Employee Benefits Enrollment Guide

January 1, 2026 – December 31, 2026

ANCON CONSTRUCTION

SYNERGY INSURANCE
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WELCOME

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We know that your benefits are important to you and your family. Helping you understand the benefits offered by your employer is important to us. Included in this guide:
- Summary of the benefits
- Cost information
- Contact information for each provider

It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you. We encourage you to review each section and to discuss your benefit options with your family members.

Be on the lookout for:
- Co-payment and deductibles limits
- Network designations for various benefits
- Services that may have limits or exclusions

This guide is not a contract between you and your employer. It is not intended to cover all provisions of all plans but rather serves as a quick reference to help make decisions on the most important coverage for you and your family.

We hope this guide will provide you with a simple explanation of your benefits and assist you in being better prepared for the enrollment process.

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HOW TO ENROLL

Newly Eligible

Make your benefit elections and complete the enrollment paperwork.

Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

WHEN TO ENROLL

Open Enrollment

Open enrollment period runs from November 1st through November 20th every year. The benefits you elect during open enrollment will be effective the following year from January 1st through December 31st.

Newly Eligible

You become eligible for medical coverage after 90 days of employment. All other benefits you are eligible after the 1st of the month following 90 days of employment.

Your current coverages end the last day of the month at midnight in which you no longer meet the eligibility requirements; your employment terminates, your employment contract terminates, your contributions are discontinued, or the group policy terminates.

Qualifying Events

Employees are able to enroll or make changes to their benefit elections during the group's annual open enrollment period. Once you elect an option you are bound to the decision for the entirety of the plan year unless you have a "qualifying event". **Employees have 30 days from the qualifying event to add or change coverage by notifying Human Resources**. These may include, but are not limited to:

- Changes in your employment status
- Changes in your legal marital status
- Change in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or cease to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave
- A COBRA qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available
- Changes in your spouse's benefits or employment status

MEDICAL BENEFITS

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PHP	In-Network	Non-Network
Deductible (Non-Embedded)	**Freedom Network**	
Single	$600	$1,200
Family	$1,500	$3,000
4th quarter deductible carry over		
Out-Of-Pocket Maximums (includes deductible)		
Single	$2,500	$5,000
Family	$4,800	$9,600
Co-Insurance (plan pays after deductible)	**80%**	**60%**
Annual Maximum Benefit	Unlimited	
Preventive Care		
Health Care reform preventative screenings, labs, etc. (See preventative schedule from carrier for full details)	**Covered at 100% not subject to deductible, $1,000 year maximum**	**You pay 40% coinsurance; $1,000 year maximum**
Physicians Services		
Office Visits/ Virtual Visits	$20 Copay	You pay 40% after deductible
Specialist Visits	$20 Copay	You pay 40% after deductible
Urgent Care & Emergency Services		
Urgent Care	$35 Copay	You pay 40% after deductible
Emergency Room Services: -Life Threatening/ Accidental Injury; Precertification if admitted/ Copay waived if admitted	$200 Copay then 20% Coinsurance, In-network deductible applies	
Emergency Room Services: -Non-Emergency	$200 Copay then 20% Coinsurance	$200 Copay then 40% Coinsurance
Prescription Drugs - 30 Day Supply (Retail)		
Generic	20% of cost	Not Covered
Brand	40% of cost	Not Covered
Non-preferred Brand	40% of cost	Not Covered
Specialty Drugs	Generic 20%/ Brand 40%	Not Covered
Prescription Drugs - 90 Day Supply (Retail and Mail Order)		
Generic	20% of cost	Not Covered
Brand	40% of cost	Not Covered
Non-preferred Brand	40% of cost	Not Covered
Specialty Drugs	Not Covered	Not Covered
Benefits include but are not limited to:	**Network**	**Non-Network**
Maternity (Precertification is required for some maternity stays)	Office visit: $20 Copay Childbirth & Delivery: Ded then 20% Coinsurance	Office visit: Ded then 40% Childbirth & Delivery: Ded then 40% Coinsurance
Inpatient/Outpatient Professional Services	Deductible then 20%	Deductible then 40%
Inpatient Facility Services (per admission)	Deductible then 20%	Deductible then 40%
Outpatient Services (per visit)	Deductible then 20%	Deductible then 40%
Ambulance Services	Deductible then 20%	

Coverage Options	Employee Costs Per Weekly Paycheck
Employee Only	$35.00
Employee + Spouse	$75.00
Employee + Child(ren)	$60.00
Employee + Family	$80.00

PREVENTIVE CARE

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by your employer, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost ; all copays, coinsurance, and deductibles are waived in-network.**

WHICH PREVENTIVE CARE SERVICES ARE COVERED?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine Physical Exam
- Well Baby and Child Care
- Well woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence

"An ounce of prevention is worth a pound of cure."

PHP TPA Services Member Portal

24/7 Online Tools and Resources

Set-up your new member portal at tpaservices.vbagateway.com! Take advantage of valuable tools and resources that are available to you with your PHP TPA health plan, such as:

- Eligibility and claims details
- Provider Finder
- Virtual ID cards
- Secure messaging and online chat
- Cost estimator

Save money with the Cost Estimator by comparing cost estimates for common healthcare services among providers in your network. Use this tool to display total costs, out-of-pocket amounts, and more

Setting up your member portal is easy!

1. Visit **tpaservices.vbagateway.com**.
2. Select '**Click here to register and/or enroll.**'
3. Click '**Member**' from the drop-down box and enter the required information.

Access your portal on the go with the PHP TPA Services Mobile App

Search for **PHP TPA Services** from the **Apple App Store** or **Google Play**. Once downloaded, login using your member portal credentials.

Search for PHP TPA Services

App Store | Google play

Powered by: VBAGateway

1700 Magnavox Way, Suite 201 | Fort Wayne, IN 46804
Phone: 260-436-9495 | Toll Free: 800-551-7334
customerservice@phpni.com

PHP

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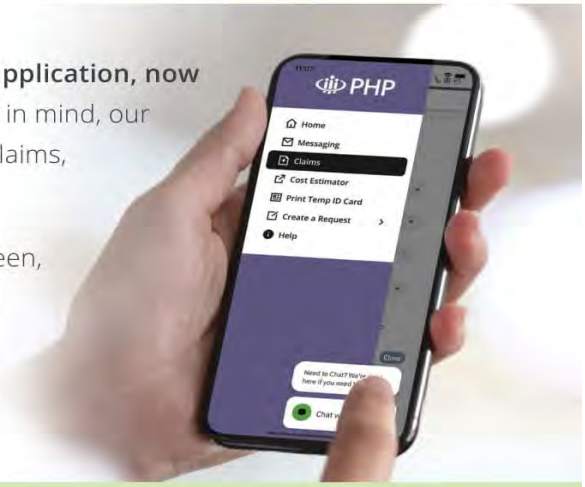
New look, same great benefits!

The NEW PHP TPA Services Member Mobile App

We're thrilled to announce the launch of our newest mobile application, now available for download on iOS and Android! Designed with you in mind, our app transforms the way you view coverage information, monitor claims, access documents, and interact with your plan.

Whether you're a busy professional, a student, or anyone in between, our application helps you streamline portal activities to a quick access mobile friendly application. It allows you to quickly engage with your coverage plan and information. Our goal is to simplify your life and keep you organized, motivated, and connected.



Upgraded Features Include:

Upgraded Architecture
Overall improved app performance with continued effort to expand functionality.

Easy Access
Quickly access your ID Cards, claims, and additional coverage information.

Better Design
User-friendly interface allows you to navigate effortlessly with our intuitive design.

Download the PHP TPA Services app today!

To get started, search for **PHP TPA Services** from the **Apple App Store** or **Google Play** and unlock a new way to engage with your coverage. Once downloaded, login using your member portal credentials.

If you have previously downloaded the PHP TPA Services Mobile App, all new and improved features will automatically appear once an app update is performed!

PHP **Search for PHP TPA Services.**

Available on the App Store | Get it on Google play

Powered by: VBAMobile

10-17-2024

1700 Magnavox Way, Suite 201 | Fort Wayne, IN 46804
Phone: 260-436-9495 | Toll Free: 800-551-7334
customerservice@phpni.com

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FIND A PROVIDER WITH FREEDOM NETWORK

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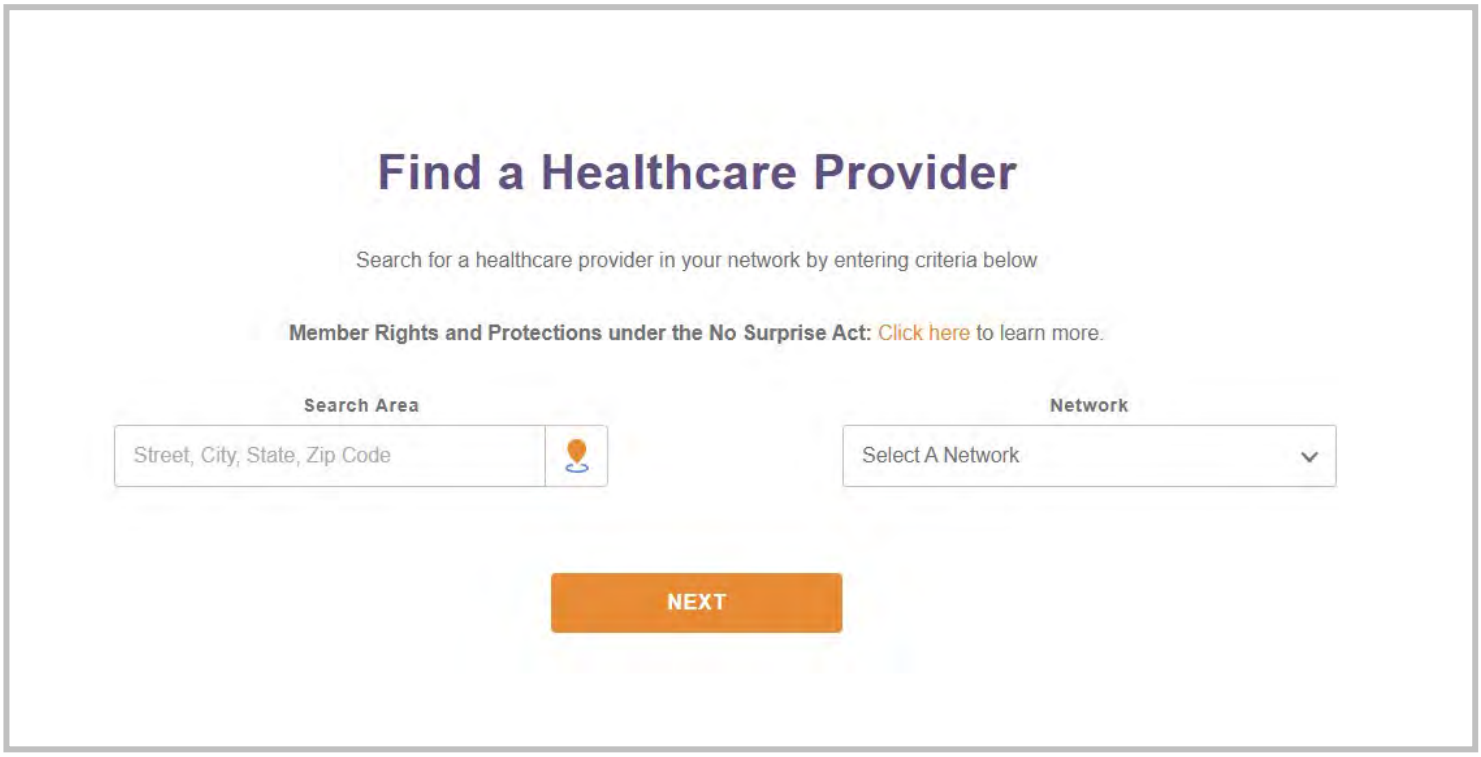
To Find a Provider:

- www.phpni.com
- Click "Find Care"
- Drop Down to PHP Freedom Encore Combined Network



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First Health®

It's easy to find a First Health doctor or hospital.

You can quickly and easily find a provider with our online search tool. You can also create a listing of your results to save or print.

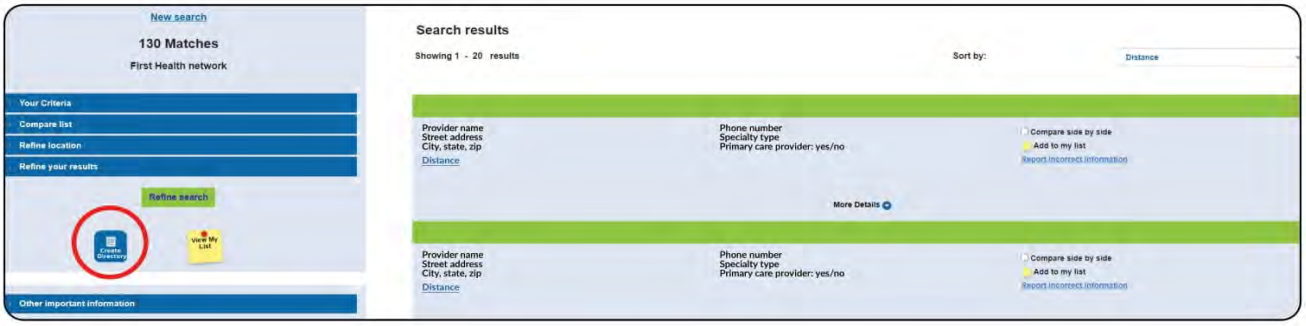
To get started: Go to providerlocator.firsthealth.com/cofinity and click the "Start now" button

To find a provider:

1. Pick a provider type
2. Choose to search by ZIP code or state
   - You can also pick specific counties or cities with a state search
   - To include more search options, click "More search options"
     - You can search by provider last name, specialty, condition, or focus
3. Click the "Search now" button

From your search results, you can:

- Sort by distance, name or specialty
- Refine your search to narrow the results
- Add providers to a list for a custom directory
- Create a directory with all of your search results
- See more details about each provider
- Compare providers side by side
- Text or email your search results



To create a directory:

- Click the "Create Directory" icon
- Pick a directory type
- Add a name for your directory
- Include a table of contents and/or index
- Pick a delivery options
- Click the "Create Directory" button

You can also narrow down your search results by clicking the "Refine your results" button and then selecting from the options shown.

To refine your results by practice name, scroll down to the "Practice name" field and enter the name of the group your physician belongs to. Click "Refine search" to get updated search results based on your revised criteria.

Still have questions? Call us.

You've followed the steps outlined. Still didn't get what you need? Call us at **1.800.226.5116** – we're happy to help.

PHP

Pre-Approve Services to Verify Coverage

Services Requiring Prior Authorization

Below is a listing of some services that require prior authorization. Failure to prior authorize these services will result in unnecessary claim denials. **To request authorization call *Valenz Health* or submit the appropriate request form by:**

Phone or Toll-Free:	Fax or Email:	Website:
1-844-408-3108 or 1-877-608-2200	1-863-333-4417 or carecustomerservice@valenzhealth.com	www.valenzhealth.com/login/

Procedures

- Bariatric Treatment
- Capsular Endoscopy
- Cochlear Implants
- Cyber Knife
- Cartilaginous Defect Procedures *(ACI -Autologous Chondrocyte Implantation, Mosaic plasty, OATS - Osteochondral Autograft)*
- Fetal Surgeries
- Genetic Testing
- Obstructive Sleep Apnea Treatment including surgical procedures
- Oral Surgery *(biopsies or treatment of oral lesions by oral surgeons, Orthognathic Surgery)*
- Proton Beam Treatment
- Radiology - MRI, MRA, CT, PET, Nuclear Medicine, Nuclear Cardiology, 3D Rendering
- Sclerotherapy
- Sinus Endoscopy with Balloon Dilation
- Spine Surgeries *(Artificial Disc, Dorsal Column Stimulators, Spinal Fusions)*
- Total Hips and Knees

Medications *See documents below for current listings of medications that require prior authorization:*

- **For Providers:** Prior Auth Drug List
- **For Members:** Drugs that Require Prior Auth
- **Medication** delivered to doctor office/pain pump

Inpatient Services

- All Inpatient Admissions *(including Rehab, Behavioral Health, Hospice, Skilled Nursing, Transitional Care)*
- High Risk OB *(please notify PHP by the 2nd trimester)*
- Multiple Births

Outpatient Services

- ABA Therapy
- Behavioral Health Testing
- Home Health Services *(Including Drugs)*
- Hospice
- Hyperbaric Oxygen
- IOP & Partial Hospital Programs
- Medical drug preferred formulary drugs
- Out of Network Referrals
- Pain management injection
- Sleep Studies
- Specified joint procedures and surgery
- Spine and neck procedures and surgery
- TPN *(Total Parenternal Nutrition and Home Infusion)*
- Transplantation Services

Reconstructive Procedures

- Abdominoplasty
- Blepharoplasty/Brow Suspension
- Breast Reconstruction
- Mandibular/maxillary reconstruction due to trauma or congenital anomalies
- Scar Revisions or other reconstructive procedures
- Nasal Fracture Repair
- Reduction Mammoplasty
- Rhinoplasty

Durable Medical Equipment

Durable medical equipment is subject to change.

- AED Garments
- Bi-pap Machines
- Chest Percussion Vest
- CPAP Machines
- CPM Machines
- Custom made oral sleep apnea appliances *(by oral surgeons)*
- Enteral Feedings
- Hospital Beds
- Insulin Pumps
- Lift Chairs
- Oxygen Systems
- Pain Pumps *(I-Flow, etc.)*
- Pneumatic Lymphadema Treatment Devices
- Prosthetics
- Pressure Relief Devices
- Standing Frames
- Stimulators-Bone Growth, Muscle, Neuro, Sacral, Pain
- UV Lights
- Ventilators
- Wigs
- Wheelchairs & Accessories

Off-Plan Referral Requirements

For referrals to non-participating providers, organizations, or facilities to be considered for coverage, the request for prior authorization of services or care **MUST** be:

1. Submitted at least three *(3)* working days prior to the scheduled service; **AND** 2. Not available through a PHP participating provider; **AND**
3. Approved by PHP prior to services being rendered.

PHP | 1700 Magnavox Way, Suite 201 | Fort Wayne, IN 46804
Phone: 260-436-9495 | Toll Free: 1-800-551-7334 | fax: 260-436-7235

Vālenz® HEALTH

1 (877) 608-2200
valenzhealth.com

Utilization Management

Assuring clinically proven, cost-effective care

When medical issues arise, patients need prompt, attentive service – always at the appropriate level of care. Utilization Management from Vālenz® Health ensures the right care at the right place and time, paving a more cost-effective path to healthy outcomes.

To ensure treatment is appropriate before it occurs, our licensed nurses conduct clinical reviews as soon as we are notified of a new diagnosis or treatment recommendation. Using advanced analytics and evidence-based guidelines, we ensure clinically sound patient care while eliminating expenses tied to unnecessary, unproven or excessive treatments. Our services:

- Determine the right level of care before services are rendered
- Reduce costs by avoiding expensive, unnecessary services
- Verify benefit coverage and pre-certify services as needed
- Review and respond to inpatient requests within 72 hours
- Evaluate for referrals to Case Management

urac® ACCREDITED
Health Utilization Management
Expires 01/01/2025

Utilization Management is one of many ways we partner with you to engage early and often for smarter, better, faster healthcare. Visit valenzhealth.com/valenz-care for more information.

Pre-Certification Opportunities

- Maternity longer than federal mandate
- Inpatient medical, surgical and pediatric care
- Mental health and substance abuse
- Skilled nursing and long-term acute care
- Home health and durable medical equipment
- Physical rehabilitation and physical, occupational or speech therapy
- Cardiac and respiratory rehabilitation
- CT scans, MRIs, MRAs, PET scans and bone scans
- Pain management procedures
- Dialysis
- Infusion therapies and specialty injectables

Available for clients of PHP TPA Services | PHP

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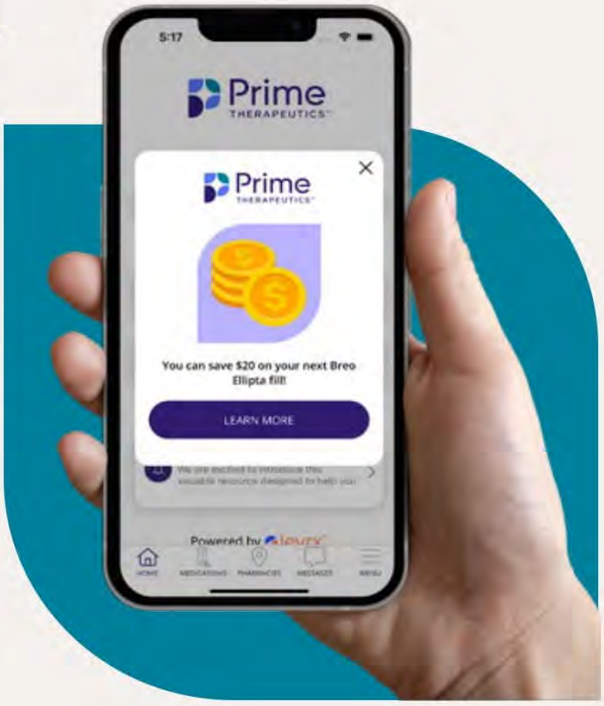
INTRODUCING

PrimeCentral™



Your one-stop app to manage your medications

WHEN TO USE PRIMECENTRAL:

To Find Savings

Be alerted to cost-saving opportunities and take action with a single tap.

With Your Doctor

Search for meds and choose the best option at the point of prescribing.

Before the Pharmacy

Check pricing and verify coverage details to avoid surprises at the pharmacy counter.

To Stay Informed

Access your Rx benefits card and turn on notifications to stay up-to-date.

Scan to download & enable push notifications for savings alerts!

Download on the App Store

GET IT ON Google Play

Prime THERAPEUTICS™

This is not a guarantee of savings.
The image shown is for illustrative purposes only.

FLEXIBLE SPENDING ACCOUNT

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Ancon Construction's Benefits Program provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You can save approximately 25 percent of each dollar spent on these expenses when you participate in a FSA.

A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Prior to any taxes being deducted, you make contributions to your FSA from your paycheck. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. The money deposited into the FSA's must be spent on expenses incurred during the appropriate plan year. Any amounts not spent will be rolled over, up to $680 per year; you may not receive a cash distribution of the balance. Any unused funds over the $680 rollover amount will be forfeited. This is a restriction imposed by the IRS.

The maximum that you can contribute to the Flexible Spending Account:

- Health Care = **$3,400**

Anyone enrolled in medical coverage is eligible to enroll into our FSA Medical. If you are covered under a different plan by a spouse or a parent, you are also eligible.

If you are covered under a High Deductible Health Plan you may not enroll in the FSA plan.

PHP will administer the plan for the 2026 calendar year. Below are the features available with your plan:

- The plan is effective on: January 1, 2026 – December 31, 2026
- Claims between 1/1/25-12/31/25 can be submitted for reimbursement through March 15, 2026.
- When you use your Health FSA, wait until you have at least $25 in expenses before you submit your claim. A claim for less than $25 may only be filed at the end of the year.
- Quarterly, you receive a statement that shows your account activity. The statement shows your account balance and reimbursement amounts.
- If you have a Health Care FSA, the IRS requires that they remain separate. You may not transfer money between the accounts or combine expenses for reimbursement.
- An election to contribute pre-tax dollars to your FSA may be initially made or modified at an open enrollment. After an eligible change in family status occurring during the plan year, you will be allowed to increase/decrease your contributions to these FSA accounts or initiate such contributions.
- If you are contributing to a FSA, and you end your employment during the year, you may continue to file claims against your FSA for the remainder of the plan year. Only claims incurred prior to your termination will be eligible for reimbursement. An expense is considered to be incurred when the participant is provided with the care that creates the expense. When a participant is formally billed for or pays for the care is irrelevant.
- In order to comply with IRS requirements, once you have made your flexible benefit plan elections and the plan year has started, you may not change your elections during the plan year unless you have an eligible change in family status.
- Please see Human Resources for additional information.

FSA HEALTH CARE EXPENSES

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Eligible Medical Expenses

An eligible expense is defined as an expense for certain healthcare services, equipment, and medications as described in Section 213(d) of the Internal Revenue Code. Below are two lists which may help determine whether an expense is eligible.*

Eligible Medical Expenses (FSA Distributions)

- Acupuncture
- Alcoholism Treatment
- Ambulance
- Artificial Limb
- Artificial Teeth
- Bandages
- Birth Control Pills (by prescription)
- Breast Reconstruction Surgery (mastectomy)
- Car Special Hand Controls (for disability)
- Certain Capital Expenses (e.g. for the disabled)
- Chiropractors
- Christian Science Practitioners
- COBRA premiums
- Contact Lenses & Cleaning / Soaking Solutions
- Cosmetic Surgery (if due to trauma or disease)
- Crutches
- Dental Treatment
- Dermatologist
- Diagnostic Devices
- Disabled Dependent Care Expenses
- Drug Addiction Treatment (inpatient)
- Drugs (prescription)
- Elastic Hosiery (prescription)
- Eyeglasses
- Fertility Enhancement
- FICA and FUTA tax paid for medical care services
- Guide Dog
- Gum Treatment
- Gynecologist
- Health Institute (if prescribed by physician)
- H.M.O. (certain expenses)
- Hearing Aids
- Home Care
- Hospital Services
- Laboratory Tests
- Lasik Surgery
- Lead-Based Paint Removal
- Learning Disability Fees (prescription)
- Legal Fees (if for mental illness)
- Life-Care Fees
- Lodging (for out-patient treatment)
- Long-Term Care (medical expenses)
- Long-Term Care Insurance (allowable limits)
- Lodging (for out-patient treatment)
- Meals (associated with receiving treatments)
- Medical Conferences (ill spouse/dependent)
- Medicare Deductibles
- Medicare Premiums
- Mentally Retarded (specialized homes)
- Nursing Care
- Nursing Homes
- Obstetrician
- Operating Room Costs
- Operations - Surgical
- Ophthalmologist
- Optician
- Optometrist
- Organ Transplant (incl. donor's expenses)
- Orthodontia Services
- Orthopedic Shoes
- Orthopedist
- Osteopath
- Out-of-pocket expenditures, Copays and Deductibles for your spouse or Federal Income Tax Dependent even if insured under a non-HSA health plan
- Oxygen and Equipment
- Pediatrician
- Personal Care Services (for chronically ill)
- Podiatrist
- Post-Nasal Treatments
- Prenatal Care
- Prescription Medicines
- Prosthesis
- PSA Test
- Psychiatric Care / Psychiatrist
- Psychoanalysis / Psychoanalyst
- Psychologist
- Qualified Long-Term Care Services
- Physician monitored weight loss program
- Radium Treatment
- Smoking Cessation Programs
- Special Education for Children (ill / disabled)
- Specialists
- Spinal Tests
- Splints
- Sterilization
- Surgeon
- Telephones & TV for the Hearing Impaired
- Telehealth Services
- Therapy
- Transportation Expenses for Health Care Treatment
- Ultra-violet ray Treatment
- Vaccines
- Vasectomy
- Vitamins (if prescribed)
- Weight Loss Programs
- Wheelchair
- Wig (hair loss from disease)
- X-Rays

Over-the-Counter Drugs

- Antacids
- Allergy Medications
- Pain relievers
- Cold Medicine
- Anti-diarrhea medicine
- Cough drops and throat lozenges
- Sinus medications and nasal sprays
- Nicotine medications and nasal sprays
- Pedialyte
- First aid creams
- Calamine lotion
- Stop-smoking programs
- Wart removal medication
- Antibiotic ointments
- Suppositories and creams for hemorrhoids
- Sleep Aids
- Menstrual Care Products
- Motion sickness pills
- Needed material for Quarantine and Social Distancing

Ineligible Medical Expenses

- Baby Sitting, Childcare, and Nursing Services for a Normal, Healthy Baby
- Controlled Substances
- Cosmetic Surgery
- Dancing Lessons
- Diaper Service
- Electrolysis or Hair Removal
- Flexible Spending Account
- Funeral Expenses
- Future Medical Care
- Hair Transplant
- Health Club Dues
- Health Coverage Tax Credit
- Health Savings Accounts
- Household Help
- Illegal Operations and Treatments
- Insurance Premiums
- Maternity Clothes
- Medical Savings Account (MSA)
- Medicines and Drugs From Other Countries
- Nonprescription Drugs and Medicines **
- Nutritional Supplements
- Personal Use Items
- Premiums for Life & Disability insurance, Income protection.
- Specialty designed care for handicapped other than an Autoette or Special Equipment
- Stop-smoking programs
- Swimming Lessons
- Teeth Whitening
- Veterinary Fees
- Weight-Loss Program

Over-the-Counter Drugs

- Toiletries (including toothpaste)
- Acne Treatments
- Lip balm (including Chapstick or Carmex)
- Suntan lotion
- Medicated shampoos and soaps
- Vitamins (daily)
- Fiber supplements
- Dietary supplements
- Weight loss drugs for general well being
- Herbs
- Any Non-Prescription medication starting January 1, 2011—December 31, 2019

These lists are not comprehensive but are meant to serve as a quick reference. They have been provided to you with the understanding that Keystone Insurance & Benefits Group is not engaged in rendering tax advice. This information can not be used to avoid federal tax penalties. For more detailed information please refer to IRS Publication 502 titled "Medical and Dental Expenses". Publications can be ordered directly from the IRS by calling 1-800-TAX-FORM or by visiting www.irs.gov. If tax advice is required, you should seek the services of a qualified professional.

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HealthEquity

Flexible Spending Account

A healthcare FSA lets you use tax-free money to pay for eligible medical, dental, and vision expenses.[1] So you spend less on the healthcare you need. FSA paycheck deductions are tax-free too, which helps reduce your taxable income. The more you contribute, the more you save.

- Access annual contribution amount on day one.
- Pay for your spouse and dependents too.
- Plan ahead because FSA funds eventually expire.

Less tax. More paycheck.

Get $20 tax savings for every $100 you contribute.[2]

FSA Contribution Limit[3]

$3,400

See how much you can save.

HealthEquity.com/Learn/FSA

Scan to download the HealthEquity mobile app.

Already enrolled? Set up your account directly in the app. No need to go online.

Spend tax-free on eligible expenses.

- Medical
- Vision
- Dental
- Rx and OTC

Discover more: HealthEquity.com/QME

[1]FSAs are never taxed at a federal income tax level when used appropriately for eligible healthcare expenses. Also, most states recognize FSA funds as tax deductible with very few exceptions. Please consult a tax advisor regarding your state's specific rules. | [2]The example is for illustrative purposes only. Estimated savings are based on a maximum annual contribution and an assumed combined federal and state income tax bracket of 20%. Actual savings will depend on your contribution amount and taxable income and tax status. | [3]Contribution limit is accurate as of 10/09/25. Each fall the IRS updates the FSA contribution limits. For the latest information, please visit: HealthEquity.com/Learn | HealthEquity does not provide legal, tax or financial advice.

DENTAL BENEFITS

HRI/ Paramount	
Deductible	
Single	$0
Family	$0
Plan Features	**Plan Pays**
Preventive Care Exams, Cleanings, X-rays Fluoride & Sealants under age 15	100%
Basic Procedures Fillings, Extractions Periodontal, Endodontics	80%
Major Procedures Onlays, Inlays, Crowns, Dentures, Bridges, Repairs	50%
Child Orthodontia	50% up to $1,500 lifetime max per member; up to age 18
Calendar Year Maximum Benefit	$2,000
EMPLOYEE COST PER WEEKLY PAYCHECK	
Employee	$10.29
Employee + Spouse	$21.50
Employee + Child(ren)	$23.72
Employee + Family	$35.51

Dependents are covered until age 26.

VISION BENEFITS

SYNERGY INSURANCE
Peace of Mind. Ensured.

MetLife	VSP Network
IN NETWORK (VSP)	
Vision Exam	$10 Copay
Retinal Imaging	Up to $39 Copay
Lenses Single / Bifocal / Trifocal / Lenticular	$25 Copay
Frames	$200 Allowance / $220 Featured Frame Brands Allowance (20% savings on amount over allowance)
Frames (purchased at Walmart or Sam's Club)	$110 Allowance
Contact Lenses (instead of glasses) Elective- (standard contact lenses)	$200 Allowance
Necessary– (required contact lenses for medical conditions glasses can't correct)	$25 Copay
Contact Fitting & Evaluation	Not to exceed $60
Frequency (Months)	
Exam	Every 12 Months
Lenses	Every 12 Months
Frames	Every 12 Months
Contacts	Every 12 Months
*Extra Savings– Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.	
OUT OF NETWORK	
Vision Exam	$45 Reimbursement
Lenses	
Single / Bifocal / Trifocal /Lenticular	$30 / $50 / $65 / $100 Reimbursement
Frames	$70 Reimbursement
Contact Lenses Elective- (standard contact lenses)	$105 Allowance
Necessary- (required contact lenses for medical conditions glasses can't correct)	$210 Allowance
EMPLOYEE COST PER WEEKLY PAYCHECK	
Employee	$2.36
Employee + Spouse	$4.73
Employee + Child(ren)	$4.00
Employee + Family	$6.60

LIFE INSURANCE BENEFITS

SYNERGY INSURANCE
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As an employee of Ancon Construction basic life insurance is provided to you at no cost.

Dearborn National Plan Features	Basic Life Insurance
Employee Basic Life Benefit Amount/ AD&D Benefit	0.7 times Annual Earnings to maximum of $50,000 rounded to the next higher $1,000 but not less than $10,000 prior to any applied reductions.

The following shows how much benefits are reduced at certain ages:	
Age Band	**Benefit Reduction**
65	35% of original amount
70	50% of original amount

Dearborn National Plan Features	Voluntary Life Insurance
Spouse Term Life Benefit ***(includes Registered Domestic Partner)***	$5,000
Child(ren) Term Life Benefit:	
Age Live birth to 14 days	$0
Age 15 days to 6 months	$100
Age 6 months to 26 years	$2,000

The following shows how much benefits are reduced at certain ages:	
Age Band	**Benefit Reduction**
65	35% of original amount
70	50% of original amount

- The cost to enroll in Voluntary Life Benefits is $.25 per paycheck no matter how many dependents are enrolled.
- You need to enroll in Dependent Life insurance within 90 days of hire date or you will need to furnish an Evidence of Insurability (EOI) for each dependent enrolling, in order to determine if they are approved for coverage.
- Dependents are coverage to age 26.

SHORT-TERM DISABILITY BENEFITS

As an employee of Ancon Construction, short-term disability coverage is provided at **no cost**.

Short-term disability insurance provides you with short-term income protection if you become disabled due to a covered injury or illness.

Short-Term Disability PHP Plan Supervisor/ Plan Features	
Maximum Benefit Amount	$500/ week
Elimination Period (Accident)	0 days
Elimination Period (Sickness)	7 days
Maximum Benefit Duration	26 weeks

LONG-TERM DISABILITY BENEFITS

SYNERGY INSURANCE
Peace of Mind. Ensured.

As an employee of Ancon Construction, long-term disability coverage is provided at **no cost**.

Long-Term Disability OneAmerica Plan Features	
Employee Benefit Amount	60% of Pre-Disability Earnings
Maximum Benefit Amount	$8,000/ month
Elimination Period	90 days
Maximum Benefit Duration	Social Security Normal Retirement Age
Pre-Existing Condition Exclusion*	3 /12

Once I start receiving benefits, how long will they continue?

Age	Maximum Duration
<60	To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69+	12 Months

*Benefits will not be paid if the employee's disability begins in the first 12 months, following the effective date of the employee's coverage; and the employee's disability is caused by, contributed by, or the result of a condition, whether or not the condition is diagnosed at all or is misdiagnosed, for which the employee received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed drugs or medicines in the 3 months just prior to the employee's Individual Effective Date of Insurance.

ANCON CONSTRUCTION

WELLNESS PROGRAM

Ancon Construction partners with Beacon Health to encourage our employees to pursue and maintain healthier lifestyles.

The Ancon Wellness Program includes two parts. Each part has an incentive associated with it. Below is how to qualify for one or both incentives *(effective 4/1/2025)*:

Part #1 – Health Screening & Follow Up Appointment

- Participate in a free health screening (fasting blood draw) appointment in June held at the Ancon office.
  - Insured spouses are invited to participate in the screenings.
  - Employees and spouses not insured by Ancon may also participate in the screenings at no cost.
  - If you miss the screenings at the Ancon office, you need to go to Beacon Health to get your blood drawn. Ancon will provide you with a screening authorization form. Screening must be completed by June 30.
  - ***Health screening includes completing an online health assessment through Asset Health.***
- Attend a follow-up one-on-one appointment in July at the Ancon office with a Beacon Health representative to review your screening results and develop an individual Wellness Plan.

Incentive Part #1:

- **Reduced health insurance premiums:** $35/employee only; $60/employee & child(ren); $75/employee & spouse; $80/employee & family coverage.
- ***If you elect not to participate in Part #1: Health insurance premiums increase by 15%.***
- Health insurance premium rates apply for the *full* Wellness Program year: July 1 - June 30. Your next opportunity to participate in the wellness program and qualify for reduced rates will be the following year in July.

Part #2 – Meet Measurable Results/Goals & Wellness Visit with Your Doctor:

- Meet measurable results/goals for blood pressure, cholesterol ratio (LDL to HDL), and A1C. The results are obtained from the above health screenings. The goals are:
  - Blood Pressure <130/90
  - Cholesterol Ratio (LDL to HDL) - <5.0
  - A1C - <6.5 or <7.0 for diabetics
- Schedule a Wellness Visit with your Doctor.
  - Take the screening results from part #1 with you to your doctor for their review with you.
  - Obtain their signature on the provided tracking form; return form to Beacon Health.

Incentive - Part #2:

- **A Wellness Bonus based on meeting measurable goals *and* a follow-up wellness visit with your doctor.**
  - Each one of the above measurable goals (blood pressure, cholesterol ratio, or A1C) are worth 1 point or 20% for a total of 3 points or 60%.
  - Two points or 40% is given for taking your results to your doctor and returning the tracking form.
  - Maximum incentive payment: Insured employees: $520; participating insured spouse: $260.

WELLNESS PROGRAM *(continued):*

Wellness Bonus Incentive Payment Examples:

- You meet both the blood pressure, and the cholesterol ratio goals (40% total) but do not meet A1C goals and you schedule an appointment with your doctor and return the form (40%). Your wellness bonus equals $416.00. ($520.00 x 80% = $416.00).
- You don't meet any of the measurable goals, but you do take your results to your doctor and return the signed tracking form. Your wellness bonus equals $208.00. ($520.00 x 40% = $208.00).
- Your insured spouse meets only the A1C goal. The wellness bonus equals $52.00. ($260.00 x 20% = $52.00).

Wellness Bonus Incentive Payment Clarifications:

- Participants ***must be an actively insured employee*** on Ancon's Health Insurance policy at the end of the Program Year to qualify for the incentive payment.
- Insured employees and/or insured spouses who terminate employment before the end of the Program Year, or who opt out of Ancon's health insurance plan or Wellness Program are not eligible for the incentive payment. *No partial year payments will be made*.
- Noninsured participants are not eligible for incentive payments.
- The Beacon Health Staff keeps track of your participation and determines if you meet the requirements. Beacon forwards the points and/or percentage (%) results for each participant to Ancon. Ancon calculates your incentive payment.

Wellness Program Notes:

- ***All screening results*** are confidential. Ancon receives no personal health information from Beacon Health.
- ***Participation is optional for insured spouses***. The Wellness Coach works with spouses individually on their Wellness Plans, *if desired*.

New Employees Hired After June Screenings:

- All new employees hired after the June health screenings will wait until the next program year to enter the Wellness program.
- New hires will get a "bye" year of reduced premiums but will be required to enter the program at the beginning of the next program year and beyond. To continue receiving the reduced health insurance premium rates you must participate in the wellness program.

- The Wellness Program runs from June 1st-May 31st each year.

ANCON CONSTRUCTION

Employee Stock Ownership Plan (ESOP)

How it Works:

- **Eligibility -** You become an ESOP participant -"Owner" - on the first day of June once you have worked for Ancon for more than 1,000 hours and have reached the age of 21 in the preceding Plan Year.
- **Plan Year** – A Plan Year begins on June 1 and ends on May 31 of the following calendar year.
- **Hours of Service** – hours worked by participant and paid by Ancon.
- **Years of Service –** Sum of the Plan Years in which you were credited with a minimum of 1000 Hours of Service. See Summary Plan Description, Page 9, "Vesting/Years of Service".
- **Stock -** Being an owner of Ancon enables you to receive stock for each Plan Year in which you work 1,000 hours, without any cash from your pocket or surrendering any of your rights.
- **Tax -** The stock that you receive and any earnings from an increase in the stock's value are not subject to federal or state taxes until they are distributed to you once you have retired or left Ancon.
- **Vesting –** That portion of your plan account that cannot be forfeited even if you quit or are discharged. By the time you have attained 6 years of service as described by the Plan, you are 100% vested in each share that you have previously or will continue to receive. At the close of the Plan Year after you have worked:

Years of Service* (min of 1000 hrs)	Vested Percentage	Forfeited Percentage
Less than 2 years	0%	100%
2	20%	80%
3	40%	60%
4	60%	40%
5	80%	20%
6	100%	0%

- **Forfeits –** that portion of your account not vested as of your termination of employment is forfeited and redistributed among other active participants in the Plan.
- **Payment –** a) If you work for Ancon until you reach the normal retirement age of 65 under the Plan, or die or become disabled before reaching 65, following the close of that Plan Year you are paid out in four annual installments over the next 4 years. b) If you terminate your employment with Ancon before one of these things happens, you wait two years before your 4-year payout schedule begins. **Example:** If you terminate employment between 06/01/2021 and 05/31/2022 (close of Plan Year 2022), you would be eligible for your first distribution installment after the close of Plan Year 2024 (05/31/2024), typically in September-October.

ANCON CONSTRUCTION

401K

Earn money for your retirement. When you make contributions to your 401k, you defer income tax on those contributions. In addition, your contributions also earn Company contributions through Ancon's 401k match. This Company contribution is available to each Ancon employee who is eligible to participate* and who makes 401k deferrals by payroll deduction.

How it Works:

- **Eligibility** - Employees will become a participant in the 401k Salary Deferral Plan on the first day of June or December on or after you reach age 21, complete 1000 hours of service and are a covered employee (active employee of Ancon Construction). The Plan Year runs from June 1 through May 31 each year.

- **Investment** –You may elect to put a tax-deferred portion of your weekly wages into an account invested in various investment funds that you choose and may change at any time. 401(k) deferrals are subject to IRS annual contribution dollar limits.

- **Automatic** – You have the right to choose the amount you want to put into your account and the right to change that amount every six months, June 1 and December 1 annually. If you do not choose a percentage or designate your preference to opt out, we are required by law to put 3% of your wages into the plan for you, but you never lose your right to put in less than that or nothing at all by completing the election form during the open enrollment period.

- **Match** – Ancon assists you in your retirement goals, by matching a certain percentage of the amount that you put aside into your 401(k) account. Historically, the Company matches 25% of your 401k deferral, up to the first 10% you contribute. The Company match is made annually following the close of the Plan Year (after May 31). To qualify for the company match, you must be a current Ancon employee as of the close of the Plan Year. The company match is based on actual employee deferrals during that Plan Year.

- **Vesting** - You are immediately 100% vested in any amount you put into the plan or any amount Ancon matches.

- **At Retirement or Termination – Taxable Status** - Upon your retirement or termination of employment from Ancon:

  1) You may continue the tax-deferred status of your contributions by rolling your account balance into another employer's qualified plan or into an IRA.

  2) If you elect payment of your account balance directly to you, your pre-tax contributions become taxable. 20% Federal Income Tax is withheld from your distribution. If you are under age 59-1/2, an *additional* 10% Federal Income Tax will be due when you file your income tax return for the year in which you received the distribution. State income tax is not withheld from distributions unless requested by the participant and must be paid when filing your state income tax return for the year of distribution.

3) Gross distribution amounts must be reported as income on your Federal and State tax returns for the year of distribution. Form 1099R will be issued to you by January 31 of the following calendar year, stating the gross distribution amount as well as any Federal, State and/or Local income tax withheld.

EXAMPLES:

- The current maximum **company match** is 25% of up to the first 10% the employee contributions.
- If you defer 10% of your gross, Ancon's match is an additional 2.5% of your gross (25% of your 10%).
- If you defer 5% of your gross, Ancon's match is an additional 1.25% of your gross (25% of your 5%).
- If you defer 3%, Ancon's match is an additional .75% of your gross (25% of your 3%).
- If you defer 1%, Ancon's match is an additional .25% of your gross (25% of your 1%).
- If you defer nothing, you are gaining nothing!!!

Annual Gross Wages	Employee 401k deferral rate	Employee Annual Pre-Tax Contribution	Company Annual Pre-Tax Match	Total Annual 401k Contributions
$40,000	10%	$4,000	$1,000	$5,000
	5%	$2,000	$ 500	$2,500
	3%	$1,200	$ 300	$1,500
	1%	$ 400	$ 100	$ 500
	0%	$ 00	$ 00	$ 00

- Don't miss this great opportunity to receive a matching contribution and make your retirement fund grow!

EMPLOYEE ASSISTANCE PROGRAM

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Life comes with challenges.

Your Assistance Program is here to help.

Your Assistance Program can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

Mental Health Sessions
Manage stress, anxiety, and depression, resolve conflict, improve relationships, and address any personal issues. Choose from in-person sessions, video counseling, or telephonic counseling.

Life Coaching
Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and achieve greater balance.

Financial Consultation
Build financial wellness related to budgeting, buying a home, paying off debt, resolving general tax questions, preventing identity theft, and saving for retirement or tuition.

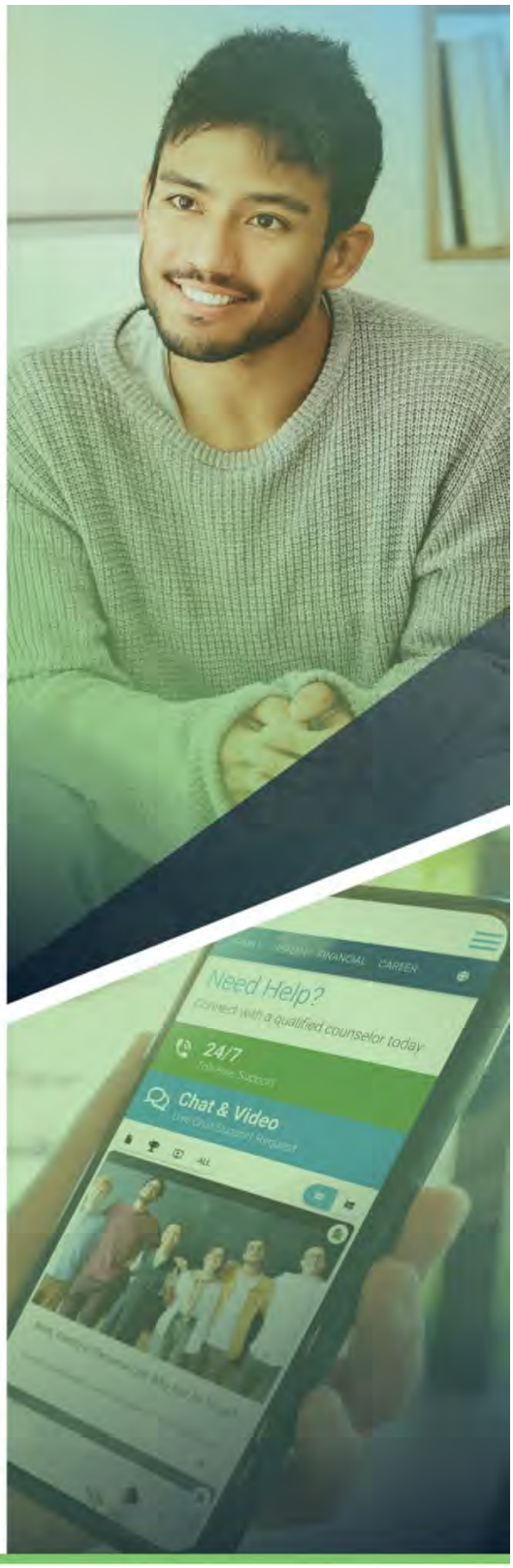
Legal Referrals
Receive referrals for personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

Work-Life Resources and Referrals
Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

Personal Assistant
Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

Medical Advocacy
Get help navigating insurance, obtaining doctor referrals, securing medical equipment, and planning for transitional care and discharge.

Member Portal
Access your benefits 24/7/365 through your member portal with online requests and chat options. Explore thousands of self-help tools and resources including articles, assessments, podcasts, and resource locators.



Contact AllOne Health
Call: 800-731-6501
Visit: AllOneHealth.com/NewAvenues
Code: **ancon**

ALLONE HEALTH

CONTACT INFORMATION

Medical	
PHP **Freedom Network**	800-551-7334 www.phpni.com CustomerService@phpni.com

Dental	
HRI/Paramount	800-727-1444 https://www.insuringsmiles.com/FindADentist

Vision	
MetLife: VSP Choice Network	855-638-3931 www.metlife.com/vision www.metlife.com/mybenefits

Life	
Dearborn National	800-348-4512

Long-Term Disability	
OneAmerica	800-553-5318 GroupContactCenter@OneAmerica.com

Title	Name	Email	Phone Number
Agent	Billy Bridwell	bbridwell@synergyinsurancegroup.com	574-292-8282
Account Executive	Michael Reddy III	mreddy3@synergyinsurancegroup.com	574-231-6582
Senior Account Manager	Christie Scheidel	cscheidel@synergyinsurancegroup.com	574-332-3268

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide 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 Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.
If you have any questions about your Guide, contact Human Resources.

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