	Months of Benefit
Under Age 61	To your normal retirement age,* but not less than 60 months
Age 61	To your normal retirement age,* but not less than 48 months
Age 62	To your normal retirement age,* but not less than 42 months
Age 63	To your normal retirement age,* but not less than 36 months
Age 64	To your normal retirement age,* but not less than 30 months
Age 65	24 months
Age 66	21 months
Age 67	18 months
Age 68	15 months
Age 69 and over	12 months

*Your normal retirement age is your retirement age under the Social Security Act where retirement age depends on your year of birth.

The premium for LTD coverage is $0.379 per $100 of monthly base salary. This premium is deducted on a post-tax basis, as the benefit payments are tax-free.

ACCIDENT

Accident insurance provides payments directly to you for injuries and/or medical services attributed to a covered accident. It is not comprehensive Medical insurance and does not cover medical expenses. Accident insurance pays a lump-sum benefit that you can use for any purpose, including to help you pay your copays, coinsurance, or other out-of-pocket medical expenses. You could also use the benefit toward out-of-pocket nonmedical expenses, such as transportation or help at home.

In general, Accident insurance covers broken teeth, fractures, dislocations, burns, tears, and lacerations. Other accidental injuries may also be covered. Details of this benefit can be found on The Loop>Benefits>Life Insurance/Additional Voluntary Benefits. Proof of injury satisfactory to Guardian will be required. You may enroll yourself and eligible family members in this coverage (The premiums are paid with post-tax dollars.)

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Per-Pay-Period Rate	$3.02	$4.70	$5.65	$7.33

Accident insurance is not the same as Accidental Death and Dismemberment (AD&D) insurance. While both Accident and AD&D coverages pay a benefit related to an accident, the types of benefits covered are different. AD&D insurance pays a benefit only for an accidental death or physical dismemberment. Accident insurance covers a larger variety of accidental injuries.

HOSPITAL INDEMNITY

Hospital Indemnity, offered through Guardian, pays cash benefits when you're hospitalized.

You can use the benefits however you want to help pay medical bills or everyday living expenses such as housing, car payments, utility bills, child care, groceries, and credit card bills.

Benefits for you:

- $1,000 for a hospital admission once per year (max of three per family, per year)
- $100 per day for hospital confinement to a max of 15 days per year
- $500/$1,000 for one outpatient surgery per year, based on the category (see booklet for more details)

Benefits are paid directly to you, and you can use the cash however you want.

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Per-Pay-Period Rate	$7.57	$17.66	$12.85	$22.94

CRITICAL ILLNESS

A Critical Illness, such as cancer or a heart attack, is devastating not only physically but financially as well. Critical Illness coverage pays a benefit for the following conditions: heart attack, stroke, invasive cancer, renal failure, or major organ transplant. In addition, a partial benefit is paid for cancer in situ, coronary artery bypass surgery, benign brain tumor, or skin cancer. Critical Illness coverage is available to employees and their eligible dependents. It has a lifetime maximum of 200% of the elected amount. (This coverage is not a replacement for Medical coverage.) The premiums are paid with post-tax dollars.

Employee coverage is available in increments of $10,000 up to a maximum of $100,000. However, amounts exceeding $20,000 require evidence of insurability with the insurance carrier. (Please refer to the Evidence of Insurability section on page 29.)

Spouse coverage is available in increments of $5,000 up to a maximum of $50,000, not to exceed 50% of the employee's volume of coverage. Evidence of insurability is required for spouse coverage exceeding $10,000 in volume. (Please refer to the Evidence of Insurability section on page 29.)

Below is a chart showing the rates for calculating premiums for both employee and spouse:

Rating Age	Monthly Rate Per $1,000 of Coverage
<25	0.084
25-29	0.123
30-34	0.193
35-39	0.313
40-44	0.538
45-49	0.924
50-54	1.466
55-59	2.189
60-64	3.265
65-69	4.674
70-74	6.597
75-79	8.559

Coverage for dependent children is available in increments of $2,500 up to a maximum of $15,000, not to exceed 50% of the employee's volume of coverage. The benefit terminates at age 26 for dependent children. The rate for dependent child(ren) coverage is $0.01 per $1,000 of coverage (regardless of the number of eligible children).

EVIDENCE OF INSURABILITY (EOI)

EOI is required if you:

1. Enroll in Optional Life insurance and the volume of coverage exceeds $350,000.
2. Enroll in Critical Illness for yourself and the volume of coverage exceeds $20,000, or you enroll in coverage for your spouse and the volume of coverage exceeds $10,000.
3. Enroll in LTD
4. Increase Critical Illness coverage and the volume of coverage exceeds $20,000.

If you wish to enroll in a benefit that requires EOI, choose the volume you are wanting and the EOI link www.guardiananytime.com/eoi will display when you click “next”. Follow the instructions to process your EOI request. Our account number is 00583194.

After the insurance carrier receives and processes the EOI, you will be sent an approval or denial notification. If approved, S&L will update your election and your premiums will be adjusted accordingly. If denied, your coverage will remain unchanged.

BENEFICIARY INFORMATION

To ensure that your company-paid Life insurance, optional employee Life insurance, and supplemental AD&D benefits are paid appropriately in the event of your death, it is important to keep your beneficiary information up to date.

For each of these benefits, you must designate a primary beneficiary. The primary beneficiary is the individual(s) or trust who would receive the benefit proceeds in the event of your death. You may designate as many individuals as you want, but the share of the proceeds must equal 100%. You also have the option to designate one or more contingent beneficiaries. A contingent beneficiary is the person or trust who would receive your benefit proceeds only if there is no primary beneficiary living at the time of your death.

If more than one beneficiary is designated, and the share is not specified or the total does not equal 100%, the benefit proceeds will be divided equally. If there is no designated beneficiary or the designated beneficiary is not living on the date of your death, the benefit proceeds will be paid to your estate.

Life insurance beneficiaries can be updated throughout the year by sending an email to benefits@sargentlundy.com.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP, offered through LifeWorks, is a confidential service provided by S&L to support your mental, financial, physical, and emotional well-being. The EAP is designed to address short-term issues and to identify resources and referrals for emergency and long-term issues. Speak with a professionally trained advisor 24/7 to work through issues affecting your personal and your work life, or complete self-guided education modules online. When in doubt, look to LifeWorks for help and support.

The service is available at no cost to you; however, you are responsible for any costs associated with referrals to services outside of the EAP. Go to www.login.lifeworks.com OR download the mobile app. Insert username: **sargentlundy** and password: **eap**. Connect with a professional advisor at 800-272-2727.

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