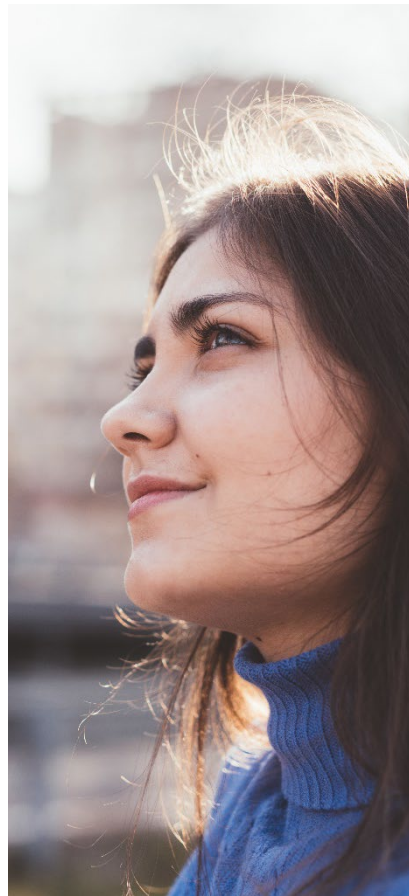


2025 BENEFITS GUIDE



MCKIM & CREED
ENGINEERS SURVEYORS PLANNERS



Benefits for the 2025 Plan Year

Enclosed is information for our **health, dental, vision** insurance and other benefits for the calendar year that will run **January 1, 2025, through December 31, 2025**. The Annual Open Enrollment period will run: November 4, 2024 through November 15, 2024. Your elections will be need to be made online in the UKG portal for benefits to be effective January 1, 2025 – December 31, 2025 .

We value you as an employee-owner and part of our professional family. Our goal is to offer the best healthcare possible to you and your loved ones. With this in mind, we have developed a comprehensive employee benefit package designed to help protect you and your family. Your contributions to our continued success make it possible to support these benefits. Thank you for all that you do every day!

Health care costs continue to rise nationwide and your commitment to using your coverage wisely makes a big difference. We applaud your active participation in maintaining your health, which directly impacts our overall plan costs!

Despite our positive efforts, like most companies, we are experiencing increases in costs for health care. For the **2025 Calendar Year, the company absorbed most of the medical increase and only increased the employee payroll deductions by 3%**. Employee only coverage under the HDHP (*High Deductible Health Plan*) with HRA (*Health Reimbursement Account*) & HDHP with HSA (*Health Savings Account*) Plan continue to be offered at **no cost** to the employee to ensure that all employees have health insurance coverage available.

What do you need to do?

You must make your benefit elections within thirty (30) days of your date of hire. After your thirty-day time frame expires, then you will have to wait for the next Open Enrollment time frame. You cannot change your selections or who is covered during the plan year unless you have a “qualifying event” as defined by the government.

All enrollments must be made through the online system. Instructions for accessing the system are located on the portal under Departments, HR, Benefits, Login to UKG Pro. You can also access the system from your home if you key in **mckimcreed.ultipro.com** into your internet search browser. Once you are logged in, select **Myself** and then **Manage My Benefits**. This will take you into the Benefits section of UKG Pro. The system will walk you through next steps. You can also access your benefits through the **UKG Pro app** with the company access code, **MCKCR**.

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WHO IS ELIGIBLE

Family Member	Requirements
You	Must be a regular, full-time active employee that consistently works 30 hours or more per week
Your Spouse	Must be your legal spouse
Your Dependent Children	Must be under the age of 26; regardless of student status

All employees classified as full-time and working 30 hours or more per week are eligible for benefits.

- **Benefits Begin:** 1st of the month following date of hire
- **Benefits Terminate:** End of the month following termination (medical / dental / vision) and date of termination (all other)
- **Dependent Age Limits:** To age 26 (dental, vision, and life – dependents must be unmarried)

QUALIFIED FAMILY STATUS CHANGES INCLUDE:

- Marriage or divorce;
- You or your spouse give birth or adopt a child;
- A covered dependent no longer meets the plan’s definition of eligibility;
- You become disabled;
- You or a dependent dies;
- Your employment ends;
- You or a covered dependent loses coverage through another plan; or
- There is a significant change in the health coverage of you or your spouse attributable to your spouse’s employment.

Please note: If you have a Qualified Family Status Change, you must complete and provide Human Resources Department completed and signed enrollment forms and supporting documentation within 30 days of the Qualifying Event.



MEDICAL BENEFITS

McKim & Creed employees have the choice between three medical plans offered through UMR: the Interactive (PPO) Plan, the High Deductible Health Plan (HDHP) with Health Reimbursement Account (HRA), and the High Deductible Health Plan (HDHP) with Health Savings Account (HSA). These plans offer services on the UnitedHealthcare network. HDHP with HSA participants are eligible to open a Health Savings Account to set aside pre-tax dollars to pay for their deductible and other out-of-pocket healthcare cost.

All plans offer preventive care visits covered at 100%, an out-of-pocket maximum to protect you should a catastrophic event occur, and out-of-network coverage if needed. Although out-of-network coverage is available, using in-network providers will save you money. You can find UMR network providers online at umr.com.

Employee can reduce annual in-network deductible by \$100 per year if they get a preventive care service while enrolled on the interactive plan. If a year is skipped, the deductible resets to \$500. During your preventive care service if anything is discussed or performed outside of the healthcare reform approved screenings, your visit may not be covered at 100%. For a list of covered preventive benefits under healthcare reform please visit umr.com.

If you are electing, changing medical plans, or adding/dropping dependents to your medical plan, you will receive a new medical ID card from UMR. **If you need a card prior to receipt, please contact Kayce Godfrey at kgodfrey@mckimcreed.com.**

SPOUSE NOTICE

Please note that coverage under the McKim & Creed medical plans is not available for spouses that work full-time and are eligible for health coverage through his or her own employer.

Prescription Drugs

When you enroll in a medical plan, you are automatically enrolled in prescription drug coverage. If you regularly take the same medications, a mail-order program may allow you to get a 90-day supply for a lower cost, saving you trips to the pharmacy and time waiting in line.

Check with your pharmacy to determine if any special programs are available. Discuss lower-cost alternatives with your physician and check the insurance company's website for a complete drug list at optumrx.com.



MEDICAL BENEFITS

	Interactive Plan	HDHP with HRA	HDHP with HSA
Plan Features	In-Network	In-Network	In-Network
Deductible	\$500 Individual \$1,500 Family	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family
Out-of-Pocket Maximum	\$3,500 Individual \$10,500 Family	\$6,850 Individual \$13,700 Family	\$6,850 Individual \$13,700 Family
Preventive Care Services	Covered 100%	Covered 100%	Covered 100%
Virtual Visits	Covered 100%	Covered 100%	Covered 100% after deductible
Physician Office Visit	\$20 copay	20% after deductible	20% after deductible
Specialist Office Visit	\$50 copay	20% after deductible	20% after deductible
Urgent Care	\$20 copay	20% after deductible	20% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible
Inpatient Hospital	20% after deductible	20% after deductible	20% after deductible
Outpatient Hospital	20% after deductible	20% after deductible	20% after deductible
Retail Pharmacy (up to a 34-day supply) Tier 1 Tier 2 Tier 3 Specialty Drugs(up to a 31-day supply)	\$10 copay \$35 copay \$60 copay \$100 copay	20% after deductible	20% after deductible
Mail Order Pharmacy (up to 90-day supply)	2x copay	20% after deductible	20% after deductible

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.



WELLNESS BENEFIT FOR INTERACTIVE PLAN

As an employee enrolled in our Interactive (PPO) plan, you are eligible to reduce your annual in-network deductible by \$100 each plan year if you have a preventive care service while covered under the Interactive medical plan.

For example, while you are covered under the Interactive Medical Plan, if you have a preventive care service (i.e. annual physical) at an in-network provider the employee-only in-network deductible for the plan year will be reduced by \$100 beginning January 2025 benefit period. If you continue to get your preventive care service (i.e. annual physical) during subsequent consecutive plan years, the in-network deductible will be reduced by \$100 until it is down to \$0.

If you miss having your preventive care service during a plan year, then your deductible is reset to \$500, and you begin the process again.

Note: This benefit is available to employees only enrolled in the Interactive Plan and you must have your preventive care service (i.e. annual physical) performed by an in-network provider.





FLEXIBLE SPENDING ACCOUNTS

McKim & Creed offers Flexible Spending Accounts (FSAs) through Flores. FSAs help you pay for eligible medical, dental, vision, and dependent care out-of-pocket costs by allowing you to set aside pre-tax contributions. Health Care FSA funds are available to use as of January 1st, even money you have not contributed yet. Note: if you are enrolled in our HDHP Medical Plan with an HSA, you are ineligible to enroll in the FSA Health Spending Account. Dependent Care funds are only available as you contribute.

How It Works

You determine the amount you wish to have deducted from each paycheck, and the funds are automatically deposited to your account(s). You may only use Health Care FSA money for health care expenses and Dependent Care FSA for funds for dependent care expenses. You cannot mix funds from one account to another. You must re-enroll each benefit period to continue funding the account(s), and you can incur expenses only during the plan year you are enrolled. The maximum amount that can be rolled over from a health flexible spending account (FSA) for the 2025 plan year to 2026 plan year is \$660 and there is no rollover allowed on the FSA Dependent Care. You have 90 days following the end of the plan year to file for reimbursement of expenses incurred during the plan year.

Contribution Limits

The Internal Revenue Service (IRS) sets the annual contribution levels for FSAs. You are responsible for monitoring the amounts deposited into your accounts not to exceed the maximum annual limits.

For 2025, the FSA Contribution limits are as follows for calendar year: January 1, 2025 – December 31, 2025

- Health Care FSA: \$3,300
- Dependent Care FSA: \$5,000 (\$5,000 ÷ 2) per household \$2,500 if married, filing separately)

Eligible Expenses

Use your Health Care FSA funds to pay for out-of-pocket medical, dental, hearing, and vision expenses such as copays, prescriptions, supplies, appliances, and some OTC items. Visit [irs.gov/forms-pubs/about-publication-502](https://www.irs.gov/forms-pubs/about-publication-502) to see a complete list of IRS-qualified healthcare expenses.

Use Dependent Care FSA funds to pay for qualified daycare expenses for children aged 12 and younger and a spouse or an adult-dependent incapable of self-care. Eligible expenses include daycare, preschool, summer day camp, elder care, and in-home aids. Visit [irs.gov/publications/p503](https://www.irs.gov/publications/p503) to see a complete list of IRS-qualified dependent care expenses.

*Members may download Flores Mobile App to easily manage your account.





HEALTH REIMBURSEMENT ARRANGEMENT

As an employee enrolled on the HDHP with HRA plan, McKim & Creed funds a Health Reimbursement Account (HRA) for you to help cover your up-front out-of-pocket costs of this plan. Employees with employee-only medical coverage will receive a \$800 annual deposit into their HRA and employees enrolling family members receive a deposit of \$1,500. If you do not use all the funds in your account during the plan year, they will rollover into the next plan year up to a maximum level equal to your in-network deductible. This program is administered by UMR.

Reimbursements related to in-network and out-of-network provider services to reimburse medical deductible expenses to provider or to member through HRA reimbursement arrangement administered by UMR. You will be provided with an HRA debit card that may only be used for prescription drugs.





HEALTH SAVINGS ACCOUNTS

Those employees who enroll in the qualified High Deductible Health Plan with HSA are eligible to open a Health Savings Account with Optum Bank.

ELIGIBILITY

You are eligible to open an HSA if:

- You are enrolled in a High Deductible Health Plan
- You are not Covered by your spouse's Health Plan, FSA or HRA
- You are not eligible to be claimed as a dependent for tax return purposes
- You have not received Department of Veterans Affairs Medical benefits in the past 90 days
- You are not enrolled in Medicare, Medicaid or Tricare

For the **2025** calendar year, an individual can contribute up to \$4,300 to a health savings account **HSA** or \$8,550 for a family . The HSA contributions (from all sources) are cumulative and based on calendar year. The annual limits are actually prorated and applied on a monthly basis. The maximum contributions consist of employer + employee contributions. Participants ages 55+ can contribute an additional \$1,000 catch-up contribution. HSA funds rollover from year to year. McKim & Creed contributes \$33.33 per pay date for employee only coverage, and \$62.50 for those who elect other coverage levels. HSA accounts incur a \$2.75 monthly maintenance fee if the account balance is below \$3,000.

HSA DISTRIBUTION RULES

Distributions from your HSA are tax-free if they are taken for "qualified medical expenses". Your HSA can only be used for expenses that incurred on or after the date HSA was established.

HSA distributions can be taken for qualified medical expenses for the following people:

- The account holder (person covered by the HDHP)
- Spouse of that individual (even if not covered by the HDHP)
- Dependents of that individual (even if not covered by the HDHP)

"qualified medical expenses" for HSA distributions.

If you use HSA funds for expenses beyond what the IRS defines as qualified, you will be subject to income tax on the distribution and an additional 20 percent penalty. Examples of qualified medical expenses include:

- Most medical care that is subject to your deductible (copays, coinsurance, doctor visits, inpatient and outpatient treatment, etc.)
- Prescription drugs
- Over-the-counter drugs, only if you obtain a prescription
- Insulin (with or without a prescription)
- Dental and vision care
- Select insurance premiums
- COBRA, qualified long-term care insurance, health insurance premiums paid while receiving unemployment benefits, health insurance after you turn 65 except for a Medicare supplemental policy

INELIGIBLE MEDICAL EXPENSES

Expenses that are not considered "qualified medical expenses" include:

- Insurance premiums (other than the exceptions listed above)
- Over-the-counter drugs (unless a prescription is retained from a physician – insulin is an exception)
- Surgery purely for cosmetic reasons
- Expenses covered by another insurance plan
- General health items such as tissues, toiletries, hand sanitizer

•HSA Video Overview



QUALIFIED MEDICAL EXPENSES

The IRS defines expenses that are considered



Common questions about HSAs

There's a lot of information out there about health savings accounts (HSAs). So, we've pulled together several common questions that people are asking, especially during open enrollment time.

Q: What can I use my HSA for?

A: You can use the funds in your HSA to pay for qualified medical expenses like:

- Doctor's office visits, lab fees and medical procedures
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications and over-the-counter treatments
- And more

Keep in mind that at age 65 or over your HSA can be used as extra income. That means you're free to withdraw your funds for anything, including nonqualified expenses, without incurring a withdrawal penalty. Unfortunately, you'll still need to pay income tax on it. Under 65? In that case you'll be hit with a 20% penalty for using your HSA money on nonqualified expenses, plus you'll pay tax, too.

Q: What are the benefits of an HSA?

A: HSAs are tax-advantaged accounts that help people save and pay for qualified medical expenses. Your HSA lets you:

- Contribute money before it's taxed
- Earn income tax-free
- Make income tax-free withdrawals for qualified medical expenses
- Carry over unused dollars from year to year
- Keep it even if you change jobs, change health plans or retire
- Pay for qualified medical expenses for a spouse or tax dependent
- Consolidate any other HSAs you may have into one Optum Financial HSA for extra convenience

Note: Non-payroll contributions are tax deductible on your federal tax return. Some states do not recognize HSA contributions as a deduction, and some states tax interest earned on your HSA. Your own HSA contributions are either tax-deductible or pre-tax (if made by payroll deduction). See IRS Publication 969, or consult a qualified tax advisor to see how your state treats HSA contributions.

Go to [optumbank.com](https://www.optumbank.com) for more details.



Q: Who qualifies for an HSA?

A: To be eligible to open an HSA, you must have a qualifying high-deductible health plan (HDHP) that meets IRS guidelines for the annual deductible and out-of-pocket maximum.

You also cannot be:

- Covered by any other health plan that is not an HDHP
- Currently enrolled in Medicare or TRICARE
- Claimed as a dependent on another individual's tax return
- A recipient of Department of Veterans Affairs (VA) benefits within the past three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply.

Q: What is a qualifying HDHP?

A: This health plan satisfies certain IRS requirements with respect to deductibles and out-of-pocket expenses. For 2023, at least \$1,500 in deductibles for individual coverage and \$3,000 for family coverage, and out-of-pocket exceeding \$7,500 for individual coverage and \$15,000 for family coverage.

Q: Are health insurance premiums considered qualified medical expenses?

A: In general, no, but exceptions include qualified long-term-care insurance, COBRA health care continuation coverage, any health plan maintained while receiving unemployment compensation under federal or state law and, for those 65 and over (whether or not they are entitled to Medicare), any employer-sponsored retiree medical coverage premiums for Medicare Part A or B or Medicare HMO. Premiums for Medigap policies are not qualified medical expenses.

Q: What happens to my HSA if I no longer am covered by a qualifying high-deductible plan (HDHP).

A: While you can no longer contribute to your HSA, you can still use the remaining funds for qualified medical expenses.

Q: How much can I contribute to an HSA?

A: For 2023, the IRS sets annual contribution limits of \$3,850 for individual coverage and \$7,750 for family coverage.

Note that any contributions made to your HSA by family members, your employer or others count toward this limit.

If you are 55 or older, you can contribute an additional \$1,000 each year. Note: The primary account holder must be 55 or older (even if the spouse is of that age).

Q: How can I make contributions?

A: There are two easy ways to make a deposit:

1 Payroll deductions through your employer, if available

2 Online at optumbank.com using your personal bank account



Q: When can contributions be made?

A: Contributions for a taxable year can be made any time within that year and up until the tax filing deadline for the following year, which is typically April 15.

Q: Can I reimburse myself prior to my enrollment in an HSA?

A: No. Qualified medical expenses may be reimbursed only if the expenses are from after the date your HSA was established.

Q: Is there a time limit for reimbursing myself?

A: You can reimburse yourself at any time for expenses you paid for out of pocket. There is no time limit, but the expenses must have been incurred since you opened your HSA.

Q: How can I use my HSA to pay for qualified expenses?

A: You can use your HSA payment card, use online bill pay, or pay out of pocket and then pay yourself back using HSA funds.

Q: Can I use my HSA to pay for non-health-related expenses?

A: Yes. However, any amount of a distribution not used exclusively to pay for qualified medical expenses for you, your spouse or your eligible tax dependents should be included in your gross income. These distributions are subject to taxes and an additional 20% IRS tax penalty, except in the case of distributions made after your death, disability or reaching age 65.

Q: What happens if my HSA contributions exceed the annual contribution limit?

A: If you contribute more than the IRS annual contribution limit, you have until the tax-filing deadline to withdraw excess contributions. If excess contributions are not withdrawn by the tax-filing deadline, an annually assessed excise tax of 6% will be imposed on any excess contributions.

Q: Is tax reporting required for an HSA?

A: Yes. You must complete IRS form 8889 each year with your tax return to report total deposits and withdrawals from your account. You do not need to itemize. For more information about tax rules including distribution information, visit optumbank.com and consult a qualified tax advisor.

Q: What happens to my HSA when I die?

A: If you are married, your spouse will become the owner of the account and assume it as their own HSA. If you are unmarried, your account will cease to be an HSA. The money in your account will pass to your beneficiaries or become a part of your estate, and it will be subject to applicable taxes.



Ready to enroll?

Enrolling in an HSA is quick and easy because it's built into your employer's benefits enrollment. Review your enrollment materials so you don't miss your chance to sign up.



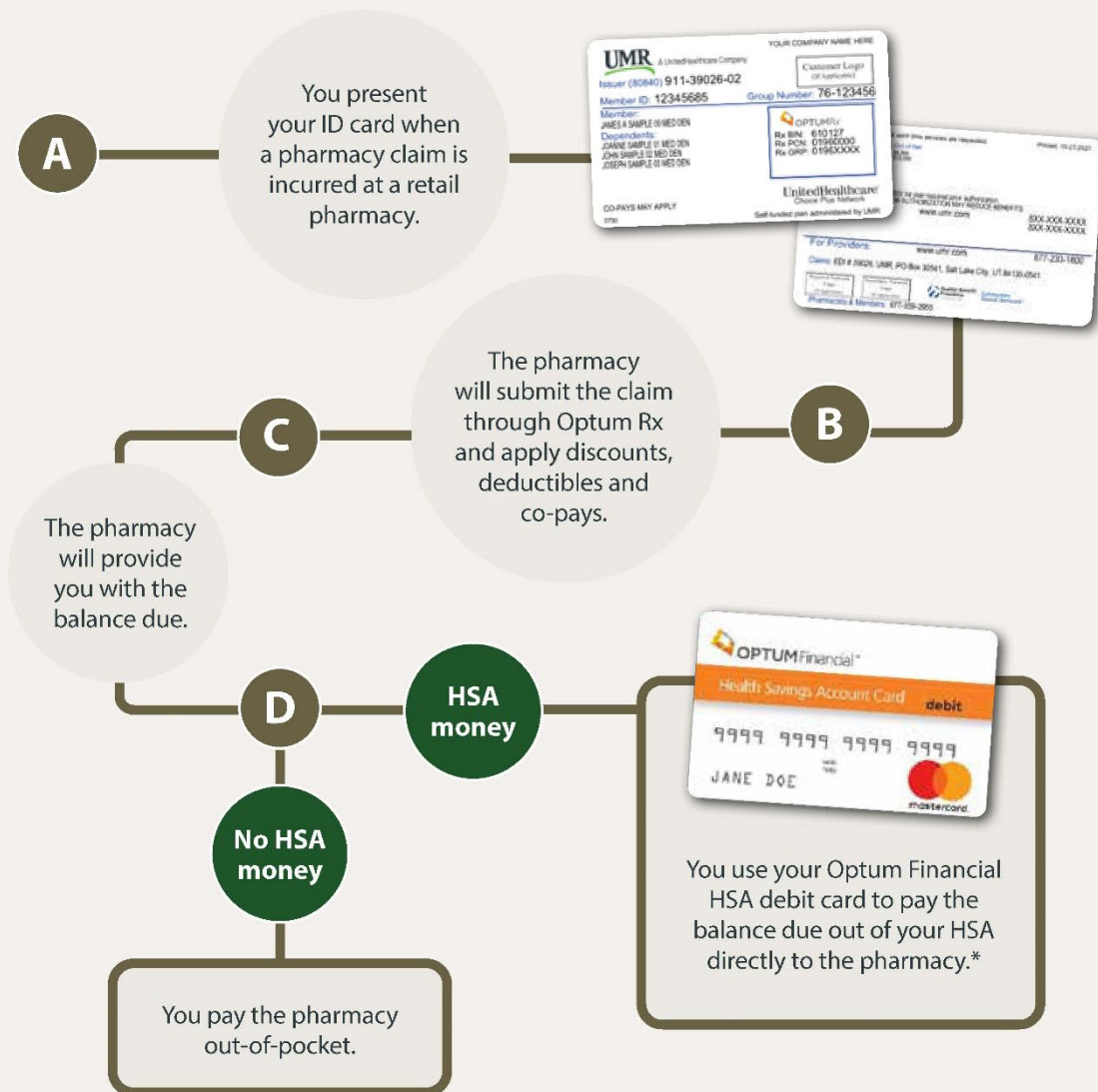
Scan the QR code, or go to optumbank.com/qualifiedexpenses, to see a list of qualified expenses.





Accessing your HSA balance for prescription drug purchases

Paying for your prescription drug purchases is easier than ever using your Optum Financial HSA debit card! Here is a quick breakdown of the process followed by a more detailed explanation.



Continued on back...



More information

For more information about qualified high deductible health plans and health savings accounts, contact your human resources representative.

How to pay for qualified medical expenses

You may use your Optum Financial HSA debit card to directly pay the doctor, pharmacy or other medical care provider.

Remember, most health care expenses are eligible under your qualified high deductible health plan. Do not pay any medical expenses from your HSA until after UMR has processed the claim, accumulated those amounts toward your deductible and applied any discounts that may be applicable.

For example:

- With pharmacy claims, present your medical card to the pharmacist. Optum Rx, your pharmacy benefits manager, will discount the drug and may pay a portion of the claim. Your pharmacist will ask you to pay the remaining balance, which you may pay using your Optum Financial HSA debit card, HSA checking account or electronic payment.
- With other medical bills, have the medical provider send the bill to UMR just as they would for any other coverage. Once UMR has processed the claim, you will receive an explanation of benefits (EOB) showing the amount you should remit to the provider. You may then pay the balance due using your Optum Financial HSA debit card, HSA checking account or electronic payment.

Again, it is important that you keep all receipts for qualified medical expenses that are paid using your HSA.



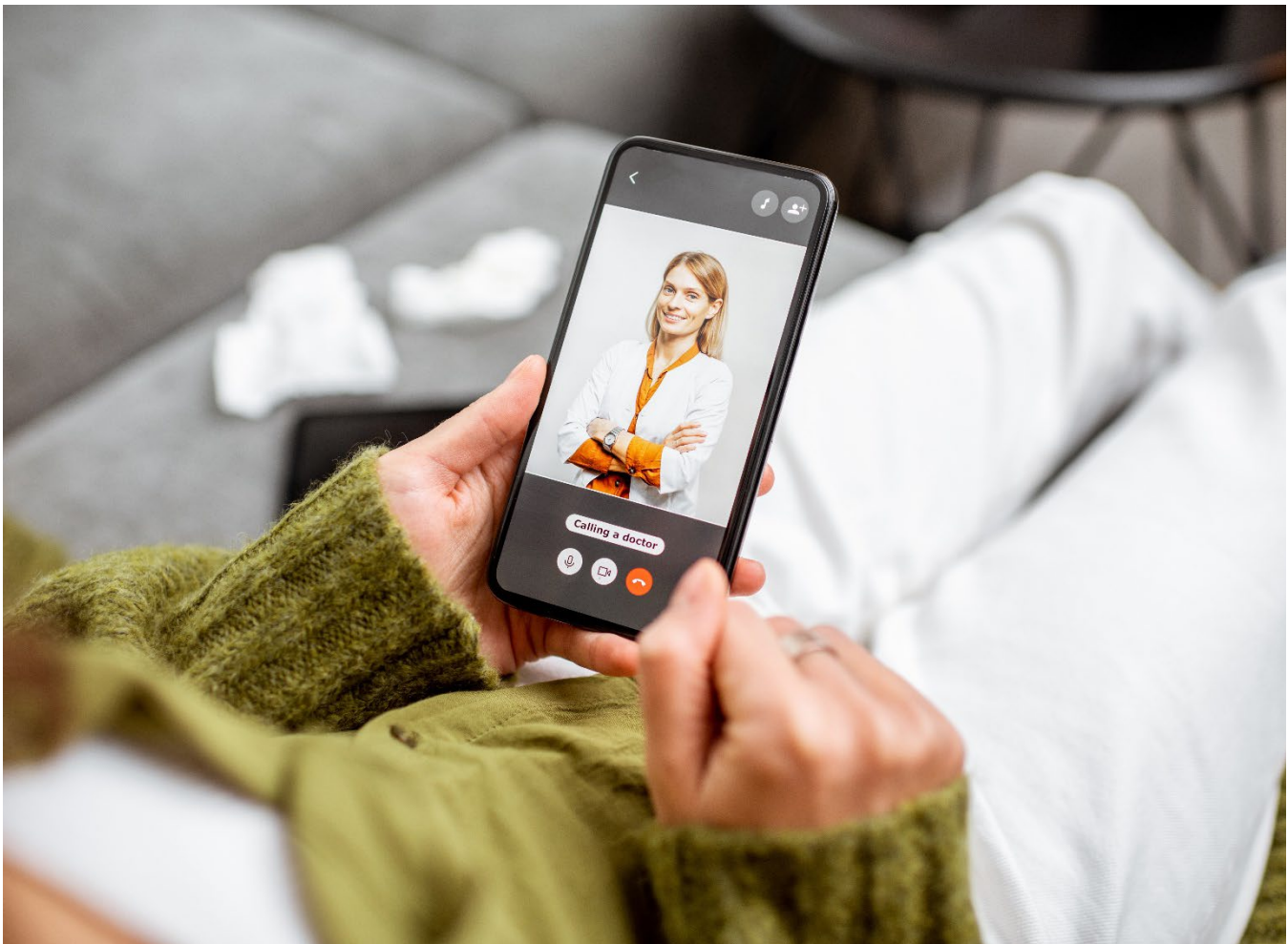
A UnitedHealthcare Company



TELADOC

We continue to partner with virtual visit provider Teladoc to provide you and your family with access to fast and convenient quality medical care. This benefit is offered to employees and dependents that are covered under one of our medical plans. Video consultations are available 24/7.

- This is intended for non-emergency care only.
- Provides diagnosis and treatment (including some prescription drugs) by board-certified physicians for ailments such as allergies, sore throat, flu, respiratory infections etc.
- Consultations available online or available through the Teladoc mobile application.
- Members will pay applicable consultation fee (Covered at 100% for Interactive (PPO) and HDHP w/HRA plans, **covered 100% after deductible HDHP w/ HSA plan.**)





24/7 doctor visits via phone or mobile app



Teladoc gives you round-the-clock access to U.S. board-certified doctors, from home or on the go. Call or connect online or using the Teladoc mobile app for affordable medical care, when you need it.



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone, video or mobile app



Prompt treatment, median call back, in 10 minutes



A network of doctors that can treat every member of the family



Prescriptions sent to pharmacy of choice if medically necessary



Teladoc is less expensive than the ER or urgent care



*States of Idaho and Iowa allow video visits only. States of Arkansas and Delaware require the first visit to be completed by video. All other states allow for both phone and video visits.

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Pink eye
- Respiratory infections
- Sinus problems
- Skin problems
- And more

With your consent, Teladoc is happy to provide information about your Teladoc visit to your primary care physician.



A UnitedHealthcare Company



Welcome to a
smarter, simpler, faster
 way to manage your health care benefits,
 right from the palm of your hand.

UMR on the go!



The UMR app has a smart fresh look, simple navigation, and faster access to your health care benefits information. View your plan details on demand - anytime, anywhere.

With a single tap, you can:

- Access your digital ID card
- Look up in-network health care providers
- Find out if there's a co-pay for your upcoming appointment
- View your recent medical and dental claims
- Chat, call or message UMR's member support team



Download the UMR app today!

Simply scan the QR code or visit your app store to get started.



A UnitedHealthcare Company



Discover the convenience of home delivery from OptumRx



Home delivery is safe and reliable, and you get:

- A three-month supply of your medication, saving you time and possibly money
- Free standard shipping
- Phone access to pharmacists 24 hours a day, 7 days a week
- Helpful reminders letting you know when to take or refill your medications

It's easy to sign up and start saving. Just choose one of the options below:

- Ask your doctor to send an electronic prescription to OptumRx.
- Visit [optumrx.com](https://www.optumrx.com) or use the OptumRx app. From there, you can fill new prescriptions, transfer others to home delivery and more.
- Call the toll-free number on your member ID card to speak to a customer service advocate.



Manage your medication from your mobile phone. Download the OptumRx® app today.



Member Services Quick Reference Card

Member Services for Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

Availability

Member Services assists you with questions or concerns regarding your pharmacy benefits such as:

- Benefit Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

800.334.8134 or
CustomerCare@rxbenefits.com
7:00 AM to 8:00 PM CT
Monday – Friday

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries

As plan members, you and your dependents can call for questions related to:

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

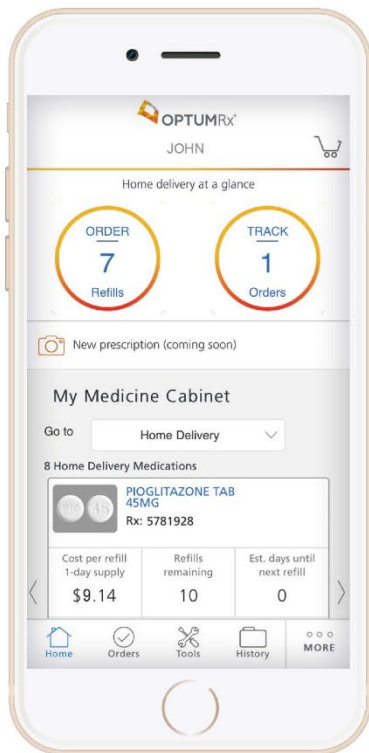
Paper Claims

Submit prescription receipts along with your specific PBM's claim form to be processed for direct reimbursement. Claims should be mailed to the address listed on your ID card or fax them to RxBenefits at 205.449.5225.





The OptumRx app



The OptumRx® App makes the online pharmacy experience as simple as possible. You can easily:

- Refill or renew a home delivery prescription
- Transfer a retail prescription to home delivery
- Find drug prices and lower-cost options
- View your prescription claim history or order status
- Locate a pharmacy
- Access your ID card, if your plan allows
- Set up refill reminders
- Track your order



Download the OptumRx App now
from the Apple® App Store or Google Play™.





The OptumRx App: the most convenient way to manage your prescriptions.

Simple

You can easily refill a medication or transfer a retail prescription to home delivery.

Current

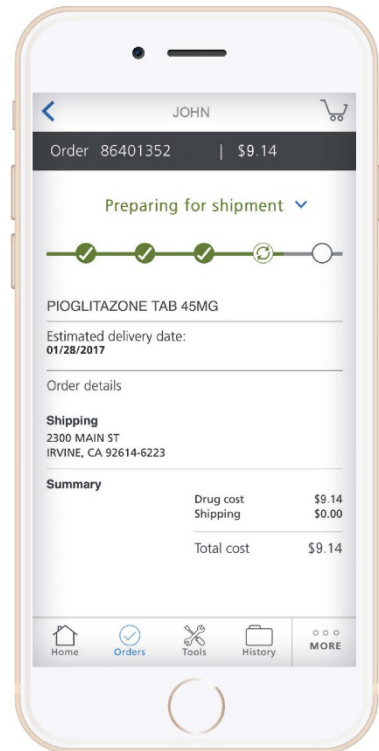
Prescription Drug Lists change frequently; the OptumRx App updates automatically, giving you quick access to the most current drug coverage information.

Personalized

Access a complete profile of your prescriptions when you view your online Medicine Cabinet. You can see all your recent and past prescriptions.

Save time and money

Compare prescription drug options as well as identify potential cost savings.



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum® company — a leading provider of integrated health services. Learn more at optum.com.

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DENTAL

Dental plans are designed to encourage preventive treatment so you can achieve oral health, while minimizing costs; there are two dental options to choose from. Dental care may be obtained from any dental provider; however, choosing dental services from a dentist participating in-network will provide you with substantial savings. If you choose to see a dentist who is out-of-network, your out-of-pocket costs will be higher, and you will be subject to any charges beyond the reasonable and customary (R&C).

The deductible is waived for routine preventive services, such as regular dental checkups. Cleanings and exams may be done 2 times per 12 months, not every 6 months. **Our dental plan covers composite fillings to all teeth (versus metal for rear teeth)** Find an in-network provider at guardiananytime.com.

GUARDIAN DENTAL GUARD PREFERRED PPO		
Type of Service	In-Network	Out-of-Network
Calendar Year Deductible <i>(Does not apply to Preventive Services)</i>	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Annual Maximum	\$1,500 per member	\$1,500 per member
Preventive Services Exams, Cleanings, X-rays	100% deductible waived	100% deductible waived
Basic Services Fillings, Simple extractions	80% after deductible	80% after deductible
Major Services Oral Surgery, Root Canal, Crowns	50% after deductible	50% after deductible
Orthodontia Children Only	50%; \$1,500 lifetime maximum	50%; \$1,500 lifetime maximum

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.





VISION (100% paid by employee)

The Guardian VSP Vision Plan offers you and your family a comprehensive vision program that reduces the cost of eye exams, eyeglasses and contact lenses. To receive the highest level of benefits, use an in-network provider. The plan offers exams and lenses every 12 months; frames are available every 24 months. You may use your lens coverage once every 12 months to purchase either one pair of eyeglass lenses or contact lenses. If you decide to use an out-of-network doctor, you typically will pay more out-of-pocket. Find an in-network provider at guardiananytime.com.

GUARDIAN VSP SIGNATURE PLAN		
Plan Features	In-Network	Out-Of-Network
Exam (every calendar year)	\$10 copay	Up to \$46 allowance
Lenses (every calendar year) Single Vision Bifocal Trifocal Lenticular	\$20 copay	Allowance varies from \$47 - \$125
Contact Lenses Elective and Conventional Medically Necessary	Up to \$120 allowance	Up to \$120 allowance
Frames (every 24 months)	Up to \$120 allowance	Up to \$47 allowance

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.





RATES

MEDICAL: INTERACTIVE	2025 EMPLOYER COST PER MONTH	2025 EMPLOYEE COST PER MONTH	2025 EMPLOYEE COST PER PAY PERIOD (26)	2025 EMPLOYEE COST PER PAY PERIOD (52)
Employee Only	\$647.54	\$45.71	\$21.10	\$10.55
Employee + Spouse	\$1,042.85	\$347.84	\$160.54	\$80.27
Employee + Child	\$966.89	\$283.19	\$130.70	\$65.35
Employee + Children	\$1,589.55	\$424.77	\$196.05	\$98.02
Employee + Family	\$1,561.68	\$452.64	\$208.91	\$104.46

MEDICAL: HDHR (HRA/HSA)	2025 EMPLOYER COST PER MONTH	2025 EMPLOYEE COST PER MONTH	2025 EMPLOYEE COST PER PAY PERIOD (26)	2025 EMPLOYEE COST PER PAY PERIOD (52)
Employee Only	\$638.96	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$1,037.93	\$238.60	\$110.12	\$55.06
Employee + Child	\$962.28	\$186.19	\$85.94	\$42.97
Employee + Children	\$1,583.04	\$269.81	\$124.53	\$62.26
Employee + Family	\$1,556.28	\$296.57	\$136.88	\$68.44

DENTAL	2025 EMPLOYEE COST PER MONTH	2025 EMPLOYEE COST PER PAY PERIOD (26)	2025 EMPLOYEE COST PER PAY PERIOD (52)
Employee Only	\$9.18	\$4.24	\$2.12
Employee + Spouse	\$50.08	\$23.11	\$11.56
Employee + Child(ren)	\$67.46	\$31.14	\$15.57
Employee + Spouse + Child(ren)	\$97.14	\$44.83	\$22.42

VISION	2025 EMPLOYEE COST PER MONTH	2025 EMPLOYEE COST PER PAY PERIOD (26)	2025 EMPLOYEE COST PER PAY PERIOD (52)
Employee Only	\$7.58	\$3.50	\$1.75
Employee + One Dependent	\$14.76	\$6.81	\$3.41
Employee + Two or More Dependents	\$20.96	\$9.67	\$4.84



LIFE AND AD&D (100% COMPANY PAID)

LIFE INSURANCE AND AD&D FOR YOU

Basic Life insurance and Accidental Death & Dismemberment (AD&D) coverage in the amount of 2 times your annual salary to a maximum benefit of \$100,000 is provided to you at no cost (new hires age 70+ life benefit will be subject to age reduction schedule). If you should pass away, the beneficiary you have designated will receive the amount of your life insurance. If you have AD&D coverage and suffer a covered injury, such as the loss of a limb or an eye, you would be eligible to receive a portion of your AD&D benefits.

McKim & Creed continues to provide life insurance for your spouse in the amount of \$2,000, and dependents in the amount of \$200 from birth to 13 days, then \$1,000 benefit from 14 days to age 26. Age reduction schedule applies beginning at age 70 benefit reduces by 35% , and again at age 75 benefit reduces by 50%– applies to Group Life/AD&D and Optional Life/AD&D.

OPTIONAL LIFE INSURANCE AND AD&D FOR YOU AND YOUR FAMILY (100% EMPLOYEE PAID)

You may also purchase additional Life and AD&D Insurance for you and your family. You pay the full cost of this coverage with after-tax dollars. You must elect coverage for yourself to elect coverage for your spouse and/or children. If you wish to increase your life insurance after your original hire date you will need to submit an Evidence of Insurability form and receive approval from Guardian. Below are your choices for additional life insurance. All life premiums are after tax deductions. . Age reduction schedule applies beginning at age 70 benefit reduces by 35% , and again at age 75 benefit reduces by 50%– applies to Group Life/AD&D and Optional Life/AD&D.

- **Optional Life** – You may purchase additional group life insurance in \$10,000 increments up to a maximum of \$500,000. Guarantee Issue \$150,000 to age 64 ; Ages 65-69 - \$10,000 (GI) ; Age 70 and up, evidence of insurability is required for all amounts.
- **Spouse Life Insurance** –Increments of \$5,000 up to the lesser of the employee amount or \$500,000. Benefits will be paid to employee. Guarantee Issue \$25,000 to age 64 Spouse rates are based on employee’s age. Spouse benefit terms at age 70.
- **Child Life Insurance** - children birth to 13 days – flat \$500. Children ages 14 days to age 26, \$2,000 benefit increments to the lesser of 50% of the employee amount or \$10,000. Benefits will be paid to the employee. Child age off plan at age 26.

Any member who does not elect Vol Life during their new hire period will require EOI, for any coverage amount, even during open enrollment. The group does have an annual re-enrollment provision, which means that during OE, any employee who already has coverage can increase their benefit by up to 50k, not to exceed the GI amount, without requiring EOI. Dependents aren’t eligible for this option.



DISABILITY (100% COMPANY PAID)

Whether you are disabled and unable to work due to an accident or illness, McKim & Creed provides Short and Long-Term Disability benefits through Guardian at no cost to you. Disability is insurance for your paycheck should you become disabled due to an off-the-job injury or illness. This coverage will provide a percentage of your salary once you satisfy the waiting period. Refer to the Plan Summaries for details.

SHORT-TERM DISABILITY (100% COMPANY PAID)

McKim & Creed offers Short-Term disability (STD) insurance and pays the full cost of coverage. The benefit pays 67% of your weekly pre-disability earnings to a maximum of \$2,500 for up to 180 days (including 14-day elimination period) or until you no longer meet the definition of disability, whichever occurs first. Benefits begin on the 15th day for accident or illness.

LONG-TERM DISABILITY (100% COMPANY PAID)

McKim & Creed offers Long-Term disability (LTD) insurance and pays the full cost of coverage. The benefit pays 67% of your monthly salary to a maximum of \$10,000 per month until you no longer meet the definition of disability or reach the Social Security Normal Retirement Age (SSNRA). Benefit begin after 180- day elimination period.

This is a summary of benefits for informational purposes only. Please refer to the Carrier Certificate of Coverage for complete terms of coverage and eligibility.





WORKSITE

We provide employees the opportunity to enroll in Voluntary Benefits through payroll deduction. These benefits, written through Guardian, provide an added means to help protect the assets you have in place in the event of an unexpected accident or illness. These plans are available for you and your family, and the benefit premiums will be deducted on a pre-tax basis. Full plan details are available on the UKG portal.

VOLUNTARY ACCIDENT

No one plans to have an accident. An Accident Insurance policy can help pick up where other insurance leaves off and provide cash to cover your expenses.

VOLUNTARY CRITICAL ILLNESS

In the event that you, or a covered family member is diagnosed with an illness, such as a heart attack, stroke, kidney failure, cancer, or other major covered illness, Critical Illness insurance pays a lump sum benefit. This benefit can be used to cover deductibles, coinsurance, lost wages, daycare or in any way you choose. Benefits are paid regardless of any additional coverage you may have.

VOLUNTARY CANCER

Even with health insurance, cancer brings many out-of-pocket expenses that may not be covered. These unpaid expenses could easily cost an employee tens of thousands of dollars. Benefits are paid directly to you and can be used for any purpose – medical or non-medical. Benefits are paid regardless of any additional coverage you may have.





HEALTHCARE AND INSURANCE SUPPORT

Expert help when you need it most. Your Health Advocate services give you access to experts who can support you in handling a wide range of healthcare and issues and help you work through personal, family or work issues.

We'll help you:

- Quickly connect to all your benefits, get answers to your insurance and claims questions and resolve billing issues
- Find the right in-network doctors, make appointments and transfer medical records
- Make informed decisions about medical conditions and diagnoses
- Identify emotional and mental health issues and find strategies to cope
- Access more long-term help from a qualified professional, if needed
- Connect with specialists for help with work/life balance, and legal and financial issues



Visit our website or app to learn more about your Health Advocate services. Plus...

- Instantly interact with a Health Advocate expert
- Access a digital cognitive behavioral therapy (dCBT) program to help improve your emotional fitness
- Explore webinars, online courses and articles on a variety of emotional health topics
- Visit the Personalized Legal Center, Financial Fitness Center and Mindfulness page
- Open a case and download forms, view your case status

We support the whole family. Our services are available to employees, spouses, dependents, parents, and parents-in-law at **no cost to you**. Visit [HealthAdvocate.com/members](https://www.healthadvocate.com/members) or call **866-799-2691**.





CONTACTS

Refer to this list when you need to contact one of your benefit vendors. For general information you may contact your Human Resources Department.

HUMAN RESOURCES

Kayce Godfrey, HR Manager
(910) 343-1048 ext. 1466
kgodfrey@mckimcreed.com

MEDICAL

UMR
Group Number: 76410584
Customer Service: 800-826-9781
www.umar.com

FLEXIBLE SPENDING ACCOUNT

Flores
Customer Service: 800-532-3327
www.flores247.com

HEALTH SAVINGS ACCOUNT

Optum Bank
Customer Service: 866-234-8913
www.optumbank.com

HEALTH REIMBURSEMENT ACCOUNT

UMR
Customer Service: 800-826-9781
www.umar.com

GUARDIAN

Group Number: 00488102
Customer Service: 888-600-1600
www.guardiananytime.com

HEALTH INSURANCE SUPPORT / EAP

Health Advocate
Customer Service: 866-799-2691
www.healthadvocate.com/members

VIRTUAL VISITS

Teladoc
Customer Service: 800-TELADOC
www.teladoc.com

RXBENEFITS

Pharmacy
Customer Service: 800-334-8134
7:00am to 8:00pm CT
Monday-Friday

MCGRIFF

Amanda Boelte, CISR
Account Manager
(910) 772-3740
aboelte@mcgriff.com





McKIM & CREED

ENGINEERS SURVEYORS PLANNERS



The information in this guide was taken from various summary plan descriptions and benefit information. This summary of benefits is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. Full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail. Carrier contracts are the final benefit determinant. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Benefit Summary, contact HR.