



BENEFIT GUIDE

**Salaried and Hourly
Field Supervising**
2026-2027

structural group

FAMILY OF COMPANIES

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TECHNOLOGIES

PULLMAN



Your Company Benefits



We understand the important role that benefits play in the lives of you and your family. As a new hire and then annually during open enrollment, you have an opportunity to make changes to your benefits package to ensure you and your family have the right coverage.

This benefits guide can help familiarize you with your benefit options. It also provides useful tips, tools and resources to help you think through your options and make wise decisions. As you prepare to enroll:

- Consider your benefit coverage needs for the upcoming year. For example, is your family financially protected if you can't work due to an accident or illness?
- Consider other available coverage.
- Gather information you'll need. If you are covering dependents, you will need their dates of birth and Social Security numbers. In addition, you may need to provide legal documentation verifying their eligibility — such as a marriage license or birth certificate.

Getting the most value from your benefits depends on how well you understand your plans and how you choose to use them. Be sure to read this entire guide for important information about your benefit options.

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Enrolling in Your Benefits



Log in at [Workday](#)



Begin the benefits enrollment process



Elect the benefits you want



Save or submit your elections



Print a copy of your elections for your records

Benefits Enrollment Call Center



At Structural Group, Inc. we continually look for ways to help our employees better understand their benefit options. To empower you to become a better consumer of your benefits, we have partnered with Willis Towers Watson (WTW) Enrollment Services to provide you with telephonic access to bilingual Benefits Coaches who will answer your benefit-related questions and assist you in enrolling in the benefits of your choice.

If you are eligible for benefits, you must complete your benefits enrollment, or you **will not** have coverage for 2026-2027. The benefit Plan Year runs from June 1–May 31, 2027.

- **LEARN** about the available benefits
- **ASK** your questions
- **ENROLL** or re-enroll in your 2026-2027 benefits
- **BE PREPARED!** Be sure to come to your meeting with your dependent information (you will need their dates of birth and Social Security numbers).

You may contact our bilingual Benefit Coaches by calling:

888-398-1510

Monday – Friday

9:00 am – 6:00 pm ET



Benefit Basics



The Company pays for some of your benefits and you share the cost for others, as shown here.

Benefit	Tax Treatment	Who Pays
Medical (Includes Prescription & Discounted Vision)	Pre-tax*	The Company & You
Dental	Pre-tax*	You
Vision Care	Pre-tax*	You
Health Savings Account	Pre-tax	You
Flexible Spending Accounts	Pre-tax	You
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	N/A	The Company
Optional Life Insurance	After-tax	You
Dependent Life Insurance	After-tax	You
Short-Term Disability	After-tax	The Company or You**
Long-Term Disability	After-tax	The Company or You**
Employee Assistance Program (EAP)	N/A	The Company
Qualified Transit Benefit	Pre-tax	You
Accidental Injury Insurance	After-tax	You
Hospital Care Coverage	After-tax	You
Critical Illness Insurance	After-tax	You
401(k) Retirement Savings Plan	Pre-tax and Roth	You

*If electing coverage for a Domestic Partner, the deduction will be split between Pre-tax and After-tax.

**Depending on years of service.



Eligibility



You are eligible for the benefits described in this guide if you are a regular full-time employee working at least 30 hours per week.

Coverage begins on the first of the month after date of employment. The following dependents are also eligible for some benefits including Medical, Dental, Vision, and Dependent Life Insurance:

- Your legal spouse
- Your same sex or opposite sex domestic partner
- Your children up to age 26

Acceptable Documentation for Adding Dependents

- **Legal Spouse:** Official Marriage Certificate
- **Biological Child:** Birth Certificate showing you are the parent
- **Step-Child:** Birth Certificate and your Official Marriage Certificate
- **Legally Adopted Child or Child for Whom You Are the Legal Guardian:** Legal document stipulating adoption or guardianship
- **Domestic Partner:** Must provide their license, birth certificate, and complete a company provided Declaration of Relationship form. Must also provide Domestic Partner Certificate or 2 of the below items:
 - Bank statement indicating joint ownership of a bank account
 - A joint mortgage or lease
 - Mutually granted durable power of attorney
 - Affidavit by a creditor able to testify to the partners' financial interdependence
 - Designation of domestic partner as beneficiary for life insurance policy or retirement benefits account
 - Designation of domestic partner as primary beneficiary in the employee's will or of the employee in the domestic partner's will
 - Authorized signatory authority on the partner's bank account or credit card

Changes to your benefits

Once you elect your benefit options, your elections remain in effect for the plan year (June 1 through May 31). Generally, you may only make or change your existing benefit elections as a new hire or during the annual open enrollment period. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage or domestic partnership
- Divorce, legal separation or domestic partnership dissolution
- Birth or adoption of a child
- Loss or gain of other coverage by the employee or dependent

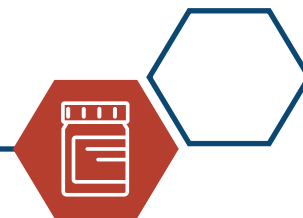
Note: A spouse/domestic partner's open enrollment period at their place of employment is considered a qualified life event but only for terminating coverage, not enrolling.

- Eligibility for Medicare or Medicaid

You have 31 days from the qualified life event to make changes to your coverage. Depending on the type of event, you will be required to provide proof of the event, such as a marriage license. If you do not make the changes within 31 days of the qualified event, you will have to wait until the next open enrollment period to make changes (unless you experience another qualified life event).



Medical and Pharmacy Plan Overview



We offer a medical plan through Cigna with coverage for prescription drugs.

Understanding how your plan works



1. Your deductible.

You pay out-of-pocket for most medical and pharmacy expenses, except those with a copay, until you reach the deductible.

2. Your coverage.

Once your deductible is met, you and the plan share the cost of covered medical and pharmacy expenses. The plan will pay a percentage of each eligible expense and you will pay the rest.

3. Your out-of-pocket maximum.

When you reach your out-of-pocket maximum, the plan pays 100% of covered medical and pharmacy expenses for the rest of the plan year. Your deductible and coinsurance apply toward the out-of-pocket maximum.

Making the most of your plan

Getting the most out of your plan also depends on how well you understand it. Keep these important tips in mind when you use your plan.

- **In-network providers and pharmacies:** You will always pay less if you see a provider within the medical and pharmacy network.
- **Preventive care:** In-network preventive care is covered at 100% (no cost to you). Preventive care is often received during an annual physical exam and includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms.
- **Preventive drugs:** Many preventive drugs and those used to treat chronic conditions like diabetes, high blood pressure, high cholesterol and asthma are on the Preventive Condition Drug List. These prescriptions are covered at 100% (no cost to you) when you use an in-network pharmacy.
- **Mail Order Pharmacy:** If you take a maintenance medication on an ongoing basis for a condition like high cholesterol or high blood pressure, you can use the Mail Order Pharmacy to save on a 90-day supply.
- **Pharmacy coverage:** Medications are placed in categories based on drug cost, safety and effectiveness. These tiers also affect your coverage.
 - **Generic** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
 - **Cigna-preferred brand** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
 - **Non-preferred brand** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.

Medical and Pharmacy Coverage



The medical and pharmacy coverage is provided through Cigna. The medical plan utilizes the Cigna Open Access Plus national network.

The following medical coverage options are provided for you and your eligible dependents.

Medical Plan Provisions	Employee		Employee + 1 Employee + Spouse/DP or Employee + 1 Child		Family	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible*	\$2,100	\$5,700	\$4,200	\$11,400	\$4,200	\$11,400
Coinsurance	20%	40%	20%	40%	20%	40%
Out-of-Pocket Maximums	\$4,200	\$11,200	\$6,700	\$18,100	\$7,800	\$21,800

*Deductible runs from June 1 through May 31.

Notes: Deductible must be met before coinsurance starts and may be funded by the employee thru weekly payroll deductions into an HSA account.

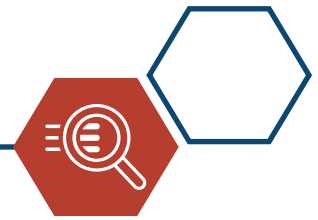
For a full listing of your medical benefits, refer to the Summary of Benefits and Summary Plan Description, which are available on the Hub on Comprehensus > Human Resources > Benefits > Medical and Dental.

Retail Pharmacy (up to a 30-day supply) (except Specialty up to 30-day supply)	In-Network	Out-of-Network
Generic	You pay \$15 copay after Medical Deductible	You pay 40% after Medical Deductible
Cigna-Preferred Brand	You pay 20% to max of \$40 after Medical Deductible	You pay 40% after Medical Deductible
Non-Preferred Brand	You pay 30% to max of \$60 after Medical Deductible	You pay 40% after Medical Deductible
Mail Order Pharmacy (90-day supply) (except Specialty up to 30-day supply)	In-Network	Out-of-Network
Generic	You pay \$30 copay after Medical Deductible	Not covered
Cigna-Preferred Brand	You pay 20% to max of \$80 after Medical Deductible	Not covered
Non-Preferred Brand	You pay 30% to max of \$120 after Medical Deductible	Not covered

Notes: Prescription drugs are included in the medical deductibles noted above. Copays will start after deductible has been met. 90-day refills for maintenance medication are available at selected retail pharmacies, including CVS, Target and Walmart. For more information, visit www.cigna.com/rx90network.

NO CHARGE for contraceptives. NO CHARGE for Mail Order Preventative Generics (drugs used to treat asthma, blood pressure, diabetes, cholesterol). Health Care Reform provides specific preventative medication at no cost. Step Therapy applies for Non-Preferred Brand medications. See full listing on www.cigna.com.

Your Medical Plan – Key Features



Virtual Medical Care

Available to all enrolled in Cigna Medical, MDLIVE offers a 24/7 service for **Urgent Care** that provides access to board-certified doctors (including pediatricians) by mobile app, online video or telephone. This is a convenient, affordable alternative to urgent care centers and the emergency room. Get consultations in both English and Spanish for a variety of minor illness and injuries, such as infections, cold & flu and sinus problems. Prescriptions can be prescribed, if appropriate.

Register for an account on mdliveforcigna.com. Customer cost share for MDLIVE for Cigna appointments vary. Sign in or create an account to view your cost share before your appointment. The cost of the consultation will be charged to your credit card or debit card after the claim has been processed by Cigna.

In addition to **Urgent Care**, MDLIVE provides a broad suite of convenient virtual services – available by phone or video and in English or Spanish for:

- **Primary Care**
 - Preventive care and wellness screenings
 - Manage chronic conditions and establish a relationship with the same primary care provider (PCP)
- **Behavioral Care**
- **Dermatology**

Visit myCigna.com or call MDLIVE at 888-726-3171 when you need virtual care.



myCigna.com Online Access

Register on myCigna.com and you'll be able to find all your coverage information online—whenever you need it! Once your Cigna coverage is in effect, go to <https://my.cigna.com> to register and enter your first name, last name, date of birth, home ZIP code, and your Cigna Customer ID or Social Security Number. If you are covered by another family member's Cigna Plan, you may need to enter the Social Security Number of the enrolled person through Structural Group, Inc. You will need to provide a valid email address when you register.

On myCigna.com, you can get answers to coverage questions, track claims and account activity, find doctors and services, find health advice, and manage your myCigna.com online profile. All of your personal information that Cigna has on file is completely confidential and kept in accordance with the Federal HIPAA (Confidentiality) Regulations.



Your Medical Plan – Key Features (continued)



Cigna One Guide

Cigna One Guide service can help you make smarter, informed choices and get the most from your plan. This is Cigna's highest level of support that combines the ease of a powerful app with the personal touch of live service.

One Guide personal support, tools, and reminders can help you stay healthy and save money.

Understand Your Plan:

- Know your coverage and how it works
- Get answers to all your health care or plan questions
- Find an in-network doctor, lab, or urgent care center
- Connect to health coaches, pharmacists, and more
- Stay on track with appointments and preventive care
- Take advantage of dedicated one-on-one support for complex health situations
- Learn ways to save and get the most value from your plan
- Get cost estimates and service comparisons to avoid surprises

Download the myCigna app or call the number on the back of your ID card to talk with a Cigna personal guide.

Diabetes Prevention Program

Cigna's Diabetes Prevention Program in Collaboration with Omada is a digital lifestyle change program designed to help individuals lose weight, gain energy, and reduce the risks of type 2 diabetes and heart disease. The program surrounds participants with the tools and support they need to make lasting, meaningful changes to the way they eat, move, sleep, and manage stress—one small step at a time.

The program is available at no additional cost for covered individuals over the age of 18 that are enrolled in the company medical plan offered through Cigna, are at risk for type 2 diabetes or heart disease, and are accepted into the program.

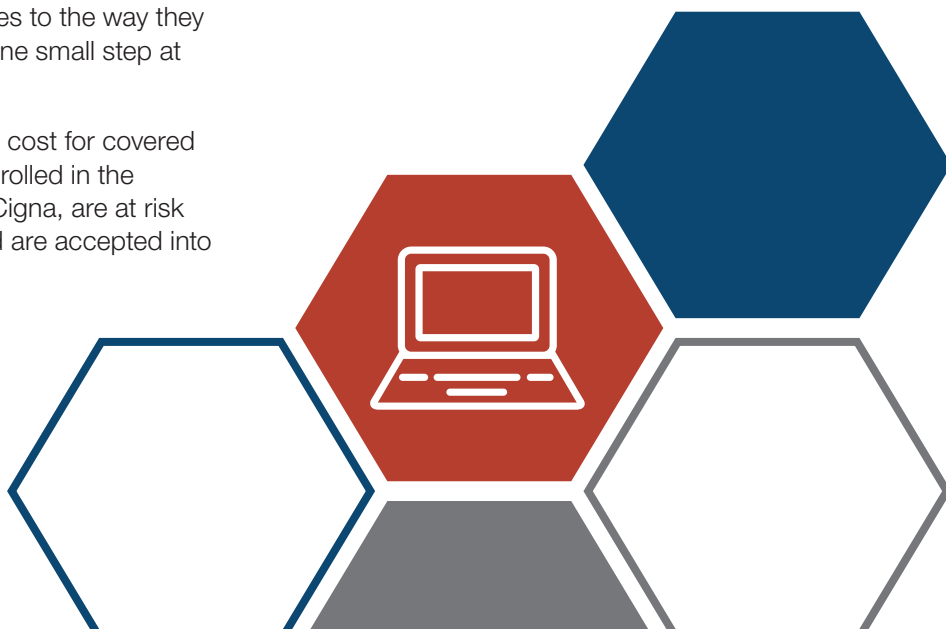
Cigna Behavioral Health Tools

Coping with behavioral health problems can be stressful and difficult. The Cigna Total Behavioral Health program helps you manage health issues before they become more serious. Call 800-244-6224 anytime, day or night, to pre-certify services for treatment or to locate a provider.

Cigna Total Behavioral Health includes a comprehensive list of behavioral programs such as inpatient care management, outpatient care management, gaps in care, autism (ABA therapy) and covers behavioral conditions such as eating disorders, bipolar disorder, substance use, and cognitive behavioral modification.

Programs and digital tools to enhance emotional wellness are also available. This includes on-demand peer coaching to boost mood and improve mental health through iPrevail, Digital self-guidance tool to help increase resilience through Happify, and community support (food, housing, financial) needs accessible via [myCigna.com](https://mycigna.com).

Online resources available on [Cigna.com](https://cigna.com) and [myCigna.com](https://mycigna.com) also provide easy access to behavioral awareness series information, articles, podcasts and the provider directory.



Healthy Foundations Wellness & Health Advocacy



The wellness program is provided to employees enrolled in the medical plan.

We want employees to be engaged in their jobs and communities, be active and engaged in their health, and ultimately achieve their highest level of wellbeing.

Our wellness offering is designed to:

- Provide education, resources and support to employees
- Help you make good decisions about your health
- Increase employee engagement and productivity
- Manage health care costs

For employees enrolled in the medical plan, you can earn rewards by making healthy decisions. Getting healthy is even more rewarding.

It's easy to earn rewards by making healthy decisions. Choose your healthy activities and watch your rewards add up. The more you do, the more Wellness Rewards you'll earn up to \$300. You can redeem your Wellness Cash for gift cards or donations to charity or browse the Wellness Store for wellness products, fitness accessories and more.

Visit www.myCigna.com or download the myCigna app to set up your profile. Simply select the Wellness tab, then click "Get Started" to enroll.

Stay tuned for more information about wellness throughout the year!

Health Advocate

We provide 24/7 Health Advocacy services free of charge to employees enrolled in the medical plan. This innovative health care resource is available to assist you in navigating the health care system. Health Advocate is a completely confidential service that is available to all employees enrolled in a group medical coverage (plus eligible family members: spouse/partner, dependents up to age 26, parents, and parents-in-laws). Health Advocate will assist you in making a more informed decision about your health care.

To get started, call 866-799-2728 or visit www.HealthAdvocate.com/structural. If prompted for a registration code, please use: L2FXANV.



Savings Accounts



The Company offers several accounts that enable you to pay for eligible expenses tax-free. The IRS provides a list of eligible expenses for each account at www.irs.gov.

Health Savings Account (HSA)	Health Care Flexible Spending Accounts (FSAs)	Dependent Care Flexible Spending Account (FSA)
Available to those enrolled in the Cigna Choice Fund Health Savings Account as long as you are not enrolled in any other health coverage or Medicare, or claimed as a dependent on someone else's tax return.	Health Care FSA – If you are not enrolled in an HSA Plan, you can use this account for medical, pharmacy, dental and vision expenses.	Use for eligible childcare expenses for dependents under age 13 or elder care.

Comparison of accounts

	HSA	FSA
Does the company contribute?	X	X
Can I contribute my own savings?	✓	X
Is there an IRS maximum annual contribution?	✓ Employee: \$4,400 Family: \$8,750 Those 55 and older can contribute an additional \$1,000 annually.	✓ Health Care FSA: \$3,400 Dependent Care FSA: \$5,000
Will my savings roll over each year?	✓ Unlimited	! Up to \$680 for Health Care FSA; No roll over for Dependent Care FSA
Will I earn interest on my savings?	✓	X
Are the savings tax-free? <i>In most states</i>	✓	✓
Do I keep the money if I leave the company?	✓	X
Can I also have a Flexible Spending Account (FSA)?	Dependent Care FSA	N/A

Health Savings Account



The Cigna Choice Fund HSA is an account that you and your family members can use to save and pay for qualified medical expenses with pre-tax dollars, from deductible and coinsurance amounts to pharmacy bills, dental care, vision care and much more. The interest income you earn and all of the money you spend is tax-free.

The Cigna Choice Fund HSA is remarkably easy to use and manage. You'll get an HSA debit card that you can use at doctors' offices and even at ATMs. Monitor your HSA activity on www.myCigna.com any time of day or night. And with a Cigna Choice Fund HSA, you have the option to participate in an investment program offering a diverse range of mutual funds so you can create an entire HSA portfolio that's tailored to your investment profile and your future needs.



Start It

- Contributions to the HSA are tax-free.
- Plans with an HSA typically cost less than other plans so the money you save on premiums can be put into your HSA. You save money on taxes and have more flexibility and control over your health care dollars.



Build It

- All of the money in your HSA is yours even if you leave your job, change plans or retire.
- In 2026, the total of your contributions can be up to \$4,400 for individual coverage and \$8,750 for family coverage.



Use It

- You can withdraw your money tax-free at any time, as long as you use it for qualified expenses (a list can be found in Section 213(d) of the Internal Revenue Service Tax Code viewable at www.irs.gov).
- You can also save this money and hold onto it for future eligible health care expenses.



Grow It

- Unused money in your HSA will roll over, earn interest and grow tax-free over time.
- You decide how to use the HSA money, including whether to save it or spend it for eligible expenses. When your balance is large enough, you can invest it — tax-free.

Take charge of planning for a healthy tomorrow and enroll in a Cigna Choice Fund HSA today!

Health Savings Account (continued)



Eligibility Details

To be eligible, an individual:

- Must be covered under a qualified HDHP on the first day of any month for which eligibility is claimed.
- May not be covered under any health plan (including TRICARE, a general purpose FSA or spouse or domestic partner's FSA or HRA, health benefits or prescription drugs received from the Veterans Administration or one of its facilities in the last three months or Social Security Disability Insurance) that is not a qualified HDHP.
- Must not be enrolled in Medicare
- May not be claimed as a dependent on another individual's tax return.

Your contributions to an HSA are:

- **Tax-deductible:** You contribute through pre-tax payroll deductions.
- **Tax-free:** Withdrawals to pay qualified expenses are never taxed.
- **Tax-deferred:** Interest earnings on investments are not taxed, and if used to pay qualified expenses, remain tax-free.
- **Yours to keep:** Unlike a Flexible Spending Account, unused money in your HSA isn't forfeited at the end of the year; it continues to grow, tax-free.
- You may contribute to an HSA up to the annual IRS limit for individual or family coverage. Plan participants ages 55 and older may make an additional catch-up contribution.

You use the funds in your HSA to pay for qualified health care expenses (such as deductibles). Preventive care services are paid at 100% with no deductible requirement. Your HSA balance will roll over to be used the following year if you do not use the balance in your account by December 31. For more information, visit <http://www.irs.gov/uac/About-Publication-969>.

Examples of Qualified HSA Expenses

- Medical, dental, and vision deductibles, copays and coinsurance amounts
- Long-Term Care insurance premiums
- COBRA continuation premiums
- Medicare Premiums



Flexible Spending Accounts



A Flexible Spending Account (FSA) helps you pay for health care and/or dependent care costs using tax-free dollars. Your contribution is deducted from your paycheck on a pre-tax basis and is put into the FSA. The electronic payment card allows you to pay for eligible medical expenses at the time you incur the expense. This chart shows the eligible expenses for each FSA and how much you can contribute each year. Each of these options reduces your taxable income.

Account type	Eligible expenses	Annual contribution limits
Health Care FSA*	Most medical, dental and vision care expenses that are not covered by your health plan (such as copays, coinsurance, deductibles, eyeglasses and prescriptions)	Minimum contribution is \$100 and maximum contribution is \$3,400 per year. You cannot enroll if you are enrolled in the Cigna Choice Fund Health Savings Account. Funds are deducted throughout the year, but all funds are available on June 1.
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) for children under age 13 or elder care so you and your spouse/ domestic partner can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500) if married and filing separate tax returns.

*You will receive a debit card in the mail. This is a bank card with the specific limit amount you elected for your Health Care FSA and it is used to pay for eligible expenses at the time of service. There is a \$5.00 replacement fee if the card is lost.

Important information about FSAs

Your FSA elections are effective from June 1 through May 31. Claims for reimbursement must be submitted by August 31 of the following year. Our Health Care FSA allows you to carry over \$680 in unused funds to the following plan year.

Please plan your contributions carefully. Any unused money remaining in your account(s) will be forfeited. This is known as the "use it or lose it" rule and it is governed by Internal Revenue Service regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.



Dental Plan

It's important to have regular dental exams and cleanings so problems are detected before they become painful — and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. We offer three dental plan options through Cigna. The dental plan utilizes the Cigna Total DPPO Network.

Dental Plan Provisions	Dental PPO High Plan		Dental PPO High Plan - LA, TX, MS		Dental PPO Low Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan Year Deductible* (Individual/Family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Plan Year Maximum*	\$2,000	\$1,500	\$2,000	\$2,000	\$1,000	\$1,000
Orthodontia Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$1,500	Not covered	
Type A: Preventive (cleanings, exams, X-rays)	No charge. Deductible does not apply		Covered at 100%		No charge. Deductible does not apply	
Type B: Basic Restorative (fillings, extractions)	\$0 after deductible	20%**	\$0 after deductible		40%**	40%**
Type C: Major Restorative (bridges, dentures)	40%**	50%**	40%**	40%**	60%**	60%**
Orthodontia (for Adults and Children up to age 19)	50%		50%		Not covered	

*Plan Year Deductibles and Maximums run from June 1 through May 31.

**After deductible

How to find a participating dentist?

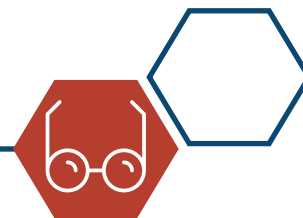
Visit www.myCigna.com or call 800-CIGNA24 (1-800-244-6224) to locate participating/in-network dentists.

Do I need an ID card?

Dental ID Cards can be accessed on MyCigna.com or the MyCigna app. Your dentist can easily verify information about your coverage through a toll-free automated computer voice response system.

Note: This is a synopsis of coverage only; the dental benefits summary contains exclusions and limitations that are not shown here. Please refer to the dental benefits summary for the full scope of coverage.

Cigna Vision Reimbursement Program



Vision benefits are provided by Cigna as a part of your medical plan. You pay for your vision services at the time of service and submit a receipt for reimbursement from your medical plan, just like a medical claim. Reimbursement forms are available at www.myCigna.com. You will be reimbursed for the maximum applicable amounts shown below.

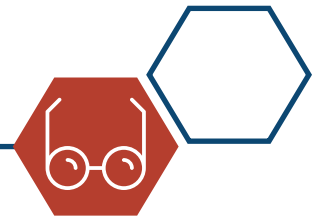
Vision Plan Provisions*	Cigna Vision	
	In-Network	Out-of-Network
Exam	\$25 allowance per exam	\$25 allowance per exam
Frames	Up to \$20	Up to \$20
Lenses		
• Single Vision Lenses	Up to \$20	Up to \$20
• Bifocal Lenses	Up to \$40	Up to \$40
• Trifocal Lenses	Up to \$56	Up to \$56
• Lenticular Lenses	Up to \$72	Up to \$72
Contact Lenses		
• Elective	Up to \$40	Up to \$40
• Medically necessary	Up to \$96	Up to \$96
Frequency		
• Exam	12 Months	12 Months
• Lenses	12 Months	12 Months
• Frames	24 Months	24 Months
• Contact lenses	12 Months	12 Months

*The Plan Year runs from June 1 through May 31.

Notes: There is no CIGNA Vision Network, therefore, you may choose any provider for your eye exam and you may purchase your lenses and frames at any retail outlet. Keep in mind that, regardless of the price of your services, your reimbursement amounts remain the same. This is a synopsis of coverage only; the medical benefits summary contains exclusions and limitations that are not shown here. Please refer to the medical benefits summary for the full scope of coverage.



Cigna Vision Plan



The Cigna Vision Plan utilizes the Cigna Vision Network.

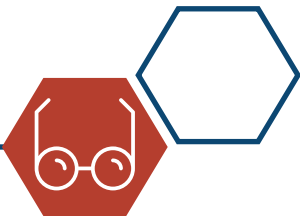
Vision Plan Provisions*	Cigna Vision	
	In-Network	Out-of-Network
Exam - Comprehensive Exam - Retinal Imaging	\$10 copay Up to \$39 copay	\$45 allowance
Frames** - Costco - Retail	100% up to \$150 allowance 100% up to \$150 Allowance, 20% off balance over allowance	\$83 allowance \$83 allowance
Lenses - Single Vision Lenses - Lined Bifocal Lenses - Lined Trifocal Lenses - Lenticular Lenses	\$25 copay \$25 copay \$25 copay \$25 copay	\$32 allowance \$55 allowance \$65 allowance \$80 allowance
Contact Lenses - Elective - Medically Necessary - Contact Fitting and Evaluation - Therapeutic	Covered at 100% up to \$150 Retail Allowance; Additional 15% off balance over allowance for Elective Conventional Copay not to exceed \$60 (Standard or Premium Fit) Elective Disposable covered at 100% up to \$150 Retail allowance	\$120 allowance \$210 allowance Applied to the Contact Lens allowance \$120 allowance
Frequency - Exam - Lenses - Frames - Contact Lenses	12 Months 12 Months 24 Months 12 Months	12 Months 12 Months 24 Months 12 Months

*Plan runs June 1 – May 31.

**One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance.

Note: This is a synopsis of coverage only; the vision benefits summary contains exclusions and limitations that are not shown here. Please refer to the vision benefits summary for the full scope of coverage.

Eye Protection



Prescription Safety Glasses Employee Reimbursement Program

The safety of your eyes is priority. All job sites (including all project locations as well as shop and manufacturing facilities) have a 100% eye protection requirement. There are specific eye protection requirements for various field operations. Eye protection is required for performing tasks and for visiting or supervising shop/job sites.

Prescription glasses present special issues. Standard prescription glasses typically do not meet the Company eye protection requirements. Using improper prescription eyewear can greatly increase the risk of serious eye injury. Due to this risk, we have the following program in place which provides wearers of prescription glasses 3 options:

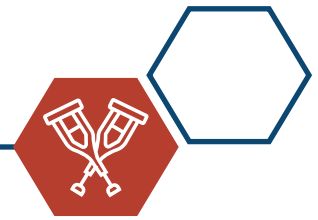
Option	Eligibility	Reimbursement
ANSI Z87.1 Safety Glasses worn over prescription glasses	First of the month after 60 days of employment	Limited to \$300 for a two-year period**
Goggles over prescription glasses		
ANSI Z87.1 Prescription Safety Glasses*		

*Available at most opticians. This option meets company and OSHA standards.
**After the purchase of your safety glasses, you must submit a copy of the receipt to your branch administrative management representative.

Note: Only approved eye protection will be allowed on job sites.



Life Insurance and Disability



Life and AD&D Insurance

Life Insurance is an important part of your financial wellbeing, especially if others depend on you for support. The Company provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance for employees and offers Optional Life Insurance for employees and their dependents through New York Life. Employee must have voluntary life on themselves in order to have voluntary life on spouse and/or children.

Basic Life and AD&D Insurance

The Company provides basic life and AD&D insurance to you at **no cost** equal to 1.5 times your base annual earnings, up to a maximum of \$300,000. Coverage is automatic; you do not need to enroll.

Optional Life Insurance

You may choose to purchase additional life coverage for yourself and your dependents at affordable group rates. Rates are based on age and the coverage level chosen.

Optional Life Insurance for you	Optional Life Insurance for your dependents	
Employee • Increments of \$10,000 • Up to a \$500,000 maximum • Guaranteed issue up to \$150,000	Spouse/Domestic Partner • Increments of \$10,000 to a maximum of \$300,000, or the lesser of 100% of your Basic Life and Optional Life Benefits) • Guaranteed issue up to \$30,000	Child(ren) • \$10,000 flat benefit • Covers all dependent children • Must be added within 31 days of birth

Disability Insurance

Disability Insurance through New York Insurance provides income replacement should you become disabled and unable to work due to a non-work related illness or injury.

If you elect this benefit and you have been with the company less than 3 years, this voluntary benefit is employee paid. After 3 years of employment, the company provides STD and LTD at **no cost** to employees.

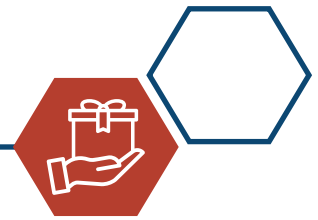
Short-Term Disability	Long-Term Disability
• This plan covers 60% of your weekly salary, up to a maximum of \$1,000 per week. • Benefit duration is up to the first 13 weeks of a disability after the one-week waiting period. Note: Maternity is treated as any other illness.	• This plan covers 50% of your base salary, up to a maximum of \$5,000 per month. • Benefit duration begins after 90 days of disability. • Benefits are offset with other sources of income, such as Social Security and Workers' Compensation. Note: You have the option to purchase additional coverage (60% of covered monthly earnings up to a \$7,500 monthly maximum).

Additionally, be sure to take advantage of perks that are available to you as part of your life benefits with New York Life now and when you may need them. These include Financial, Legal & Estate Support, Survivor Assurance with Bereavement Counseling and a Secure Travel program.

Family Medical Leave Act (FMLA)

If you have been with the company for 12 months, you may be eligible for up to 12 work weeks of unpaid leave per year under the Family and Medical Leave Act (FMLA). FMLA can be used for an illness of your own, care needed for a family member, care for a newborn and certain other medical needs.

EAP & Additional Benefits



Employee Assistance Program (EAP)

The EAP is available to all employees and their spouse/partner, dependents up to age 26, parents, and parents-in-laws and provides **100% confidential** services and support at **no cost**. Enrollment is automatic and benefits are available on the first day of the month following date of hire. The EAP helps address a variety of concerns and situations that may impact you or your family's job, health, emotional well-being, and overall quality of life such as:

- General stress
- Depression
- Anxiety
- Substance Abuse
- Family Issues
- Achieving work/life balance
- Death/serious illness
- Disputes with family or coworkers

Services include, but are not limited to:

- 3 face-to-face or virtual counseling sessions
- Legal consultation with an attorney
- Assistance finding child/elder/pet care
- Debt counseling
- Telephonic consultations
- Fraud resolution/identity theft
- Relocation support
- Assistance with adoption

Confidential assistance is available any time by calling 866-799-2728 or visiting www.HealthAdvocate.com/structural. If prompted for a registration code, please use: L2FXANV.

Qualified Transportation Expense (QTE)

A QTE allows you to set aside pre-tax money into an account to be reimbursed for eligible transportation expenses.

Eligible expenses include expenses incurred by an employee to park their car on or near a location from which the employee commutes to work. Eligible expenses also include transit expenses incurred for any pass, token, fare card, voucher or similar item entitling a person to transportation if such transportation is on mass transit or provided by any person in the business of transporting persons in a vehicle with a seating capacity of at least six adults.

The maximum contribution is \$340 per month to your transit/vanpool account and up to \$340 per month to your parking account.

Expenses not eligible include, but are not limited to, cab or taxi fare, mileage, tolls, and business-related travel.



Additional Benefits (continued)



Cigna Accidental Injury Insurance

The Company is offering a Voluntary Accidental Injury Insurance should you wish to enroll yourself as well as any of your eligible family members. The Accidental Injury Plan offered by Cigna Supplemental Health pays benefits should you be in an accident which results in fracture. The plan also covers X-Rays, medical testing, hospital admittance and stay, equipment, physician follow-ups and much more. There is no annual or lifetime benefit maximum and claim submission is simple—you and your family can receive benefits to use in any way you prefer.

You'll have a choice of two plans called the Low Plan and the High Plan that provide payments in addition to any other insurance payments you may receive. No medical underwriting is needed, so if you want to enroll, just make sure to do so while reviewing all your benefit elections.

Here's how it works:

- Benefit amounts depend on accident circumstances and plan
- No coordination with other insurance coverage
- Coverage is portable if you leave or retire

Covered Accidents include, but are not limited to:

- Fractures
- Dislocations
- 2nd and 3rd degree burns
- Concussions
- Cuts/lacerations
- Eye injuries
- Coma
- Torn knee cartilage
- Broken tooth
- Ruptured disc

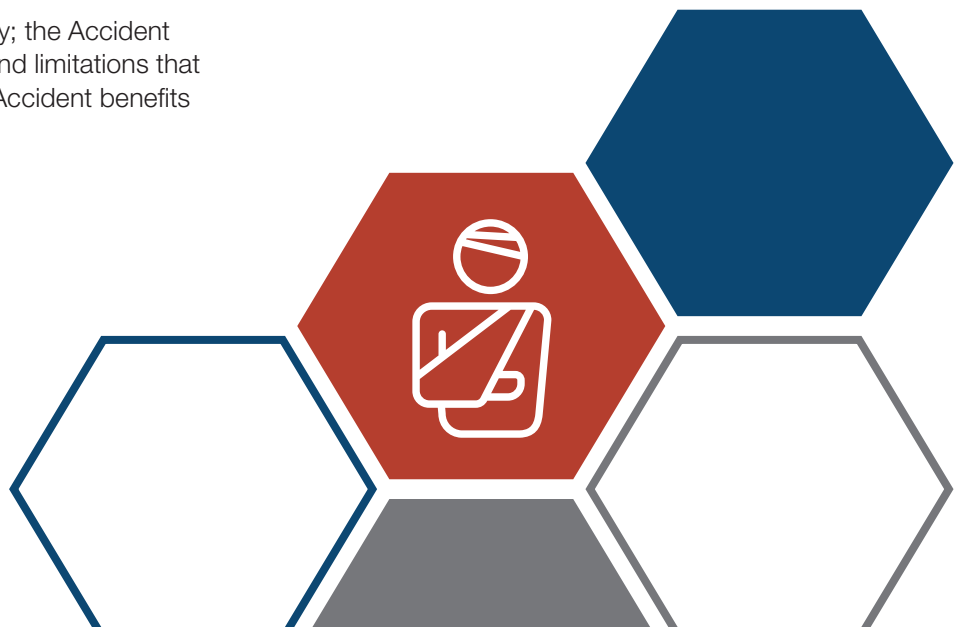
Note: This is a synopsis of coverage only; the Accident benefits summary contains exclusions and limitations that are not shown here. Please refer to the Accident benefits summary for the full scope of coverage.

Medical Services and Treatments include:

- Ambulance (ground and air)
- Emergency care
- Non-emergency care
- Physician follow-up
- Therapy services (including physical therapy)
- Medical testing benefit (including X-rays, MRIs, CT scans)
- Medical appliances

Hospital Coverage includes:

- Admission
- Confinement
- Sports Accident Rider, 25% scheduled benefit increase for organized or personal sports. 10 per year.



Additional Benefits (continued)



Cigna Hospital Care Coverage

The Company is offering a Voluntary Hospital Care Coverage. This coverage provides benefits that could be valuable to you and your family. You may choose to enroll in coverage for yourself, your spouse/domestic partner and any eligible dependents. Benefits are payable in the event that you and/or a covered dependent is hospitalized (hospital admission) or confined due to an accident or sickness. Childbirth is also covered under this plan.

Benefits are paid in a lump-sum that you can use however you like. Cigna Hospital Care Coverage Plan can supplement existing medical coverage and can help provide financial support to pay for out-of-pocket expenses such as deductibles, copays, and medical services not covered by your medical plan. Benefits are paid regardless of what is covered by your medical insurance.

Here's how it works:

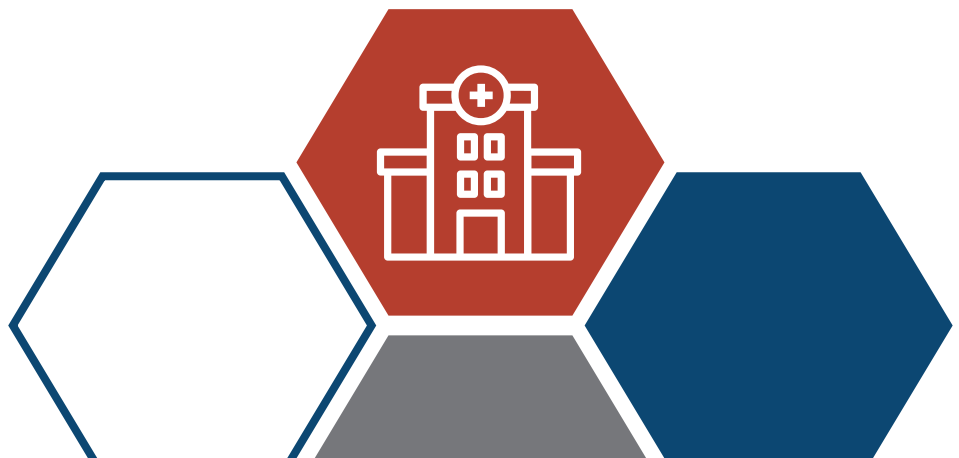
Category	Benefit Limits	Benefit	Plan 1	Plan 2
Admission Benefit ¹	1 per 90 days	Admission	\$500	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	\$1,000	\$2,000
Confinement	30 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 30 of those days	Confinement	\$100	\$200
		ICU Supplemental Confinement (Benefit is not paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU. Only 1 benefit will be paid, whichever is greater.)	\$200	\$400
Confinement Benefit for Newborn Nursery Care	30 day(s) per confinement	Confinement Benefit for Newborn ² Nursery Care ³	\$75	\$150

¹If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.

²If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

³Payable for the period of newborn confinement for a newborn child who is not sick or injured.

Note: This is a synopsis of coverage only; the Hospital benefits summary contains exclusions and limitations that are not shown here. Please refer to the Hospital benefits summary for the full scope of coverage.



Additional Benefits (continued)



Critical Illness Insurance

The Company is offering a Voluntary Critical Illness Insurance Plan, offered through Cigna Supplemental Health. The Critical Illness Insurance provides benefits that could be valuable to you and your family. You may choose to enroll in coverage for yourself, your spouse/domestic partner and any eligible dependents. **An unexpected illness or injury can disrupt every facet of your life, including your physical, emotional and financial well-being.**

Key features to consider:

- Flexible. Use the money however you want. Pay for anything you need – medical deductibles, child care, groceries, etc.
- Supplement to medical plan. Benefits are paid in addition to other coverage you may have.
- Cost effective. Your premium is conveniently deducted from your paycheck at a low group rate.

You can enroll in either the \$15,000 or the \$30,000 Plan.

Plan 1 (\$15,000)	Benefit Amount	Plan 2 (\$30,000)	Benefit Amount
Employee	\$15,000	Employee	\$30,000
Spouse	100% of employee amount	Spouse	100% of employee amount
Children	50% of employee amount, including Childhood Condition	Children	50% of employee amount, including Childhood Condition

Here's how it works:

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer	\$500 1x per lifetime
Second Opinion Cancer	\$500 1x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Carcinoma in Situ	50%	50%
Vascular Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	100%	100%

Note: This is a synopsis of coverage only; the Critical benefits summary contains exclusions and limitations that are not shown here. Please refer to the Critical benefits summary for the full scope of coverage.

401(k) Retirement Savings Plan



Whether retirement is way down the road or just around the corner, it's important to have savings goals and specific investment objectives. To help you meet your goals and objectives, we offer a 401(k) Retirement Savings Plan, administered by Principal Financial, with multiple investment options and a company match. Key details and features of our plan are listed below.

Employee Contributions

Employees are eligible to enroll in and contribute to the plan on the first of the month after their date of employment. Employees must be at least 18 years of age to participate in the 401(k) plan. You have the option to choose between pre-tax, Roth*, or a combination of both.

New employees will be automatically enrolled in the plan at a 6% pre-tax contribution rate after 30 days of employment.

You can contribute up to \$24,500 in 2026, and if you are age 50 or older, you may contribute up to an additional \$8,000 as a "catch-up" contribution. If 60, 61, 62 or 63 during the calendar year, you can contribute up to an additional \$11,250 as a "super Catch-up" contribution.

Employer Contributions

Employer Matching Contributions are immediate.

The Company's standard match is 50 cents on the dollar up to an employee's first 6% of contributions.

The Company, at its sole discretion, reserves the right to make adjustments to Employer Matching Contributions at any time.

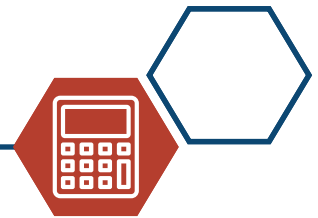
*Roth contributions are retirement savings made with after-tax dollars, meaning you pay taxes on the money now rather than later in retirement.

Vesting

Vesting refers to your ownership of the money in your 401(k). You will be 100% vested in the company match after five years of service. You are always 100% vested in your contributions to the plan.

For More Information

- You can enroll in the plan and make changes to your contributions at any time.
- Principal Financial has many different investment options for you to choose from, along with tools and resources you can use to determine which options best meet your investment objectives.
- Once you are enrolled, you can visit www.principal.com or call 800-547-7754 for additional details about your 401(k) Retirement Savings Plan including making investment elections.



Benefit Costs

Medical, Dental, Vision

Your **weekly** payroll contributions for your benefits are shown here.

Medical	Cigna Open Access Plus	Vision	Cigna Vision
Employee Only	\$35.87	Employee Only	\$1.06
Employee + Spouse/ Domestic Partner*	\$103.72	Employee + Spouse/ Domestic Partner*	\$2.37
Employee + Child(ren)	\$73.23	Employee + Child(ren)	\$2.01
Family	\$119.17	Family	\$3.31

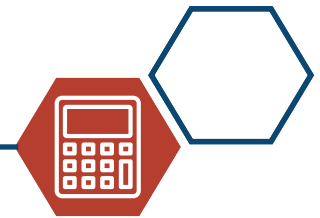
*If electing coverage for a domestic partner the deduction will be split between Pre-tax and After-tax.

Dental	Cigna Dental PPO High Plans	Cigna Dental PPO Low Plan
Employee Only	\$7.95	\$5.46
Employee + Spouse/Domestic Partner*	\$18.09	\$11.62
Employee + Child(ren)	\$20.69	\$12.56
Family	\$32.28	\$19.94

*If electing coverage for a domestic partner the deduction will be split between Pre-tax and After-tax.



Benefit Costs (continued)

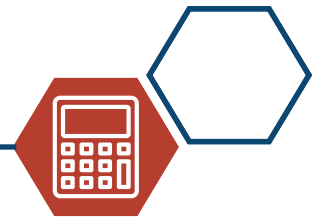


Cigna Accidental Injury Insurance	Plan 1	Plan 2
Employee Only	\$1.08	\$2.08
Employee + Spouse/ Domestic Partner	\$1.88	\$3.64
Employee + Child(ren)	\$2.35	\$4.59
Family	\$3.15	\$6.15

Cigna Hospital Care Coverage	Plan 1	Plan 2
Employee Only	\$1.93	\$3.44
Employee + Spouse/ Domestic Partner	\$5.89	\$9.59
Employee + Child(ren)	\$3.78	\$6.59
Family	\$7.75	\$12.84

Critical Illness	Plan 1 (\$15,000)			
Age	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
<25	\$1.16	\$2.91	\$1.90	\$3.65
25 to 29	\$1.25	\$3.15	\$1.99	\$3.90
30 to 34	\$1.50	\$3.66	\$2.24	\$4.40
35 to 39	\$1.93	\$4.80	\$2.68	\$5.54
40 to 44	\$2.55	\$6.18	\$3.29	\$6.92
45 to 49	\$3.80	\$8.53	\$4.54	\$9.27
50 to 54	\$5.37	\$11.64	\$6.11	\$12.39
55 to 59	\$7.96	\$16.21	\$8.70	\$16.95
60 to 64	\$10.79	\$21.02	\$11.53	\$21.76
65 to 69	\$13.86	\$28.25	\$14.60	\$28.99
70 to 74	\$17.69	\$37.79	\$18.43	\$38.53
75 to 79	\$24.27	\$50.80	\$25.01	\$51.54
80 to 84	\$29.73	\$63.33	\$30.48	\$64.07
85 to 89	\$35.02	\$74.01	\$35.76	\$74.75
90 to 94	\$35.02	\$74.01	\$35.76	\$74.75
95+	\$35.02	\$74.01	\$35.76	\$74.75

Critical Illness	Plan 2 (\$30,000)			
Age	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
<25	\$2.32	\$5.82	\$3.80	\$7.30
25 to 29	\$2.49	\$6.30	\$3.97	\$7.79
30 to 34	\$3.00	\$7.32	\$4.48	\$8.81
35 to 39	\$3.86	\$9.60	\$5.35	\$11.07
40 to 44	\$5.11	\$12.36	\$6.58	\$13.83
45 to 49	\$7.59	\$17.05	\$9.08	\$18.54
50 to 54	\$10.73	\$23.29	\$12.22	\$24.78
55 to 59	\$15.92	\$32.41	\$17.40	\$33.90
60 to 64	\$21.59	\$42.04	\$23.07	\$43.53
65 to 69	\$27.72	\$56.51	\$29.19	\$57.98
70 to 74	\$35.37	\$75.58	\$36.86	\$77.07
75 to 79	\$48.53	\$101.60	\$50.01	\$103.08
80 to 84	\$59.47	\$126.66	\$60.95	\$128.14
85 to 89	\$70.04	\$148.02	\$71.52	\$149.49
90 to 94	\$70.04	\$148.02	\$71.52	\$149.49
95+	\$70.04	\$148.02	\$71.52	\$149.49



Benefit Costs (continued)

Short-Term Disability Weekly Rates

Length of Service	Employee Contribution
Less than 3 Years	\$0.140 per \$10 of coverage
3 Years or More	\$0

Calculation Example:

Annual Base Salary: $\$20,000 \div 52 \text{ Weeks} \times 60\% = \230.77
 $\$230.77 \div 10 = \$23.07 \times 0.140 = \$3.22$
 $\$3.22 \times 12 = \$38.64 \div 52 = \$0.74 \text{ Weekly Contribution}$

Long-Term Disability Weekly Rates

Length of Service	Employee Contribution
Less than 3 Years (Basic Plan – 50%)	\$0.333 per \$100 of Monthly Salary
Less than 3 Years (Additional Plan – 60%)	\$0.378 per \$100 of Monthly Salary
3 Years or More (Basic Plan – 50%)	\$0
3 Years or More (Additional Plan – 60%)	\$0.090 per \$100 of Monthly Salary

Calculation Example:

Annual Base Salary: $\$20,000 \div 12 \text{ months} = \$1,666.66$
 $\$1,666.66 \div 100 = \$16.67 \times .333 = \$5.55$
 $\$5.55 \times 12 = \$66.60 \div 52 = \$1.28 \text{ Weekly Contribution}$

Voluntary Life Insurance Monthly Rates

The monthly cost of insurance for you and your spouse/domestic partner depends on your age and the amount of insurance you wish to purchase.

- Find your age group in the table.
- Multiply the Rate by the number of coverage units you want.
- Calculate the cost of coverage for your spouse/domestic partner's age.
- Child Life Insurance coverage costs \$1.13 per month or 0.26 weekly (\$10,000 coverage). One premium will insure all your eligible children, regardless of the number of children you have.

Calculation Example:

Employee: Age 28, \$250,000 coverage
 $250,000 \div 10,000 = 25 \text{ Units}$
 $25 \text{ Units} \times \$0.73 \text{ per unit} = \$18.25 \text{ per Month or } \4.21 Weekly

Employee/Spouse/ Domestic Partner Age	Monthly Cost per \$10,000 Unit
Under 30	\$0.73
30 to 34	\$0.82
35 to 39	\$1.00
40 to 44	\$1.45
45 to 49	\$2.55
50 to 54	\$4.19
55 to 59	\$7.73
60 to 64	\$11.36
65 to 69	\$23.63
70 & Over	\$33.63

Glossary



- **Brand non-preferred drugs** – A drug with a patent and trademark name. This type of drug is “not preferred” and is usually more expensive than alternative generic and brand preferred drugs.
- **Brand preferred drugs** – A drug with a patent and trademark name that is considered “preferred” because it is appropriate to use for medical purposes and is usually less expensive than other brand-name options.
- **Coinsurance** – The sharing of cost between you and the plan. For example, 80% coinsurance means the plan covers 80% of the cost of service after a deductible is met. You will be responsible for the remaining 20% of the cost.
- **Copay** – A fixed amount (for example \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.
- **Deductible** – The amount you have to pay for covered services each year before your health plan begins to pay.
- **Elimination Period** – The time period between the beginning of an injury or illness and receiving benefit payments from the insurer.
- **Flexible Spending Accounts (FSA)** – FSAs allow you to pay for eligible health care and dependent care expenses using tax-free dollars. The money in the account is subject to the “use it or lose it” rule which means you must spend the money in the account before the end of the plan year.
- **Generic drugs** – A drug that offers equivalent uses, doses, strength, quality and performance as a brand-name drug, but is not trademarked.
- **Health Savings Account (HSA)** – An HSA is a personal savings account for those enrolled in a High Deductible Health Plan (HDHP). You may use your HSA to pay for qualified medical expenses such as doctor’s office visits, hospital care, prescription drugs, dental care and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future, for your expenses and those of your spouse/domestic partner and dependents, even if they are not covered by the HDHP.
- **In-network** – A designated list of health care providers (doctors, dentists, etc.) with whom the insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the company.
- **Inpatient** – Services provided to an individual during an overnight hospital stay.
- **Mail Order Pharmacy** – Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.
- **Out-of-network** – Providers that are not in the plan’s network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the company. Higher deductibles and coinsurance will apply.
- **Out-of-pocket maximum** – The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. Your annual deductible is included in your out-of-pocket maximum.
- **Outpatient** – Services provided to an individual at a hospital facility without an overnight hospital stay.
- **Plan Year Maximum** – The maximum benefit amount paid each year for each family member enrolled in the dental plan.
- **Primary Care Provider (PCP)** – A doctor (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions.
- **Reasonable & Customary Charges (R&C)** – Prevailing market rates for services provided by health care professionals within a certain area for certain procedures. Reasonable and Customary rates may apply to out-of-network charges.
- **Specialist** – A provider who has specialized training in a particular branch of medicine (e.g., a surgeon, cardiologist or neurologist).

Contact Information



Benefits	Administrator	Phone	Website/Email
Medical and Pharmacy	Cigna	800-244-6224	www.myCigna.com
Virtual Medical Care	Cigna/MDLIVE	888-726-3171	www.myCigna.com
Dental	Cigna	800-244-6224	www.myCigna.com
Vision	Cigna	800-244-6224	www.myCigna.com
Health Savings Account	Cigna/HSA Bank	800-244-6224	www.myCigna.com (then "manage HSA" link)
Flexible Spending Accounts	Flores & Associates	800-532-3327	www.flores247.com
Life and AD&D Insurance	New York Life	888-842-4462	www.mynylgbs.com
Short-Term Disability	New York Life	888-842-4462	www.mynylgbs.com
Long-Term Disability	New York Life	888-842-4462	www.mynylgbs.com
Qualified Transit Benefit	Flores & Associates	800-532-3327	www.flores247.com
Health Advocacy	Health Advocate	866-799-2728	www.HealthAdvocate.com/ structural
Accidental Injury Insurance	Cigna Supplemental Health	800-754-3207	www.myCigna.com
Hospital Care Coverage	Cigna Supplemental Health	800-754-3207	www.myCigna.com
Critical Illness Insurance	Cigna Supplemental Health	800-754-3207	www.myCigna.com
Employee Assistance Program (EAP)	Health Advocate EAP	866-799-2728	www.HealthAdvocate.com/ structural
401(k) Retirement Savings Plan	Principal Financial	800-547-7754	www.principal.com
Benefits Enrollment Call Center	WTW	888-398-1510	
Human Resources	Kelly Albright Erin McDonald	410-859-6437 410-417-9737	benefits@structuralgroup.com



About this Guide

This benefit summary provides selected highlights of the Structural Group, Inc. benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Structural Group, Inc. reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

Structural Group, Inc. is the employer provider of benefits for Structural Group, Inc., and all affiliate and subsidiary companies.