



COMPASS
CONSTRUCTION

2020

EMPLOYEE BENEFIT GUIDE

AND SUMMARY OF MATERIAL MODIFICATIONS



MEDICAL, DENTAL,
VISION, DISABILITY,
LIFE/AD&D, EMPLOYEE
ASSISTANCE PROGRAM



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read the Individual Creditable Coverage Disclosure notice for more information. If you have questions about your options, please, contact Human Resources, or our Benefits Consultant, Parker, Smith & Feek.

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To learn more about Cigna visit mycigna.com

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WELCOME TO COMPASS CONSTRUCTION MANAGEMENT INC.

Thank you for taking the time to review the benefits offered through Compass Construction. We work hard to ensure we offer quality plans that you and your family can use, and offer the best value in the market.

- Cigna is our vendor for the following benefits:
 - Medical Coverage
 - Dental Coverage
 - Prescription Drug Coverage
 - Life Insurance, employer paid and voluntary
 - Accidental Death & Dismemberment Insurance, employer paid and voluntary
 - Long Term Disability Insurance
- Vision coverage is administered by VSP
- HealthEquity provides access to an HSA account if you elect the high deductible health plan
- The Employee Assistance Program is offered through First Choice Health

These benefits are fully described in the Plan Booklet(s) you will receive after you select and enroll in the various plans.

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ELIGIBILITY REQUIREMENTS

Employee	Full-time employees working at least 30 hours per week
Dependents	Your legal spouse or domestic partner* Dependent children may be covered until age 26
Waiting Period	1st of the month following 30 days

** Domestic Partner must meet all requirements included in the "Affidavit of Qualifying Domestic Partnership". Eligible partner is extended the same rights and benefits as a spouse. Coverage also includes eligible children of partner.*

For new employees, this is your chance to enroll in the Compass Construction Management, Inc. Employee Benefits Plan. You must enroll yourself and your dependents within 30 days of becoming eligible for benefits. You can enroll eligible dependents at the same time you enroll yourself. If you don't enroll, or you waive coverage, you'll receive the default benefits shown below

- Long Term Disability
- Basic Life Insurance and AD&D
- Employee Assistance Plan

Once you're enrolled in benefits, you generally aren't allowed to make changes until the next annual Open Enrollment. Open Enrollment is your one chance each year to review your coverage and make changes to your benefits. It's also your chance to enroll if you declined coverage when you first became eligible. Open Enrollment changes take effect on January 1 each year.

Other than during Open Enrollment, you can make changes to your benefits during the year only if you experience a qualifying status change. Please refer to the Special Enrollment section later in this document.



OPEN ENROLLMENT

This is the time of year to add or delete coverage for any eligible family members. If you do not enroll an eligible spouse or child now because they have coverage through another employer, you may only add that person on our plan during next year's Open Enrollment Period, unless you experience a qualified family status change. Please refer to the Special Enrollment section later in this document.

The 2021 Open Enrollment Period will occur in early December 2020.

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HOW MUCH DO I HAVE TO PAY?

The following contributions are the monthly contributions deducted on the first pay date of each month.

	Deducted Monthly			
	Employee	Employee & spouse*	Employee & children	Family
Open Access Plus PPO Plan	\$0	\$630	\$380	\$1,060
HSA HDHP Plan	\$0	\$495	\$300	\$829
Dental and Vision	\$0	\$46	\$65	\$118

*Includes coverage for domestic partners. Due to IRS regulations, contributions for domestic partners are made on a post-tax basis. In addition, any premiums paid by Compass Construction will be considered taxable income.

Please note that your contributions will be taken out of your paycheck on a pre-tax basis, as allowed by Section 125 of the Internal Revenue Code. IRS rules state that once you make your enrollment election for the year, you will not be allowed to change that election until the next Open Enrollment period, unless you have a change in family status, such as marriage, divorce, birth of a child, or change in employment status. This means you may not drop coverage for a dependent during the year unless there is a qualified change in family status.



HOW COMPASS CONSTRUCTION HELPS YOU PAY YOUR MEDICAL DEDUCTIBLE

HEALTH SAVINGS ACCOUNTS (HSA)

You must be enrolled in the HSA High Deductible Health Plan to take advantage of the HSA

An HSA is a tax-advantaged savings account that belongs to you and is designed to help you save money pre-tax for when you have higher health care expenses. Regardless of who puts money into your HSA, HSA dollars are owned by you, the account holder. Unused money rolls over to the next year and is fully portable. This means you take it with you if you leave.

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The maximum amount you can contribute to your HSA (from all sources) is determined annually by the IRS.

- | | |
|---|-------------|
| | <u>2020</u> |
| • Individual only coverage: | \$3,550 |
| • Individual, plus one or more covered family members | \$7,100 |
| • Additional catch-up contribution for those 55+: | \$1,000 |

2020 HSA Contributions:

When you are enrolled in the HSA High Deductible Plan, Compass Construction will contribute the following amounts to each employee's account:

	Per month	Annual total
Employee	\$100	\$1,200
Employee & Spouse	\$200	\$2,400
Employee & Child(ren)	\$200	\$2,400
Family	\$250	\$3,000

Contributions made by Compass Construction will be made on a pre-tax basis. Please note: you will only have access to funds that are deposited to your account. Additionally, you may elect to put additional money into your HSA from your paycheck on a tax free basis.

It is your responsibility to confirm you are eligible to receive contributions to your Health Savings Account.

To receive contributions you must NOT have other health coverage for yourself including:

- Coverage through an individual plan
- Coverage through a spouse or parent
- Access to a spouse's Flexible Spending Arrangement
- Be a dependent on someone else's tax return
- Coverage through a state or federal program
 - Tricare/Champus/Veterans Administration
 - Native/ Tribal plan
 - Medicare
 - Medicaid

For questions about your eligibility for the HSA, contact Human Resources.

Please note that Health Savings Accounts and employer HSA contributions are not subject to ERISA or COBRA. HSA information is included in this Summary to provide you with a complete overview. It is not our intent to include your account in our ERISA benefits program.

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BENEFIT OVERVIEW



MEDICAL

Cigna is our medical carrier. To learn more about Cigna, visit mycigna.com

ID CARDS

All medical and prescription drug benefits will be administered by Cigna. Go to mycigna.com to learn more.

- You will receive new ID cards within 2 weeks of submitting your healthcare paperwork. You **MUST** show the new Cigna Open Access Plus card to your doctor(s) and pharmacist
- The provider network is Open Access Plus, OA Plus, Choice Fund OA Plus or OAP.



VIRTUAL AND TELEPHONIC CARE –NOW!

Cigna provides access to **two** telehealth services as part of your medical plan –

AmWell and **MDLIVE**. Cigna Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

BALANCE BILLING PROTECTION ACT

Washington State has added consumer protections from certain out-of-network balance bills, effective January 1, 2020. Out-of-network providers are not allowed to balance bill you for:

- Non-emergency health care in Washington state when you get surgical or ancillary services at an in-network hospital or ambulatory surgical facility, i.e. anesthesia
- Emergency care received in Washington, Idaho and Oregon



PRESCRIPTION DRUGS

Cigna administers the prescription drug benefit for Compass Construction. This benefit also includes Cigna 90 NOW, a 90-day prescription plan for maintenance medications. For more information about your new pharmacy network, you can go to Cigna.com/RX90network.



DENTAL

To learn more about Cigna, visit www.mycigna.com

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Dental Network Providers

- To find a Cigna network dentist, follow these steps:
 - Access <https://hcpdirectory.cigna.com/web/public/providers>
 - Change the “Search Location” to the city you want to find a network dentist.
 - Select a Plan – Select “Cigna DPPO Advantage”
 - In the search box you can type “general dentist”, “dentist”, “pediatric dentist”, etc.
 - You can then search by distance, accepting new patients, years in practice and additional languages spoken
 - You can sort by distance (near to far) or last name, print/save to PDF Search

If your dentist is not in the Cigna network, ask them if they are interested in joining the Cigna network. If they say yes, please contact Parker Smith & Feek and they will have the Cigna network relations team reach out to them.

Dental ID Cards

Your dental insurance information will be included on the Cigna Medical and Prescription Drug ID card.

REMINDER,
PLEASE TAKE THE
TIME TO
COMPLETE YOUR
BENEFICIARY
DESIGNATION
FORM



LIFE, AD&D AND VOLUNTARY LIFE

Compass Construction provides a life and accidental death & dismemberment (AD&D) coverage. Additionally you will have the option to buy up with the voluntary options for yourself, your spouse and your child(ren).

LONG TERM DISABILITY (LTD)

Compass Construction provides a long term disability (LTD) benefit to all eligible employees. The LTD benefit is available to those qualified disabled employees once they have been unable to work for over 90-days and pays 60% of income up to a monthly limit of \$5,000.

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WASHINGTON PAID FAMILY AND MEDICAL LEAVE

Benefits Begin 1/1/2020

Washington workers will be able to use Paid Family and Medical Leave benefits starting in 2020. These benefits generally allow up to 12 weeks of paid leave per year to care for yourself or a family member. You can get up to 16 weeks if you have both family and medical events in a year, or up to 18 weeks if your serious health condition is the result of pregnancy. The state has specific eligibility requirements for this leave.

Beginning January 1st you will be able to apply for paid leave benefits. This will be an online process that is still in development. What we do know is that you will need to create an account, complete an application and provide medical documentation of your need for a leave, either due to your own serious illness or for care of your family member (or bonding with a baby).

You are required to provide 30 days written notice to your employer of your intent to take leave if the need is due to a foreseeable event like the birth of a child or a planned surgery. Written notice can be emails, text messages, printed or handwritten notes. If you are unable to provide notice you need to tell your employer as soon as possible and practical for you to do so. If you are unable to provide notice yourself, someone else can do it on your behalf.

If you have questions or need more information about the Washington PFML, please visit www.paidleave.wa.gov, email paidleave@esd.wa.gov, or call 833-717-2273.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. For specific tax or legal advice, please consult with your own tax or legal advisor for assistance. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

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MEDICAL COVERAGE

CIGNA

The plan encourages you to use in-network providers by charging you lower co-pays and co-insurance amounts. In-network providers agree to bill Cigna directly and to accept a negotiated fee as payment in full. Out-of-Network providers have not and you may have to pay amounts above Cigna's allowable charge (also called balance billing). To find a list of in-network providers, go to www.cigna.com and search for providers in the Open Access Plus Network. You have the choice of two medical plans: PPO plan and the HSA plan. Following is a summary of both plans.

Cigna Open Access Plus	PPO Plan	HSA HDHP Plan
Annual Deductible <i>Individual</i> <i>Maximum per family</i>	\$1,000 \$2,000	\$1,500 \$3,000
Out-of-Pocket Maximum <i>Individual</i> <i>Maximum per family</i>	\$3,000 \$6,000	\$5,100 \$7,350
Preventive Care <i>Routine Exam</i> <i>Laboratory Services</i>	Covered in full Covered in full	Covered in full Covered in full
Physician Services <i>Office Visits</i> <i>Inpatient</i>	\$25 copay Deductible then 20%	Deductible then 20% Deductible then 20%
Outpatient X-Ray and Laboratory Services	20%	Deductible then 20%
Emergency Services	\$200 copay then 20%	Deductible then 20%
Hospital Services <i>Inpatient and Outpatient</i>	Deductible then 20%	Deductible then 20%
Outpatient Rehabilitation <i>45 visits per calendar year</i>	\$25 copay	Deductible then 20%
Mental Health Outpatient	\$25 copay	Deductible then 20%
Spinal Manipulations <i>20 visits per calendar year</i>	\$25 copay	Deductible then 20%
Acupuncture <i>12 visits per calendar year</i>	\$25 copay	Deductible then 20%

DON'T FORGET
YOUR ANNUAL
EXAM

PREVENTIVE CARE
IS COVERED 100%

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Cigna Open Access Plus	PPO Plan	HSA HDHP Plan
Out-Of-Network Deductible		
<i>Individual</i>	\$1,000	\$1,500
<i>Maximum per family</i>	\$2,000	\$3,000
Out-Of-Network Out-of-Pocket Maximum		
<i>Individual</i>	\$3,000	\$5,100
<i>Maximum per family</i>	\$6,000	\$7,350
Out-of-Network Coinsurance	50%	60%

VIRTUAL AND TELEPHONIC CARE

AMERICAN WELL & MDLIVE



Both American Well and MDLIVE provide 24/7 access to a board certified, licensed family practice doctor or pediatrician via phone or video. Both can be used for many of your medical issues and replace expensive visits and long wait times at the ER or urgent care clinic to diagnose and treat those acute, non-emergent medical issues that may arise such as:

- Cold and flu
- Sore throat
- Rashes
- Allergies
- Headaches
- Bronchitis
- UTI
- Fever
- Asthma
- And much more!

Both American Well and MDLIVE doctors can also write short term prescriptions and will send the script electronically to the pharmacy of your choice. After the visit, at your request, the doctor will send electronic chart notes to your primary care doctor. Neither American Well nor MDLIVE are a substitute for a primary care doctor.

How does it work?

Go online, have your medical ID card ready and sign up or activate your account. Complete a medical history using their "virtual clipboard." Download the vendor apps to your smartphone or mobile device.

AmWellforCigna.com	MDLIVEforCigna.com
855-667-9722	888-726-3171

What does it cost?

If you are enrolled on the HSA Plan you pay the actual cost of the visit (\$45 MDLive or \$49 Amwell). If you have met your \$1,500 deductible, you would only pay 20% of the \$45 or \$49 (\$9.00 or \$9.80). If you are enrolled on the PPO plan, you pay a \$10 copay.

Log on or call to set up your account so you can request an appointment should the need arise.

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PHARMACY COVERAGE

CIGNA/PHARMACY BENEFITS MANAGER

Unless your doctor requires the use of a brand name drug, your prescription may automatically be filled with a generic equivalent (when available). If you request a brand name drug when a generic equivalent is available, you may be required to pay the difference in cost.

	PPO Plan		HSA HDHP Plan	
	RETAIL (30 day supply)	MAIL ORDER (90 day supply)	RETAIL (30 day supply)	MAIL ORDER (90 day supply)
Generics	\$10	\$20	Deductible then 20%	
Preferred Brand	\$35	\$70	Deductible then 20%	
Non-Preferred Brand	\$70	\$140	Deductible then 20%	
Preventive Drugs (generic)	Covered in full		Covered in full	
Notice regarding Medicare Part D	<p><i>Our medical plans offer what is called “creditable coverage”, which means a Medicare-eligible person will not have to buy a Medicare Part D supplement for prescription drugs, and will not be subject to the 1% per month late enrollment charge assessed by Medicare for purchasing Part D at a later date. If you have questions about your options, please contact Human Resources</i></p>			

There is no coverage for retail prescriptions from an out-of-network pharmacy, including specialty drugs or mail order from a pharmacy not in the network.

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DENTAL COVERAGE

CIGNA DENTAL

Contracted providers agree to bill Cigna directly and to accept a negotiated fee as payment in full. Allowable charges for out-of-network providers are paid based on the 90th percentile, as determined by Cigna. You may be responsible for any additional amounts (also called balance billing).

	Total Cigna DPPO	All Other Dentists
Annual Deductible <i>Individual</i> <i>Maximum per family</i>		\$50 \$150
Preventive Care (Exams, X-rays, etc.)	Covered in full	Covered in full
Basic Services (Fillings Extractions, etc.)	Deductible then 20%	Deductible then 20%
Major Services (Crowns, Bridges, Dentures, etc.)	Deductible then 50%	Deductible then 50%
Annual Maximum	\$2,000	
Orthodontia	50% up to \$2,000	



VISION COVERAGE

VSP

Contracted providers agree to bill VSP directly and to accept a negotiated fee as payment in full. If you use a non-VSP provider, you will need to submit a claim to VSP and you will be reimbursed up to the scheduled amounts.

	VSP Providers	All Other Providers
Vision Exam <i>1 exam per every 12 months</i>	\$10 copay	\$10 copay Up to \$45
Eyeglass Lenses <i>1 pair per every 12 months</i>	\$25 copay	\$25 copay Up to \$65 allowance
Contact Lenses <i>1 pair per every 12 months</i>	\$130 allowance	Up to \$105 allowance
Frames <i>1 every 12 months</i>	\$130 allowance	Up to \$70 allowance

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DISABILITY INCOME

CIGNA

Did you know that one in eight workers will be disabled for five or more years during their working careers? If this happens to you, can you afford to be out of work and without pay for an extended period – on top of the medical bills that come with a serious illness or injury?

Compass Construction's disability coverage is essentially "paycheck insurance" and offers you financial stability and peace of mind. If you are unable to perform the material duties of your job due to sickness, injury or pregnancy, you will receive the following benefits:

	Long Term Disability
Benefits Begin	On the 91st day, contingent upon satisfying the definition of disability as stated in your policy.
Percentage of Income Replaced	60% of basic monthly earnings.
Maximum Benefit available	Up to \$5,000 per month.
Benefit Duration	Up to age Social Security Normal Retirement Age.

Any disability benefits you may receive are taxable income and need to be reported to the IRS.

LIFE AND AD&D INSURANCE

CIGNA

Compass Construction purchases life and accidental death and dismemberment (AD&D) insurance for all full-time employees.

Benefit for Compass Construction Management Inc.

The lesser of 1x annual earnings up to \$200,000. If death is the result of an accident (as defined by the contract), then the beneficiary(ies) will receive an additional 100%. A scheduled benefit is paid for amputation or paralysis of limbs.

Supplemental Life

If you want additional group life insurance, you may purchase additional amounts through payroll deductions. Please see the brochure from Cigna for benefit information and rates.

Because the premium is based on your age, when you go from one age bracket to the next, monthly deductions will increase to reflect the new age bracket. Age brackets are in 5 year increments (30-34, 35-39, etc.).



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EMPLOYEE ASSISTANCE PROGRAM (EAP)

FIRST CHOICE HEALTH

The EAP is a completely free and confidential counseling program that helps you and/or your family members address life issues, big or small. Benefits are offered to all employees and immediate family members, and can help with:

- Marital and family concerns
- Difficult relationships
- Depression
- Substance abuse
- Grief and loss
- Financial entanglements
- Other personal stressors
- Many other issues

You may visit the website at www.FirstChoiceEAP.com, Username: compass, to:

- Find information about parenting, retirement, finances, and more
- Locate schools, camps, eldercare/childcare providers
- Use financial calculators and retirement planners
- Read books, articles, and guides
- Watch videos or listen to audio files

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CONTACT INFORMATION

REFER TO THIS LIST WHEN YOU NEED TO CONTACT A BENEFITS VENDOR. FOR GENERAL INFORMATION, CONTACT HUMAN RESOURCES.

Medical, Dental and Prescription Drugs	Cigna	866-494-2111	www.mycigna.com
Vision	VSP	800-877-7195	www.vsp.com
Telehealth	AMWell	855-667-9722	amwellforcigna.com
Telehealth	MDLive	888-726-3171	MDLIVEforcigna.com
Health Savings Account (HSA)	HealthEquity	866-346-5800	www.healthequity.com
Employee Assistance Program (EAP)	First Choice Health	800-777-4114	FirstChoiceEAP.com
Life Insurance and Long Term Disability	Cigna	800-362-4462	www.cigna.com



WHERE TO GO FOR HELP

PARKER, SMITH & FEEK, INC.

Compass Construction has also partnered with Parker, Smith & Feek to provide you and your family with individualized assistance with insurance problems you are unable to resolve directly with the carriers. This includes escalated claims issues, eligibility questions, network problems and general healthcare or insurance questions.

Troy Hyatt
Account Executive
tahyatt@psfinc.com
425-709-3792

Michelle King
Account Manager
mdking@psfinc.com
425-974-3044

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CIGNA ID CARD AND MOBILE APP

Your new Cigna Medical/Dental/Prescription ID card will be delivered to you by mail within 2 weeks of you submitting your healthcare enrollment paperwork.

Your plan name →

Claims information for your pharmacist →

QUESTIONS?
We have answers. Visit us online at myCigna.com or call the number on your ID card today.

Claims address →

Customer service phone number →

Rx claims address →

Your ID card
Take a close look at your ID card as it includes your plan name. This is important information for your doctor or dentist that will help ensure your care and claims are handled correctly.

Medical Claims: PO Box 188061 Chattanooga, TN 37422-8061 Payer ID #62308
Customers & Health Care Professionals call 1-866-494-2111
Rx Claims: Pharmacy Service Centre, PO Box 188053, Chattanooga TN 37422-8053
For Pharmacists Only 800-351-9170

MultiPlan For assistance call us at 1-800-351-9170
Mask 601 Issue Date: 10/31/14

If you need to get a copy of your ID card on your phone in the meantime, this will be an alternate resource for you. We recommend downloading the myCigna mobile app. You can view, print and email your Cigna ID card right from your phone.



- Find a doctor, pharmacy or facility
View, print, and email ID card info.
- Search and view claims
- Formulary Drug search
- View plan coverage and authorizations

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BENEFIT PLAN HIGHLIGHTS

REGISTER AT WWW.MYCIGNA.COM



Take a closer look at your plan deductibles (what you owe before your plan pays), copayment (the amount you pay toward a doctor's visit) and coinsurance (the amount you pay after your insurance begins to pay) and compare the cost difference between using in-network and out-of-network health care professionals.

Learn which services may require prior approval under your plan.

Find popular links to important forms, health resources and tasks such as Print or Request ID Cards.

Get at-a-glance information about deductibles with dollars and horizontal progress bars to see how much you've spent and how much you have left.

Quickly find a person, place or medical procedure. Choose a type of search, then input keywords and location to get immediate search results.

Explore A to Z directory listings of health care professionals and places where you can find care and medical procedures. Features easy-to-understand descriptions that can help guide you to relevant search results.

Learn about the alternatives to an Emergency Room visit where you may get faster and more affordable "urgent" care. Be prepared with this timely information when you or someone you know needs to be seen now.

Cigna uses customer claim information to generate an average cost for a doctor, hospital or facility procedure as well as any related fees typically included.

Learn more about Cigna's health programs and topics such as WebMD, Health Assessment, Sleep, Nutrition, Weight Loss and more.

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CIGNA HEALTHY REWARDS



Start saving today with Cigna Healthy Rewards

You value your health enough to make smart choices and the Cigna Healthy Rewards** program can help with discounts on a wide variety of health and wellness programs and services.

No referrals. No claim forms. The Healthy Rewards program includes a nationwide network of brand-name as well as smaller local participating providers.

You and your family members can enjoy instant savings between 10% and 40%** using the attached wallet card when you visit a participating provider or shop online.

HEALTHY REWARDS

Reward yourself

Present this card to your Healthy Rewards provider to access discounts on a range of health programs and services.

To find out more about Healthy Rewards or for a list of participating providers, call 800.258.3312 or visit Cigna.com/rewards Password: savings.

Together, all the way.®

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Get discounts on the health products and programs you use every day, for:

- › Weight management and nutrition
- › Fitness club memberships
- › Vision and hearing care
- › Complementary and alternative medicine
- › Health and wellness products

Real brands. Real discounts. Real awesomeness.



For Cigna Group Insurance® customers without access to myCigna.com the Active&Fit Direct™ gym membership program must be accessed by calling 800.258.3312 and pressing 3. The customer will be transferred to an Active&Fit Direct customer service agent. For Jenny Craig visit: www.jennycraig.com/healthyrewards.

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HEALTHCARE REFORM

The healthcare reform law (or Affordable Care Act (ACA) or Obamacare) is complicated and you may have questions about how it impacts you, your family and your benefits. There are three items you should know.

First, the individual mandate (the requirement that all individuals have health insurance) remains in place. What has changed is the penalty associated with it. As of January 1, 2019, the ACA tax penalty is repealed and you won't have to pay anything if you don't enroll.

Second, the Health Insurance Marketplace still exists. You can shop for and enroll in insurance plans through the exchange and still apply for income based subsidies.

Third, for most people the plans we offer are considered affordable and neither you nor any family members are eligible for the federal subsidies available in the Health Insurance Marketplace, even if you choose not to enroll in Compass Construction's plan.

Please refer to your Notice of Health Insurance Marketplace Coverage for general information. For additional information on Marketplace options in your area and subsidy calculators, go to www.healthcare.gov or call 1-800-318-2596.

ANNUAL REMINDERS

SPECIAL ENROLLMENT

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), allows a Special Enrollment period in addition to the regular Open Enrollment period. Only the following individuals may enroll outside the Open Enrollment period:

- Individuals who previously waived coverage under this program because they had other coverage and then involuntarily lost the other coverage. Enrollment must occur within 30 days of the loss of other coverage;
- New dependents due to marriage, birth, adoption or placement for adoption. The eligible employee and other dependents who previously did not elect to be covered under the employer's health care plan may also enroll at the time the new dependent is enrolled. Enrollment must occur within 60 days of date of marriage, or 60 days of a birth, adoption or placement for adoption;
- A court has ordered coverage be provided for a spouse or minor child under this plan and request for enrollment is made within 60 days after issuance of such court order;
- If employee and/or dependent(s) become ineligible for Medicaid or the Children's Health Insurance program and request coverage under our plan within 60 days of termination

BENEFIT GUIDE

AND SUMMARY OF MATERIAL MODIFICATIONS

To learn more about Cigna visit mycigna.com

(Please read the Medicaid and the Children's Health Insurance Program notice for more information); or

- If employee and/or dependent(s) become eligible for the state premium assistance program and request coverage under our plan within 60 days after eligibility is determined.

NOTICE REGARDING THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and are consistent with those established for other benefits under the plan or coverage. Written notice of the availability of such coverage shall be delivered to the participant upon enrollment and annually thereafter.

Contact Human Resources for more information.

HIPAA PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes your rights with regard to your personal health information. You received a copy of the Compass Construction Management, Inc. Group Health Plan Privacy Notice when you were hired. This notice describes how medical information about you may be used and disclosed, and how you can access that information.

If you have any questions regarding the HIPAA Privacy Notice, or would like another copy, please contact Human Resources.

COBRA

COBRA continuation coverage is a temporary continuation of coverage under our employee benefit plan. Please contact Human Resources for a copy of the General Notice of COBRA Continuation Rights. This notice explains your rights and obligations to receive COBRA benefits.

We are not always aware when a COBRA event takes place, unless notified by you. The most common examples are divorce, or when a child exceeds the maximum age. When such an event occurs, the Notice of Qualifying Event must be postmarked within 60 days of the qualifying event for the affected person to be eligible for COBRA continuation. If you have questions about COBRA please contact Human Resources.

IMPORTANT NOTICE FROM COMPASS CONSTRUCTION MANAGEMENT, INC. ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Compass Construction and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Compass Construction has determined that the prescription drug coverage offered by the Compass Construction Management, Inc. Employee Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Compass Construction coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you or your eligible dependents elects Medicare Part D, you can keep this coverage and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Compass Construction coverage, be aware that you and your dependents will not be able to get this coverage back until the next Open Enrollment period.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Compass Construction and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Compass Construction changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2020
Name of Entity/Sender: Compass Construction Management, Inc.
Contact--Position/Office: Laura Gregorini
Address: 11332 NE 122nd Way STE 350
Kirkland, WA 98034
Phone Number: 206-486-1226

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

<p>ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>GEORGIA – Medicaid</p> <p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>
<p>ALASKA – Medicaid</p> <p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
<p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563</p>
<p>COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>
<p>FLORIDA – Medicaid</p> <p>Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268</p>	<p>KENTUCKY – Medicaid</p> <p>Website: https://chfs.ky.gov Phone: 1-800-635-2570</p>

<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct RlTe Share Line)</p>
<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>	<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p align="center">TEXAS – Medicaid</p> <p>Website: http://gethipptexas.com/ Phone: 1-800-440-0493</p>
<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>

VERMONT – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WASHINGTON – Medicaid	WYOMING – Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2019)